Transformative Funding - Torbay Better Care Fund Plan 2019-2020

BCF Planning document for 2019 - 20

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Document Control

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0.1	20 August 2019	Document created	Deborah Gidman
0.2	21 August 2019	Strategic narrative added from BCF 19/20 Plan to Approach towards integration of health & social care	Jenny Turner
0.3	22 August 2019	Winter Pressures Funding information	Jenny Turner
0.4	23 August 209	Updated Winter Pressures Funding information – schemes as agreed by BCF Board	Better Care Fund Board

Document Reviewers

This document must be reviewed by the following:

Name	Title/Responsibility	Date of issue	Version
John Bryant	Head of Integration, Torbay Council	21 August 2019	0.3
Jenny Turner	Head of Integrated Care – South, Devin CCG	21 August 2019	0.3

Document Approval

This document must be approved by the following:

Name	Title/Responsibility	Date of issue	Version
	Better Care Fund Board	21 August 2019	0.3
Joanna Williams	Director of Adult Services and Housing	21 August 2019	0.4
Cllr Jackie Stockman	Cabinet Member for Adults and Public Health	23 August 2019	0.4
	Health & Wellbeing Board	12 September 2019	1.0

Document Distribution

All the above listed as reviewers and approvers

Name	Title	Date of issue	Version
Better Care Fund Board	All members	22 August 2019	0.4
Health & Wellbeing Board	All members	4th September 2019	1.0

Document Status

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Related Documents

These documents will provide additional information.

Ref no	Document Reference / Title	Version
1	Health and Wellbeing Board Decision Report	1.0
2	Better Care Fund Planning Requirements for 2019-20, HM Gov	2019
3	2018 – 2020 Joint Strategic Needs Assessment for Torbay	2018-2019
4	HWB Report: Transformative Funding – Developing the Triple Aim	March 2018

RECOMMENDATIONS	
Better Care Fund (BCF) Board for Approval This supporting planning document accompanies the Health and Wellbeing Board Decision Report to be presented for approval at the Health and Wellbeing Board (HWB) on 12th September 2019. For information: Papers are to be submitted for HWB by 28th August 2019. If the report is not approved at the BCF Board it will delay meeting the deadline for the HWB and fail to reach an opportunity for sign-off.	Approved with Conditions (22nd August): Condition - Update Winter Pressures following agreement by A&E Board
Health and Wellbeing Board To be used in conjunction with the Health and Wellbeing Decision Paper v1.0	Approve

Contents

1. Purpose of paper

1.1. The Health and Wellbeing Board Decision Report is supported by further information contained in this report.

1.2. The information provided gives an overview of completed schemes plus fully funded schemes in 2018/19 which are ongoing in 2019/20, current financial arrangements of the Better Care Fund, strategic narrative including the use if the Disability Facilities Grant, partnership and Risk Sharing Agreement, principles and governance, and new 2019/20 iBCF schemes and Winter Pressures Funding in 2019/20.

1.3. This paper makes proposals for transforming care in Torbay in line with the purpose and criteria as laid down for the Better Care Fund made available through the Department of Communities and Local Government.

1.4. The Better Care Fund Board approved the Better Care Fund Plan at its Board meeting on 22nd August 2019.

1.5. The Better Care Fund Board is seeking approval from the Health and Wellbeing Board on 12th September in accordance with the requirements set out in the Better Care Fund conditions; submission date to NHS England is 27th September 2019.

2. Background

2.1. The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

2.2. The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

2.3. In March 2018, the report Transformative Funding – Developing the Triple Aim outlined the use of the Better Care Funds in 2018/19 with a view that in order to optimise a care system new designs must be developed to simultaneously pursue three dimensions: improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care.

2.4. Additionally, joint working and partnership was consolidated with the formation of the Integrated Care Organisation (ICO), supported by a Risk Share Agreement, between three local health and care public sector partners (Torbay and South Devon Foundation Trust, Devon Clinical Commissioning Group and Torbay Council) which allowed a step change in the system with each partner playing a role to extend Torbay's renowned integration work to wider collaboration with the market,

including Voluntary Community and Social Enterprise (VCSE), independent, family and informal carers involving the community in its widest sense.

2.5. In 2018/19 the improved Better Care Fund has funded and overseen the completion of projects associated with increasing domiciliary care capacity when care capacity is lost in the summer school holidays due to staff not turning up for shifts due to child care, coming off the rota entirely and stopping care work for uneconomic reasons; non-injured Fallers where there is a significant cost regarding this cohort of individuals, not just in relation to the attendance of an ambulance (SWASFT) but also in relation to the A & E attendance and then a potential cohort who will require admission, not due to the fall but from being on the ground for a number of hours. City & Guilds Accreditation, Care Certificate, which facilitates development of modular skills, professional competencies, leadership and management courses both in Torbay, South Devon and at STP level, supporting the Care Act obligations in facilitating a sustainable provider market. The City & Guilds project has positive implications for the engagement of the VCSE and informal carers who may wish to learn and be acknowledged without committing to the overall course or who wish to build to it over an extended period of time. Supporting a voluntary sector transport partner, ensuring vulnerable clients can attend appointments and thus placing less reliance on a wide range of statutory publicly funded resources in the medium / longer term.

3. Projects funded in 2018/19 and continuing to be delivered

3.1. Mental health resilience work through a specialist role to support the needs of adults (under 65) with mental ill health and to identify early interventions and prevent needs and transitions work based in children's services to co-work complex cases who are due for transition to adult services. This is particularly important for looked after children, who are often missed in transition discussions, planning and financial projections.

3.2. A further mental health project assesses and supports people who are not eligible for statutory services by signposting to employment, education and community assets and addressing the serious social problems faced by these young people (primarily people with autism and Asperger's). The intention is to reduce the 're-entry' of these young people into services such as Drug/Alcohol.

3.3. Wellbeing co-ordinators in housing to develop advice/support capacity and/or skill, including potential to support Homelessness Reduction Act duties with personal housing plans and role in Home Improvement Agency/Disabled Facilities Grants process. Within dementia and End of Life, the Specialist Wellbeing Coordinator will deliver a Strengths Based Approach with the person, their carers and family to develop a comprehensive wellbeing plan.

3.4. Enhancing quality in domiciliary care to focus on care given and supported living in terms of quality and safety through the QUAIT team and focus on iBCF initiatives in the Living Well at Home (Dom Care development) work stream, ensuring our high standards for care are met by quality monitoring and support for domestic care providers within the Living Well at Home framework, those that we spot purchase and supported living providers.

3.5. Living Well at Home, an innovative approach to supporting and caring for people at home and is a partnership between the Joint Commissioning Team, Torbay and South Devon NHS Foundation Trust and domiciliary care providers.

3.6. Voluntary Sector Strategy to work in co-production across the Torbay voluntary sector to develop a strategy motivating, empowering and developing resources. Overall capacity will be increased utilising smaller, less structured and less formal organisations impacting positively on all health and social care delivery, which is linked to the new 2019/20 scheme 'Voluntary Sector Enabling Fund'.

3.7. Postural support and stability project which expands availability within Torbay and South Devon of Postural stability instructor (PSI) led community based falls prevention strength and balance classes. These are available to patients with a history of falls, have a fear of falling, have problems with balance, are feeling unstable and lacking confidence or have a diagnosis of osteoporosis. Over time the waiting lists for the small number of programmes available increased and this project is designed to meet increasing demand.

3.8. Quality Checkers, are a team of volunteers with lived experiences of safeguarding who will explore and assess the quality of the service people receive following a section 42 safeguarding enquiry.

3.9. Replacement Care. Develop, commission and procure a range of replacement care with key stakeholders to produce a framework/menu of replacement services which people can access for free or purchase with the intended outcomes of understanding what is important to Carers, to support Carers to continue in their caring role by involving them and relevant stakeholders to develop a range of support for those caring for someone, especially those caring for people who require dementia and end of life care; transform systems so that Carers can access a wide range of care and support with the ability to be able to purchase services quickly and with ease; test various methods and processes of issuing eligible Carers Individual Service Funds (ISF) and/or Direct Payments, provision of information and advice at the right time.

3.10. Technology Enable Care - Route to cash savings vs existing packages; hard cost avoidance (cost of TECS savings vs cost of what would have been provided after a Care Act assessment); soft cost avoidance (upstream diversion and resilience as required in the contract, i.e. development of self-funders purchasing TECS to avoid of delay assessing statutory services).

3.11. A 12 month 'specialist' post to oversee social media communities, communications and campaigns within adult social care and housing. Aims to improve and increase public and wider market engagement.

3.12. Development Unit which will support the iBCF through the development of a robust approach to the iBCF projects, including project standards, governance and evaluation and linking to the wider system view.

4. Approach towards integration of health & social care

4.1. Person-centre outcomes – Approach to integrating care around the person:

4.1.1. Since 2017 there have been a number of system wide initiatives to support people with long term health needs. They also fall within the universal model of personalised care and provide good opportunities for prevention.

4.1.2. Under Supported Self-Management we have set up a successful programme of six week courses for people with long term conditions, called HOPE (Helping Overcome Problems Effectively) these non-clinical courses focus on the whole person and were developed by Coventry University utilising the best evidence based practice. Participants learn a range of ways to manage their health and wellbeing. In addition friendships are formed over the six weeks and sustainable help happens as a result of people enjoying their new natural support in the community. Most people increase their patient activation measure by two levels between week one and the end of the course demonstrating increased skill and confidence in self-management of their condition. Over 400 people have attended HOPE courses and we are now expanding this across wider Devon and supporting Cornwall to start HOPE courses there. One to one personalised self-management exists in the form of proactive health coaching and holistic health coaching. Both of these involve people working with a trained member of staff over time to help people access the right support for them. PAM measures are used to look at the long term impact. Both with HOPE and Health Coaches there is identified long-term system impact evaluation taking place (from SWAHSN and TSDFT) however for both programmes it is slightly early to establish definitive system outcomes at this time.

4.1.3. Torbay Council have undertaken some proactive work with a programme called "Talking point" which enables people to have "What matters to me" conversations and get support around the things that they want to address in their lives, this promotes positive wellbeing and helps to identify and resolve issues early.

4.1.4. Torbay are seeking to develop an alliance approach to supporting people with multiple and complex needs. This work involves Public Health and has been based on reviewing the

accessibility of support for people who may frequently find it difficult to get help because of the way services and systems may be currently operating. The need to put people first is likely to be transformational and will require a new specification for support services locally. Health and wellbeing coordinators and the emerging link worker roles across the new primary care networks provide effective links into the voluntary and community sector- both these roles base their approach on discussions focussing on what matters to each person. Making Every Contact Count is more established and provides support to people around behaviour change related to tobacco, hypertension, alcohol, being overweight or physically inactive.

4.1.5. Falls and frailty prevention work has also commenced with individuals following allocation of resources from prevention funds. All this work is reported systematically to the Prevention working group of Devon STP to enable alignment with complimentary workstreams and sustainable support from key personnel across our wider system.

4.2. Health and Wellbeing Board Level

4.2.1. Joint commissioning arrangements - Torbay has had integrated services since 2005 which were extended in 2015 to encompass a whole system integration with the creation of the Integrated Care Organisation (ICO) Torbay and South Devon NHSFT. Arrangements include aligned commissioning posts across the local authority and the CCG, pooled funding arrangements which are managed through agreed collaboration as to how these are spent. We have developed a Local Care Partnership Delivery Group which brings together operational and commissioning leaders across our system including the local authority, CCG, public health, Primary Care Networks and the voluntary sector. This group is responsible for aligning system plans and evolving strategy into operational plans. The Integrated Care Model sets our system wide ambition to a maturing integrated offer at neighbourhood and place, bring together primary care networks, mental health, social care and hospital services to meet population needs. The key elements are: connecting people with things that help them to lead healthy lives, supporting people to stay well and independent at home, proactively working to avoid dependency and escalation of illness, connecting people with expert knowledge and clinical investigation, providing easy access to urgent and crisis care and embedding end of life care at all levels. The key priorities are: population health management through data driven planning and delivery of care to achieve maximum impact, social prescribing and community asset based approaches, one team approach and enhanced health in care homes. There is an Integrated Care Model Programme aiming to deliver these ambitions by bringing together several projects which aim to bring greater integration of health and social care provision. These include workstreams on: High Impact Users, Enhanced Health provision in Care Homes,

the One Team project which includes developing multi-disciplinary teams across each locality, co-locating and integrating services, transforming domiciliary care and transforming the delivery of social care. The aim is to work as a system to meet the health and wellbeing needs of the population. The Health and Wellbeing Board have agreed to develop joint working arrangements with Devon and Plymouth HWBs to agree a common set of health and wellbeing priorities and review the implementation of the long term plan in so far as it relates to the Devon STP geography in aggregate.

4.2.2. Alignment of primary care services - The process for developing PCNs in Torbay is being supported by the local care partnership delivery group. There are 3 PCNs in Torbay and these are co-terminus with the council boundary. We have worked in partnership with PCNs to support the development of their pharmacists and social prescribing link workers. The aim is to develop an integrated social prescribing network across our system bringing together the PCNs links workers and existing health and wellbeing co-ordinators. The community services will be aligned with each PCN.

4.2.3. Alignment of services and the approach to partnership with the VCSE - A VCSE strategy is being developed across Torbay. It contains a mix of place-based agencies and those that operate across a wider theme and area due to their specialist nature. The VCSE is a key part of the integrated model of care and will help to deliver the BCF priorities in the following ways ; social prescribing, self-care ,building reliant communities ,by helping with transport, enabling hospital discharge to take place by supporting people with volunteers or befriending, looking after pets whilst people are in hospital, and wellbeing co-ordinators will be linking to community assets. A VSCE steering group including representatives from the voluntary sector is responsible for developing the strategy and funding is available from the iBCF to support implementation.

4.3. Torbay's approach to integration with wider services (e.g. housing)

4.3.1. The approach to using the DFG to support the housing needs of people with disabilities or care needs is supported by the Torbay Council Housing Strategy 2015-20, which recognises the need for its Strategy to support the council's priorities where housing impacts on their success, particularly in helping to alleviate the pressure on Adult Social Care and Health services. The strategy enables the co-ordination a number of housing and health related priorities including, aids and adaptations for disabled people, home improvements; access to community equipment and assistive technology to enable independence at home, speed up hospital discharge/reduce readmission, prevent escalation of need e.g. accidents and falls and support maintenance of physical and mental well-being.

4.3.2. Torbay's housing strategy aims to deliver homes fit for the future at each stage of life to meet the needs of an increasing aging population; higher proportion of older people; higher proportion of population with disability; increased referrals for Disabled Facilities Grants; higher proportion of one person households; higher proportion of households aged over 65 living alone (from Housing and Health Needs Assessment). As part of improving quality of homes and providing homes fit for the future, there will be the development of additional extra care housing units. Priorities for a housing strategy from 2020 are currently in development and will include a review of local DFG policy and performance and the development of an assistive technology strategy to support and prolong independence at home, avoiding unplanned admissions and reducing delayed transfers of care and long term placements into residential care, with partners. The local partnership arrangements including, an integrated ASC and housing strategy team, ensure effective partnership with local housing providers, local communities; large and small private sector bodies, the broader public sector; and our local community and voluntary sector.

4.4. System level plan alignment

4.4.1. BCF plan alignment to wider integration landscape includes the Devon STP System Operating Plan which has 4 priorities: 1) Managing demand and activity growth down by 2% from previous planning assumptions through the changes described in this plan; 2) Accelerating shift in delivery mode from inpatient to day case and day case to outpatient to the performance of best in Devon; 3) Increasing anticipated non-recurrent benefits from system investment; 4) Developing a system risk share to drive collective delivery.

4.4.2. To achieve these priorities a number of initiatives have been agreed amongst which are an acceleration of the Integrated Model of Care, rebalancing the system's resources to reduce health inequalities. There has also been an agreement between the three Health and Wellbeing Boards to align priorities and review implementation of the Long Term Plan where it relates to the Devon STP. The Integrated Care Model described above is forming part of the Devon Long Term Plan and will be delivered across wider Devon.

5. Principles & Governance

5.1. Principles

5.1.1. The iBCF needs to work at pace and accept calculated risk to extract the highest level of opportunity for transformation. iBCF needs to support innovation (prototype and pilot schemes) and the spread and adoption of evidence-based examples of good practise. The principle of co-design and co-production will be embedded within schemes and reflective

practice to derive learning and inform schemes to enable advantage. Proportionate business cases will be required, including problem definition and response options. Full term funding commitment with milestones and stage payments to manage spend over the course of the project will be provided.

5.2. Governance – Internal

5.2.1. All three parties to the Risk Share Agreement in respect of health and care services, have worked together to develop the schemes. These have been considered and approved through the Better Care Fund Board, which meets monthly, alternating between a standalone meeting and one which forms the second half of the Social Care Programme Board (SCPB). The SCPB is the performance and monitoring function for the delivery of the Annual Strategic Agreement which covers the Council's delegated functions and funding in respect of Adult Social Care.

5.2.2. The Better Care Fund Board membership is cross-organisational with all three parties to the Risk Share Agreement represented at executive or senior decision taking level.

5.2.3. At iBCF level, the Development and Improvement Unit at Torbay Council, will apply project standards and discipline to each scheme throughout its lifecycle, including resource planning and commitment, clear illustration of how the iBCF schemes meet iBCF objectives.

5.3. Governance - External

5.3.1. NHS England approve the overall Better Care Fund plan and have the right to impose conditions. It requires completion of financial, narrative and metric driven template along with confirmation of the Section 75 agreement having been completed and signed. There are challenge points during the process such as audit and update of the performance against the High Impact Change Model and key metrics.

5.3.2. NHS England will not approve the plan until it has been considered and approved by the local Health and Wellbeing Board. Torbay was pleased to be one of the systems that had its original submission approved both first time and without conditions being applied.

5.3.3. Reporting will be required in quarter 3 and 4. Two different reporting lines need to be satisfied with two different templates. Partners to the Risk Share Agreement contribute to each return and have access to the submissions. Devon Clinical Commissioning Group maintain the responsibility for submitting the actual document to NHS England in addition to updating the Better Care Fund Support Manager at regional level. The Council maintain the responsibility for submitting the quarterly reports, and any further updates requested, to the Department of Housing, Communities and Local Government (DCLG) along with those to the Association of Directors of Adult Social Services (ADASS).

6. Relationship to Joint Strategic Needs Assessment (JSNA)

6.1. The demand and costs to the system relating to the key challenges evidenced in the JSNA 2018-2020 will increase unless transformative action is applied to those challenges. The transformation that is taking place with the new model of care responds to these challenges and the constant endeavour to improve client and patient experience. Working in an integrated way is key to achieving transformation and addressing the wider determinants of health.

6.2. Better Care Fund, and particularly the iBCF, is there to support the development of an integrated system and seamless transfers of care with a stable and supported provider market delivering services that reduce the pressures on the NHS. This remains a focus of the BCF Board with reference to transforming care to meet the challenge of an optimised care system designed through improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care, as well as reducing demand and costs in social care.

6.3. The BCF and iBCF recognise the JSNA's prevention opportunities: the upstream-downstream opportunities to reduce costs, and as health improvement opportunities to prevent the need for treatment services are more cost effective than treating people, to tertiary prevention that aims to prevent the worsening or repeat need for treatment.

7. Expenditure - current financial arrangement of the Better Care Fund 2019/20

Table 1: Financial arrangement for Torbay in 2019/20

Disability Facilities Grant (DFG)	£1,876,070
Minimum CCG Contribution	£11,218,208
Improved Better Care Fund (iBCF)	£7,749,143
Winter Pressures Grant	£828,580
Additional LA Contribution	£0
Additional CCG Contribution	£0
Total	**£21,672,001**

7.1. The overall Better Care Fund is administered by the Devon Clinical Commissioning Group amounts to £21,672,001 in 2019/20. This includes an Improved Better Care Fund (iBCF) element of £7,749,143 as well as £1,876,070 of Disability Facilities Grant (DFG) and Winter Pressures Grant of £828,580.

7.2. The Council is required to maintain responsibility for elements such as the Winter Pressures, Disability Facilities Grant and iBCF funding.

7.3. The financial amounts are recorded in the Section 75 agreement, which will need to be in place and signed by December 15th 2019, which supports the transfer of the funding between organisations. Section 75 of the 2006 National Health Services Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

7.4. The conditions attaching to these funds highlight the need to contribute to the High Impact Change Model, along with quarterly reporting to the Department of Health and the Department of Communities and Local Government. The grant conditions also emphasises the need for the funding to be applied to stabilising and building capacity in the local care system, which is in line with the Care Act 2014 in respect of facilitating sustainable, quality care markets.

7.5. Grant Funding to local government: Improved Better Care Fund (iBCF)

7.5.1. The Grant Determination issued in April 2019 sets out that the purposes will replicate those from 2017-18 and 2018-19 – and therefore that the funding be used for: meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. iBCF funding can be allocated across any or all of the three purposes of the grant in a way that local authorities, working with Devon CCG to determine best meets local needs and pressures.

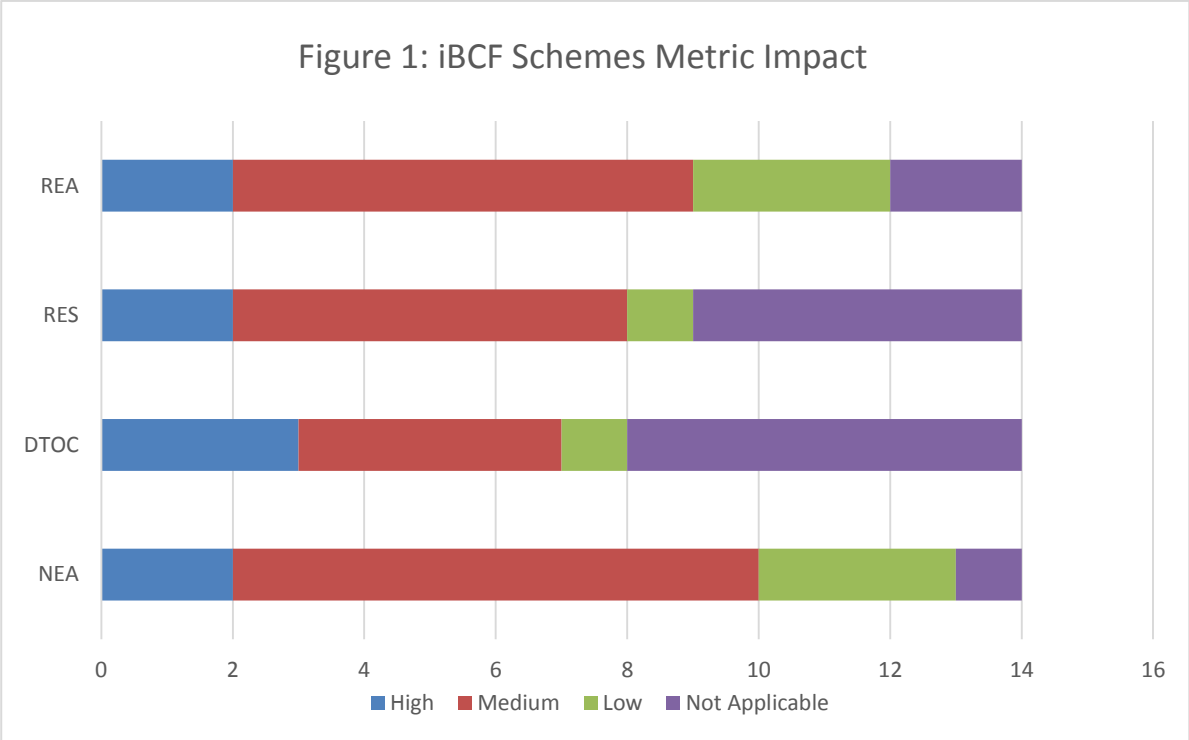
7.5.2. There are 14 schemes, including a Risk Share Agreement (Scheme 1) and funding to the Torbay and South Devon Foundation Trust (Scheme 13), details of which can be found in Appendix 1.

7.5.3. Torbay's iBCF schemes are designed to impact on the four national metrics: i. non-elective admissions (Specific acute); ii. Delayed transfers of care (DToC), iii. Admissions to residential and care homes; iv). Effectiveness of reablement; as described in Table 2.

Table 2: Four national metrics set out in the BCF policy framework

NEA	**Non-Elective Admissions** - Reduction in the amount of unplanned, acute admissions to hospital
DTOC	**Delayed Transfers of Care**- Effective joint working to facilitate timely and appropriate transfers from hospitals.
RES	**Long term support needs of older people**-delaying dependency/reducing admissions to residential and nursing homes
REA	**Long term support needs of older people**-delaying dependency/reducing admissions to residential and nursing homes

7.5.4. Figure 1 indicates the level of impact on the four national metrics, which will be evaluated throughout the lifecycle of each scheme.



7.6. Winter Pressures Grant (Draft plan - to be agreed by the A&E Board)

7.6.1. The Grant Determination issued in April 2019 stipulates that monies should be used only for the purposes of:

> '… supporting the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which may help promote people's independence'

And that a recipient authority must:

> a. 'Pool the grant funding into the Local Better Care Fund, unless the authority has written Ministerial exemption;
>
> b. Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the 2019-20 Better Care Fund Policy Framework and Planning Requirements; and

c. Report on spend as required through the Better Care Fund (BCF)'

7.6.2. Devon and Torbay will use a joint process to agree these allocations, namely sign off by a social care lead, an NHS trust provider lead, a joint commissioner and the locality clinical lead, with the involvement of the local A&E board to ensure agreement of local priorities and delivery.

7.6.3. The Devon A&E Board met on 12 June 2019 and has requested that local A&E Boards focus on admissions avoidance in their investments as well as additional capacity for the existing system.

7.6.4. Plans will then be ratified by the Joint Commissioning Group and H&WBB in Devon and the BCF Board and H&WBB in Torbay, who will look to ensure sufficient collaboration of areas of mutual benefit.

7.6.5. There have been a number of initial discussions across the South Devon and Torbay system. All schemes proposed will focus on avoiding inappropriate admissions, reducing length of stay and supporting discharge by ensuring adequate capacity in the community. The following schemes are proposed in Table 3.

Table 3: Winter Pressures Grant Funded Schemes

Scheme	South Devon	Torbay
Enhance the Site Team at TSDFT to 7 days a week to allow for improved flow through the hospital – 2 members of staff for 6 months	£65,000	£65,000
Enhance support for ambulatory patients on ED and AMU to reduce likelihood of admission	£25,000	£25,000
Resettlement Team – to actively support people being discharged from hospital – outreach 7 days a week including community hospitals and working alongside MAT	£65,000	£65,000
Increase discharge hub at TSDFT to six days	£50,000	£50,000
High Impact Users – scheme to coach/support reduction in use of ED	£25,000	£25,000
Develop voluntary sector capacity to support hospital discharge and admission avoidance in Moorland area, Paignton and Torquay	£10,000	£20,000
Develop End of Life support for personal care workers/agencies through Rowcroft – training, group supervision, telephone support	£20,000	£20,000
Block book end of life personal care	£125,000	£300,000
Advanced care planning for patients admitted to TSDFT within 1 year of end of life by specialist nurses	£10,000	£10,000
GP visiting and support to care homes via 7 Primary Care Networks for 6 months	£200,000	£150,000
Roll out of Red Bag scheme in care homes		£10,000
Low intake dehydration scheme in care homes	£5,000	£5,000
Total	**£600,000**	**£745,000**
Remaining		£84,325

- end

Appendix 1 - Schemes planned by the improved Better Care Fund in 2019/20

NEA	**Non-Elective Admissions** - Reduction in the amount of unplanned, acute admissions to hospital
DTOC	**Delayed Transfers of Care**- Effective joint working to facilitate timely and appropriate transfers from hospitals.
RES	**Long term support needs of older people**-delaying dependency/reducing admissions to residential and nursing homes
REA	**Long term support needs of older people**-delaying dependency/reducing admissions to residential and nursing homes

H	High
M	Medium
L	Low
N/A	Not applicable

Scheme	Scheme Name	Brief Description of scheme	Scheme Type	NEA	DTOC	RES	REA	Area of Spend	Expenditure (£)	New/ Existing scheme
1	Final Risk Share Agreement	Monies allocated to the shared arrangements in order to support ongoing delivery and transformation of adult social care. Intended to support delivery of services needed to underpin the Integrated Care Model.	Other						£1,218,000	
2	Leadership in Care Homes	A creative leadership programme for Torbay Care Home Managers to develop leadership skills and encourage support and collaboration	HICM for Managing Transfer of Care	M	N/a	N/a	M	Social Care	£34,900	New
3	Living Well @ Home	Overarching programme consisting of four workstreams: 1) Recruitment and retention of domiciliary carers, 2) Self-Optimising Teams, 3) Mapping tool for care route	Redesign of home care to develop Enhanced Wellbeing Practitioners in support of system pressures to avoid admissions and improve	M	H	H	M	Community Health	£473,200	Existing

Scheme	Scheme Name	Brief Description of scheme	Scheme Type	NEA	DTOC	RES	REA	Area of Spend	Expenditure (£)	New/ Existing scheme
		planning, 4) Procurement of new home care provider	DToC in addition to generating capacity in the domiciliary care sector							
4	Care Homes Market Shaping Strategy	Redesign of Care Homes and purchase of specialist equipment to meet increasing complex needs	Residential Placements	H	H	M	L	Social Care	£1,179,900	Existing
5	16-24 Extended Outreach Service	An intensive floating outreach service for young people (16-24) to offer support and facilitate positive housing placements, leading to independent living	Housing Related Schemes	L	N/a	N/a	M	Social Care	£25,000	Existing
6	Extra Care Housing	Demand assessment for ECH which has led to acquisition of a suitable site.	Housing Related Schemes	M	M	H	H	Social Care	£109,900	Existing
7	Crisis Café- Preventing Crisis	The provision of Crisis Cafés, sanctuaries or drop-ins	Prevention / Early Intervention	H	N/a	N/a	N/a	Mental Health	£150,000	Existing
8	Recovery College Plus	A service to bring together the well tested and very successful model of a dementia café, a public café open to all, and elements of a Recovery College.	Community Based Schemes	M	N/a	M	L	Mental Health	£250,000	Existing
9	LD and Independent Living	Supporting people with Learning Disabilities to increase independence in the community	Community Based Schemes	N/a	N/a	N/a	N/a	Community Health	£140,000	New

Scheme	Scheme Name	Brief Description of scheme	Scheme Type	NEA	DTOC	RES	REA	Area of Spend	Expenditure (£)	New/ Existing scheme
10	Waiting List Management	Procure 3rd sector organisations to undertake risk assessment and advice calls to those on the waiting list, prevent deterioration and support individuals in optimising community resources and remain connected to their community	Prevention / Early Intervention	L	L	L	M	Mental Health	£287,000	New
11	STP Autism Project	Improving support for people with autism, including pre and post diagnosis support and improving waiting times	Prevention / Early Intervention	M	N/a	N/a	H	Mental Health	£50,000	New
12	Voluntary Sector Enabling	To encourage transformation in the voluntary sector	Enablers for Integration	L	M	M	L	Other	£200,000	New
13	19/20 Funds given to ICO	Monies allocated to the shared arrangements in order to support ongoing delivery and transformation of adult social care. Intended to support delivery of services needed to underpin the Integrated Care Model.	Other					Acute	£3,265,500	New
14	Local Development Fund	Allocation of funds by BCF Board in support of community development, including deep dive diagnostics	Other	M	H	M	M	Other	£365,743	New