

Report for: Health and Wellbeing Board

Title: Approval of Haringey Better Care Fund (BCF) 2020/21
Submission to NHS England

Report

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Ward(s) affected: All

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

- 1.1. The Better Care Fund (BCF) Plan is a national programme to fund integration of services at a local level. It is underpinned through a Section 75 agreement to pool funds between the Clinical Commissioning Group (CCG) and London Borough of Haringey (LBH). The Department of Health & Social Care (DHSC) which runs the BCF Programme requested each local area to submit a full BCF Plan in 2021/22, as it is several years nationally since local BCF Plan Narratives were refreshed.
- 1.2. North Central London (NCL) CCG, the London Borough of Haringey (LBH) and our partners have worked together to construct and agree the BCF funding schedule to support integration, in particular the Ageing Well Strategy, as part of the Haringey Partnership Board's responsibilities. The Plan was discussed with partners at Haringey's multi-agency Ageing Well Board, a sub-group of the Haringey Integrated Care Partnership Board. The out-of-hospital targets and narrative summary were signed-off at recent North Middlesex University Hospital (NMUH) and Whittington Health Trust (WHT) A&E Boards.
- 1.3. As per DHSC mandated policy requirements, this report requests that the Health & Well-Being Board approve the Better Care Fund Plan Narrative, its funding schedule (confirming that the breakdown of the funding fulfils National Funding conditions for 2021/22) and the trajectories for the metrics included in its scope to March 2022.

2. Cabinet Member Introduction

- 2.1 Not applicable.

3. Recommendations

- 3.1. The Health and Wellbeing Board is asked to endorse the submitted Haringey Better Care Fund (BCF) Plan which includes:
- 3.1.1. the investment schedule in Appendix 1
 - 3.1.2. the BCF Narrative for 2021/22 in Appendix 2
 - 3.1.3. the trajectories for the metrics within its scope also in Appendix 2

4. Reasons for decision

4.1 The BCF Plan is a national programme to support integration of health and social care, to protect the independence of residents and to improve outcomes for local people. It aligns with the Borough Plan and is key to delivering Haringey's multi-agency Ageing Well Strategy. The report is brought to the Health and Wellbeing Board as the National Conditions set out by the DHSC include a requirement that BCF Plans covering all mandatory funding contributions have been agreed by Health and Wellbeing Board areas.

4.1. The timing of this report and the recommendation to sign off the submitted Plan have been affected by the COVID pandemic which resulted in unprecedented challenges in the integrated health and care system locally, regionally and nationally. One consequence has been that the DHSC national policy requirements and guidance for the BCF Plan 2021/22 to local areas were delayed. The requirements, template and supporting documents were eventually released in September 2021 and all Boroughs needed to submit the Plan no later than 16th November 2021. As with many local areas, this has meant the CCG, LBH and its partners have had to submit the BCF Plan and the details of its financial contribution prior to this submission to the Health and WellBeing Board. In such circumstances, the guidance requires local Health & WellBeing Boards to confirm the contents of the Plan and its compliance with the national conditions after the submission.

4.2. The information presented in the BCF Plan provides assurance to the Haringey Health and Wellbeing Board that Haringey is maintaining its commitment to health and social care integration to deliver the vision of the Haringey BCF Plan in light of local and national strategies and plans, such as NHS Long-Term Plan, Borough Plan and Haringey's Ageing Well Strategy.

5. Alternative options considered

5.1 Not applicable.

6. Background information

6.1. The Narrative submitted for Haringey's 2021/22 BCF Plan builds on progress made in previous years. It focuses on the local system's response to three national challenges:

- The need to respond to the legacy of the pandemic in the remainder of 2021/22, in particular managing a greater number of people whose underlying health

status and conditions may have worsened during the pandemic and who may seek medical attention in primary or secondary care. For example, we are seeing generally higher average acute daily A&E attendances in the autumn compared to the corresponding period pre-pandemic. At the same time the number of consultations in primary care increased by 14% across London, with NCL primary care showing a similar trend. The pandemic also changed our plans for development and delivery;

- Ensuring out-of-hospital systems are well prepared for increased activity in local Trusts to facilitate safe and timely hospital discharge in winter 2021/22;
- Addressing underlying issues associated with equity of access, outcomes and experience – and the resources to ‘level to need’ - across NCL and within the Borough. We know people living in more deprived (and often most diverse) neighbourhoods had around 17 years shorter healthy life expectancies than their most affluent peers pre-pandemic and there is good evidence nationally social gradients in inequality have worsened as a result of the pandemic.

6.2. In the Narrative Plan, partners set out how the BCF and its investment will address these multi-agency medium and longer-term challenges in as integrated a way as possible building a framework of support, called Haringey’s integrated ‘care cone’, that tailors the needs of individuals to the best response in the system. The ‘care cone’ framework’s aim is two-fold:

- To ensure the ‘right joined-up solutions for the right person are delivered at the right time’ to improve or maintain an individuals’ physical and mental health, well-being and independence now and in the future - and best support their carers. Our framework emphasises the importance of a strength-based approach, prevention, self-management and personalisation, with delivery as close to home as possible, so people can stay as independent as possible;
- To help people avoid future health or social crises as far as possible and/or that people can recover as fully as possible after crises, ideally at home. We know some residents are at heightened risk of crises and hospitalisation that are avoidable through earlier detection, diagnosis and improved management of physical and mental health conditions, and this is a particular issue in deprived (and often diverse) communities.

6.3. Achieving these aims promotes system outcomes, including mitigating demand for intensive and costly interventions within the population. The framework of support achieves this in ‘the here and now’ through reducing people’s risk of crises and acute or non-acute hospitalisation. It also mitigates future demand by investing in early help and prevention to reduce the risk of individuals acquiring, or exacerbating existing, long-term conditions or adversely affecting their mental health and well-being. A key priority for 2022 is to address inequity of these outcomes (and the resources available to do so) in under-served communities within Haringey.

6.4. The BCF Narrative provides details of our approach but our Plans and investments categorises solutions within the care cone’s levels of intervention:

- Feeling Healthy, Safe & Well: This element of the ‘care cone’ is closely linked to local and national public health messages/services to encourage people to

adopt, or get help with adopting, healthier lifestyles, e.g. smoking cessation, being active etc., and ‘making every contact count’;

- **Early Help & Prevention:** a targeted approach working with individuals to address issues or needs within communities, and/or those at ‘rising risk’ of needing more intensive or crisis-driven solutions soon. This includes encouraging people to come forward for earlier diagnosis, adopt healthy lifestyles, and better self-manage, their conditions, or get help to meet health, housing or social needs. We are planning a ‘Healthy Neighbourhoods’ collaboration between the statutory and voluntary sector to work together to engage and support communities, starting in the east of the Borough. The collaboration consists of a locally-based network of partners, including primary care, who will work to engage with communities and their representatives on local population health priorities, and develop community asset-based solutions to address them. The initiative is part-funded through the £5m NCL CCG Inequalities Fund aimed at ‘levelling to need’ across NCL and partly through the BCF Plan;
- **Anticipatory Care & Support:** people whose health, housing and social needs are more complex and/or intense, who need a tailored and often an integrated and multi-disciplinary response to these needs including care and support services. The two major initiatives discussed in this section are development of the Multi-Agency Care & Coordination Team and Enhanced Care in Care Homes developments to plan with, and support, people proactively with frailty/multi-morbidity in the community and in care homes, respectively;
- **Specialist/Emergency:** people who need highly specialised health and social interventions and/or who are approaching or are at a social or health crises or need help recovering from crisis, ideally at home. This includes a particular focus on out-of-hospital solutions to meet demand, and we have expanded capacity of several of our existing schemes in 2021/22, partly through the BCF Plan and partly through other funding sources.

6.5. The BCF-funded services particularly fit the latter three ‘care cone’ categories. The Plan and its investments set out in Appendix 1 reflect the need to balance additional investment to support out-of-hospital services in the short-term, with funding for longer-term preventative solutions to help people adopt healthier lifestyles and self-manage in the community earlier, particularly in more deprived communities.

6.6. It should be noted the BCF Plan is just one investment ‘pot’ which promotes integration and out-of-hospital solutions – several other local and national funding streams are available in 2021/22, e.g. National Discharge Funding, NHSE CCG Ageing Well Programme Funding and CCG Inequalities and System Resilience funding. These investments and the joint work across partners should be seen as a developing an integrated response across Haringey and NCL, and the BCF Plan discusses sets out some of the areas of particular development:

- How we intend to improve equity of access, outcomes and experience in terms of health, well-being and independence amongst our under-served communities;
- How we intend to improve our integrated health and care system in the Borough as part of our response to the NHS Long-Term Plan, including development of multi-disciplinary primary care and integrated care networks, to deliver health and care closer to home at a Borough and neighbourhood footprint;

- How we continue to work with our wider set of partners, such as Connected Communities, housing and the voluntary sector, to ensure our plans are aligned with wider planning to strengthen communities;
- How we will ensure there is a 'golden thread' connecting care solutions across differing geographical footprints so there is a coherent picture of support across NCL, Borough and neighbourhood footprints.

6.7. The delivery of the Plan already had a positive impact on supporting people in Haringey to have healthy, long and fulfilling lives in 2020/21 and 2021/22, including:

- a. Rising to the challenge of implementing robust COVID national hospital discharge guidance. During the pandemic, the proportion of people discharged from hospital who needed short-term care and support to recover increased significantly due to the impact of the condition and the surges in hospital admissions locally. The NHS, Council and voluntary sector worked together at WHT, NCUH and other NCL hospitals to discharge more patients, predominantly back home, more quickly than at any time pre-COVID, with staff working extended hours and 7 day working;
- b. The proportion of patients who were in hospital for 21 days or more was decreased by 23% and 35%, respectively, between 2019/20 and 2020/21, far greater than the reduction in emergency admissions (both 15%), and this position has been maintained into the current financial year. The proportion of patients with 21+ day length of stays (15.5%) at Whittington Hospital was consistently one of the best Trusts in London at end Oct-21, with the corresponding proportion for NCUH being 21.5%;
- c. Over 1,650 reablement episodes were completed in Aug-20-Jul-21 (a 15% increase on the corresponding figure pre-pandemic). LBH's Reablement Service and its partners provide short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living, such as washing or getting around their home, after a crisis and/or hospital episode, e.g. due to a fall. This Council service now operates jointly with NHS community health therapists;
- d. The majority of these individuals were aged 65+, and, of these, over 70% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home. We find that 73% of individuals need no further long-term Council-funded care after reablement, as they have recovered sufficiently;
- e. Since the pandemic, a 40+ percentage increase in the typical month number of patients (to 140) accessing the multi-disciplinary Rapid Response service (usually responding within 2-4 hours) to treat people who are nearing, or at, a health crisis at home for up to 5 days following referral via a care professional. The service ensures people don't need to go to A&E unnecessarily;
- f. Continued investment in for our Anticipatory Care solutions in 2021/22, with both our Multi-Agency Anticipatory Care & Coordination (MACC Team) and the community health element of our Enhanced Health in Care Homes (EHCH) model to manage the holistic (and often complex) needs of older residents/those with multi-morbidity in the community and in care homes. The EHCH service support residents and staff of care homes in Haringey to manage their needs. The BCF Plan matches similar National Health Service England (NHSE-I) investment in the primary care element of the EHCH to support each care home to have a named GP lead and routine 'Home Rounds', established in Haringey.

- 6.8. The national policy requirements state the Health & Well-Being Board must sign-off the schedule of investment for the Better Care Fund (BCF) Plan as part of a pooled Section 75 for 2021/22.
- 6.8.1 NCL CCG is expected to make a Minimum Contribution to the Haringey BCF Plan. Two of the national conditions are that:
- The agreed contribution to social care from the CCG meets or exceeds the minimum expectation allocated;
 - The spend on CCG commissioned out-of-hospital services meets or exceeds the minimum ringfence.
- 6.8.2 There are additional grants that represent LBH's contribution, in the BCF Plan:
- Improved Better Care Fund (iBCF) to meet the growing demand for care packages and reduce LBH's financial risk. The iBCF in 2021/22 incorporates the LA Winter Pressures, which is used to mitigate increased demand in the social care system particularly during the winter;
 - Disabled Facilities Grant to fund major adaptations to LBH clients' properties (regardless of tenure type) to support them to live at home.
- 6.8.2 Table 1 shows the changes in BCF Plan funding between 2020/21 and 2021/22 and the proposed schemes are listed in Appendix 1. The majority of these schemes are existing services which we are continuing to fund in 2021/22.
- 6.8.3 There is a £1.1m uplift in the Minimum CCG Contribution between the two years. To conform to the national conditions above, £372k of this uplift must be spent on social care, including preventative solutions. Appendix 1 highlights schemes that are either newly BCF funded or in which the investment in an existing service from 2020/21 has been increased; collectively the additional investment in these rows make up the £1.1m uplift, including the £372k spend on adult social care.

Haringey BCF Plan Investment	2020/21	2021/22	Change 21-22 v 20-21	
			Increase	% Increase
Disabled Facilities Grant	£2,678,851	£2,678,851	£0	0%
iBCF, including WP Grant	£9,518,076	£9,518,076	£0	0%
Minimum CCG Contribution	£19,892,808	£21,020,860	£1,128,052	5.7%
Of which, minimum spend that must be on:				
- NHS commissioned Out-of-Hospital Spend	£5,652,972	£5,973,532	£320,560	5.7%

- Adult Social Care Services Spend	£6,534,023	£6,904,545	£370,522	5.7%
TOTALS	£32,089,735	£33,217,787	£1,128,052	3.5%

Table 1 – Requirements for Spend Haringey BCF Plan Funding 2020/21 and 2021/22

6.8.4 Table 2 confirms the schedule in Appendix 1 fulfils the 2021/22 National Conditions applied to Haringey.

Selected Health and Wellbeing Board:

[<< Link to summary sheet](#)

Running Balances	Income	Expenditure	Balance
DFG	£2,678,851	£2,678,851	£0
Minimum CCG Contribution	£21,020,860	£21,020,860	£0
iBCF	£9,518,076	£9,518,076	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£33,217,787	£33,217,787	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,973,533	£13,929,577	£0
Adult Social Care services spend from the minimum CCG allocations	£6,904,545	£6,904,546	£0

Table 2 – Schedule of Funding v. National Requirements for BCF Plan 2021/22 (taken from BCF Spreadsheet, Expenditure Tab)

7. Contribution to strategic outcomes

7.1. The BCF Plan will contribute to objectives within both the Place and People Themes of the Borough Plan

7.2. Place Theme; *A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.*

7.3. People Theme; *Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.*

7.4 Haringey's BCF Plan is one of the key plans for the London Borough of Haringey (LBH) and North Central London CCG. In particular it supports and helps deliver:

- North Central London Sustainability and Transformation Plan;
- North Central London Response to the NHS Long-Term Plan;
- LBH Joint Health and Well-being Strategy and is line with Haringey's Joint

- Strategic Needs Assessment;
- Haringey Borough Partnership Delivery Plan.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance

- 8.1.1. The Better Care Fund (BCF) is a pooled budget of £33m between the London Borough of Haringey (LBH) and North Central London Clinical Commissioning Group (NCL CCG), as shown in Table 1. It is part of the overall Section 75 Agreement between both these parties.
- 8.1.2. Funding will be used for existing schemes that are rolled forward. There is an additional £371k (5.7% increase) funding allocation in 21/22 which will be spent on a combination of existing and new services (see Appendix 1).
- 8.1.3. The purpose of the fund is to enable integrated working across NCL CCG, LBH Haringey and its partners to ensure the best value for money is achieved, across the agreed projects, as listed in the BCF Planning template.
- 8.1.4. The funding has been allocated jointly by LBH and NCL CCG in accordance with the aims and objectives of the plan.

8.2 Legal

- 8.2.1 The Board responsibility include promoting and coordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey.
- 8.2.2 The Better Care Fund (BCF) policy framework [here](https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022) <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022> and planning requirements [here](https://www.england.nhs.uk/wp-content/uploads/2021/09/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf) <https://www.england.nhs.uk/wp-content/uploads/2021/09/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf> parts of which are covered in this report, sets out the expectations of the local authority, CCG and the HWB. The BCF national conditions provides that *"The local authority and CCGs must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWB. BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current discharge policy in relation to how BCF funding will support this."* The recommendation to the Board to consider and approve the Haringey BCF Plan are in line with BCF policy and planning guidance."

8.3 Equality

- 8.3.1. An Equalities Impact Assessment (EIA) was completed for the whole BCF Programme in Dec 14. However, an EIA was undertaken as part of the wider Ageing Well Strategy in 2020 for which the BCF Plan is largely a funding vehicle.
- 8.3.2. The 2020 Ageing Well EIA indicates the Ageing Well (and by extension BCF Plan) programme has a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender and ethnicity. The same positive impact will occur in 2021/22, but we recognise that the EIA needs to be refreshed to better consider the impact of COVID-19 in particular on specific communities or groups in Haringey, hence the need for the updated EIA.
- 8.3.3. The positive impacts in the Ageing Well EIA were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and well-being. The development of specific aspects of the current Plan (particularly Healthy Neighbourhoods in the east of the Borough) will help tackle equity of access and outcomes within Haringey's more deprived (and diverse) neighbourhoods. No negative impacts were highlighted.
- 8.3.4. The BCF Plan EIA is currently being updated to reflect the impact of the pandemic on the population. For example, we know the pandemic was proportionately more likely to result in adverse health outcomes for some groups, including people from Black African and Caribbean, SE Asian and eastern European backgrounds, as well people living in more deprived neighbourhoods. The Bridge Renewal Trust report on the impact of the pandemic on specific ethnic groups recommended a number of actions, including better collection of ethnicity data, improved engagement, communication and shaping of solutions to improve equity of access and outcomes, and the need to address practical barriers, such as digital exclusion. These recommendations were absorbed into both the Ageing Well Strategy's, and many other, projects, such as working with communities to promote vaccine take-up and embedding statistical monitoring on equity of access. We will reflect these responses, as well as initiatives such as part BCF-funded Healthy Neighbourhoods in the east of the Borough (specifically designed to address social gradients associated with deprivation and ethnicity), in our updated EIA for the BCF Plan.

9. Use of Appendices

- 9.1. Appendix 1: Haringey's BCF Plan 2021/22 Completed Income and Expenditure Template, including schedule of schemes

10. Local Government (Access to Information) Act 1985

- 10.1. Previous years' BCF Plan documents, including the original Equality Impact Assessment, can be found at:
<http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm>

Appendix 1 – BCF Plan 2021/22 Funded Schemes (including new proposals / increased investment in existing schemes funded via CCG Minimum Allocation in green cells)

Service Area	Description	TOTAL 21/22 Budget	Increase in BCF funding from 20/21
EARLY HELP & PREVENTION			
Health-orientated information, advice and guidance for citizens in Healthy Neighbourhoods	Voluntary sector provision of advice, information, signposting and guidance for people needing help	£55,000	
Local Area Coordination element of locality working and Healthy Neighbourhoods initiative	Voluntary sector coordinators to provide advice, information & signposting for people who need assistance and help develop community assets	£120,136	
Integrated Health, Housing, Finance & Care Early Intervention In Hospital - 'Healthy Neighbourhoods in Acute'	Advice and early help solutions for people to manage finances, housing, health, well-being & independence via integrating community solutions such as Connected Communities in health facilities	£159,000	
Integrated Health, Housing, Finance and Care Early Intervention Solutions to support Health Neighbourhoods in our Localities	Solutions to provide early help to people to help manage finances, housing, health, well-being & independence via integrating community-facing VCS solutions in HN collaboration	£128,801	£91,306
Self-Management Support	Structured programme of courses for patients interested in condition self-management or being expert patient	£91,600	
First Response Social Care Team	LBH posts to increase capacity in community first response, initial triaging & management of cases to support timely response	£230,000	
Strength and Balance Opportunities	Strengthening & balancing classes & exercises for people with a falls risk	£58,000	
Support for Dementia Friendly Haringey	Council funded Dementia Coordinator to take forward development of DFH (part-year funding)	£20,000	£20,000
Support for Community Navigation / Social Prescribing	Council commissioned support for community navigation/social prescribing network & community of practice (part-year funding)	£15,000	£15,000
ANTICIPATORY CARE AND SUPPORT			
COPD Exercise Programme	Community-based exercise groups for suitable COPD patients referred via health professionals	£13,000	

Service Area	Description	TOTAL 21/22 Budget	Increase in BCF funding from 20/21
Dementia Day Opportunities	LBH commissioned services to support people with dementia with facility- or wider home/ community-based day care/support	£475,000	
Nursing Services & WHT Contract Uplift*	District nursing for non-ambulant patients at home (* Increase is associated with uplift) and community matrons in MACC Team (see next line)	£7,070,798	£324,004
Multi-Agency Care & Coordination (MACC) Team	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	£1,226,993	£47,250
Investment in MSK Community Health & Primary Care services	Community health & primary care investment in MSK therapy services to improve people's health status & function (outside of IC)	£344,000	£344,000
Social work capacity to support complex case assessments	Investment in additional social worker to manage complex case assessments post-recovery, including joint Continuing Healthcare Assessments	£52,000	
Enhanced Health in Care Homes & Trusted Assessor	Implementation of EHCH Model and Trusted Assessor across Haringey to support care homes, their staff & residents	£216,000	
Palliative Care & Advanced Care Planning	NMUH-led multi-agency services to support range of community-, hospital- and bed-based palliative care	£766,000	
Expand End of Life nursing and other services	Investment in out-of-hours nursing services for end of life patients. This improves quality of life in last few days, supports advance care plan delivery & reduces risk of hospitalisation	£154,429	
Carer's Support	LBH commissioned range of solutions for carers: identifying carers, undertaking assessment of needs and support through to carers' respite.	£1,067,000	
Disabled Facilities Grant	LBH commissioned provider undertaking major adaptations of individuals' home to facilitate improvements in daily living functioning	£2,678,851	
IBCF*	Most of spend on providing long-term packages of care as part of social care clients' Personal Budgets. (*includes £1.15m on: care beds/step-down flats & care packages to support discharge in 2021/22)	£9,518,076	
SUPPORTING DISCHARGE - RECOVERING AFTER CRISIS / ILLNESS			

Service Area	Description	TOTAL 21/22 Budget	Increase in BCF funding from 20/21
Integrated Discharge Team/Single Point of Access to support hospital discharge	Investment in teams involved in discharge (social work & nursing resources), including onward management & assessment of individual. Includes costs to cover extended hours and 7 day working	£266,093	
Home from Hospital	Voluntary sector scheme to support hospital patients (who do not need public-sector intervention) return home and settled if they need it	£150,000	
Whittington Integrated Care Therapy Team	Multi-disciplinary therapy service in community and acute that supports older people (& other groups)	£3,268,293	
MH Discharge Coordinator	Social worker in MH service to support discharge & onward planning for patients with severe MH issues	£40,000	
Rapid Response	Multi-disciplinary nursing & therapies team to respond quickly when people are at crisis and/or need short-term rehabilitation at home or in A&E.	£410,000	
Enhanced Virtual Ward	Enhance existing EVW model through increased GP capacity for Haringey	£42,000	
Alcohol Liaison Services	Alcohol Liaison Nurses & Support Worker to support hospital patients with alcohol-related issues & coordinate support in community	£61,585	
Reablement Solutions	Community Reablement solutions to support people regain ability to undertake daily living skills, including patients with more complex needs	£3,274,785	£65,885
Increase number of 24-hour packages of care at home	Increase number of high-intensity packages of care available to prevent hospitalisation or facilitate 'Home First' hospital discharge of patients to meet demand, particularly to support 7 day discharges	£42,000	
MH Reablement Solutions	Investment in dedicated OT to support MH non-acute discharge development for people with complex physical & mental health needs	£52,000	£39,000
Enhanced bed-based intermediate care capacity	Intermediate care beds in care home to rehabilitate, assess individuals' needs and eligibility for CHC post-recovery as part of ASC contract with PWH	£155,000	
Nursing Intermediate Care	Nursing beds in care home with rehab MDT input & nursing outreach to patients' homes for those needing period of convalescence post-discharge	£413,523	£45,276

Service Area	Description	TOTAL 21/22 Budget	Increase in BCF funding from 20/21
Winter MDT capacity to support patient onward management of patients	Additional therapy & social worker resources to support for bed-based intermediate care patients in care homes in winter	£196,103	£96,331
Supporting people with challenging housing needs to return home post-hospital discharge	Investment in out-of-hospital housing liaison function to facilitate acute and non-acute hospital discharge of people with challenging housing environments to return home in a timely way	£40,000	£40,000
ENABLERS			
Commissioning & Analytics Support	To provide multi-disciplinary and multi-agency commissioning support for BCF Plan Programme	£286,721	
Principal Social Worker	To provide quality assurance and plan workforce development for social care	£60,000	
Total		£33,217,787	
New or Increased Investments to BCF Plan Schemes from CCG Min. Allocation			£1,128,052