

Approved projects

Integrated Care Fund Project RAG Status - May 2017

Outcomes, milestones, financial status and overall project status.

	Programme Delivery	Community Capacity Building	Ind Sector Representation	Transport Hub	My Home Life	Delivery of the Autism Strategy	BAES Relocation	Delivery of the ARBD pathway	Stress and Distress	Transitions	Delivery of the Localities plan	CLS	Transitional Care Facility	Matching Unit	Pharmacy Input	RAD
Outcome Status									Awaiting report							Awaiting report
Milestone Status																
Financial Status																
Overall project Status																

Notes: Awaiting information from RAD project

Key:

Red – Off Track

Amber – At Risk

Green – On Track

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Project	Objectives	Benefits Realised (ROI)		Progress	Sustainability	Funding
		Contribution to National Health and Wellbeing Outcomes	Contribution to Local Strategic Objectives			
ICF Project Delivery April 2015 - March 2016	To allocate the Integrated Care Fund in line with the ICF Plan 2015-18	<ul style="list-style-type: none"> Providing support to all ICF projects in order to assist them in the delivery of their outcomes. The team therefore contributes to all National Health and wellbeing outcomes and Local Strategic Objectives. 		19 Projects are in progress and 10 are being supported to produce project briefs for appraisal. The governance structure has been reviewed and the new structure will commence in September 16. The projects are under scrutiny for their performance and alignment the Strategic Plan. Two workshops have been completed with project leads to assist with their outcome monitoring and evaluations.	One off cost for the term of the ICF Funding. No ongoing costs.	£469,626
Independent Sector Representation April 2015 – March 2018	The provision of Independent Sector advice to the programme.	Outcome 4 <ul style="list-style-type: none"> Training/educating care providers Providing tools to assist delivery Working with the service users 	Objective 2 <ul style="list-style-type: none"> Training/educating care providers Providing tools to assist them in prevention and early interventions Assisting providers in delivery of new models of care Working with partners in gaining trust 	Progress has been made in 3 key areas – the review of care assistants training needs, the setup of a second rapid reaction team from a care home and the development of the My Home Life Project.	One off cost for the term of the ICF Funding. No ongoing costs.	£93,960

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<p>Transport Hub</p> <p>April 2015- March 2017</p>	<p>Putting in place a co-ordinated, sustainable approach to community transport provision.</p>	<p>Outcome 1</p> <ul style="list-style-type: none"> • Simplification of accessing transport to health services • Greater levels of support for users 	<p>Objective 9</p> <ul style="list-style-type: none"> • Providing a more efficient service with better utilisation of vehicles • Reduced duplication of journeys • Better coordination with planned facilities discharge. 	<p>Improvements have been reported around ease of use, appropriate transport provision, better vehicle utilisation, greater partnership working, improvement of the skill of the volunteer base and respite provision for carers.</p> <p>In the first year the transport hub has facilitated 482 journeys by using 56 volunteers.</p> <p>In June the Transport Hub received an award for the Accessibility project of the year.</p>	<p>The project will be part of a bigger review of transport provision in the Borders with a primary aim of being sustainable.</p>	<p>£139,000</p>
<p>Health Improvement, Self-Management Phase 1</p> <p>September 2015 – June 2016</p>	<p>To improve shared management of LTCs amongst older people (Phase One). The new proposal (Phase Two) extends the basic concept to include all adults with Long Term Conditions (LTC's), including those with multiple conditions, so</p>	<p>Outcome 1 & 2</p> <ul style="list-style-type: none"> • Promoting shared management of existing conditions • Helping to bridge the gap between community and acute care • Development of knowledge, skills, pathways and 	<p>Objective 2 by</p> <ul style="list-style-type: none"> • Equipping practitioners to build health improving measures into their assessments • Integrated anticipatory, treatment and recovery/re- 	<p>Phase 1 of this project is underway and showing improvement in service with 49% of people questioned rating the service as good and 50% rating the service as Excellent. This project has also evidenced a 10% improvement in wellbeing scores across the project. This project is now complete</p>	<p>The project will end with no ongoing costs as all the changes will have become business as usual.</p>	<p>£19,000 (For the extension to phase 1.)</p>

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	learning from experience and maximising the use of short-term funding.	processes <ul style="list-style-type: none"> Supporting and enabling carers to look after their health 	ablement care plans <ul style="list-style-type: none"> Supporting people to live well with their conditions 	but the findings will guide future service delivery.		
Transitions August 2015 – May 2018	This project will focus upon young people who have a diagnosed learning disability between the ages of 14 and 21 who are moving towards and are progressing through the transition from children's to adult services across Health, Social Care, Children's Services and Education.	Outcome 3 <ul style="list-style-type: none"> Ensuring people receive the correct information at the right time Giving timely collaborative assessment and support plans 	Objective 7 <ul style="list-style-type: none"> Creating a clear transitions pathway, accessible to all partners including young people and their carers. 	Recruitment is now complete and the post filled. The new Transitions Development Officer is now in post and gathering information on the current pathways.	The project would specify that recommendations must be achieved within the existing resources across services. This may mean disinvestment in one area and re investment in another. More efficient and effective pathways for the customer would also have a positive impact upon staffing resources	£65,200
Borders Community Capacity Building September 2015 – May 2018	Sept.	<ul style="list-style-type: none"> Outcome 1 Encouraging people to engage and participate in activities Improving their mental and physical wellbeing Reducing isolation 	Objective 1 <ul style="list-style-type: none"> Encouraging and supporting communities to create and run their own services. 	BCCB have reported an increase in the number of people, from different communities, becoming engaged in physical activities and being more active in their communities. They are also reporting an improvement in their participants' physical and mental wellbeing.	Projects initiated by this Team during the term of the ICF funding should be self-sustaining by 2018.	£400,000
Mental Health	The transition from a	Outcome 9	Objective 5	This project is now complete	One off cost to	£37,500

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Integration – April 2015 – October 2015 Project now complete	dedicated social work team to having social work functions such as care management and assessment and use of IT software such as Frameworki embedded within the integrated teams.	<ul style="list-style-type: none"> Integrating social work into the community Reduce duplication Ensuring referrals are managed effectively 	<ul style="list-style-type: none"> Providing support to admin staff and team managers Ensuring effective and efficient delivery of social work services within an integrated model. 	and has reported improvement in the service provided to patients, working relationships and communications. It has also reported a reduction in duplication of work.	implement a new integrated model of service delivery.	
My Home Life January 2016 – February 2017	A fourteen month programme of leadership support and training to help improve quality of life in care homes.	<p>Outcome 4</p> <ul style="list-style-type: none"> Educating and providing tools to assist care homes in delivery of service improvements Ensuring that staff are trained to the same level of competency. Developing care homes to provide different models of care 	<p>Objective 3</p> <ul style="list-style-type: none"> Providing different models of care supporting the discharge agenda and prevention of admission to hospitals 	The training for the 1st cohort of manager is complete and the second round of training has commenced. The first round saw outcomes such as: increased staff morale, increased quality of leadership and management, improved communication skills.	One off project – no ongoing costs.	£71,340
Delivery of the Autism Strategy April 2016 – August 2018	Delivery of all of the work streams within the Borders Autism Strategy.	<p>Outcome 3</p> <ul style="list-style-type: none"> Improving awareness and understanding of the needs of those with autism 	<p>Objective 2</p> <ul style="list-style-type: none"> Improving awareness and understanding of the needs of those with autism Ensuring that those with autism receive the right 	A project initiation document has been produced and the project delivery planned. The Autism Coordinator is now in post.	One off cost to deliver the Autism Strategy.	£99,386

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			support at the earliest opportunity			
Delivery of Stress and Distress Training July 2015 – April 2018	Stress & Distress Training provides training in an individualised, formulation driven approach to understanding and intervening in stress and distressed behaviours in people with dementia.	Outcome 8 <ul style="list-style-type: none"> Providing training to over 700 staff Improve the experience, care, treatment and outcomes for people with dementia, their families and carers 	Objective 3 <ul style="list-style-type: none"> Reducing the likelihood of situations becoming exacerbated and resulting in residential or hospital care 	Work has been undertaken to train stress and distress trainers and plan the training sessions. 117 staff have attended the 2 day training and 148 have completed the bite size training.	The potential for release of resources is a key task for the project group seeking sustainable support from internal/external funders. The evidence is that within prescribing alone it is expected that a £47k saving will be realised year on year.	£166,000
Implementation of the ARBD pathway April 2016 – August 2018	Delivery of the actions identified in the 2013 ADP needs assessment.	Outcome 2 <ul style="list-style-type: none"> Assessing and improving pathways of care for those with ARBD Reducing the need for out of area placements in residential care 	Objective 4 <ul style="list-style-type: none"> Assessing and improving pathways of care for those with ARBD Reducing the need for out of area placements in residential care 	A project initiation document has been produced and the project delivery planned. The ARBD development officer is now in post.	The resource currently being used to fund residential places could be released and used differently in order to support improved coordination in the community.	£102,052
Borders Ability Equipment Store (BAES) Relocation February 2016	Relocation of the Borders Ability Equipment store to a purpose built location.	Outcome 2 <ul style="list-style-type: none"> Efficiently providing individuals with the correct equipment to enable them to 	Objective 4 - as outcome 2.	This project requested an additional £141,000 when tenders were received which were over budget. This was approved in July 2016. The tender has been	One off cost.	£100,000 £141,000 Total £241,000

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– December 2016		have care in the home setting.		accepted and construction work commenced on 26 th September. The relocation is now underway.		
Community Ward Pilot Programme Management and Support	Programme Management and Support to develop, plan and deliver alternative proposal to replace Community Ward pilot	<ul style="list-style-type: none"> The outcomes and objectives of this work package will be determined when the development of the alternative options is complete 		Project Support Officer in post. As the community ward project has been withdrawn this post will be used to support the approved projects and contribute to the central project support team.	One off project – no ongoing costs.	
Health and Care Coordination Programme Management and Support	Programme Management and Support to develop, plan and deliver Health and Care Coordination project	<ul style="list-style-type: none"> This work package is an enabler to delivery of the outcome and objective detailed below in relation to the wider Health & Social Care Coordination project 		Project Support Officer in post and contributing to the centre project support team.	One off project – no ongoing costs.	
Delivery of the Localities Plan April 2016 – October 2017	Development of locality plans. The redesign services to meet needs. Make recommendations to the localities group. Link to GP services, the third and Independent sector.	<p>Outcome 4</p> <ul style="list-style-type: none"> Working co productively with a wide range of stakeholders to deliver a localised integrated care model 	<p>Objective 5</p> <ul style="list-style-type: none"> Working co productively with a wide range of stakeholders to deliver a localised integrated care model. 	Draft localities plans have been produced and are awaiting approval.	One off cost.	£259,500 for 18 months
Health & Social Care Coordination	Introduction of a Health and Social Care Coordination approach through integrating	<p>Outcome 7</p> <ul style="list-style-type: none"> Providing one point of access for health and social 	<p>Objective 5</p> <ul style="list-style-type: none"> Improving access to health and social care 	This project is on hold.	One off cost, for a 1 year test.	£49,238

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September 2016- August 2017	teams within one locality to test the change and consider scaling up across the remaining localities.	care services <ul style="list-style-type: none"> • More streamlined service • More efficient response times 	services <ul style="list-style-type: none"> • Improving referral and waiting times • Reducing unnecessary admissions to hospital • Improving discharge from hospital • Improving co-ordination of multiple services 			
Locality Management September 2016- August 2017	Overall management and strategic development of Adult Health and Social Care services within one locality to test the change and consider scaling up across the remaining localities.	Outcome 4 <ul style="list-style-type: none"> • Working co productively with a wide range of stakeholders to deliver a localised integrated care model 	Objective 5 <ul style="list-style-type: none"> • Working co productively with a wide range of stakeholders to deliver a localised integrated care model. 	This project is on hold.	One off cost, for a 1 year test.	£65,818
Community Led Support September 2016 – March 2018	To develop a community hub model, promoting self-directed support and setting up social work drop ins.	Outcome 1 <ul style="list-style-type: none"> • Providing self-directed support and drop in social work sessions within the community. 	Objective 1 <ul style="list-style-type: none"> • Providing self-directed support and drop in social work sessions within the community. 	Two hubs are due to open in the next couple of months.	One off cost, for 18 months.	£90,000
The Matching Unit September	The creation of a small central administrative team “Matching/Brokerage	Outcome 9 <ul style="list-style-type: none"> • A Borders-wide overview of resource and 	Objective 7 <ul style="list-style-type: none"> • Care managers time is significantly 	The matching unit is now up and running.	The running cost of the matching unit will come from the efficiencies created	£115,000

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2016 – September 2017	Unit”, to match clients, assessed by care managers as needing care at home services.	capacity will be in place resulting in a consistent and more effective approach to securing provision.	reduced in trying to identify & secure provision for clients.		from the more effective use of practitioner time (e.g.) increased productivity resulting in reduced requirement to either hire additional care managers or to reduce the existing number of care managers	
Rapid Assessment and Discharge Team	The funding of a rapid discharge and assessment team at the front door of the BGH.	Outcome 9 <ul style="list-style-type: none"> Patients will not be admitted to BGH when admission is not required. 	Objective3 <ul style="list-style-type: none"> All frail, elder patients will be assessed at the hospital front door and discharged home where possible. 	Project approved in December 2016 and fully underway as it was already established.	A business case to divert resource to sustain the team function is in development.	£140,000
Transitional Care Facility	The provision of a multidisciplinary team with a transitional care facility.	Outcome 1 <ul style="list-style-type: none"> By providing a multi-disciplinary model of care. 	Objective 4 <ul style="list-style-type: none"> By providing a facility in the Eildon Locality. 	Project approved in December 2016. The project is underway and basic evaluation data is available.	This project will have an impact on the budget required for commissioning flex-beds during the winter ‘surge’, and on the budget required to fund long-term, complex packages of care. These savings could be used to fund the facility.	£941,600
Pharmacy Input	The provision of pharmacy support in the community,	Outcome 9 <ul style="list-style-type: none"> By undertaking medicines 	Objective 5 <ul style="list-style-type: none"> Providing access to care plans that 	Project approved in December 2016. The recruitment for the	From the end of funding the cost of the provision would come	£97,000

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	undertaking medicines reviews and supporting the transitional care facility, enablement and matching unit projects.	reviews, reducing the need for medicines and carer visits.	are reviewed regularly by specialist staff.	pharmacist was unsuccessful so they are now recruiting a pharmacist technician and a project manager.	from the efficiencies created by the efficient use of resources.	
Domestic Abuse Service (DAS)	Match funding of the DAAS Service and DACS Service and the planning and the implementation of service redesign.	Outcome 7		Project approved in March 2017. Project documentation is currently being finalised and the project is due to start in July 2017.	A full scale review of domestic abuse services will commence in 2017/18 with the aim of ensuring sustainable funding solutions for the range of services at local level.	£40,000 each year for 3 years
GP Cluster Leads		Outcome 9		Project approved in March 2017.	It is proposed that during the initial 12 months, the post holders, general practice and the Partnership would work together to agree the longer-term requirements of the post in terms of capacity and workload and agree the funding stream.	£50,000
Alcohol and Drug Partnership	ADP to work with commissioned service providers in developing a new model of delivery following service			Project approved in March 2017.	If service redesign work is unsuccessful a more radical programme of savings through service	£46,000

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	redesign.				rationalisation will be implemented.	
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