



INTEGRATED CARE FUND UPDATE – June 2017

Aim

- 1.1 The aim of this report is to provide Integration Joint Board (IJB) members with an update on the Partnership's Integrated Care Fund (ICF) Programme and further detail on those projects approved to date in terms of their cost commitments.

Background

- 2.1 Integrated Care Funding was first allocated to the shadow partnership in 2015/16. The ICF commenced on the 1st April 2015 with the award of £2.13m per annum (2.13% of £100m p.a.), a total allocation of **£6.39m** over the 3 years of the programme. During this year, a number of projects were approved by the partnership. Of the £2.13m allocated for 2015/16, **£224k** was spent by the partnership in 2015/16 and a further **£897k** in 2016/17, a combined total of **£1.122m** over the life of the programme to date. Analysis of the spend to date on those projects approved by the IJB is detailed in **Table 1**.

Current Position

- 3.1 A decision was ratified by the IJB in December 2016 to close the Integrated Care Fund to new bids for resources in order to enable the EMT, with IJB ratification, to direct funding to deliver the transformational and strategic plan priorities. Proposals for these areas will come to the IJB for ratification in the coming months. The remaining ICF balance is **£2.37m**.
- 3.2 Overall, 22 projects, projected to cost **£4.15m** have been commissioned as part of the ICF programme to date, with two further requests for funding recommended by the Executive Management Team.

In summary, these are:

Table 1 – Summary of 3-Year Resource Requirements of ICF Projects Approved by EMT to date

	Approved Projects	Approved
1	Community Capacity Building	£ 400,000
2	Independent Sector representation	£ 93,960
3	Transport Hub	£ 139,000
4	Mental Health Integration	£ 38,000
5	My Home Life	£ 71,340
6	Delivery of the Autism Strategy	£ 99,386
7	BAES Relocation	£ 241,000
8	Delivery of the ARBD pathway	£ 102,052

9	Health Improvement (<i>phase 1</i>) and extension	£ 38,000
10	Stress & Distress Training	£ 166,000
11	Transitions	£ 65,200
12	Delivery of the Localities Plan 18 mths)	£ 259,500
13	Locality Managers x 1 locality for 1 year	£ 65,818
14	H&SC Coordination x 1 locality for one year	£ 49,238
15	Community Led Support	£ 90,000
16	The Matching Unit	£ 115,000
17	RAD	£ 140,000
18	Transitional Care Facility	£ 941,600
19	Pharmacy Input	£ 97,000
20	GP Clusters Project	£ 50,000
21	Pathways	
	Domestic Violence pathway project	£ 120,000
	Care pathways and delayed discharge consultancy	£ 7,000
22	ADP Transitional Funding	£ 46,000
	Programme delivery	£ 580,458
		£ 4,015,522
	For Approval	
23	Partnership Programme Team extension	£126,000
24	Buurtzorg – Project Management	£52,000

- 3.3 The projects that are already approved are constantly under review and scrutiny to ensure that they continue to deliver outcomes in line with the strategic plan. The progress of these projects can be seen in [Appendix 1](#).
- 3.4 Work continues with the approved projects to ensure that their outcome monitoring is robust and consistent with the other Integrated Care Funded projects.

Update

- 4.1 Two projects have been recommended by the Executive Management Team since the last IJB report. These are:
- 4.2 **Partnership Programme Team:** The Programme Team consists of three Project Managers and 3 Project Support Officers who support the existing integration partnership programme. This team currently provides support for the Chief Officer for Integration and provides the infrastructure required to support the IJB. The team is currently supporting the production of the Partnerships Annual performance Report, quarterly performance reports for the IJB, workforce planning, localities planning and the management and support of the Integrated Care Fund. The team also provides dedicated Project Management support to the following ICF funded projects – Matching Unit, Transitional Care Facility and Community Led Support. It has been recognised that the support provided by the team has been critical to the successful progression of these projects. EMT have recognised the importance of extending this team's remit to cover the support of a number of the partnerships transformation and efficiencies programme projects. In order to provide this support it is recommended that team contracts are extended up until the end of December

2018. This will allow the team to support transformation projects such as the review of community and day hospitals, AHP's and Reablement when the projects that they are currently supporting are concluded. The cost of this extension would be £126k.

- 4.3 **Buurtzorg**: The nursing led Buurtzorg model for the provision of health and care has been consulted on in the Borders and it has been strongly supported. Approval has been given to test the model in the Coldstream area. A study trip to the Netherlands has been organised for June 2017, with further training to be provided by the Buurtzorg nurses following this. In order to take this test forward EMT have approved the funding for project support a period of 12 months at a cost of £52k.

Recently Approved Projects - Progress

- 5.1 Three projects that have recently been approved by the IJB have been making significant progress. The Matching Unit, Community Led Support and Transitional Care facility were approved by the IJB in September and December 2016.
- 5.2 **The Matching Unit**: The Matching Unit was ratified by the IJB in September 2016. The aim of the project was to create a small central administrative team "Matching/Brokerage Unit", to match clients to home care providers, assessed by care managers as needing care at home services. The matching unit commenced in April 2017 with 4 matching staff in post.
- 5.3 The project aims to improve outcomes including:
- % reduction in Care Manager time taken to identify and secure provision for clients
 - % increase in caseloads held per Care Manager
 - Improved Care Manager satisfaction with the matching process
 - Improved Care provider satisfaction with the matching process
 - Improved speed of service provision
- 5.4 A full midyear evaluation will be available in October 2017 however initial feedback from the Tweeddale area shows that on the first day of operation the Matching Unit reduced the number of people on the local care at home waiting list from 12 down to 3.
- 5.5 **Community Led Support**: The Community Led Support Project was ratified by the IJB in September 2016. The project aims to develop a community hub model, promoting early intervention, self-directed support and community solutions on a local level. Engagement sessions across the Borders were carried out throughout November and December with 233 people attending planning and evaluation workshops. Staff and third sector partners have been trained and the first hub opened in Burnfoot Community Hub on 22nd May. This was followed by the opening of the first hubs in Ettrick Bridge and Yarrow Valley on the 7th June.
- 5.6 This approach has been successful in other areas by:
- Increasing customer satisfaction around access to services
 - Increasing staff morale and motivation within social work teams
 - Reducing in the need for formal care services
 - Improving access to services
 - Improving wellbeing of service users
 - Reducing bureaucracy

- Reducing waiting lists/waiting times
- Increasing collaboration with voluntary sector and partners
- Reducing in health and social care expenditure

- 5.7 Initial feedback has been very positive with 6 people attending the Burnfoot Hub which has had a positive impact on waiting lists for social work services.
- 5.8 Initial surveys from the first two “What Matters – Hawick” hubs show that 100% of attendees at the hub felt that the venue was suitable; that the staff were welcoming; that the service was easy to access; that they received the guidance and support that they required; and that they would recommend the service. 80% of attendees were satisfied on the outcome of their visit.
- 5.9 The first full evaluation will be available in September 2017.
- 5.10 **The Transitional Care Facility:** The Transitional Care Facility Project was ratified by the IJB in December 2016. The unit has been operation since December with the aim to provide multi-disciplinary care for people leaving hospital for a period of 6 weeks to enable people to safely return to their homes. Two multi-disciplinary workshops have been held to promote collaborative working and identify and resolve process issues. A third and final workshop is planned to complete a review of the process from the community to the Transitional Care Facility. Verbal feedback from these workshops indicates that the workshops have had a positive impact on multi-disciplinary team working by increasing awareness of the importance of differing roles.
- 5.11 To date, the project has seen:
- 81 referrals and 42 admissions
 - 72 % of patents returned to their original home (returned home or to a new home 78%)
 - 75% of patients stayed for 6 weeks or less

Summary

- 6.1 To date **£4.193** of the ICF has been approved although only **£1.122m** has been spent to date.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the position of the Integrated Care Fund.

The Health & Social Care Integration Joint Board is asked to **ratify** the 2 new funding requests (**Table 1 Projects 23-24**).

The Health & Social Care Integration Joint Board is asked to **note** progress on key projects.

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
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	Plan and national health and wellbeing outcomes
Consultation	The recommendations to the IJB have been made following consultation with a wide range of stakeholder representatives through the ICF Executive Management Team.
Risk Assessment	There are no risk implications associated with the proposals
Compliance with requirements on Equality and Diversity	There are no equality implications associated with the proposals
Resource/Staffing Implications	The proposals approved within the programme to date will be funded from the ICF grant allocation over its life

Approved by

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer Health & Social Care		
Carol Gillie	NHS Borders Director of Finance	David Robertson	Scottish Borders Council Chief Financial Officer

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