

Appendix 2 – Intermediate Care Fund Projects

Theme	Project Ref No.	Workstream	Capital £000s	Revenue £000s	Workstream Lead	Workstream Scope/Outputs
T1	D5	Locality work		450	Cathy Curtis-Nelson	To pilot an integrated Locality Model of Service Delivery that builds on the Single Point of Access to provide excellent care coordination and the integration of a specified and developing range of intermediate care and short term health and social services. The new model would ensure coordination of a 'team around the individual' which realises the potential for maximum independence e.g. intermediate care including reablement. It focuses on the development of small, flexible, multi-disciplinary groups (pods) comprising elements of District Nursing, Social Work and Therapies. These may be geographical, functional, specialist (e.g. falls prevention and management) or time-based (e.g. evening or weekend working) and would have a mix of 4-6 professionally and vocationally trained staff. There would be excellent working relationships between 'pods' and other linked services, e.g. SPoA, 3 <sup>rd</sup> Sector Groups, GPs, Enhanced Care, COTE Consultants and Community Pharmacy.
		Work to improve working practices between the hospital and community therapy interface				
		Rent for storage of CESI equipment			Nigel Jones	
		Job finders support in warehouse for CESI				
	D6	1 x EMH Champion to be based in SPoA	Bethan Roberts	Champions elderly mental health – “a friend for the journey”.		
EMH Pilot/commissioning						
D9	Management & Admin support		75	Holly Evans	Project management and coordination	
T2	D2	Care home reablement pilot	50		Jacqui Bryan	Provision of a residential intermediate care service on top floor of Cysgod y Gaer, a L.A. residential care home in Corwen supported by a 7 day multi-disciplinary team comprising staff from Enhanced Care at Home, Community Therapies, Reablement and Residential Care.
T3	D1	Sheltered Housing	220		Simon Kaye	Improvements to communal facilities including toilets and installation of WiFi.
	D3	High Cost Adaptations	150		Care & Repair	To provide additional capital for adaptations that fall outside the DFG limitations, thereby reducing individuals' reliance on external care and support and promoting their independence.

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	D10a	Rapid response Adaptations	80		Care & Repair	Reinstate previous successful programme to enable fast response to adaptations to enable hospital discharge.
	D10b	Risk Stratification		8	BCU	Contribution to develop a model for early identification of individuals requiring support to avoid acute/long term care.
	D8	Training		50	Mark Southworth	To provide intensive training programme on delivery of intermediate care and reablement to social care, Health, independent and voluntary sector staff.
	D6	Health & Social Care Support Worker posts		300	Cathy Curtis Nelson	Ensure availability across the County including weekends Enables provision of more responsive service including out of hours to inform decisions on priority service requirements for the future. Builds and improves interface between social care and partners, including Health and 3 <sup>rd</sup> and independent sectors.
	D7	Ot input to Adaptations		150	Cathy Curtis Nelson	Speed up adaptation process.
T4	HB3	Pilot an Early Supported Discharge scheme for stroke patients on behalf of the region		50.5	BCU	Enable more timely discharge from acute services.
T4	D4	Urgent/Specialist Equipment	50		Nigel Jones	Provide additional capital for urgent and/or specialist equipment to support independence, prevent admission and facilitate discharge from hospital.
				16.5		Regional programme management support
<b>Totals</b>			<b>550</b>	<b>1,100</b>		