

# **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

## **Social Care, Health and Housing Scrutiny Committee**

17th March 2016

### **Joint Report of the Director of Social Services, Health and Housing and Western Bay Programme Director,**

#### **Matter for Information**

**Wards Affected:** All

#### **Purpose of the Report**

To provide the Committee with an update on the Western Bay Health and Social Care Programme.

#### **Background**

**The Committee may recall that the Western Bay Health and Social Care was established in 2012 as a partnership between Neath Port Talbot CBC, Bridgend CBC, City & County of Swansea and the Abertawe Bro Morgannwg Health Board. The programme was established in response to the continuing demand on social care and health services and a recognition that working jointly across the footprint of the Health Board would realise consistency of delivery for service users and also sharing of good practise. It was also in response to the policy drive concerning collaborative working across public services.**

Initially, the programme covered several work streams of common interest to the core partners but after a governance review in 2013,

it was recognised that the programme should be split into two tiers. 'Tier one' focuses on the key transformational projects which report directly to the WB Leadership Group Board and the WB Partnership Forum; 'Tier two' are those work streams that deliver 'business as usual' collaborative action.

Since its inception in 2012, the Programme has been supported by different grant funding sources, principally from Welsh Government. These are European Social Fund (2012 – 2014) to provide project management capacity and support regional working; Intermediate Care Fund to support the increased integration of health and social care for intermediate care services for older people; Regional Collaboration Fund to increase the pace of regional working and the Delivering Transformation Grant to provide resource in preparing for the implementation of the Social Services and Wellbeing (Wales) Act 2014. Further details of the funding for the programme can be found in Appendix 1.

Following a re-prioritisation exercise in relation to reduced grant funding (Regional Collaboration Fund, ceasing of European Social Fund), capacity of staff in the partner organisations to engage across several strands of regional working and the regional adoption service moving to implementation, 5 transformational projects at 'Tier 1' have been reduced to 4.

Identified as tier one: community services (older people's services) – implementation and evaluation of the intermediate care service and moving into a further phase of community services intervention which is focused on core community services. Prevention and wellbeing, and in particular information, advice and assistance; local area/ community coordination; social enterprise and a wellbeing resource. Also, a cross cutting project concerned with contracting and procurement underpins some of the commissioning parts of the programme. Workforce development is the final work stream.

The remaining strands of Western Bay activity (defined as 'Tier 2'): regional Supporting People Committee; regional Area Planning Board for Substance Misuse; the Integrated Family Support Service; regional Adult Safeguarding Board and the regional Children's Safeguarding Board; the regional Western Bay Adoption Service and the regional Youth Offending Service are overseen by separate governance arrangements. Any reporting about these

strands are on an 'ad hoc,' or by exception basis only. This report provides information on Tier 1 work streams only.

Readiness to implement the Social Services and Wellbeing (Wales) Act (SSWBA) has also changed the emphasis of the Western Bay Programme. While much of the activity in the project work streams fulfil the requirements of the Act, there was a need to prepare a Regional Implementation Plan which identifies what is being planned in readiness for implementation in April 2016. A lead Director has been identified to oversee this activity for Western Bay, who is the Corporate Director Social Services and Wellbeing, Bridgend CBC.

Workforce readiness was identified as an important feature of implementing the SSWBA and a separate Learning and Development Plan is being progressed to identify what activities will take place across all three Local Authorities to prepare the workforce.

Appendix 2 sets out the governance of the programme.

Communication of the Western Bay programme has been identified as a priority and regular communications are circulated via a regular newsletter and bulletins. The Western Bay web-site captures information about the programme and is a useful reference point [www.westernbay.org.uk](http://www.westernbay.org.uk). Service user case studies are also captured and collated with partners across the various work streams and provide a powerful tool in capturing the impact of the programme.

## Community Services

**In September 2013 the Western Bay Health and Social Care Programme set out a joint commitment to work together to integrate and improve the planning and delivery of community services for older people, 'Delivering Improved Community Services.' The commitment was a whole systems approach to addressing the challenges presented by an ageing population. It stated the first phase of integration would focus on intermediate care services which in turn would act as a catalyst for change across the rest of the system. A detailed business case, 'Delivering Improved Community Services – Business Case for Intermediate Tier Services' was developed. This was approved by Cabinet in Summer 2014.**

The crux of the Delivering Improved Community Services and the subsequent business case was to achieve sustainable health and social services for older people. There is a need to provide better assessment, care and support at lower cost; something that would be very difficult to achieve with traditional, silo-type forms of both health and social care delivery. The tendency toward individual agencies cost-shunting in an uncoordinated system that lacks significant integration is also highly undesirable as it leads to poorer outcomes for older people.

Cost pressures due to demographic change are considerable, and they impact across social care and health services. The business case stresses the issues of trying to manage the current and future challenges that an increasingly older and frailer population presents. It states the risks inherent in continuing to operate the health and social care system as we do now, (the 'do nothing' scenario), and estimates cost pressures of an additional £3.3million in social care and a further £2million in the NHS or 450 fewer people receiving additional support by 2016/17. The business case described how developing an effective intermediate tier of services is central to this wider transformation programme. Intermediate tier services, which would include reablement and rapid response services in the community, provide the critical boundary between wellbeing and the need for managed care, with the potential to enable more people to maintain their independence.

The Community Services Board has subsequently developed the 'What Matters to Me' service model which is a whole systems integrated approach to delivering improved outcomes for older people with wellbeing, care and support needs. It is a person centred proactive and preventative approach to meeting the needs of people at risk of losing independence and tackling social and health needs holistically. The model details eleven initial steps which need to be taken together to deliver better outcomes for people, and deliver services which are financially sustainable. These range from initiatives to tackle loneliness and social isolation, developing proactive anticipatory care planning for people at risk of losing their independence through to strengthening existing intermediate care services and long term care in care homes and the community's interface with hospital. The model also includes a clear commitment to integrate older person's mental health services into community teams, so services are delivered through 'one team' around the older person. These work streams are detailed below.

### Intermediate Care

As a consequence of the business case, investment was made in an optimal intermediate care service model. The common service model incorporates the following components that are in the process of being scaled up across the region:

- Multidisciplinary Triage at Common Access Point, including third sector broker
- Acute Clinical Response
- Therapy led intake and review reablement services
- Step Up / Step Down residential reablement
- Support & Stay for people with dementia

The business case attracted an investment of £ 1,577,000.16 revenue and £ 784,030.81 capital, totalling £ 2,361,030 .97 in intermediate care in NPTCBC in 2014/15 as a consequence of grant funding made available through the Welsh Government's Intermediate Care Fund.

In approving the business case, Cabinet noted that the business case represented a 5 year programme of transformational change and in addition recognised the challenges presented by the

bridging finance requirements in 2015/16 and 2016/17 to make the model financially sustainable. In its commitment to the Business Case, Neath Port Talbot CBC Cabinet endorsed a recommendation to 'approve in principle the establishment of an arrangement to pool resources with partners in the Western Bay Programme, subject to formal agreement in accordance with Section 33 of the National Health Service (Wales) Act 2006 by April 2015'. This agreement was approved by Neath Port Talbot CBC Cabinet in October 2015. The Scrutiny Committee undertook a separate inquiry into the S33 agreement.

The Intermediate Care Service is one strand of the Community Services Programme which is in addition progressing work concerning Care Homes, a Medical Model and Anticipatory Care.

### Care Homes

The development of the 'Delivering Improved Community Services' document highlighted the urgent requirement to identify the role of a scalable, sustainable, and resilient Care Home sector. This model would need to be capable of providing high quality services for our most frail and vulnerable people. It was agreed that this would be developed on a regional basis building on existing collaboration.

A Care Home Task & Finish Group was set up initially to develop a Regional Care Home Commissioning Strategy. This work was superseded by the response required to the Older People's Commissioner's (OPC) 'A Place to Call Home' report published in November 2014. A Regional Improvement Plan is being progressed as part of the response to the OPC report and ongoing work monitored via the Task and Finish Group. Local Market Position Statements have been drafted and a Regional Market Position Statement completed by an external adviser focusing on Older People's Care Homes. The first draft of the Western Bay Care Homes Commissioning Strategy for Older People has been completed and approved via Western Bay governance. The strategy aims to set the vision for the sector across the region over the next ten years outlining the demand for the market and help shape services for the future.

### Medical Working Group

Following a multiagency workshop in September 2014, the Community Services Board agreed that it was necessary to establish joint working arrangements between community network based community services and mental health services on a local authority footprint, working towards co-location where possible. The Medical Working Group is the clinical group within the Community Services Programme and its role is to bring together psychiatrists, community geriatricians and GPs with the goal of clarifying and agreeing the interface and language of generalist/specialist roles.

To ensure focused working with tangible outcomes, the group agreed it will focus on defining a Medical Model applicable within the Anticipatory Care work stream to guide the development of an appropriate service model delivered in the community. Significant progress has been made and the key aspects have been identified and agreed. Examples of the key themes identified by the Medical Working Group include:

- Access Model e.g. dedicated link/named person for specialist team contact
- Communication e.g. electronic transfer of information between different teams
- Rotational working between acute and community settings to increase understanding of services available in both

### Anticipatory Care

Phase 2 of the Programme, agreed by Western Bay Leadership Group in December 2014, focused on proactive anticipatory care planning for older vulnerable people living in our communities that are already receiving multiple health and social care services and are those people that professionals are 'most worried about losing their independence'. This work stream focuses on coordinating care 'around the older person' and to provide targeted case management in the community building on successful models in Torbay and Southern Health to ensure people are able to live well in their own homes for longer.

Following discussion at multidisciplinary team (MDT) meetings, the premise of the anticipatory care planning approach revolves around, one professional 'holding the ring' on a patient so that should they need to contact services they have one point of

contact who then liaises with the other professionals involved on the patient/ carers behalf. This eliminates patients and carers having to navigate their way through a sometimes complex system to reach the appropriate professional they need at that time.

Initially the Afan Network was locally identified as a pilot area for this approach in Neath Port Talbot. The project leads started by identifying the most vulnerable cohort of frail older people in one GP practice in the network as a priority to test the concept and refine the process before roll out.

A significant amount of work has taken place on planning, developing and implementing anticipatory care planning within the network. A series of multidisciplinary team sessions have taken place with the team including Community Psychiatric Nurses, District Nurses, Social Workers, Occupational Therapists, Physiotherapists and GPs, which has culminated in the identification of a cohort of patients in all areas. As an example, 25 vulnerable people were identified that were known to a combination of professionals attached to the Kings Surgery of which 70% had involvement from a Mental Health professional. 12 of these people now have patient held anticipatory care plans in their homes for professionals to refer to if they are called out of hours. The MDTs also provide an opportunity to discuss support that could be provided by the Third Sector and referrals are made as appropriate.

As of January 2016, the approach had been rolled out to seven GP practices in Afan with the remaining practice coming online by March 2016. The approach will then be rolled out to the further two community networks in Neath Port Talbot CBC from April.

In July 2015, the Project Leads, supported by the Community Services Programme, developed a bid which was submitted to the Primary and Community Fund and secured £660k across Western Bay recurring monies to support this work stream. Specifically, following the Torbay model and after procuring expert advice from the former Chief Executive of the Trust Peter Colclough, the bid outlined a workforce model to support the work stream that included recruitment of a coordination 'Care Navigator' role and outlined the necessity for additional administrative support in order to release professionals' time. These monies have been split per network, resulting in the three Neath Port Talbot networks receiving £60k per annum each on a recurring basis.



A detailed Milestone Plan has been developed for this work stream which includes a timeline to agree standardisation across the region of the optimal anticipatory care process and anticipatory action plans and outlines the timescales of progression on recruitment of the care navigators, administrative roles, agreement of Information Sharing Protocols (ISPs) with the GP practices and development of an IT system that all professionals are able to access. Significant work is being completed on a regional basis focusing on the ISPs and potentially information sharing with prevention/support services e.g. Third Sector Broker in the CRTs and Local Area Coordinators across the region.

### **Prevention and Wellbeing**

3. The Prevention and Wellbeing Board for Western Bay has been established in response to some of the duties in the Social Services and Wellbeing (Wales) Act. The Board provides an overview of prevention activity in all work streams and influence on other developments, as well as specific preventative projects.

#### Local Area Co-ordination

Local Area Co-ordination (LAC) has been piloted across Western Bay. This strengths based approach involves building resilience in local communities and citizens, and supporting people to have a life not a service. It is a well evidenced approach and is perceived as key to implementation of the Social Services and Wellbeing Act. Swansea, Neath Port Talbot and Bridgend agreed to engage the services of Inclusive Neighbourhoods to support the implementation. The decision was made that each Local Authority would separately contract with the consultancy with funding provided through the Western Bay programme.

The 3 Local Authorities are at different stages in implementing Local Area Co-ordination/ Local Community Coordination. At the start of the project, Swansea and Bridgend had already held a number of meetings with Ralph Broad of Inclusive Neighbourhoods and in Swansea a series of documents (e.g. project plan, communication plan) had already been developed with a member of staff. The Regional Project Manager met with the Neath Port Talbot CBC Head of Community Care and Commissioning on a number of occasions to discuss the Local Area Co-ordination

model and accompanied Ralph Broad in his initial meetings with Neath Port Talbot senior officers. A decision was made to utilise the existing Neath Port Talbot Health Social Care and Wellbeing Board as the 'Local Area Co-ordination Leadership Group' (a key part of the Local Area Co-ordination model) and the Regional Project Manager attended meetings of this group to discuss the model and gain buy-in from key stakeholders.

A Local Area Co-ordination Implementation Manager was appointed working with the Western Bay Regional Project Manager on a range of Local Area Co-ordination documents and workshops presenting Local Area Co-ordination to other stakeholders. A series of meetings were also facilitated by the Project Manager with the Implementation Managers from the 3 Local Authorities and Ralph Broad in order to share learning and documentation. In late 2015 the first Local Area Co-ordinator was appointed in Neath Port Talbot, covering the Ystylafera area. Two subsequent appointments have been made.

The Institute of Life Sciences at Swansea University has developed a Local Area/ Community Co-ordination Evaluation Framework which has been agreed in the 3 areas and fieldwork is underway. This framework is designed to demonstrate how local area coordinators work on a daily basis, who they work with, what networks they are involved in and what the outcomes are for individuals. A formative initial evaluation of each of the three local area approaches to the Local Area Co-ordination model is due to be completed in by April 2016.

#### Information, Advice and Assistance

The 3 Councils for Voluntary Service, including Neath Port Talbot CVS, undertook a mapping of the wellbeing and prevention resources in their local areas in a form which can be migrated to the "InfoEngine platform." This resource will be available across Western Bay with information on wellbeing and prevention services and activities provided by the Third Sector. The web based tool will be uploaded by community and voluntary groups with information about what is available locally. 'InfoEngine' Community road shows are being planned to support additional organisations to upload their services directly to InfoEngine once available.

### Self-Help Leaflets

A 'library' of mental health self-help information leaflets has been developed through the Western Bay Prevention and Wellbeing Project led by the 3 Council for Voluntary Service (CVS)s with ABMU HB. The leaflets have been translated and can be seen at <http://www.selfhelpguides.nrw.nhs.uk/abmu/> . These were formally launched in August 2015 as part of a service user conference.

### Social Enterprise

Part time Social Enterprise posts in each of the 3 County Voluntary Councils are supporting a range of community social groups to formalise their status as social enterprises and provide guidance and advice.

### DisabledGo

Western Bay has led the way in Wales by launching the first DisabledGo accessibility guide in Wales. Disabled residents and visitors across Swansea, Bridgend and Neath Port Talbot have an access guide, which provides detailed accessibility information to 350 venues. The guide covers many different venues including leisure centres, libraries, restaurants, community centres, council buildings and shops which have been visited and assessed by a DisabledGo surveyor or a local surveyor from Every Link Counts, who have looked at a whole range of accessibility features from hearing loops and parking to accessible toilets. The Western Bay venues, which include Neath Port Talbot, will join 125,000 other locations across the UK that already feature on DisabledGo. The access guide has been produced in partnership with leading disability organisation DisabledGo and was commissioned by Bridgend Association of Voluntary Organisations on behalf of Western Bay. The guide was launched in February 2016 and can be found on [www.disabledgo.com](http://www.disabledgo.com) .

### Principles of Prevention Framework

The Prevention and Wellbeing Board has also progressed a regional framework for prevention and wellbeing services underpinned by local Prevention and Wellbeing implementation plans in each local area. This framework and its outcomes will be reported to the Western Bay Leadership Group and the

Partnership Forum with a recommendation that it be adopted by each core partner.

## **Contracting and Procurement**

**The Western Bay Contracting and Procurement project business case was presented and approved at WB Leadership Group in July 2014. The main aims of the project were to effect a sustainable and efficient ‘practice to commissioning’ methodology across Western Bay which commissions high quality health and social care services proportionate to need and to ensure that they are cost effective, along with sharing and coordinating of information, and to shift front line practice towards the requirement of the Social Services and Well Being Act 2014.**

The main areas of activity within the project are:

- Right Sizing / Right Pricing – Regional reviews of packages in Neath Port Talbot referred to as the “Pathway to Independence” or PTI
- The development and implementation of the Regional Brokerage Service for Mental Health

The expected benefits of the project were:

- Better quality services (local authority and health) for vulnerable adults addressing the implications for commissioners of the Winterbourne Review.
- Clear and better outcomes for service users.
- A savings target of £1.3 million across the region.
- Better value for money for both local authorities and health services.
- The development of a robust market that is able to meet current and future.

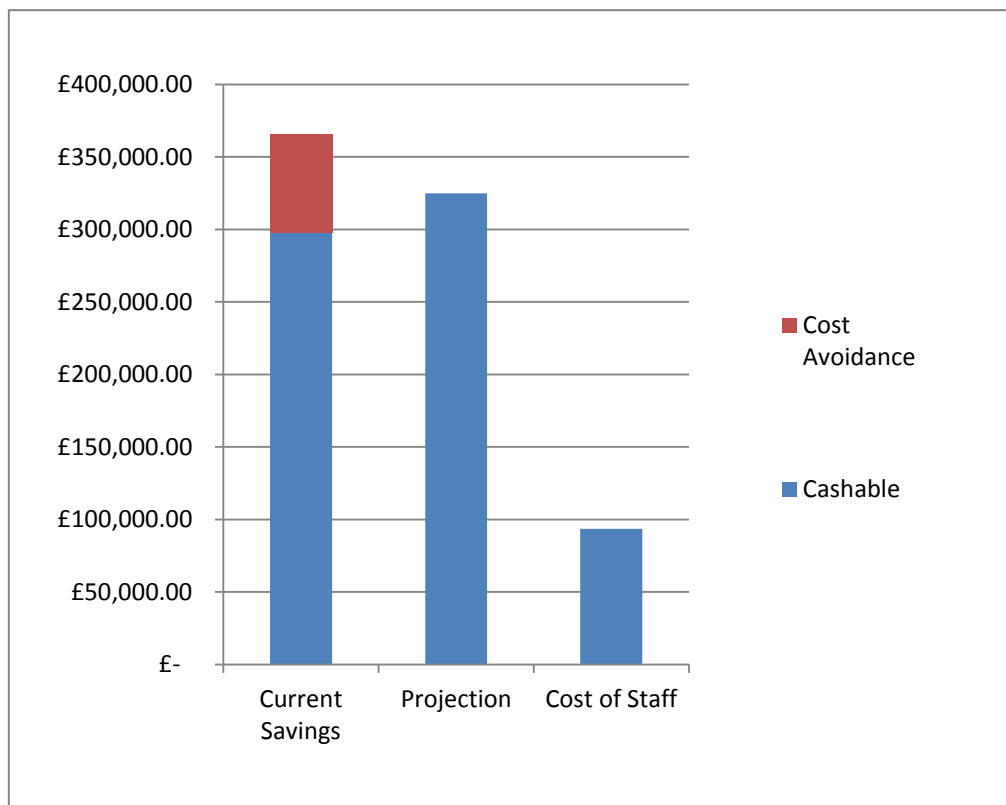
Recruitment and staffing of the project has been a challenge, particularly in relation to short term grant funding. To remedy this two Alder consultants have been commissioned to review the individual packages of care in NPT. Capacity and expertise in existing teams has been increased with the employment of the Alder consultants, therefore supporting staff to embed the culture

and new practice across the region and supporting change at a local level.

The process for reviewing the packages of care is now outcome focussed. We are beginning to see the difference we can make to the lives of citizens and the partner organisations.

To date Neath Port Talbot has saved £365, 491 through £297,704 annual cashable savings and £67,787 annual avoidance savings via the brokerage system. This equates to 112% of the NPT proportional target of £1.3 million (£325,000 NPT target savings).

The illustration below shows the savings made in NPT against the cost of the employment of staff/ experts:



In addition Neath Port Talbot has supported the development, creation and implementation of Regional Quality Framework (RQF) for Care Homes for older people. A framework and toolkit will provide incentive for continuous improvement and striving for excellence in care homes for older people. To understand and recognise different levels of achievement, a ratings system is being introduced and piloted across Western Bay.

The implementation of a Regional Brokerage System for Mental Health is a further strand of the Contracting and Procurement project. Individual cases are reviewed and mean that the individual needs of service users are being delivered as described in the Social Services Well Being Act through:

- Creating a more outcome based future for the individual
- Co-produced outcomes with service users where possible
- A plan for reablement and improvements to their quality of life
- Improved risk assessments
- Working with providers to meet outcomes of residents so that time is more 'useful'

Monitoring and transition through outcome pathways has improved and each placement is now more sustainable with clarity of costs, through joint Health and Local Authority outcome setting i.e. the whole cost of a package is reviewed so that the "whole" cost is understood, by the partners and providers, thus avoiding duplication between Local Authorities and the Health Board, therefore reducing waste and variation.

The Regional Brokerage System for Mental Health assists planning and places individuals transitioning from hospital placements, ensuring that the placements are outcome focused. New mental health placements are reviewed within 12 weeks to ensure that the right level of package has been provided to the individual.

In December 2015, the WB Leadership Group approved the continuation of the project through from April 2016 to March 2017 with a report informing them of progress in June 2016. The Chief Executive Officers approved Option 2 from the paper which specifies that the project will complete the following activities:

*Activity 1 Right Size Right Price, more care packages.* The team will review approximately 72 packages of care which will further save and/or cost avoid.

*Activity 2 Supported Living/Tenancies Review.* The team will start to review packages of care via the Right Size Right Price methodology.

*Activity 3 Mental Health Brokerage Regional Service.* The continuation of this service will derive further cost avoidance and will also develop a standard regional method for procuring these services.

*Activity 4 Learning Disabilities Regional Brokerage Service.* The Mental Health Brokerage Service will be expanded to any new service users with Learning Disabilities.

To underline the continuous learning and development approach, the Leadership Group also requested that the following tasks be completed in order to resolve the lessons learned from the first phase of the project:

- a) Engage locally with social workers and senior management.
- b) Engage with providers on that the right sizing right pricing process and how it will affect them.
- c) Stricter adherence to the 'Alder Methodology'.
- d) More coordinated approach to the quality assurance of assessments.
- e) Individual outcomes to be reflected in the contract and the individual's case file is updated to know what is expected of them.
- f) Compile an exit strategy for the right sizing right pricing process, which will include the embedding of the process in Social Work teams.

## **Social Services and Wellbeing (Wales) Act (Wales)**

**The Western Bay Health and Social Care Collaborative, with its partners, has been identified as the means for progressing health and social care integration as set out in the Social Services and Wellbeing (Wales) Act. The partnership arrangements will become statutory in April 2016. As part of the preparations for the Act, a regional implementation plan has been progressed to capture the priorities and actions required to support readiness.**

The regional plan builds on the joint working undertaken across Western Bay to date and identifies further action required across the three Local Authority areas and the Health Board, as well as with voluntary and independent sector partners.

The funding available to support this work has been drawn down by Neath Port Talbot CBC in 2015/16 to provide coordination around preparations for implementation of the Act, to support the Direct Payments implementation and Local Area Coordination.

Equipping the workforce in readiness for the implementation of the SSWBAct is a priority and a regional approach to funding for this activity is likely to replace the current individual allocations to Local Authorities in the future. In the meantime, a regional Learning and Development Plan is required of Western Bay. Sue Cooper, Corporate Director Social Services and Wellbeing, is the lead Director for Workforce Development for the region supported by a workforce lead, Lynne Doyle, Learning, Training and Development Manager, Neath Port Talbot CBC.

From April 2016, the Western Bay Regional Partnership Forum will become a statutory Regional Partnership Board with a role in overseeing and progressing health and social care integration, building on the progress of the collaborative working to date and including a requirement to work towards establishing pooled funds. Specific requirements include the preparation of a Population Assessment to assess social services needs, including preventative services; a report which sets out the range and level of services to meet needs outlined in the Population Assessment; a need to develop and implement a performance management system based on outcomes for individuals; oversight of the regional Integrated Family Support Service and working towards a



pooled budget arrangement in relation to care homes for older people.

**Recommendation**

That the report be noted.

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## Western Bay Finance 15/16

### 1. Regional Collaboration Fund (RCF)

The Welsh Government announced the £10m Regional Collaboration Fund for Wales in October 2012 to assist with upfront costs of major transformational change. Notification from Welsh Government was received in May 2013 that the Western Bay Programme would receive £4,665,000 over three years from 13/14 to 15/16.

#### RCF 15/16

WG confirmed a funding cut for the RCF budget for 15/16 of just over 50%, reducing the budget from £1.705m to £837k. In line with this announcement, prioritisation of the programme took place in December and it was agreed that the following projects would continue in 15/16:

- Prevention and Wellbeing Project
- Community Services – Intermediate Care Services (Evaluation and Benefits Realisation) and Phase 2
- Contracting and Procurement Project

The RCF proposals for 15/16 were submitted to Welsh Government, summary of the RCF proposal is below:

#### The funding for 15/16 will be split as follows:

Programme / Projects	Estimated Costs till Year End
Community Services	£261,409
Prevention and Wellbeing	£79,282
Contracting and Procurement	£346,698
Programme	£149,611
<b>RCF for 15/16</b>	<b>£837,000</b>

Details of the actual expenditure can be found in **Annex 1**.

There will be no further RCF funding after end of March 2016.

### 2. Delivering Transformation Grant (DTG)

The Delivering Transformation Grant has been awarded to support for regional implementation of the Sustainable Social Services for Wales Programme and, in particular, implementation of the Social Services and Well-being (Wales) Act 2014. The grant has been provided on a one year basis as follows:

13/14 - £225,373

14/15 - £226,342

15/16 - £481,418

### **DTG 15/16**

Sue Cooper, Director of Social Services and Wellbeing, Bridgend CBC has agreed to take on the role of Lead Director for the Programme in the interim from Deborah Driffield, C&CS. The C&CS will continue to act as the host LA for grant funding, the programme management support is hosted by C&CS and it was confirmed by the Leadership Group that the City & County of Swansea will continue to hold the DTG funds for the Programme.

Details of the expenditure for 2015/16 can be found in **Annex 2**.

Welsh Government has confirmed that the Western Bay allocation for the 2016/17 will be £491,843.

### **3. Intermediate Care Fund (ICF) 15/16**

Notification was received from Welsh Government (WG) on 24<sup>th</sup> June confirming that the Western Bay region will be allocated funding of £3,460,000 for 15/16. £3,028,000 has been allocated for the continued support of existing Intermediate Care Fund projects. Leadership Group agreed that the 4 partners would use this grant to fund the commitment that partners had already made in relation to the “Delivering Improved Community Services - Business case for Intermediate Tier Services”, which was a 3 year business case. The funding will be part of the wider funding commitment identified in the S33 agreement(s) to be taken through LA Cabinets and the HB.

Information on the remaining 2015-16 IC funding of £432,000 (innovative projects) was made available by WG in December 2015. This stated that the focus should be to reduce the number of people who are delayed from returning home following admission to hospital. Any remaining funding is to be used to continue with good practice and reduce pressure on services.

For this financial year, the funding is being administered to ABMU HB and WG have confirmed that as the lead health board for the region, ABMU HB will be able to utilise this allocation immediately.

**Summary of the Funding and the Split for Localities in 14/15 & 15/16 is as follows:**

<b>Intermediate Care Fund 2014/15 – Revenue and Capital</b>			
<b>Locality</b>	<b>Indicative ICF Revenue Allocation - Older Adults PSS Formula</b>	<b>Indicative ICF Capital Allocation - Older Adults PSS Formula</b>	<b>TOTAL</b>
Swansea	2,380,000	1,191,500	3,571,500
Neath Port Talbot	1,552,000	774,500	2,326,500
Bridgend	1,271,000	635,000	1,906,000
<b>TOTAL</b>	<b>5,203,000</b>	<b>2,601,000</b>	<b>7,804,000</b>

<b>Intermediate Care Fund 2015/16 – Revenue Only</b>	
<b>Locality</b>	<b>Indicative ICF Revenue Allocation - Older Adults PSS Formula</b>
Swansea	1,392,880
Neath Port Talbot	908,400
Bridgend	726,720
<b>TOTAL</b>	<b>3,028,000</b>

**2016-17 IC Funding:** WG have announced £50 million for the Intermediate Care fund in their draft budget and will provide further details in May 2016. (Total 2015-16 fund was £20 million).

**Intermediate Care Fund RCF-WB-12 (Regional Collaboration Fund)  
Expenditure 2015/16**

<b>Programme/Project</b>	<b>Description of Expenditure</b>	<b>Original Budget Allocation 15/16</b>	<b>Revised Estimated Expenditure 2015/16</b>
<b>PROGRAMME</b>	Regional Programme Administrator (FT)	26,379	26,379
Programme Director: Sara Harvey	Regional Communication & Engagement Officer (FT)	42,200	42,200
Programme Coordinator: Nicola Trotman	Regional Programme Coordinator (PT)	45,026	45,026
	Regional HR Change Coordinator (PT)	12,086	12,086
	Regional Finance Officer (PT)	13,190	11,200
	Liability Insurance	730	730
	Redundancy Costs	10,000	10,000
		<b>149,611</b>	<b>147,621</b>
<b>COMMUNITY SERVICES PROGRAMME</b>	Regional Intermediate Care Implementation Manager (FT)	54,282	41,000
Project Sponsor: Alex Howells (ABMU)	Regional Community Services Project Coordinator (FT)	37,100	40,200
Project Lead: Vicky Warner (ABMU)	Intermediate Care Coordinators (FT) - Swansea	48,342	23,200
	Intermediate Care Coordinators (FT) - NPT	48,342	29,300
	Intermediate Care Coordinators (FT) - Bridgend	48,342	6,850
	Intermediate Care Business Support & Interim Care at Home staffing - Bridgend	0	41,500
	Intermediate Care Single Point of Access Project Manager - Swansea	0	25,400
	Intermediate Care Development of Step Up Step Down beds - NPT	0	19,000
	Intermediate Care Evaluation - Western Bay	0	33,300
	Regional Care Home Strategy Consultation - Western Bay	0	15,000
	Anticipatory Care co-location costs of Afan Community Network - NPT	0	10,000
	Expert Advice - Frailty, Older Peoples Mental Health & Person Centred Care	25,000	1,600
		<b>261,408</b>	<b>286,350</b>

<b>CONTRACTING &amp; PROCUREMENT PROJECT</b> Project Sponsor: Dave Howes (CCS) Project Lead: Jackie Davies (Bridgend CBC)	Regional Integrated Contracting Officer (FT) - Swansea	48,342	48,342
	Regional Integrated Contracting Officer (FT) - NPT	48,342	48,342
	Regional Integrated Contracting Officer (FT) – Bridgend	48,342	48,342
	Change Coordinators - Commissioning (FT) - Swansea	48,342	48,342
	Change Coordinators - Commissioning (FT) - NPT	48,342	32,000
	Change Coordinators - Commissioning (FT) – Bridgend	48,342	48,342
	Regional Implementation Manager - Contracting & Procurement (FT)	56,644	56,644
	Training - Right Sizing Right Pricing	0	8,400
		<b>346,696</b>	<b>338,754</b>
<b>PREVENTION &amp; WELLBEING PROJECT</b> Project Sponsor: Dave Howes (CCoS) Project Lead: Sara Hayes (ABMU)	Regional Project Manager - Prevention & Wellbeing (FT)	54,282	54,282
	Expert Advice - Development of Prevention Agenda across Health and Social Care	25,000	10,000
		<b>79,282</b>	<b>64,282</b>

**TOTAL RCF GRANT FOR 15/16**

**837,000**

**837,000**

## Delivering Transformation Grant Expenditure 2015/16

Description of Expenditure	Original Budget Allocation 15/16	Revised Estimated expenditure 2015/16
Regional Programme Director	107,720	107,720
	<b>107,720</b>	<b>107,720</b>
Local Community Co-ordinator post - Bridgend	50,000	44,000
Local Community Co-ordinator post - NPT	50,000	24,300
Local Community Co-ordinator post - Swansea	50,000	59,400
Website costs	5,000	2,500
IPC Readiness Activities (WB Partnership Agreement)	4,168	11,198
	<b>159,168</b>	<b>141,398</b>
Development Officer - Bridgend	41,000	0
SS&WB Act Implementation Managers x2 - Bridgend	0	47,400
DTG Officer post - NPT	41,000	46,500
Strategic Lead post - Swansea	71,510	62,000
Information Officer - Bridgend	30,510	8,200
Corporate Communications Team costs - Bridgend	0	22,000
Engagement and Participation Officer -NPT	30,510	0
Project Manager Direct Payments Model - NPT	0	30,800
Expert Advice Direct Payments Model - NPT	0	15,400
	<b>214,530</b>	<b>232,300</b>
<b>Expenditure Total :</b>	<b>481,418</b>	<b>481,418</b>

