Regional Integration Fund - Two-page profile

Ambition1 (PR017)

This profile shows the high-level details relates to the annual proposal, monitoring and evaluation, including indicators, performance measures, expenditure and the impact for service users.

Overview/summary of the programme

This initiative focuses on early interventions to ensure timely, proportionate responses to individuals' needs, promoting independence, voice, and choice. The goal is to provide fully accessible services over extended hours, seven days a week. The primary aim is to deliver coordinated, seamless health and social care tailored to individual needs, Key objectives include:

1. **Seven-Day Access**: Transform community services to be fully operational every day, providing continuous and timely care.
2. **Reablement Services**: Offer non-selective reablement services accessible over seven days, supporting independence and reducing hospital admissions.
3. **Mobile Response Team Expansion**: Increase the team's capacity to improve response times and decrease unnecessary hospital conveyances.
4. **Acute Clinical Team Support**: Ensure effective operation over extended hours, focusing on admission avoidance and supporting clinical discharges.

This programme extends beyond the RIF, forming a core part of the comprehensive system approach within the Community Resource Team. Core-funded work is enhanced by resources from the Section 33 pooled fund agreement, prioritising older adults, including those with dementia.

RIF deliverables:

Primary model of care:

Home from hospital

Priority population group/s:

Older people

Enablers:

Integrated planning and commissioning

Workforce development and integration

Regional approach:

The programme is delivered by CTM UHB, BCBC and third sector partners and is currently operating in Bridgend only.

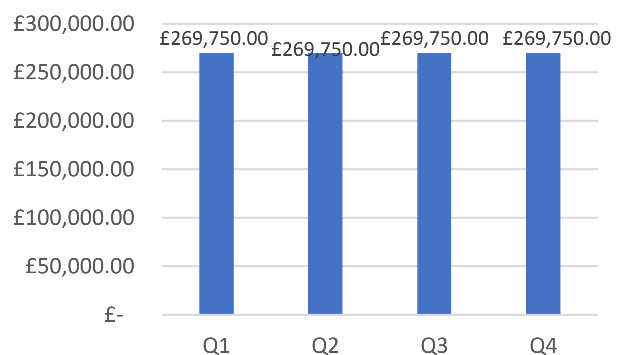
Priority (Linked to Area Plan)

Older people and people with dementia will enjoy good health and wellbeing and supported to live independently for longer.

Older people and people with dementia will receive the support they need to remain in their home for as long as possible, or to move back home as quick as possible following a hospital admission.

People with dementia and their families will have access to the information, advice and guidance that they need.

Project expenditure – £1,079,000 (2023/24 FY)



Projects/partners supporting delivery:

CTM UHB
BCBC
BAVO
Voluntary sector

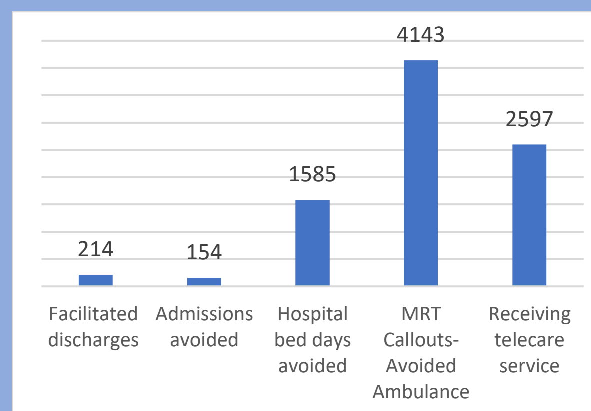
Summary of expenditure:

The funding received from RIF is a contribution towards the delivery of a larger range rehabilitation support services operating across the whole region. The funding provided during 2023/24 was fully utilised during the year.

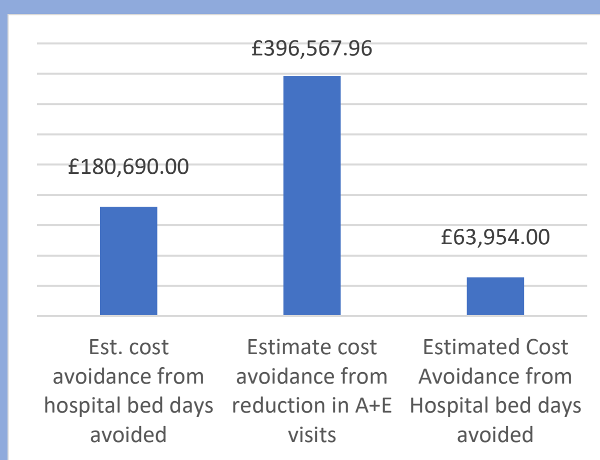
Programme outputs (annual figures):
(includes additional outcome measures)

No of new starters (ACT)	181
Number of visits undertaken by the Mobile Responder Service (MRT)	4748
No. New Starters (65+) (Non-selective Reablement)	464
No. Community starters (65+) (Non-selective Reablement)	277
Calls presented (Common access point)	8087
Calls handled (Common access point)	4964
Number of Support Worker Falls Prevention Trainings held	35

Programme outcomes: (primary measures)
(Numbers)



Programme outcomes: (primary measures)



Performance overview: (summary)

The programme has achieved positive outcomes including facilitating safe discharges, reducing hospital admissions, and ensuring timely community support. They facilitated 214 discharges and avoided 154 hospital admissions, translating into 1585 hospital bed days saved. These efforts resulted in an estimated cost avoidance of £244,644 for hospital bed days and £396,597 from reduced A&E visits, showcasing the program's financial benefits. Key achievements include 4748 visits by the MRT, which successfully prevented 4143 ambulance call-outs, highlighting the team's ability in providing timely in-home care. The integration of telecare services for 2597 individuals further evidences the programmes commitment to utilising technology to enhance patient safety and independence at home.

Despite challenges such as staff recruitment and retention, funding uncertainties, and ICT system, the programme has delivered person-centred, multi-disciplinary care. Stakeholder feedback has been overwhelmingly positive, with people appreciating the prompt, understanding, and effective service.

Impact of the programme (qualitative):

People have expressed gratitude for the prompt and supportive nature of the services provided, highlighting improved quality of life and enhanced independence. They appreciate the personalised care planning and involvement in decision-making, which has empowered them to manage their health and well-being effectively.

Health professionals acknowledge the programmes' role in streamlining discharge processes and reducing hospital admissions, thereby improving patient flow and resource allocation within the system. The integration of telecare services has been particularly noted for promoting safety and peace of mind among people, fostering a sense of security and continuity of care at home.

Furthermore, stakeholders commend the collaborative approach and ability to coordinate seamlessly across disciplines. This multi-agency framework ensures holistic support for individuals, addressing not only immediate health needs but also social and environmental factors that impact well-being.

Overall, the qualitative impact of the programme is characterised by enhanced patient satisfaction, improved care coordination, and strengthened community resilience through proactive and inclusive service delivery.

Recommendations:

Continue funding for the Programme.
The programme has evidenced positive outcomes for the people it supports and their carers/family's but has shown a reduction in outcomes over the past few years.
The whole programme is a key element of RIF and will form part of future plans around the delivery of the 2 new pathways. It will be an integral part for supporting people to remain independent, safe at home and home from hospital following an admission.

Additional considerations:
Long-term funding strategy: Consider stable, long-term funding arrangements to support strategic planning and service expansion. This would mitigate uncertainties related to short-term funding cycles and enable better resource allocation for sustained service delivery and innovation.
Enhance ICT infrastructure: Improve integration of ICT systems (such as WCCIS/WPAS/WNR) to facilitate seamless data sharing and enhance care coordination across different service providers. This would streamline workflows, reduce administrative burdens, and ensure comprehensive patient information is accessible to all relevant healthcare professionals.