

The Better Care Fund Schemes all have plans until they are fully implemented. Where relevant the schemes have been aligned with CCG QIPP schemes and the Council Savings schemes. The new and existing schemes that will have most impact on the Health and Care system in BANES in 2019/20 are referenced in the scheme summary (p.2-3). The new schemes which are being developed in 2019/20 each have a draft dashboard summarising their plans, with indicative milestones included. There is also a dashboard for reablement, due to the transformation taking place in 2019/20.

A summary of the impact of all schemes on the national metrics (including identification of local measures) is included on pages 4-7.

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Scheme		Scheme Information	IBCF	QIPP	Winter Pressures	Council Savings
Assistive Technologies and Equipment						
507	Double-handed OT project	Plan detail on page 8				
Community Based Schemes						
31	Targeted Rural Support	Plan detail on page 9				
High Impact Change Model for Managing Transfer of Care (1)						
26	Delirium Pathway	The pathway aims to identify individuals in acute hospitals who have potentially reversible delirium so that they are offered intensive support at home to aid their recovery. Most individuals would need this level of support for up to 7 days, with approximately 6 people supported per month.				
High Impact Change Model for Managing Transfer of Care (3)						
501	External brokerage contract with CHS	Care Home Selection has been commissioned to support 30 discharges from across RUH and community hospital per month. The scheme intends to improve the time taken to identify and sources placements and packages, which will support a reduction in delayed discharges.				
High Impact Change Model for Managing Transfer of Care (6)						
28	Trusted Assessor	The Trusted Assessor funded by this pilot scheme is now established in post and has undertaken comprehensive assessments with care home providers. Over 170 assessments have been undertaken between November 2018 and June 2019 and the time to assessment is a third of the baseline rate prior to the scheme commencing.				
High Impact Change Model for Managing Transfer of Care (8)						
29	Health Case Co-ordinator	Plan detail on page 10				
ICS – Reablement Services						
3	Integrated Reablement – Core Service	Plan detail on page 11				
3	Integrated Reablement – Strategic Partners	Plan detail on page 11				

Appendix 5 – 2019-20 BCF Scheme Plans

Better Care Fund Plan Scheme Summary page 2 of 2

Scheme	Scheme Information	IBCF	QIPP	Winter Pressures	Council Savings
ICS – Reablement Services					
4 Falls Response	The Falls Response team continues to provide specialist support for B&NES residents who contact emergency services after a fall. The team will help the person get comfortable, carry out a home-based falls risk assessment, recommend any necessary interventions and put into place any further support that could help prevent future falls and admissions to hospital.		✓		
5 Home From Hospital Schemes	Range of schemes including Extra Care step down beds, Age UK Home from Hospital service				
23 Home First a, b, c (Pathway One & Transport)	The Home First scheme has continued to expand over the previous plan period, operating over 7 days for up to 31 patients a week.	✓			
23 d D2A Beds (Pathway Three)	The Pathway Three beds scheme has been extended into 2019/20. 46% of people placed in these beds in 2018/19 saw improved care needs compared to the anticipated need at the point of admission. Further refinement and evaluation of the scheme will take place this year.	✓			
10 Mental Health Reablement beds	3 crisis support beds in the Wellbeing House for adults of working age with support for up to 4 days, 4 times a year.				
Integrated Care planning and Navigation (care co-ordination)					
20 Support Planning and Brokerage	The Council and CCG are progressing plans to develop an internal brokerage service to support timely discharge, enabling people to reach the right care setting at the earliest opportunity.	✓			✓
Integrated Care planning and Navigation (care planning)					
12 Trusted Reviewer	Plan detail on page 12				✓
506 OT at the front door	Plan detail on page 13			✓	
Residential placements					
22 Transition of Extra Care	This integrated model of housing and personal care improves independent living skills for people with a range of different abilities. Occupancy levels remain at acceptable levels, so the scheme is supporting independent living and avoiding admissions to care homes and reducing non-elective admissions to hospital.	✓			
21 Community Resource Centres	The remodelling of the CRC offer has continued with a focus on offering support for complex dementia patients.	✓			
504 Block Care Home Placements	Plan detail on page 14			✓	

Impact of Schemes

The impact of the schemes on the BCF national metrics are set out in the following table. Due to the range of funding sources for some schemes and the need to identify specific scheme types (shown in blue text below) in the BCF planning template, some schemes appear in multiple sections. Schemes which will be monitored using local metrics are identified in rows with a blue background.

Scheme	Reduce non-elective admissions	Reduce delayed transfers of care	Reduce permanent residential admissions	Increase success of reablement	Key Local Metric
Assistive Technologies and Equipment					
14 Assistive Technologies/ Community Equipment	M	M	M	M	Deliveries within 7 days
507 Double handed OT project	x	M	M	x	
Care Act Implementation					
13 Care Act Implementation	L	L	L	L	
Carer Services					
11 Support for Carers	x	x	x	x	
15 Support for Carers	x	x	x	x	
16 Transformation - Think Family	x	x	x	x	
Community Based Schemes					
31 Targeted Rural Support	x	M	M	x	
DFG related schemes					
14 Disabled Facilities Grant	M	M	M	M	
Enabler for Integration					
12 BCF Strategic Support	x	x	x	x	
15 Community Services Contract - subcontracting commissioners	x	x	x	x	
17 Fair Price of Care	x	M	x	x	
19 National Minimum Way/ Sleep In cover	x	x	x	x	
24 Mental Health Transformation	M	M	x	x	
30 Integration Programme	x	x	x	x	
503 Dom Care Commissioning and Contracts Officer	x	M	x	x	

Impact of Schemes

Scheme	Reduce non-elective admissions	Reduce delayed transfers of care	Reduce permanent residential admissions	Increase success of reablement	Key Local Metric
High Impact Change Model for Managing Transfer of Care (1) 26 Delirium	×	M	M	M	
High Impact Change Model for Managing Transfer of Care (3) 501 External Brokerage contract with CHS	×	M	×	×	Number of discharges and average time from referral to assessment
502 External Brokerage contract post procurement	×	M	×	×	
505 Social Work capacity for Virgin and AWP	×	M	×	×	
High Impact Change Model for Managing Transfer of Care (4) 3 Home First extension	L	M	M	M	
High Impact Change Model for Managing Transfer of Care (6) 28 Trusted Assessor	×	M	×	×	Number of assessments per month and average time from referral to assessment
High Impact Change Model for Managing Transfer of Care (8) 29 Health Case Co-ordinator	×	M	×	×	
Housing Related Schemes 8 Protection of Social Care	×	M	×	×	
ICS - Bed Based 15 Community Hospital - step up/step down	L	M	M	L	Community hospital average length of stay
ICS - Rapid Response 1 Your Care Your Way Integrated Delivery Infrastructure	M	M	M	M	
4 Falls Rapid Response	M	×	M	×	- referrals - % avoiding admission to hospital
ICS - Reablement services 1 Your Care Your Way Integrated Delivery Infrastructure	M	M	M	M	ASCOF 2B(2) – number of people 65+ discharged into reablement Measure related to new model (likely to concern number of people seen within two weeks of referral) - referrals - % avoiding admission to hospital
3 Integrated Reablement	M	H	M	H	
4 Falls Rapid Response	M	×	M	×	

Impact of Schemes

Scheme	Reduce non-elective admissions	Reduce delayed transfers of care	Reduce permanent residential admissions	Increase success of reablement	Key Local Metric
ICS - Reablement services (continued)					
5 Home from Hospital Schemes	×	M	M	M	
10 Mental Health Reablement Beds	M	M	M	M	
15 Community Services Contract	M	M	M	M	
23 Pathway 3 beds	×	M	M	M	Admissions and average LoS (drop discharges) - Mean days to discharge - Total discharges
23 Home First	L	M	M	M	
32 Incentive Scheme for Homecare/Reablement Staff with Strategic Partners	×	M	×	×	
ICS - Other					
7 Integrated Care and Support	L	L	L	×	
15 Alcohol liaison and substance misuse	L	×	×	×	
Integrated Care planning and Navigation					
2 7 Day Working & ORCP	×	M	M	×	
6 Cost per Case Audiology	×	×	×	×	
12 Trusted Reviewer	×	M	M	×	
15 Community Services Contract	×	×	×	×	
20 Support Planning and Brokerage	×	M	M	×	
506 OT at the front door	L	M	M	×	
Personalised Care at Home					
15 Your Care, Your Way	M	M	M	×	
Personalised Budgeting and Commissioning					
33 External technical support to client finance	×	×	×	×	
Prevention Early Intervention					
9 Social Prescribing	×	×	×	×	
15 Community Services Contract	×	×	×	×	

Impact of Schemes

Scheme	Reduce non-elective admissions	Reduce delayed transfers of care	Reduce permanent residential admissions	Increase success of reablement	Key Local Metric
Residential Placements					
8 Protection of Social Care	×	M	M	×	
15 Community Services Contract - Extra Care & CRCs	M	M	×	×	
17 Fair Price of Care	×	M	×	×	
21 Transition to new model of CRCs	×	M	×	×	
22 Transition of ECSH	M	M	×	×	Occupancy level per home
504 Block Care Home Placements	×	M	×	×	
Other					
8 Protection of Social Care	×	×	×	×	
15 Your Care, Your Way	×	×	×	×	
16 Transformation funding VC	×	×	×	×	
100 BCF Risk Share Contingency	×	×	×	×	
101 Grant schemes to be identified	×	×	×	×	
500 Health Case Co-ordinator	×	M	×	×	

Double handed OT project



IBCF



QIPP



Council savings

BCF Scheme ref: **507**

SCHEME

Name: **Double handed OT project**

This project will use an OT, employed by Virgin Care, to support a review of people funded by social care who currently receive domiciliary care where the package includes two members of care staff to support them. Several local authorities have carried out similar reviews in the last 10 years and have seen reductions in the number of packages where two members of care staff are required. The project also aims to introduce a single-handed care by preference policy so that efficiencies are built into the establishment of new packages in future.

The anticipated benefits of the scheme are as follows: reduction in the number of packages where two carers are required, leading to increased capacity for other packages which will improve flow throughout the system; an improved understanding across health and social care of how equipment can be used to support the use of one carer only.

The project will run to the end of March 2020.

Commissioner: **Vince Edwards / Alison Enever**

Provided by: **Virgin Care**

FINANCE

Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
Social Care	£65,000	New	Winter Pressure Fund

Key:



Not Started



In Progress but overdue



In Progress



Complete

MILESTONES 2019/20

Status	Action	Q1	Q2	Q3	Q4
	Recruitment of OT to support the pilot				
	Workshop with care providers and OTs to scope single-handed care policy				
	Undertake review of double-handed packages				
	Evaluate pilot				
	Sign-off Single-handed care policy				

Notes: milestones are in draft while the project initiation continues.

RISKS / INTERDEPENDENCIES

Risks:

- There is no confirmed project management resource at the moment, which may delay progress.
- Recruitment of suitable personnel may be impacted by other recruitments run by Virgin Care, as candidates may be successful in applying for other OT roles being recruited to around the same time.

Interdependencies:

- Community Equipment review
- Virgin Care transformation work

Targeted Team for Rural Support



IBCF



QIPP



Council savings

BCF Scheme ref: **31**

SCHEME

Name: **Targeted Team for Rural Support**

The targeted team for rural support pilot scheme aims to improve access to care at home in the Chew Valley area of B&NES, where travel time has been a barrier to efficient service delivery. The method of providing this support is being scoped with input from a range of health and social care professionals to understand which model of delivery will best address the problem of travel time.

The pilot will help to determine what benefits may be available in the longer term. The potential benefits include: better quality data to evidence on the extent of the need in the Chew Valley area; potentially offering home care (either through reablement or domiciliary care) sooner than is currently the case, so that service users' needs are met and delayed discharges are reduced; improved access to home care may reduce deconditioning that might otherwise have led to needs that could only be met in a care home.

Commissioner: **Vince Edwards / Alison Enever**

Provided by: TBC

FINANCE

Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
Social Care	£50,000	New	iBCF

Key:

- Not Started
- In Progress but overdue
- In Progress
- Complete

MILESTONES 2019/20

Status	Action	Q1	Q2	Q3	Q4
	Work with stakeholders to confirm the model to be deployed				
	Mobilise the rural support team				
	Rural Support service commences				

Notes:

RISKS / INTERDEPENDENCIES

Risks:

- Determining the precise model of delivery may be challenging (e.g. micro-provider, use of existing home care provider)
- It may not be possible to secure suitable premises
- There may be insufficient demand for the service and staff may be left with excessive downtime
- It may be challenging to implement the self-managing ethos
- The pilot length may be insufficient to allow evidence of benefits to become apparent
- It may be challenging to be seen to 'withdraw' the service at the end of the pilot

Interdependencies:

- Primary Care in Chew Valley
- Current home care providers and home care review

Better Care Fund Scheme Plans 2019-20 – Q1 update

Health Case Co-ordinator

 BCF  QIPP  Council savings

BCF Scheme ref: 29

SCHEME





Name: Health Case Co-ordinator

Text....



Commissioner: Val Janson

Provided by:

FINANCE			
Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
NHS	£52,000	New	BCF

- Key:
-  Not Started
 -  In Progress but overdue
 -  In Progress
 -  Complete

MILESTONES 2019/20

Status	Action	Q1	Q2	Q3	Q4
					
					
					
Notes:					

To be developed

RISKS / INTERDEPENDENCIES

Risks:

- Text....

Interdependencies:

- Text...

Better Care Fund Scheme Plans 2019-20 – Q1 update

Integrated Reablement

 IBCF  QIPP  Council savings

BCF Scheme ref: **3**

SCHEME

Name: **Integrated Reablement**

The Integrated Reablement Service is directly provided by Virgin Care with subcontracted capacity within domiciliary care providers. This year, the learning from the review of the current model is being used to design and mobilise a new model. The aims of the model are to maximise capacity and efficiency of the service though reduced length of stay and greater clarity over acceptance criteria.





Commissioner: **Vince Edwards / Alison Enever**

Provided by: **Virgin Care and Strategic Dom Care Partners (current provision)**










FINANCE

Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
Community Health	£576,203	Existing	CCG Minimum Contribution
Community Health	£351,299	Existing	Additional CCG Contribution

Key:

-  Not Started
-  In Progress but overdue
-  In Progress
-  Complete

MILESTONES

Status	Action	Q1	Q2	Q3	Q4
	Final Business Case for new model signed off by JCC				
	Final Business Case signed off by Health and Care Board				
	Mobilisation of new model				
	Launch of new model				
Notes: 					

RISKS / INTERDEPENDENCIES

Risks:

- Changes may impact on overall system flow, particularly within Urgent Care.
- External drivers for change may accelerate ahead of programme timelines, e.g. development of Primary Care Networks
- Within reporting there is a risk of insufficient data to evidence benefits and drive change
- Unclear assumptions about efficiencies and how these will be recycled between workstreams, may result in double-counting.
- Priority to deliver admission avoidance and home first may mean the service cannot cover planned therapy or social reablement requests
- Risk that work on due diligence, if not completed on time may delay project timescales.

Interdependencies:

- Assistive Technology
- Main Virgin Care transformation programme



BCF



QIPP



Council savings

BCF Scheme ref: 12

SCHEME

Name: **Trusted Reviewer**

This project will pilot the use of a Trusted Reviewer who will undertake assessments or reviews on behalf of some or all local home care providers. The Trusted Assessor scheme (ref 28) has demonstrated the benefits of such schemes in the context of care home placements, where assessment times have reduced during the scheme's implementation phase, and the Trusted Reviewer scheme intends to bring similar benefits into home care.

The anticipated benefits of the scheme are as follows: home care providers work with service users day-to-day and can use their knowledge of people's capabilities and needs to make informed reviews of care; by using this knowledge, barriers to quickly setting up packages are removed as packages are designed with knowledge of both users' needs and existing home care capacity (within specified financial authorisation limits), which will potentially reduce DTOCs; the pilot should also boost the strategic capability of the local independent sector, with evidence from other LAs indicating improved relationships between providers and social work practitioners.

Commissioner: **Vince Edwards**

Provided by: TBC

FINANCE

Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
Other	£13,520	New	CCG Minimum Contribution

Key:



Not Started



In Progress but overdue



In Progress



Complete

MILESTONES 2019/20

Status	Action	Q1	Q2	Q3	Q4
	Trusted Reviewer scheme is scoped with key stakeholders				
	Current home care providers to scope the cohort to be reviewed in the pilot				
	Recruitment, mobilisation and process design (e.g. forms)				
	Trusted reviewer commences pilot				

Notes:

RISKS / INTERDEPENDENCIES

Risks:

- TBC

Interdependencies:

- TBC



IBCF



QIPP



Council savings

BCF Scheme ref: **506**

SCHEME

Name: **OT at front door**

The OT at the front door post aims to support strengths based (3 conversations) working in the community teams. The post will work alongside social work teams to ensure that a consideration of how needs could be met through advice, information and signposting to other services or equipment. Where equipment is required, the OT will support timely provision of the item(s) so that the need for domiciliary care is reduced. In addition, the OT will support people in crises to provide equipment to reduce the likelihood of a hospital admission and will take the lead worker responsibility for people with complex conditions funded by social care.

The role is expected to bring the benefits of: reducing or delaying ongoing domiciliary care needs, which will improve capacity in the system; for complex social care clients, the interventions will help with admission avoidance, to reduce pressure on the NHS; and, it will reduce the OT waiting list in social care. The intention is for the OT to be in post for nine months to the end of March 2020.

Commissioner: Ryan Doherty

Provided by: Virgin Care

FINANCE

Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
Other	£50,000	New	Winter Pressure Fund

Key:

- Not Started
- In Progress but overdue
- In Progress
- Complete

MILESTONES 2019/20

Status	Action	Q1	Q2	Q3	Q4
	Recruit OT				
	Implementation of OT role				
	Initial evaluation				

Notes:

RISKS / INTERDEPENDENCIES

Risks:

- Other BCF schemes (e.g. double-handed OT, 507) are seeking to recruit OTs, so suitably qualified candidates may be successful for other roles, leading to delays in recruitment.
- This post increases spend against the Community Equipment pool, which would need to be mitigated (although it will help to reduce purchased care costs).

Interdependencies:

- Virgin Care transformation work
- Community Equipment



IBCF



QIPP



Council savings

BCF Scheme ref: **504**

SCHEME

Name: **Block Care Home Placements**

This scheme commissions block care home placements to support individuals awaiting packages of care or long term care home placement. The beds would be used over November 2019 to March 2020 with individuals staying with a targeted length of stay of 2-4 weeks. While precise arrangements are being finalised, it is expected that at least 6 beds will be funded.

The premise of the scheme is to ensure that individuals are cared for in a more appropriate environment for their care needs, opposed to an acute or community hospital bed.

Commissioner: **Ryan Doherty**

Provided by: TBC

FINANCE

Area of Spend	Planned Expenditure	New or Existing Scheme	Funding Source
	2019/20		
INC	£90,000	New	Winter Pressure Fund

Key:

- Not Started
- In Progress but overdue
- In Progress
- Complete

MILESTONES 2019/20

Status	Action	Q1	Q2	Q3	Q4
	Care homes to be approached to identify capacity				
	Contractual arrangements to be finalised				
	Care home capacity to come on line				

Notes:

RISKS / INTERDEPENDENCIES

Risks:

- Lack of capacity within the care home market to enable block purchasing of care home beds
- Risk that individuals remain in a bed beyond the targeted length of stay, reducing the flow through the beds

Interdependencies:

- Care Home market capacity
- Domiciliary care capacity