

# Integrated Care Fund Project Proposal Form - Revenue



Llywodraeth Cymru  
Welsh Government

## Project Overview

Region: West Wales (Carms)	ICF Project name: Workstream 3 – 3.2 (TOCALs)	
Project start date: April 2019	WG ref:	Project completion date: 31 <sup>st</sup> March 2021
Is this project linked to an ICF capital project? No		
Is this project linked to the Dementia Action Plan funding? Yes		

What is the primary focus (1) and secondary (2) focus of the project are you proposing? \* please mark 1 and 2 as appropriate

Children's/young carers projects	Adults/Carers projects	Regional Capacity building/Infrastructure
Information/Advice/Awareness raising	Information/Advice/Awareness raising	Regional Partnership Board Development
Access to Services/single point of access/transport	Access to Services/single point of access	Regional Workforce development/training
Assessment and diagnosis	Assessment and diagnosis	Regional Programme management and evaluation
Social Prescribing	Social Prescribing	Regional/Integrated planning and commissioning
Early Help and Prevention	Early Help and Prevention	Regional Support for Social Value Sector Engagement
Emotional Health and Wellbeing	Emotional Health and Wellbeing/Loneliness and isolation	Regional support for Citizen/carers engagement
Edge of Care support	Stay at home/return home 1	Other – (please specify below)
Family Group Conferencing approach	Integrated Community Teams	
Family re-unification	Step up/down from hospital 2	
Therapeutic intervention	Intermediate Care/ pathway	
New accommodation/residential solutions	New accommodation/Residential solutions	
Other (please Specify below)	Other (please Specify below)	

ICF Project Description (brief description using theory of change model):

**1 - What is the problem you are trying to solve?** Enhance patient flow ensuring that the patient receives the appropriate support in the right place. Admission avoidance at the front door and support complex discharges in order that patients return home in a timely manner reducing DTOC delays.

**2 - What long term outcome/change are you hoping to achieve?** Enhanced care pathways in relation to admission avoidance. Enable timely hospital discharge. Prevention of deconditioning due to early targeted intervention. Improved co-ordination of complex discharges and interaction between Health, Social Care and Independent Sector.

**3 - Who is your key audience?** Frail Older people and people with physical disabilities.

**4 - How will you reach them?** Assessment at front door using a comprehensive geriatric assessment. Utilisation of board rounds following admission. Direct referrals from the wards. Close liaison with staff in A & E and CDU.

**5 – What resources are available to support?** Funding from ICF. Multi-disciplinary teams that have the available skills to support complex assessments and discharges.

**6 - What activities will bring about the change?** Focus on complex discharges. Regular reporting of complex patients that require specialist input and co-ordination to ensure timely discharge. Appropriate training and mentoring. Pilot an enhancement of current operating hours to 8am – 8pm.

**How does your project address your population needs assessment and area plan?** As demonstrated in the West Wales population assessment and area plan. Current projections are that people living over 65 will rise from 89,780 in 2015 to 119,510 by 2035. A 60% increase. In our 85 and over age group the prediction is 122% for West Wales and 116% for Carmarthenshire. Significantly higher numbers of older people undergo emergency admission to hospital in West Wales than the population as a whole with a similar discrepancy in the number of people receiving inpatient care for chronic conditions. The project meets the following Area Plan objectives - Enhancing assessment and care planning processes to ensure older people and their carers are involved in decisions about them, including discharge planning.

**What level of 'prevention/Intervention' (continuum) best describes your project?** \*please tick as appropriate

Self Help, Information and Advice	Early Help and support	Intensive Support	Specialist Intervention
√	√	√	√

### Project Costs

YEAR ONE	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
<b>Direct delivery costs -</b>					
Staffing	247,985	247,985	247,985	247,985	991,940
Overheads (heat, light, rent etc)					
Resources/activity costs					
Equipment/IT					
YEAR TWO	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
<b>Direct delivery costs -</b>					
Staffing	225,215	225,215	225,215	225,215	900,860
Overheads (heat, light, rent etc)					
Resources/activity costs					
Equipment/IT					

### Project Delivery

Delivery partners√

Local Authority	√
Health Board	√
Third Sector/Social Value sector	
Private/Independent sector	
Housing Association/RSL	
Other (pls specify below)	

Project budget holder

Local Authority	√
Health Board	√
Third Sector/Social Value sector	
Private/Independent sector	
Housing Association/RSL	
Other (pls specify below)	

Project geographical footprint

Regional	
Sub-regional	
Multiple regions	
Local Authority	√
Local community	√

### Project Beneficiaries (pls check boxes as appropriate):

Primary beneficiaries

Older people	√
People with learning disabilities	√
Children with complex needs	
Children at risk of becoming looked after	
Care experienced children including adopted children	
Carers	√
Young Carers	
People with dementia	√

Secondary beneficiaries

Older people	
People with learning disabilities	
Children with complex needs	
Children at risk of becoming looked after	
Care experienced children including adopted children	
Carers	
Young Carers	
People with dementia	

Other beneficiaries

Older people	
People with learning disabilities	
Children with complex needs	
Children at risk of becoming looked after	
Care experienced children including adopted children	
Carers	
Young Carers	
People with dementia	

**Project Design Principles** (pls check boxes as appropriate):

Which of the 'A Healthier Wales' Quadruple aim/s does this project primarily address?

Improved health and wellbeing	✓
Better quality and more accessible health and social care service	✓
Higher value health and social care	✓
A motivated and sustainable health and social care workforce	✓

Which of the 'ten national design principles' from A Healthier Wales will the project address?

Prevention & Early Intervention	✓
Safety	✓
Independence	✓
Voice	✓
Personalised	✓
Seamless	✓
Higher Value	✓
Evidence Driven	✓
Scalable	✓
Transformative	✓

With voice and co-production as key principles, tell us who you have engaged with in the design of your projects

Service users (adults)	
Service users (Children/young people)	
Carers	
Young carers	
Workforce	✓
Social Value/third sector	
Community members	
Other:	

**Project outcomes and impacts**

What Population level indicators/measures is your project seeking to address? \* please select from national outcome/performance management framework

Citizens understand what care, support and opportunities are available and use these to help them achieve their well-being. Citizens get the right care and support, as early as possible. Citizens live in a home that best supports them to achieve their well-being.

Theme 3 – Maximising people’s time spent in their home of Choice (IPOP 6) –

- Take a frailty approach to preserve function and reduce length of stay
- Make the transition from hospital to community
- Prevent re-admission to hospital
- Enable people to be discharged quickly and with the appropriate service
- Ensure prudent use of resources on discharge

Tell us how you will measure/understand the impacts of your project?

<p><b>How Much?</b> (outputs)</p> <p>Number of discharges at front door achieved within 24 and 72 hours.</p> <p>Current data demonstrates that there has been an increase of 14% between Qtr. 2 and 3 for 24 hours discharges to 56% and 22% for 72 hours discharges to 77%.</p> <p>LOS over 28 days has reduced by 24% in GGH.</p>	<p><b>How Well?</b> (quality) Positive feedback from stakeholders that discharges are more timely and effective.</p> <p>Patient feedback is positive “It is brilliant that you have all these facilities in hospital to practice before I leave. You are all so kind and caring”.</p> <p>“The equipment is marvellous, my husband can now get in and out of bed himself and my back no longer hurts trying to help him”.</p>
<p><b>Difference made?</b> (impact)</p> <p>Citizens understand what care, support and opportunities are available and use these to help them achieve their well-being.</p> <p>Citizens get the right care and support, as early as possible.</p> <p>Citizens live in a home that best supports them to achieve their well-being.</p> <p>Citizens get the care in their own home and do not have to stay in hospital longer than necessary.</p>	

Tell us how you intend to evaluate the following aspects of your project (*please refer to ICF guidance*)

<p><b>Impact Evaluation</b> (How will you measure/understand the outcomes that have been achieved by your project?)</p>	<ul style="list-style-type: none"> <li>• Analysing data.</li> <li>• Feedback from stakeholders/staff</li> <li>• Feedback from Patients.</li> <li>• Reduce length of stay.</li> <li>• Reduced DTOC figures.</li> </ul>
<p><b>Process Evaluation</b> (How will you evaluate the system &amp; process changes delivered by your project e.g. integration, co-production, social value?)</p>	<ul style="list-style-type: none"> <li>• Consultation with staff</li> <li>• Patient feedback.</li> <li>• Demonstration of co-production, integration and partnership working, as the team is multidisciplinary by evaluating the feedback from all stakeholders.</li> </ul>
<p><b>Economic Evaluation</b> (How will you evaluate the cost benefits/cost avoidance delivered by your project?)</p>	<p>Using a number of methods including:</p> <ul style="list-style-type: none"> <li>• Analysing available local /regional and national data</li> <li>• Agreeing regional formula to calculate Time spent at home and Bed days saved</li> <li>• Reviewing impact on other services as a result of project</li> </ul>
<p><b>Qualitative Evaluation</b> (How will you capture the experiences of service users/staff/communities?)</p>	<p>Developing:</p> <ul style="list-style-type: none"> <li>• Questionnaire for workforce training, briefings, exchange visits and peer mentoring, including service improvement ideas</li> <li>• Questions to include in stay well planning on inception of service</li> <li>• Six monthly patient/workforce satisfaction survey</li> <li>• Case studies</li> </ul>

### **Exit Strategy**

Tell us about your exit strategy for the project (post 2021):

The project has evolved throughout its development and evaluation and learning has directed change in order to continually improve outcomes for the patients and for sustainability of services.

The project will be absorbed into core funding and an exit plan will be developed following establishment of the final model.

### **Project contact details**

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