Enfield Better Care Fund – 16/17 May 3rd Submission Template Scheme Plan (final)

Scheme Name	Scheme Type/Comments	2016 / 2017 planned expenditure	Change from 2015/16	2015 / 2016 expenditure	Changes from 2015/16 plan
Older People's Assessment Unit	Rapid access to multi-disciplinary geriatrician led acute-based diagnostics & treatment day service	£708,000	-307,000	£1,015,000	Improved re-commissioning of OPAUs in Enfield in 2015/16. Lower cost also due to other CCGs contribution using facility improving value for money.
Care Homes Assessment Team	Improving healthcare services to care homes	£479,000	+52,000	£427,000	Given success of CHAT in improving quality outcomes & reducing care home admissions, service expanded to cover all Enfield care homes in latter part of 2015/16: funding to sustain coverage
Risk Stratification Tool	Technology to support GP identification of high-risk patients to be managed on multi-agency basis Bringing together both health and social care data to support GPs and MDTs, the tool is being widely and successfully used. Work is underway to develop the algorithm further as an "at risk of social care" function	£30,000	0	£30,000	No change
Integrated Locality Teams (Delivery)	Integrated Care Teams - personalised care/support at home via integrated care teams	£350,000	-25,000	£375,000	£375k included. £25k one-off payment to support mobilisation of Phase II development in 2015/16
Assistive	Assistive technologies	£40,000	-20,000	£60,000	Better re-commissioning of

Technology (Tele- Health)					technology in 2016/17 planned.
Intermediate Care at Home – Promoting 7 Day Working	7 Day Working Support for people at home and hospital avoidance.	£200,000	0	£200,000	No change
Dementia-Friendly Communities	Post-diagnostic support linked to primary & community healthcare for people diagnosed with dementia & their families	£45,000	+10,000	£35,000	Costs of joint CCG/LBE procured services slightly higher than originally planned, and 2016/17 makes an adjustment to this
Social Care Capacity in Hospital - Promoting 7 Day Working	7 Day Working - Combines reablement (hospital avoidance) and 7 day working This scheme has demonstrated real benefits with reductions at year end 15/16 in both health and social care delays	£100,000	0	£100,000	No change
Social Care Hospital-Home Liaison & 7 Day Working	7 Day Working - Combines personalised care/support at home, reablement (hospital avoidance) and 7 day working Linking in with the voluntary sector this service has been successful in supporting both hospital avoidance and facilitating speedy and appropriate discharge to home from hospital	£190,000	0	£190,000	No change
OOH 365/7 Day Community Crisis Response Team	Combines personalised care/support at home (hospital avoidance) and 7 day working Integrated Falls Service	£350,000	+40,000	£310,000	To increase investment in Community Crisis Response service in 2016/17 as service started mid-year in 2015/16
Integrated Falls Service	Integrated care teams - personalised care/support at home via integrated care teams	£180,000	0	£180,000	No change
Falls Prevention - Voluntary Sector	Integrated care teams	£80,000	+20,000	£60,000	Costs of joint CCG/LBE procured services slightly higher than originally planned,

					and 2016/17 makes an adjustment to this
Tissue Viability Service	Improving healthcare services to care homes	£70,000	0	£70,000	No change
Memory Service	Investment in specialist MH assessment, diagnoses & treatment for people with dementia	£551,000	0	£551,000	No change
Palliative Care Rapid Response Service (via Hospice)	Personalised support/ care at home	£150,000	0	£150,000	No change
Community Matrons as part of ILT Delivery	Integrated care teams - personalised care/support at home via integrated care teams	£541,000	0	£541,000	No change
District Nurses as part of ILT Delivery	Integrated care teams - personalised care/support at home via integrated care teams	£895,000	0	£895,000	No change
Enhanced Out of Hours District Nursing	To support implementation of seven day working	£277,000	0	£277,000	No change
Intermediate Care at Home as part of ILT Delivery	Integrated care teams - Personalised care/support at home via integrated care teams	£1,501,000	0	£1,501.000	No change
Nursing home capacity	Improving health care services to care homes.	£777,000	New	£0	New build nursing home which will provide dementia nursing care for the local authority, stepdown and continuing healthcare capacity for Enfield CCG
Project Management Costs for IC Programme	Overhead costs to deliver IC Programme	£100,000	-80,000	£180,000	Jointly funded commissioner posts across the CCG and Council to provide a more

					joined up approach to service development
GP Integrated Care Local Incentive Scheme	Integrated care teams - personalised care/support at home via integrated care teams	£150,000	New	£0	GP funding to support complex and 'at risk' patients
Integrated Locality Team Management	Integrated care teams - overhead costs to deliver ILTs	£80,000	New	£0	Pooled management – joint post for ILT
Shared Record Solution	Costs of IT enabler of integrated working	£66,755	-33,245	£100,000	Joint funding agreed across the CCG and the local authority to deliver a shared care record solution across health and social care. 15/16 funding being rolled forward into 16/17 in addition
Psychiatric Liaison at hospital (RAID)	Support to improve quality of health experience & outcomes for people with MH issues in acute hospital	£400,000	0	£400,000	No change
Improving Access to Psychological therapies (IAPT)	Reablement services The IAPT team (therapists, counsellors and psychologists) offers free confidential and evidence based talking therapy for those aged 16 and over.	£486,000	0	£486,000	No change
Children's early intervention / psychosis	Service for young people with severe and enduring mental health issues.	£210,000	New	£0	To support Future in Mind implementation
CYP Enhanced Behaviour Support Service	CYP Enhanced Behaviour Support Service – positive community interventions to avoid residential placements	£175,000	0	£175,000	No change
Enhanced MH Support for Primary Care	Responsive and practical support at GP surgeries to GPs dealing with MH patients	£250,000	New	£0	Development of a pilot that provides trained MH practitioners integrated into general practice teams to enhance confidence and support the management of

					patients presenting with MH issues
Personal Health Budget	Personalised support/ care at home	£25,000	0	£25,000	No change
Safeguarding Nurse Assessor	Investment in safeguarding Continuation of a programme which has successfully contributed to the support of improved safeguarding practice across health and social care providers	£70,000	0	£70,000	No change
Pool Fund Management	Programme overheads costs for BCF Programme	£100,000	0	£100,000	No change
Wheelchair Services	Assisted Technologies This service will be run through the integrated community equipment service already in place through the Local Authority Trading Company (LATC)	£798,690	+8,690	£790,000	Estimate for cost of service through LATC
Quality Checker	Improving healthcare services to care homes A user by experience programme in place to drive improvement in quality within service provision across both health and social care which continues to deliver improved outcomes for users of both health and social care services	£80,000	0	£80,000	No change
Social workers (Safeguarding)	Support for safeguarding investigations Enfield recognised as an exemplar of good practice. This investment continues to support the MASH for adults and implementation of the new PAN London procedures	£269,000	0	£269,000	No change
Enhanced support	Support for carers	£300,000	+200,000	£100,000	Enfield Carer Centre now has delegated authority to complete statutory assessments and reviews for

Respite	Support for carers	£189,000	+89,000	£100,000	carers through Care Act 2014 Duties. Pilot programme into month 5 and working well with full evaluation due in July 16 Delivery of preventative support through the voluntary sector working with carers to provide direct payments for care and support which helps
Primary care premises		£0	-80,000	£80,000	BCF funding no longer required
Preventative services	Prevention, reduction & delaying of need CCG investment in delivering early intervention/prevention support through the Voluntary Sector and in partnership with the Local Authority	£410,000	0	£410,000	No change
Care Act	Carers & advocacy services Increased support for carers through provision of regular breaks and meeting the statutory duties for provision of advocacy across the Care Act and the Mental Capacity Act with significantly increased activity in this area already in 2015/16	£734,000	0	£734,000	No change
Protection of social care monies	Social care pressures	£6,055,000	+103,000	£5,952,000	Increased demographic pressures continue within Adult Social Care at around 3.5% per year with particular areas of growth in Adults with learning disabilities, mental ill health and older people with dementia

Risk-Sharing Contingency Arrangements	The contingency has been calculated per cost of non-elective admission at £2039 per admissions x 736. The agreed trajectory represents a reduction against this year's baseline, but with the expectation that demand will continue to increase. The operating plan assumes 1.6% increase and the BCF a 3.4% reduction on that baseline	£1,500,000	0	£1,500,000	The CCG and LBE have accepted that the £1.5m contingency is likely to be used to fund emergency admissions given that the current BCF target is a stretch based on performance during 2015/16. (as per Risk Share and Contingency Confirmation template completed and submitted to NHSE)
Disabled facilities grant	To support independent living & enabling people to stay at home for longer	£2,540,000	+1,195,000	£1,345,000	This amount also includes the capital grant of at least £460k which will be used to fund completion of a new Health & Wellbeing Centre. Planning for this has begun in 2015/16 with plans to work across both statutory and VCS organisations. DFG investment in accessible homes which promote independent living for longer within people's own homes in order to reduce the number of residential admissions into provision for people who are physically frail.