Appendix 1 – BCF Plan 2024/25 Schemes (including new proposals / increased investment in schemes funded via CCG Minimum Allocation/iBCF);

Scheme Name	Brief Description of Scheme	New/ Existing Scheme
Health-orientated information, advice and guidance as part of wider advice model for citizens in Healthy Neighbourhoods	Voluntary sector provision of advice, information, signposting and/or guidance for people needing help	Existing
COPD Exercise Programme	Community-based exercise groups for suitable COPD patients referred via health professionals	Existing
Dementia Day Opportunities	LBH commissioned services to support people with dementia with facility- or wider home/ community-based day care/support. Other Providers - NHS Mental Health Provider, Charity / Voluntary Sector	Existing
Self-Management Support	Structured programme of courses for patients interested in condition self-management or being expert patient	Existing
Local Area Coordination element of locality working and Healthy Neighbourhoods initiative	Voluntary sector coordinators to provide advice, information and signposting for people who need assistance and to support best use of community assets	Existing
Disabled facilities grant	LBH commissioned provider undertaking major adaptations of individuals' home to facilitate improvements in daily living functioning	Existing

Nursing services, including community matrons for MACC Team	District nursing for non-ambulant patients at home and community matrons to support anticipatory care (MACC Team)	Existing
Whittington Integrated Therapies and Therapeutic Support for Urgent Care Response	Multi-disciplinary therapy to support patients, including intermediate care/reablement solutions	Existing
Integrated Health, Housing, Finance and Care Early Intervention In Hospital as part of 'Healthy Neighbourhoods in Acute'	Solutions to provide early help to people to help manage finances, housing health, well-being & independence via integrating community-facing Connected Communities into acute hospital	Existing
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	Existing
Multi-Agency Care & Coordination Team (GP Federation Commissioned Element)	MACC Team is GP-led multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	Existing
Multi-Agency Care & Coordination Team (Additional Nursing & Therapies Element)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity.	Existing
Multi-Agency Care & Coordination Team (Mental Health Element)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	Existing
Multi-Agency Care & Coordination Team (Social Care Element)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	Existing
Multi-Agency Care & Coordination Team		Existing

(MDT Teleconference including primary care)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	
Social Care Team	LBH posts to increase capacity in community first response, initial triaging & management of cases to support timely response	Existing
Strength and Balance Opportunities	Strengthening & balancing classes and exercises for individuals who professionals identify at risk of falling	Existing
Enhanced Health in Care Homes & Trusted Assessor	EHCH Model and Trusted Assessor across Haringey to support care homes, their staff & residents	Existing
IBCF Supporting Social Care	Bulk of spend on providing packages of care (predominantly but not exclusively domiciliary care) as part of social care clients' Personal Budgets	Existing
Palliative Care & Advanced Care Planning Facilitator	NMUH-led multi-agency approach to support range of community-, hospital- & bed-based palliative care services. Other Providers - NHS Community Provider	Existing
Wheelchair Services	NHS commissioned long-term patient wheelchair assessment, delivery and repair services	Existing
Alcohol Liaison Services	Council commissioned Alcohol Liaison Nurses & Support Worker to support patients in hospital with alcohol-related issues & to coordinate support in community	Existing
Support for Dementia Friendly Haringey	Council Dementia Coordinator to take forward development of DFH & help coordinate services	Existing
Support for Community Navigation / Social Prescribing and VCSE Infrastructure	Council commissioned support for community navigation/social prescribing network & community of practice	Existing
Increase Single Point of Access/IDT-support function to meet demand (ASC component)	Contribution to ASC component of IDT/associated discharge planning including extended working (7 day working)	Existing
Community Equipment Provision (ICB Component)	ICB/Health-related financial contribution to LBH commissioned Community Equipment Service	Existing
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	Existing

Rapid Response Service (inc at NMUH) & Virtual Ward - Community Health & Primary Care Elements	Multi-disciplinary nursing & therapies team to respond quickly when people are at crisis and/or need short-term rehabilitation either at home or in A&E.	Existing
Rapid Response Service - ASC Element	Funding for rapid access to packages of care to support individuals at home at crisis - part of RR model	Existing
Reablement Solutions	LBH time-limited community-based enablement & therapist staff to facilitate improvements in peoples' ability with daily living tasks	Existing
iBCF Short-term packages of care to support people to return home from hospital with reablement	Funding for packages of care available to facilitate reablement in response to demand	Existing
Step down flats	Investment in step down flats for hospital discharge patients needing reablement & cannot return home	Existing
Care Home Intermediate Care Beds (iBCF-funded)	Intermediate care P2 beds at care home supported by MDT (see MDT line)	Existing
Care Home Intermediate Care Beds (Minimum CCG Contribution)	Intermediate care P2 beds at care home supported by MDT (see MDT line)	Existing
Community-Based Nursing & Care Home Intermediate Care (Convalescence) Beds	Intermediate care P2 beds focussed on convalescence at care home supported by MDT (see MDT line)	Existing
Enhanced MDT to support patient recovery & move-on in (particularly care home) P2 beds - Community Health element (Enabler of IC Bedded Units (39-41, 57))	Multi-disciplinary team, including nursing, therapies and social workers, to work with EHCH CH/PCN & care homes to support patients to recover & move-on	Existing
Enhanced MDT to support individuals' recovery & move-on in (particularly care home) P2 beds and in P1 Home First - LBH element Enabler of IC Bedded Units (39-41, 57)	Multi-disciplinary team, including therapies and social workers, to work with EHCH CH/PCN & care homes to support patients to recover & move-on	Existing
Supporting people with challenging housing needs to return home post-hospital discharge	LBH-commissioned Housing Liaison Worker & rapid deployment of housing-related services (e.g. blitz clean) to help timely discharge	Existing
Additional Care Home Intermediate Care Beds (Minimum CCG Contribution)	Additional intermediate care P2 beds at care home supported by MDT (see MDT line)	Existing
Carers' Support	Range of carers' solutions depending on intensity of need: identifying carers, undertaking assessment of needs and support through to carers' respite. Providers are Local Authority and Voluntary Sector	Existing

Principal Social Worker	To provide quality assurance and plan workforce development for social care	Existing
Commissioning Support	To provide multi-disciplinary and multi-agency commissioning support for BCF Plan Programme	Existing
IBCF Market Management	Staff and other resources to manage brokerage and quality assurance of providers & contract management resources	Existing
D2A Pre-CHC Assmt P1 Home First Pathway	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Existing
D2A Pre-CHC Assmt Interim Res/Nursing Care Step-down beds	Short-term residential/nursing care for someone likely to require a longer-term care home replacement	Existing
Discharge Funding 2023-24 - Workforce	Funding allocated to a number of proposed workforce Initiatives, focusing on the hospital discharge processes and reviews	Existing
Discharge Funding 2023-24 - Care Purchasing	Funding for proposed P1 Provisions (proposed 9884 P1 hours in 2023/24)	Existing
Discharge Funding 2023-24 - Care Purchasing	Funding for P1 care provisions (proposed 7259 P1 hours for additional hospital demand) Shirt Term	Existing
Community Health Specialised LTC Services	Investment in planned/crisis management CH investments in LTC pathways (e.g. diabetes, respiratory, falls)	Existing
Bereavement Support	Interventions to support VCSE development, community empowerment, health and wellbeing improvements, including support for carers'	Existing
Complex Case Management	Funding to support complex cases, to deal with the increase in demand and acuity within Adult Social Care in the community (transition, hospital avoidance- but not exclusive to) in younger adults.	Existing
Discharge Funding 2024-25 - To Be Determined	TO BE DETERMINED. NCL ICB and LAs plan to agree the final application of the Discharge Fund during 2023-24. All information in this line is placeholder only.	Existing
Discharge Funding 2023-24 - Care Purchasing	Funding for P2/P3 care provisions (335 weeks' worth of P2/P3 for additional hospital demand)	Existing
Non-S22 Checklist Cohort	Commissioning of discharge packages for residents requiring a health assessment	New
Contribution to LA's Integrated Discharge Teams	Workforce - additional WTE to be funded adding capacity to the team	New

Transfer of Care Hubs	ToCH Integrated infrastructure development to support in reach into the acute, assessment of patient needs, Coordination of onward care, 7 days working and providing leadership and focus for discharge.	New
Homelessness	The NCL Out of Hospital Care Model (OOHCM) for people experiencing homelessness	New
Contribution to ICB D2A costs	Commissioning D2A POC on demand to support speedy discharge of patients from acute hospital to allow assessment at home for onward care provision	New
Discharge funding 24/25 - Care purchasing	Funding for proposed P1 provision	New
Discharge funding 24/25 - Care purchasing	Funding for proposed P3 provision	New