



**Integrated Care Fund 2018/19
Project Brief**

Project Title	Health and Activity Coordinator for Specialist Populations in Carmarthenshire
Is this a new project or continuation?	<i>Continuation</i>
What alternative delivery concept is being tested?	
In which financial year will the project complete testing of concept?	<i>2022</i>
Which ICF theme does it align with?	Older Adults & Frail Elderly/Preventative and Targeted Intervention
Regional Project Lead/Link Representative	Joanna Jones
Local Authority Project Lead/Leads and/or Link Representative/ Representatives	Berian Allcock
HDUHB Project Lead/ Link Representative	Linda Williams
Third Sector Project Lead/ Link Representative	

- 1. Background/Rationale:** *(No more than 300 words, including how your proposal (1) tests alternative delivery concepts (2) links with local strategies and plans such as **Transforming Clinical Services; Integrated Medium Term Plan; Well Being Plans etc.** (3) contributes to regional priorities and (4) supports delivery of objectives within the West Wales Area Plan.)*

This is an evidence base project in relation to reducing injurious falls in older adults and its impact on maintaining independence, reducing the need for formal commissioned care and risk of hospital admission:

1. Establish evidence based clinical exercise pathways for older adults and frailer older adults County wide
2. Compliment and integrate with the National Exercise Referral Scheme (NERS) in order to develop a robust exercise based exercise continuum addressing key health agendas
3. Liaise with strategic partners within the Health Board to ensure safe exercise pathways for clinical populations (e.g falls, stroke, heart failure, COPD and Osteoporosis)
4. Develop and deliver an outreach specialist exercise programme for older, frailer adults

The programme now offers bespoke evidence based and therapeutic exercise programmes to individuals which recognises the heterogenic needs of the frail elderly secondary to multi morbidity. Evidence based strength and balance programmes ('Otago' and 'Postural Stability Intervention') are now provided in community venues across Carmarthenshire.

Referral to these programmes is directed through the Health Board's physiotherapy service in Carmarthenshire which not only ensures robust clinical governance, it also provides physiotherapy with an 'exit route' from their programmes which support ongoing maintenance and sustainability of functional gain at individual level. The community based strength and balance programmes have been recognised as exemplar across Wales.

- 5. Purpose: What will you do and how will you do it?** *The proposal should support at least one of the aims identified within the Welsh Government Guidance for use of the ICF. Please outline how your service would meet a particular Aim (or Aims).*

ICF Aim	Description of how your proposal will meet the Aim(s)
Citizens get the right care and support, as early as possible.	The project accepts referrals directly from GP, specialist physiotherapy and the rapid access frailty service to ensure that referrals for frail individuals access the service as soon as possible.
Citizens get the help they need be independent.	This is an evidence base project in relation to reducing injurious falls in older adults and its impact on maintaining independence, reducing the need for formal commissioned care and risk of hospital admission:

- 6. Outcomes:** *Please list which of the outcomes from the regional outcomes framework attached will your proposal contribute towards and how it will do so (minimum of 1, maximum of 3.)*

Regional Outcome(s)	Description of how your proposal will meet the Outcomes(s)
Percentage of People whose care and support has helped them have a better quality of life	The post will contribute towards reduced falls risk in the community and will empower the individual to live independently, for longer (<i>measured via EQ5D Questionnaire</i>)

<p>Percentage of hip fractures among older people</p>	<p>It is recognised nationally that injurious falls in the frail adult population contribute significantly to the demand on unscheduled health care provision.</p> <p>Falls and hospital admission can significantly compromise the frail adult's wellbeing and independence and increase their dependency on long term care provision.</p> <p>The risk of falls in this population group however can be reduced through multi factorial falls risk assessment and a prescribed programme of intervention by an appropriately qualified multi-disciplinary team (PHW, 2013). Evidence based strength and balance exercise, as part of a multi factorial risk reduction intervention programme, has been acknowledged as being effective in reducing the risk of falling in frail adults (Insert reference). Such exercise has traditionally been viewed in the domain of the physiotherapist, however, most recently Specialist Exercise Professionals, who are appropriately qualified with relevant skills and competencies, have been working in partnership with physiotherapy colleagues to provide this intervention.</p> <p>The provision of this service is integral to the Health Board being able to deliver against its strategic objective 10 relating to frailty and its effective management.</p>

7. Implementation Timescales – please indicate the following:

<p>When will project development commence?</p>	<p>01/04/18</p>
<p>When will initial expenditure commence?</p>	<p>01/04/18</p>
<p>When will staff recruitment commence (if required)?</p>	<p>01/04/18</p>

When will project delivery commence?	01.04.18
Expected date of completion of project concept testing.	31.03.19
Expected date of project review/embedding learning into mainstream practice or termination.	01/04/19

8. Amount Requested (include detailed breakdown of costs and if revenue or capital)

TOTAL FUNDING REQUESTED - £ 69,290

Minimum Annual Continuation of Funding = £23,776

	Year 1	Year 2	Year 3	Year 4
Period:	01/04/18 - 31/03/19	01/04/19 - 31/03/20	01/04/20 - 31/03/21	01/04/21 - 31/03/22
PROJECT COSTS				
EP salaries & on-costs:	£ 54,290.00	£ 108,580.00	£ 108,580.00	£ 108,580.00
Travel costs:	£ 1,500.00	£ 4,000.00	£ 4,000.00	£ 4,000.00
Printing/ad min:	£ 500.00	£ 500.00	£ 500.00	£ 500.00
Equipment/ IT:	£ 4,800.00	£ 22,400.00	£ 22,400.00	£ 19,200.00
Training:	£ 8,200.00	£ 35,600.00	£ 34,400.00	£ 29,500.00
Total costs:	£ 69,290.00	£ 171,080.00	£ 169,880.00	£ 161,780.00
Total costs for 4 years	£ 572,030.00			

9. Proposed Performance Indicators: (What will it enable you to achieve in addition to what you are doing now. i.e. how many additional participants/outcomes? Please refer to ICF 17/18 C)

Performance Indicators	
How much will you do? (Quantity)	How well will you do it? (Quality)

<ul style="list-style-type: none"> • Reduced pressure on unscheduled care from reduced number of falls in frail adults. 	<ul style="list-style-type: none"> • Number of referrals received from: General Practitioners • Rapid Access Frailty Service (South Carmarthenshire Rapid Access Multidisciplinary Service or SCRAMS) • Short Term Assessment pathway in Community Resource Teams (CRTs)
<ul style="list-style-type: none"> • Reduced demand on physiotherapy through the provision of early 'exit route' from the physiotherapy service which is in high demand 	<ul style="list-style-type: none"> • Number of referrals received from: <ul style="list-style-type: none"> ○ Physiotherapists
How will people be better off as a result? (Quality and Quantity of effect)	
<ul style="list-style-type: none"> • The post will contribute towards reduced falls risk in the community. • Empower the individuals to live independently for longer. • Improve the quality of life clients 	

10. Sustainability: *After testing and review, how will successful concepts be incorporated into either mainstream delivery, IMTP, TCS, Area Plan or Well-Being developments and what is the exit strategy? (no more than 100 words)*

This partnership scheme between Hywel Dda University Health Board (HDUHB) and Carmarthenshire County Council (CCC) aims to increase independence in the frail older adult and to prevent falls. The transfer of funding will further expand the service and will ensure that it is embedded within the range of intermediate multidisciplinary care services available in the county and will contribute to a reduction in admissions to hospital.

The provision of this service is integral to the Health Board being able to deliver against its strategic objective 10 relating to frailty and its effective management.

- Influence partners, and work with key organisations, to increase and maximise capacity for Targeted Health related Physical Activity Interventions through an enhanced network of community venues (Community settings, Residential Care).
- Ensure the community provides an inclusive Targeted Health related Physical Activity Interventions programme of well attended, sustainable activity with effective pathways in the community.
- Increase the number of people engaged and retained through high quality Targeted health related Physical interaction, communication and engagement in the community.
- Increase number of Health-related intervention sessions facilitated at community facilities.
- Increase the No. of attendances at Health-related intervention sessions at community facilities.
- Economic, Health and Social value of Targeted Physical Activity Interventions in the community will be shown via the Data Hub software.)
- Put physical activity interventions in place to ensure that frailer older adults are supported to improve quality of life and independent living.

8. What are the implications if this business case isn't supported?

The project will not be delivered

9. Please provide supporting evidence of engagement with key stakeholders, in the development or delivery of the project, particularly 3rd sector and community partners when alternative delivery concepts are being tested.

Key achievements and outcomes

Provide new accessible community venues for Falls Prevention Strength and Balance Exercises (PSI) sessions.

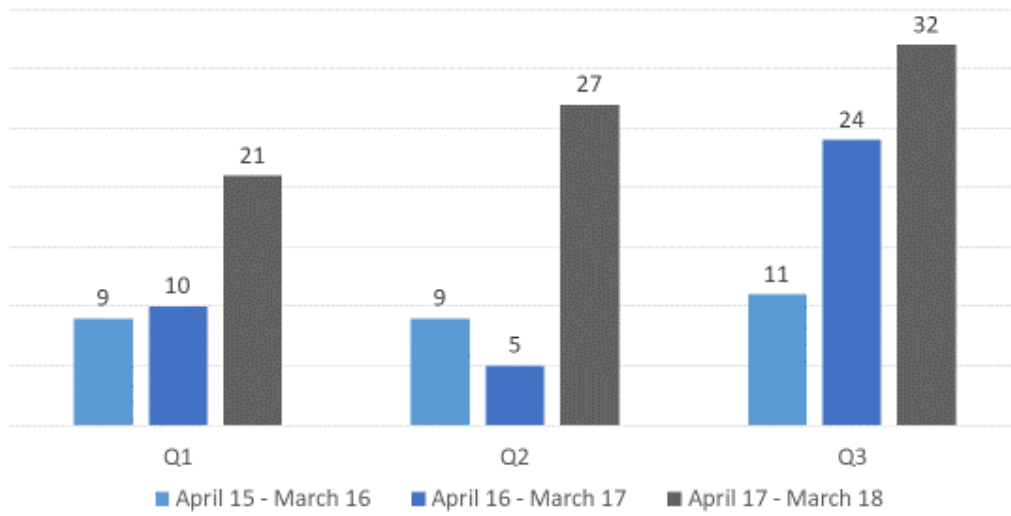
- Integrated working with Falls Leads, Specialist Physiotherapist and Community Resource teams to increase referrals countywide
- Falls prevention class in Pembrey Memorial Hall referral numbers increasing weekly.
- Increased to 2 sessions in Trallwm community hall 2 – 4 pm

Key achievements and outcomes

Identify opportunities for development, pilot programmes in order to extend and increase exercise opportunities to 'hard to reach' groups.

- Two sessions per week of Integrated Chair Based and Otago (Falls prevention) structured exercise sessions currently delivered at Llys y Bryn residential care home in Llanelli and Ty Dyffryn Assisted Living complex in Ammanford.
- 7 Senior Care Staff, Domiciliary Care Workers and Community Health Care Support workers have now completed Integrated training in CBE/OEP delivered by Later Life Training.
- Delivery of sessions and support from Health & Activity Coordinator during a 3 month period.
- The CBE/OEP Leaders will gain the confidence and skills to deliver sessions long term, with ongoing support and monitoring from Health & Activity Coordinator.

Project key achievements- Increase in Falls Referrals



10. Please ensure a completed 12 month budget profile is attached.



Budget setting
2017-18.xlsx