



INTEGRATED CARE FUND UPDATE – AUGUST 2017

Aim

- 1.1 The aim of this report is to provide Integration Joint Board members with an update on the Scottish Borders Health and Social Care Partnership's Integrated Care Fund (ICF) Programme and to seek ratification of proposals for direction of funding to two further areas, as approved by the Executive Management Team (EMT).
- 1.2 An update of the latest position on the approved projects within the programme has been provided, together with the latest actual spend position, accompanied by further detail of key highlights delivered during the last reporting period.

Background

- 2.1 Integrated Care Funding was first allocated to the shadow partnership in 2015/16 with the award of £2.13m per annum over a 3-financial year period from that date, a total allocation of £6.39m. Since then, total funding of **£4.194m** has been directed by the IJB to projects within the programme and at 30 June 2017, **£2.111m** of this funding has been spent. **£2.196m** of ICF funding currently remains uncommitted.
- 2.2 To ensure we continue to deliver quality services in an affordable way and secure sustainability through more effective use of scarce resources and implement our legislative commitments such as to improved carer support, the Partnership has developed the first phase of its ongoing Integrated Transformation Programme. This programme is also specifically targeted at supporting the delivery of the Partnership's strategic plan outcomes and objectives. To enable its delivery, it is expected that the majority of the remaining uncommitted ICF expenditure will be required to provide up-front investment to implement new health and social care models and support transitional service delivery arrangements.

Update

- 3.1 Following approval of the last ICF report by the IJB on 26 June 2017, the ICF Programme now contains 23 projects which have either been completed or are now underway, which in total will require **£4.194m** of funding.
- 3.2 These projects, along with their funding requirements and total expenditure to 30 June 2017 are summarised below:

Project		Approved £	Spend to Date £
01.	Community Capacity Building	400,000	201,071
02.	Independent Sector Representation	93,960	47,165
03.	Transport Hub	139,000	128,680
04.	Mental Health Integration	38,000	37,393
05.	My Home Life	71,340	71,351
06.	Delivery of the Autism Strategy	99,386	15,700
07.	BAES Relocation	241,000	307,244
08.	Delivery of the ARBD Pathway	102,052	27
09.	Health Improvement (Phase 1+ Extension)	38,000	16,000
10.	Stress and Distress Training	166,000	32,035
11.	Transitions	65,200	35,410
12.	Locality Plans Delivery	259,500	181,084
13.	Locality Manager Pilot	65,818	0
14.	Health & Social Care Co-ordination Pilot	49,238	0
15.	Community-Led Support	90,000	50,482
16.	Matching Unit	115,000	31,604
17.	Rapid Assessment and Discharge Team	140,000	139,000
18.	Transitional Care Facility	941,600	469,887
19.	Pharmacy Input	97,000	0
20.	GP Clusters Project	50,000	0
21.	Pathways of Care:		
	Domestic Violence Pathway	120,000	0
	Care Pathways and Delayed Discharge	7,000	0
22.	Alcohol & Drug Partnership Transitional Funding	46,000	0
23.	Buurtzorg Project Management	52,000	0
N/A	Programme Delivery	706,458	405,202
Total Funding Directed To Date		4,193,552	2,169,335

* Expenditure now in excess of approved funding

3.3 These projects continue to be monitored in order to ensure they continue to deliver their required objectives, in line with the Partnership's Strategic Plan.

Key Highlights during the last Reporting Period

4.1 Each update report aims to provide an overview of key highlights achieved during the latest period of reporting. Within this report at August 2017, progress made in the delivery of three of the above projects within the overall programme is specifically worthy of noting:

- 01. Community Capacity Building
- 12. Locality Plans Delivery
- 15. Community Led Support
- 16. Matching Unit
- 18. Transitional Care Facility

4.2 *01. Community Capacity Building*

Borders Community Capacity Building is a project which implements a series of coordinated community support projects across the Borders. The purpose of this primarily is to support older people through a person centred approach and encourage communities to create and run their own services. Projects so far have included Walking Football, a gardening project in conjunctions with a Jedburgh Grammar School, Soup Clubs, 'Silver Sunday', New Age Curling and working in partnership with Outside the Box on the Happiness Habits Cafes. Feedback from users has been very positive. 75% of participants reported improved health and wellbeing and 10% go on to volunteer in community projects themselves. External evaluation of the project was completed in July 2017 and concluded that the social return on investment for the work of this team as £10 for every £1 invested. This includes value to the older people themselves as well as savings to the Health and Social Care system.

4.3 *12. Locality Plans Delivery*

The Localities Project demonstrates a clear commitment by Scottish Borders Council and NHS Borders to develop a co-productive and inclusive infrastructure to support planning and delivery of health and social care services at locality level. Three Locality Co-ordinators have been responsible for leading five locality working groups to develop Health and Social Care Locality Plans for each of the five localities in the Scottish Borders. Membership of the Locality Working Groups includes representatives from SBC, NHS Borders, the third, independent and housing sectors, public members, service users and carers.. Local Working Group members were surveyed at the beginning of their involvement and 88% felt informed of what was happening with regard to health and social care integration via their Locality Working Group. The Health and Social Care Locality Plans were published in July 2017 and are out for public consultation until mid-September 2017.

4.4 *15. Community-Led Support*

Community Led Support is an approach where Community Hubs are developed in local community settings. Local community groups, voluntary organisations and Social Work staff are available at the hubs. Recording is minimal – full needs assessment only takes place later if required. The first Scottish Borders hub '*What Matters Burnfoot*' took place on 22nd May with '*What Matters Ettrick*' and '*What Matters Yarrow*' commencing on 7th June, and '*What Matters Galashiels*' commencing on 2nd August. Up to 2nd August 2017 a total of 17 community hubs have taken place. '*What Matters Burnfoot*' has concentrated on people who are currently on the social work waiting list. '*What Matters Ettrick*' and '*What Matters Yarrow*' have been entirely drop in sessions. Feedback forms completed by Burnfoot, Ettrick and Yarrow hub users have been very positive. 100% said they felt welcomed, that they received the information that they needed and that they were satisfied with the outcome of their visit to the hub.

4.5 *16. Matching Unit*

The Matching Unit is a small administrative team which matches clients who have been assessed by Care Manager as requiring care at home, to care services. The purpose of this is to provide care at home more efficiently and reduce the time spent by Care Managers on this activity. The Matching Unit opened on 17th April in the Teviot area and extended to Tweeddale on 22nd May and Central on 3rd July. All care at home providers currently used by Scottish Borders Council will be used by the Matching Unit. To end of June 2017 there have been 83 care packages sourced. The priority group of care packages has been as follows – 38 critical care, 33 mainstream care, 11 hospital discharge, 1 palliative. The Matching Unit have also expanded the service they provided to include decreasing and restarting current care packages as directed. Feedback from Care Manager and Care at Home Providers has been overwhelmingly positive. In the Tweeddale locality the waiting list for Care at Home had all care sourced with within the first week of Matching Unit operation in that area.

4.6 *18. Transitional Care Facility*

A Transitional Care Unit has been created within Waverley Care Home in Galashiels. The facility will be a 16 bedded unit but is currently operating with 11 beds due to refurbishment works which are due to finish August. The purpose of Transitional Care is to provide short-term, directed support to individuals (for a maximum of 6 weeks) to enable them to return to their homes. During the 6 months from January to June 2017 average length of stay was 29 days and 77% of patients returned home. If Transitional Care was not available these service users would have remained in Borders General Hospital. It is estimated therefore that the Transitional Care Unit has saved 1473 occupied bed days in BGH from January to June 2017.

Further Direction of Funding

5.1 *16. Matching Unit*

Since approval and direction of funding was made, the projected costs of the Matching Unit have marginally increased as the original budget covered staffing costs only with no provision made for additional expenditure incurred in relation to initial set-up costs, IT and Travel. Given the success of the service since its inception and levels of service demand, a request to the Executive Management Team for further funding in order to recruit an additional member of staff to the team to March 2018 has been made. Taking account of both these factors, a further **£10,500** of funding direction has been requested.

5.2 *New. 7 Day a Week / 12 Hours per day Healthcare Support Worker (HCSW)*

As part of an ongoing strategy to support people to live as independently for as long at home, reduce unnecessary admissions to hospital and support and deliver more services within as integrated a health and social care model as possible, it is proposed to pilot the introduction of a 12 hours-a-day, 7 days-a-week Health Care Support Worker service until the end of March 2018. Based within Haylodge, the pilot service will involve healthcare assistants in an outreach model within the

Tweeddale area, supplementing existing homecare to clients within their own home setting. This is particularly beneficial given historical Care at Home recruitment challenges in the past and additionally, the role of the new posts will be prioritised to support timely discharge from hospital. This will require a whole-time-equivalent staffing provision of 2.71WTE at an annual cost of £77,999 and for the duration of the pilot, **£51,999**.

- 5.3 In total therefore, the IJB is to ratify the direction of further funding of **£0.063m** in respect of the 2 additional areas above (consisting of £10,500 and £51,999) which will leave **£2.134m** uncommitted.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the current expenditure position of the ICF and the progress of key projects.

The Health & Social Care Integration Joint Board is asked to **ratify** proposals for further ICF funding.

Policy/Strategy Implications	The programme is being developed in order to enable transformation to new models of care and achieve the partnership's objectives expressed within its Strategic Plan.
Consultation	The recommendations made to the IJB are following consideration and endorsement by the Executive Management Team.
Risk Assessment	There are no direct adverse risk implications associated with the proposals. The Healthcare Support Worker Team will be directly targeted at mitigating risk currently faced by reducing delayed discharge.
Compliance with requirements on Equality and Diversity	There are no adverse equality implications associated with the proposals. The projects identified within the report are designed to improve access to services and support people with a range of conditions and disabilities.
Resource/Staffing Implications	The proposals approved within the programme to date will be funded from the ICF grant allocation over its life and create 1 additional temporary Matching Unit post during 2017/18 and 2.71 WTE Healthcare Support Worker posts.

Approved by

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer Health & Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Chief Financial Officer for Integration	Jane Robertson	Strategic Planning and Development Manager