

Integrated Care Fund Plan Template

PARTNERSHIP DETAILS

Partnership name:	Scottish Borders
Contact name(s):	PJ Harding
Contact telephone	01835 82 5176
Email:	PJHarding@scotborders.gov.uk
Date of Completion:	23 rd January 2015

The plan meets the six principles described on pages 2 and 3 (Please tick √):

Co-production	√	Leverage	√
Sustainability	√	Involvement	√
Locality	√	Outcomes	√

Please describe how the plan will deliver the key points outlined in paragraph 18:

The Scottish Borders has written an Integrated Care Fund (ICF) Plan 2015-16 which sets out its intentions for investing the ICF funds for the year. There is a workshop planned for 27th January 2015 from which a more detailed investment plan will emerge. More information to the answers given below can be found in the embedded ICF Plan document (below).



ICF Plan 2015-16
v6.5.docx

The activities that will support the delivery of integrated health and wellbeing outcomes for adult health and social care – and the contribution to wider work designed to tackle health inequalities within Community Planning Partnerships;

ICF investments will be expected to contribute to the Health and Social Care Integration National Outcomes. Through the work being carried out as part of Integration, it is expected these outcomes will be quantified at a local level allowing ICF to measure its contribution towards meeting them.

ICF funding will support the delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen the approach towards tackling inequalities.

There will be a strong focus on Health Improvement as one of the four key areas of ICF investment by building on the success of local projects for example the Walkerburn Community-focused approach. This has delivered health improvement in areas of deprivation by developing initiatives addressing inequalities.

The extent to which activity will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning;

In order to ensure the best from investments and sustainability, ICF will build on existing work, developing initiatives based on priorities in local joint commissioning strategies developed by all adult services which are being incorporated into a single Strategic Plan.

There will be a strong link between ICF and the Strategic Plan being drafted as part of Health and Social Care Integration and the priorities from this will influence the use of ICF.

Investments will be asked to identify the Health and Social Care National Outcomes they will expect to deliver against as well as any other outcomes they might be achieved before an investment is confirmed.

Relationships with localities, including how input from the third sector, users and carers will be achieved. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks.

The Scottish Borders is already working well with communities to ascertain their needs. Health and Social Care Integrated arrangements are expected to lead a locality planning approach to address health inequalities and isolation in the areas of most need.

ICF will seek to take a locality approach and involvement amongst the five localities agreed by the Shadow Board in November 2014. The themes outlined above for the ICF are issues that have been highlighted regularly at consultation and awareness-raising events organised across localities as part of the Integration process.

There will be a focus on involving the locality in building community based services. This is something that is already successfully being addressed by Health Improvement and Community Capacity Building Project. This work is only successful if it meets the needs of the people. Existing work with communities has focused on areas which have been identified as having significant need; this will continue to underpin the use of ICF.

It is the intention to continue the Change Fund approach of ensuring 20% of whole investment supports local carers either directly or indirectly.

ICF will also have a focused person-centred approach. The concept of 'Mrs Scott' was developed during the Older People's Change Fund and used to review investments to see if they provided a person-centred approach i.e. did the investment make a positive difference to Mrs Scott. A similar approach will be taken with several 'Mrs Scott' scenarios which may impact on one or more adult services to ensure the person-centred approach to investments.

The long term sustainability of investments and the extent to which the use of the fund will leverage resources from elsewhere.

The intention is to use ICF to maintain existing services, which allows new ways of working to be tested and established and in turn it will facilitate an effective move to sustainable new services. This will ensure that ICF will support new ways of working rather than seeking to disinvest in one service and reinvest in another.

How resources will be focused on the areas of greatest need.

The Borders intends to develop investments through a workshop programme with relevant stakeholders using the priorities identified in the Joint Commissioning Strategies and emerging Joint Strategic Plan. From this approach, four key priority areas have been clearly identified as areas for investment which are:

- Health improvement
- Community capacity building

- Access to services
- Early intervention and prevention

How the principles of co-production will be embedded in the design and delivery of new ways of working.

The ICF intends to take a truly integrated approach to ICF ensuring there is a representative from each of the four partnership sectors (NHS, SBC, third/voluntary sector and independent sector) with decision making ability on the ICF Board. The workshop approach to the ICF has and continues to involve many stakeholders in the approach to assessing the local priorities for the ICF.

Progress in implementing priority actions for partnerships as described in the forthcoming National Action Plan for Multi-morbidity.

The four priority areas for investment identified above have clear links towards addressing actions in the National Action Plan for Multi-Morbidity. Investments will be asked to identify any of the actions they address and to monitor their progress towards them in order for the programme to measure its impact on addressing these action points.

How it will enable the partnership to produce a progress report based on the above for local publication in autumn 2016.

The Scottish Borders Partnership is taking a pragmatic approach to the ICF and, among other things, will continue to use existing programme management arrangements to ensure seamless continuity between from the Change Fund over to the ICF.

The Programme Management Team's responsibility will include day to day management of the Fund, and ensuring investments are appropriately supported from initiation to evaluation, monthly reporting from investments as well as data gathering and programme performance monitoring.

The Programme Team will support the Integrated Care Fund Board which will have overview of the programme and its progress and will ensure that along with bi-annual reporting to the Scottish Government, a progress report will be planned, written, approved and published in Autumn 2016.

The content of this template has been agreed as accurate by:

.....

(name) for the Shadow Joint Board, or for a lead agency,

..... or

Jane Davidson for the NHS Board

Tracey Logan for the Council

.....

Morag Walker for the third sector

Margaret McKeith for the independent sector

When completed and signed, please return to:

Kelly Martin
2ER, St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Kelly.Martin@Scotland.gsi.gov.uk

Templates should be returned by **12th December 2014**.