

# Integrated Care Fund Project Proposal Form - Revenue



Llywodraeth Cymru  
Welsh Government

## Project Overview

Region: West Wales

ICF Project name: Step up step down care provision in a 2 bed supported bungalow in the grounds of Havenhurst

Project start date: 01/04/2019

WG ref:

Project completion date: 31/03/2021

Is this project linked to an ICF capital project? Y \*delete as appropriate

Is this project linked to the Dementia Action Plan funding? Y/N \*delete as appropriate

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 2	Other – (please specify below)
Family Group Conferencing approach	Integrated Community Teams	
Family re-unification	Step up/down from hospital 1	
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?

- People spending extended periods of time in hospital, developing a greater dependence on long term care and being at greater risk of hospital admission / re-admission.
- Prevention of admission to hospital into acute beds

2 - What long term outcome/change are you hoping to achieve?

- For people to remain living as independently as possible in their own home for longer without experiencing increased domiciliary care needs.
- Prevention to residential care home

3 - Who is your key audience?

Older people on discharge from hospital and / or at risk of admission to hospital and step down from assessment beds

4 - How will you reach them?

**Professionals will refer into the service i.e. Hospital discharge team; Social Workers; Physio and Occupational therapists; GP's, Psychiatrists, CPN's and District Nurses etc**

5 – What resources are available to support?

**The supported beds will enable people to be supported within the community as an alternative to hospital admission. This will be supported by the provision of staff for up to 5 hours per day along with cover provided through the night as required.**

6 - What activities will bring about the change?

**The supported beds will enable people to be supported within the community as an alternative to hospital admission. When ready for discharge from Havenhurst assessment/hospital beds they will step down into the bungalow with reduced level of care and trial technology as a support and build confidence before moving back home.**

**The service will be focussed on reablement and technology supporting people to develop the skills and build confidence to enable them to return home and live independently. The service will help people identify and attain personal goals set as part of their assessment of needs.**

**The bungalow is installed with an array of assistive technology designed to support people to live as independently as possible. People will be able to trial technologies that they may wish to use on return to their own home and thus gain the experience and confidence needed to return home with as little ongoing support as possible.**

**How does your project address your population needs assessment and area plan?**

**Supports recommendations identified in the population needs assessment:** Ensuring appropriate services are available to prevent or delay the need for ongoing care and support and that the prevention ethos underpins all levels and types of care.

Improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions.

**Supports delivery of the West Wales Area Plan:** the West Wales Population Assessment 2017 highlights the need to develop a range of services that support people to remain independent for as long as they can to be. The supported beds will offer rehabilitation and recovery, in and out of hospital environment. This will contribute to developing a greater diversity of public services, identified as a key aim in the West Wales Population Assessment.

**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**

<b>YEAR ONE</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total Cost</b>
<b>Direct delivery costs -</b>					
<i>Staffing</i>	<b>£7,921</b>	<b>£7,921</b>	<b>£7,921</b>	<b>£7,921</b>	<b>£31684</b>
<i>Overheads (heat, light, rent etc)</i>	<b>£300</b>	<b>£300</b>	<b>£300</b>	<b>£300</b>	<b>£1200</b>

Resources/activity costs	£500	£500	£500	£500	£2000
Equipment/IT	£100 Wifi	£100	£100	£100	£400
<b>YEAR TWO</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total Cost</b>
<b>Direct delivery costs -</b>					
Staffing	£7,921	£7,921	£7,921	£7,921	£31684 +3%??
Overheads (heat, light, rent etc)	£300	£300	£300	£300	£1200
Resources/activity costs	£500	£500	£500	£500	£2000
Equipment/IT	£100	£100	£100	£100	£400

## Project Delivery

Delivery partners	
Local Authority	<input checked="" type="checkbox"/>
Health Board	<input type="checkbox"/>
Third Sector/Social Value sector	<input type="checkbox"/>
Private/Independent sector	<input type="checkbox"/>
Housing Association/RSL	<input type="checkbox"/>
Other (pls specify below)	<input type="checkbox"/>

Project budget holder	
Local Authority	<input checked="" type="checkbox"/>
Health Board	<input type="checkbox"/>
Third Sector/Social Value sector	<input type="checkbox"/>
Private/Independent sector	<input type="checkbox"/>
Housing Association/RSL	<input type="checkbox"/>
Other (pls specify below)	<input type="checkbox"/>

Project geographical footprint	
Regional	<input type="checkbox"/>
Sub-regional	<input type="checkbox"/>
Multiple regions	<input type="checkbox"/>
Local Authority	<input checked="" type="checkbox"/>
Local community	<input type="checkbox"/>

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

Primary beneficiaries	
Older people	<input checked="" type="checkbox"/>
People with learning disabilities	<input type="checkbox"/>
Children with complex needs	<input type="checkbox"/>
Children at risk of becoming looked after	<input type="checkbox"/>
Care experienced children including adopted children	<input type="checkbox"/>
Carers	<input type="checkbox"/>
Young Carers	<input type="checkbox"/>
People with dementia	<input checked="" type="checkbox"/>

Secondary beneficiaries	
Older people	<input type="checkbox"/>
People with learning disabilities	<input type="checkbox"/>
Children with complex needs	<input type="checkbox"/>
Children at risk of becoming looked after	<input type="checkbox"/>
Care experienced children including adopted children	<input type="checkbox"/>
Carers	<input checked="" type="checkbox"/>
Young Carers	<input type="checkbox"/>
People with dementia	<input type="checkbox"/>

Other beneficiaries	
Older people	<input type="checkbox"/>
People with learning disabilities	<input type="checkbox"/>
Children with complex needs	<input type="checkbox"/>
Children at risk of becoming looked after	<input type="checkbox"/>
Care experienced children including adopted children	<input type="checkbox"/>
Carers	<input type="checkbox"/>
Young Carers	<input type="checkbox"/>
People with dementia	<input type="checkbox"/>

## 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	<input checked="" type="checkbox"/>
Better quality and more accessible health and social care service	<input type="checkbox"/>
Higher value health and social care	<input type="checkbox"/>
A motivated and sustainable health and social care workforce	<input type="checkbox"/>

Which of the 'ten national design principles' from A Healthier Wales will the project address?	
Prevention & Early Intervention	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Independence	<input checked="" type="checkbox"/>
Voice	<input checked="" type="checkbox"/>
Personalised	<input type="checkbox"/>
Seamless	<input checked="" type="checkbox"/>
Higher Value	<input checked="" type="checkbox"/>
Evidence Driven	<input type="checkbox"/>
Scalable	<input type="checkbox"/>
Transformative	<input type="checkbox"/>

With voice and co-production as key principles, tell us who you have engaged with in the design of your projects	
Service users (adults)	<input type="checkbox"/>
Service users (Children/young people)	<input type="checkbox"/>
Carers	<input type="checkbox"/>
Young carers	<input type="checkbox"/>
Workforce	<input type="checkbox"/>
Social Value/third sector	<input type="checkbox"/>
Community members	<input type="checkbox"/>
Other:	<input type="checkbox"/>

## Project outcomes and impacts

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

- I get the right care and support as early as possible
- I am treated with dignity and respect
- My voice is heard and listened to and my individual circumstances are considered
- I live in a home that best supports me to achieve my well-being

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

<p><b>How Much? (outputs)</b></p> <ul style="list-style-type: none"> <li>• No of people who access the service from home</li> <li>• No of people who access the service from hospital</li> <li>• No of supported discharges at the front door of hospital (acute services)</li> <li>• No of hospital discharges supported (non –acute)</li> <li>• No of hospital admissions prevented</li> <li>• No of people returning to their own home</li> <li>• No of people entering long term care</li> </ul>	<p><b>How Well? (quality)</b></p> <ul style="list-style-type: none"> <li>• % of people who are supported to be able to return to their own home</li> <li>• % of people who leave the service with no long term domiciliary care needs</li> <li>• % of people who leave the service with the same or reduced long term domiciliary care needs</li> <li>• % of people who rate the service as excellent or good</li> <li>• % of people reporting that they are able to do the things that matter to them</li> <li>• % people reporting satisfaction with the service</li> <li>• % of people whose care and support has helped them have a better quality of life</li> </ul>
<p><b>Difference made? (impact)</b></p> <ul style="list-style-type: none"> <li>• People will be supported to continue to live independently in their homes and communities</li> <li>• People will not need to attend hospital unnecessarily</li> <li>• People will not spend more time than is absolutely necessary in hospital, thus reducing costs and improving individual resilience and well-being</li> </ul>	

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>	<p>We will measure the % of people that are able to return to their own homes along with any change in the level of ongoing domiciliary support that they will receive (as detailed in the table above).</p> <p>% of people prevented from going into long term residential care</p>
<p><b>Process Evaluation</b> (How will you evaluate the system &amp; process changes delivered by your project e.g.)</p>	<p>The project will consider the period of time that people spend in hospital prior to discharge and any potential reductions in time spent in hospital.</p> <p>We will also consider any reduction in the number of people awaiting domiciliary packages of care, this will include numbers of people admitted to residential homes whilst awaiting packages of care in their own homes.</p>

<i>integration, co-production, social value?)</i>	
<b>Economic Evaluation</b> <i>(How will you evaluate the cost benefits/cost avoidance delivered by your project?)</i>	<p>The cost benefits of the project will take into account any reduction in the period of time that people are spending in hospital.</p> <p>We will also consider any reductions in domiciliary care people experience on returning home following a period of time in receipt of this service.</p> <p>Cost if preventing residential placement</p>
<b>Qualitative Evaluation</b> <i>(How will you capture the experiences of service users/staff/communities?)</i>	<p>The experiences of service users will be captured via engagement / discussion on an ongoing basis and at the end of a period of receiving the service.</p> <p>The views of staff will be regularly considered through their ongoing supervision, this will also provide the opportunity for staff to be supported and where applicable make improvements to service provision.</p>

### **Exit Strategy**

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

Reducing the need for care and residential placements will release money to support this service in the long term.

### **Project contact details**

**Project key contact (name):** Sue Thomson / Gareth Tucker

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