

## BETTER CARE FUND PLAN 2017-2019: PROPOSED PRIORITIES

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon
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<b>Papers with report</b>	Appendix 1 - Proposed 2017-18 BCF Plan Priorities Expanded.

### HEADLINE INFORMATION

<b>Summary</b>	This report proposes the priorities for the next iteration of the Better Care Fund Plan that will cover the period 2017-19. The report identifies suggested actions intended to deliver the priorities. It also highlights some of the decisions that the Board may be asked to consider.
<b>Contribution to plans and strategies</b>	The Better Care Fund will contribute to the delivery of Hillingdon's Sustainability and Transformation Plan, which forms the basis of the statutory Health and Wellbeing Strategy.
<b>Financial Cost</b>	The pooled BCF Funds totalled £22,531k in 2016/17.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

That the Health and Wellbeing Board instructs officers to:

- a) complete the development of priorities and associated actions described in Appendix 1; and
- b) bring a completed draft plan that complies with NHSE guidance back to the June Board meeting for consideration.

### INFORMATION

#### **Context: Sustainability and Transformation Plan (STP)**

1. The BCF plan is being developed within the context of the five-year STP, the Hillingdon Chapter of which the Board noted at its September meeting. The STP has been developed with the intention of transforming the local health and care landscape in order to address the projected funding gap of at least £120m (excluding children's social care) that is likely to be experienced between 2016 and 2021. This report is proposing to the Board what the contribution of the next iteration of the BCF plan to the implementation of the delivery areas within the STP plan might look like. The five STP delivery areas are:

- DA1 - Radically upgrading prevention and wellbeing.

- DA2 - Eliminating unwarranted variation and improving LTC management.
- DA3 - Achieving better outcomes and experiences for older people.
- DA4 - Improving outcomes for children and adults with mental health needs.
- DA5 - Ensuring we have safe, high quality, sustainable acute services.

## Context: Two-year BCF Plan Requirement

2. The development of a further, two-year BCF plan is an NHSE requirement deriving from the 2015 Autumn Statement. At the time of drafting, the policy framework and statutory guidance for the two year plan had not been published. However, some details from the draft guidance have been released by NHSE pending final approval by ministers. The key points are summarised below.

3. *National Conditions* - The national conditions have reduced from eight to three and are:

- a) A jointly agreed plan, e.g. signed-off by the HWB, and a section 75 (s.75) agreement (National Health Service Act, 2006) that gives legal force to the financial and other arrangements contained within the plan also signed-off.
- b) Maintenance of social care funding.
- c) A ring-fenced amount for use on NHS commissioned out of hospital services.

4. *Narrative Plan Requirements* - A narrative plan will need to be submitted that includes:

- a) An overall **vision for health and social care**, including the model for integration and how the plan will move services towards a more community-based, preventative approach.
- b) A **coordinated and integrated plan of action** for delivering the vision, supported by evidence.
- c) A clear articulation of how the plan will meet each **national condition**.
- d) An agreed approach to **risk management**, including financial risk management and, where relevant, risk sharing and contingency.

5. *National Metrics* - The four metrics from 2016/17 will roll forward and these are:

- a) Emergency (non-elective) admissions.
- b) Permanent admissions to residential care homes.
- c) Effectiveness of reablement.
- d) Delayed transfers of care (DToCs).

6. *Planning Template* - As with the 2016/17 plan, a planning template will need to be submitted that includes:

- a) Details of funding contributions.
- b) The spending plan over the period of the plan.
- c) The four national metrics.

7. *Assurance Process* - The planning assurance process will include ensuring that plans include:

- a) Evaluation and review of schemes to ensure they represent best value for patients and for the local system.
- b) A description of how the BCF plan links with the wider STP priorities.
- c) A robust DToC action plan.

8. *Timescales* - Officers understand that, subject to ministerial approval, areas will have six weeks to submit the first draft of the plan once the guidance has been published and a further six weeks to submit the final plan following NHSE feedback. It is understood that only the final plan will need the formal approval of the Board and HCCG Governing Body. It is expected that a timescale for sign-off of the s.75 agreement will be set by NHSE and Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body will be asked to approve the draft s.75 agreement in due course.

### Development of Hillingdon's BCF Plans

9. An incremental approach has been taken so far in Hillingdon with the development of the BCF in order to minimise risk to both the Council and HCCG. The 2015/16 plan, which was the first BCF plan, reflected work that was largely already in progress and where business cases had been completed. The 2016/17 plan included some logical extensions of activity undertaken in 2015/16, e.g. extending the scheme on supporting Carers to all unpaid Carers; correcting anomalies from the 2015/16 plan, e.g. bringing the Council's budget for the community equipment contract into the pooled budget with that of the CCG so that the whole budget was under the same governance structure; and extending the scope of the plan to include new types of activities of strategic significance to both organisations, e.g. dementia.

10. A separate report on the Board's agenda provides an update on the delivery of the 2016/17 plan and an assessment of its impact.

11. In developing proposals for the 2017/19 plan officers have been mindful of the mandate given by the Board's June 2016 meeting and also HCCG's July 2016 Governing Body meeting for the plan to reflect greater ambition. The key themes for the new plan are:

- Taking costs out of health and care system
- Supporting care market sustainability
- Jointly managing growth.

12. Table 1 below sets out the proposed priorities for the plan and identifies the linkage with the relevant STP delivery area. **Appendix 1** summarises some of the key proposed actions intended to deliver on the priorities over the period of the plan. It also identifies some of the implications, e.g. some of the decisions that the Board, Cabinet and HCCG's Governing Body may be asked to consider as a result.

<b>Table 1: Proposed Priorities BCF Plan 2017-19</b>	
<b>STP Delivery Area</b>	<b>Priority</b>
1	<i>Scheme 1:</i> Early identification of people with susceptibility to falls, dementia, stroke and/or social isolation. <i>Scheme 2:</i> An integrated approach to supporting Carers.
3	<i>Scheme 3:</i> Better care at end of life. <i>Scheme 4:</i> Improving hospital discharge. <i>Scheme 5:</i> Improving care market management and development. <i>Scheme 6:</i> Living well with dementia.
4	<i>Scheme 7:</i> Delivering the Like Minded Programme. <i>Scheme 8:</i> Delivering an integrated Children and Adolescent Mental Health Service (CAMHS) pathway. <i>Scheme 9:</i> Developing integrated services for children and young people.

13. The Board may wish to note the following points in respect of **Appendix 1**:

- a) *Benefits for residents* - The key benefits for residents from integration arise out of circumstances where a) there is a seamless transition in service provision regardless of whether need is primarily health or social care related and b) where there is timely access to service provision to address need. The schemes focussed on end of life care (*scheme 2*), hospital discharge (*scheme 3*) and care market management and development (*scheme 4*) are intended to contribute to these objectives.
- b) *Lead organisation arrangements* - Up to this point there has been no change in lead organisation and procurement and contracting arrangements. To deliver a more ambitious plan that enables the Council and HCCG to realise the benefits of integration, as well as to improve outcomes for residents, this is the logical next step. Most of the schemes in **Appendix 1** contain an element of this that it is proposed will be implemented over the life-time of the plan or where the ground work will be set up to enable it to be implemented in the period up to 2020.
- c) *Financial contributions to the BCF pooled budget* - The 2016/17 BCF pooled budget included additional contributions from both the Council and HCCG. With the exception of community equipment, which demonstrates the key benefits of a pooled budget (see paragraph 11a above), this was largely symbolic. What is proposed for 2017/19 is a greater focus on what will actually make a difference and represents a greater ambition and a pragmatically incrementally approach to enable the Council and HCCG to manage the inherent risks arising from the complexity of the current health and care landscape, which is unlikely to get any less complex in the foreseeable future.
- d) *Accountable Care Partnership (ACP)* - The December 2016 Board meeting considered a report about the ACP, which is the vehicle being established at the behest of HCCG to deliver more integrated care for older people. An option for consideration during the period of the next BCF plan is for the Council's social care budget for older people to be included within the ACP capitated budget. This would, theoretically, enable the ACP to achieve greater efficiencies to deliver broader health and care outcomes and contribute to meeting the £120m 2021 funding gaps referred to in paragraph 1. The extent of the ACP's development at this stage makes this too great a risk for 2017/18; however, similar outcomes can probably be achieved by much closer involvement of Adult Social Care in the ACP's development, e.g. ex officio membership at ACP Board and Executive level, as well as direct involvement in the redesign of clinical services.
- e) *NWL/WLA Business Cases* - Hillingdon is unique in North West London for having a largely self-contained health and care economy, e.g. a co-terminous local authority and CCG, a single acute hospital trust and a single community health and community mental NHS trust provider. This means that Hillingdon's interests are not necessarily the same as other boroughs/CCGs within the region. NHS North West London (NWL) working in conjunction with the West London Alliance (WLA) has developed a series of business cases intended with a view to accessing money from the Sustainability and Transformation Fund (STF). Officers are mindful of the need to keep a watching brief on these developments to ensure that Hillingdon is not disadvantaged, particularly where residents of the borough may benefit from Council/CCG involvement. There are some NWL initiatives that will potentially impact on Hillingdon that therefore require local engagement, e.g. Like Minded.

## Post April 2019 Position

14. It is understood that in areas where there has been good progress towards achieving integration between health and social care NHSE may not require a further plan to be developed post April 2019. Details about what constitutes good progress and any other

conditions associated with this potential graduation from the requirement for the need for a further plan are awaited, although it is likely to include evidence of the activities shown in paragraph 12a above.

## Governance

15. Consistent with the approach of seeing the STP and the BCF as being intertwined, officers are proposing a single governance structure. This is addressed in more detail in a separate report on the Board's agenda regarding the STP.

## Financial Implications

16. For 2016/17, the pooled BCF funding totalled £22,531k an increase of £4,541k from the 2015/16 funding of £17,990k. This was made up of an inflation uplift of £915k and additional funding added to the pooled funds by both partners of £3,626k incorporating a range of additional services including an additional £1,108k for the Disabled Facilities Grant (DFG) Capital funding.

17. The minimum sum for protecting Adult Social Care was set at £5,937k with additional Council funding of £1,172k increasing its share of the pooled fund to £10,566k (including the DFG capital funding of £3,457k). The CCG funding was set at £11,965k with £4,705k funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share).

18. The minimum amount for the BCF for 2016/17 set by Central Government for Hillingdon was published as £20,015k. The agreed total amount for the BCF for 2016/17 was £22,531k, made up of Council contribution of £4,629k and CCG contribution of £17,902k. The increased funding above the minimum for 2016/17 was £2,516k and includes additional contributions from the Council of £1,172k and from CCG of £1,344k.

19. Table 5 below sets out each BCF scheme showing funding by each partner in 2016/17.

<b>Scheme</b>	<b>Funder- HCCG £000's</b>	<b>Funder - LBH £000's</b>	<b>Budget £000's</b>
<i>Scheme 1:</i> Early identification of people with susceptibility to falls, dementia, stroke and/or social isolation.	390	657	1,047
<i>Scheme 2:</i> Better care for people at the end of their life.	106	50	156
<i>Scheme 3:</i> Rapid response and joined up intermediate care.	5,347	2,920	8,267
<i>Scheme 4:</i> Seven Day Working.	0	100	100
<i>Scheme 5:</i> Integrated Community-based Care and Support.	6,021	5,405	11,426
<i>Scheme 6:</i> Care Home and Supported Living Market Development.	83	150	233
<i>Scheme 7:</i> Supporting Carers.	18	899	899
<i>Scheme 8:</i> Living well with Dementia.		305	305
Programme Management.		80	80
<b>Total</b>	<b>11,965</b>	<b>10,566</b>	<b>22,531</b>

20. BCF allocations for 2017/18 will be announced alongside the Policy Framework and BCF Planning Guidance in the near future. However based upon 2016/17 allocations and contributions to the pool, the following table gives an indication of the impact of additional

contributions to the pooled based upon the draft priorities set out in Appendix 1 and developed in this paper. The key additional Council funding proposed in 2017/18 is the inclusion of current budgets for the brokerage team (£313k) and the provision of homecare to over 65's (£7,977k). There will be additional financial impacts in 2018/19 which are still to be quantified.

**Table 6: London Borough of Hillingdon indicative financial contributions to proposed Schemes in the pooled funding for BCF 2017/18**

<b>Scheme</b>	<b>Funding LBH £000's 2016/17</b>	<b>Indicative additional Funding LBH £000's 2017/18</b>	<b>Total Indicative Pooled Budget £000's 2017/18</b>
<i>Scheme 1:</i> Early identification of people with susceptibility to falls, dementia, stroke and/or social isolation.	657		657
<i>Scheme 2:</i> Integrated approach to supporting Carers.	899		899
Better care for people at the end of their life.	50		50
<i>Scheme 3:</i> Improving Hospital Discharge.	8,410		8,410
<i>Scheme 4:</i> Improving care market management and development.	165	8,290	8,455
<i>Scheme 5:</i> Living with Dementia	305		305
<i>Scheme 6:</i> Delivering the like minded programme.	0		0
<i>Scheme 7:</i> Delivering CAMH's pathway	0		0
<i>Scheme 8:</i> Delivering integrated services for children and Young	0		0
Programme Management.	80		80
<b>Total</b>	<b>10,566</b>	<b>8,290</b>	<b>18,856</b>

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendations?**

21. The recommendation will enable a Hillingdon BCF plan to be submitted in accordance with national guidance. The BCF plan will contribute to the delivery of Hillingdon's Sustainability and Transformation plan that will support an affordable local health and care system.

### **Consultation Carried Out or Required**

22. There will be consultation with stakeholders on the content of the proposed plan, although its contents is going to be compatible with outcomes from consultation exercises with residents and other stakeholders that has taken place over the last three years.

### **Policy Overview Committee comments**

23. None at this stage. Subject to Board approval, officers are proposing to consult with Social Services, Housing and Public Health Policy Overview Committee and External Services Scrutiny Committee on the proposed plan priorities.

## **CORPORATE IMPLICATIONS**

### **Corporate Finance Comments**

24. Corporate Finance has reviewed this report, confirming that the financial implications for the London Borough of Hillingdon arising from priorities and actions outlined within this report are consistent with assumptions included in the latest iteration of the Council's Medium Term Financial Forecast approved by Cabinet and Council in February 2017. The transfer of additional Council budgets into the Better Care Fund relates to integration of Homecare commissioning for Central Hillingdon, with this additional contribution continuing to be financed from locally raised Council Tax and existing revenue streams.

### **Hillingdon Council Legal Comments**

25. Section 223GA of the NHS Act, 2006, provides the legal basis for the BCF and gives NHSE power to make any conditions it considers reasonable in respect of the release of NHS funding to the BCF. Where it considers that an area has not met these conditions it also has the power, in consultation with the DH and DCLG, to make directions in respect of the use of the funds and/or impose a spending plan and impose the content of any imposed plan.

26. Further legal advice will be given as necessary at the June meeting of the Board.

## **BACKGROUND PAPERS**

North West London Sustainability and Transformation Plan: Hillingdon Chapter  
NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended)

## Proposed 2017-18 BCF Plan Priorities Expanded

STP Delivery Area	Priority and Supporting Actions	Decision Implications
<b>Scheme 1: Early identification of people with susceptibility to falls, dementia, stroke and/or social isolation.</b>		
1.	<p><b>Proposed Actions 2017/18</b></p> <ul style="list-style-type: none"> <li>Review the impact of the H4All Wellbeing Service and the model of investment in preventative third sector services for older people.</li> </ul> <p><b>Proposed Actions 2018/19</b></p> <ul style="list-style-type: none"> <li>Implement the results of the review.</li> </ul>	<ul style="list-style-type: none"> <li>The Council to consider inclusion of LBH voluntary sector (older people) spend within 17/18 pooled budget.</li> <li>H4All could be commissioned to deliver a preventative service for older people on behalf of HCCG/LBH as part of its Wellbeing Service.</li> <li>This would require a decision on lead organisation arrangements from 2018/19.</li> </ul>
<b>Scheme 2: An integrated approach to supporting Carers.</b>		
1.	<p><b>Proposed Actions 2017/18</b></p> <ul style="list-style-type: none"> <li>Scope extension of Personal Health Budgets (PHBs) and integrated PHBs/Direct Payments (DPs) to Carers.</li> <li>Undertake market engagement to ensure supply of services for Carers to spend PHBs or integrated budgets.</li> <li>Map demand for bed-based respite.</li> <li>Agree integrated model for ensuring availability of bed-based respite.</li> </ul> <p><b>Proposed Actions 2018/19</b></p> <ul style="list-style-type: none"> <li>Deliver expanded PHB provision and introduce integrated PHBs/DPs.</li> <li>Undertake procurement exercise to deliver agreed bed-based respite.</li> </ul>	<ul style="list-style-type: none"> <li>HCCG will be asked to consider a business case regarding resource implications of extending PHBs to Carers.</li> <li>HCCG agreement will be sought on lead arrangements for procuring bed-based respite.</li> </ul>



	<b>Scheme 3: Better care at end of life.</b>	
3.	<p><b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>Establish lead provider arrangements with constituent part of the ACP.</li> <li>Establish palliative care at home service with a single provider as proof of concept or include within homecare tender. See <i>scheme 4</i>.</li> <li>Determine and implement agreed procurement route for palliative care at home service.</li> </ul>	<ul style="list-style-type: none"> <li>The Council and CCG will be asked to agree lead organisation arrangements for end of life care.</li> <li>Agreement will be asked from the Council and HCCG on lead procurement and contracting arrangements for the palliative care at home service, including whether this should be a separate service or included within the homecare tender.</li> <li>The Council will be asked to include its palliative care at home budget within the pooled budget from 2017/18 in accordance with 2016/17 practice.</li> <li>HCCG will be asked to consider inclusion of its CHC palliative care budget in the pooled budget from 2017/18.</li> </ul>
	<p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>Implement outcome of preferred procurement route for palliative care at home service.</li> </ul>	
	<b>Scheme 4: Improving hospital discharge.</b>	
3.	<p><b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>Co-located Reablement Team with Rapid Response.</li> <li>Re-locate Adult Social Care Access Team to main Hospital site.</li> <li>Scope home to assess model to eliminate bed-based step down by Sept 2019/20.</li> <li>Establish short-term, e.g. 2 yrs, bed-based step-down provision with wrap-around support.</li> </ul>	<ul style="list-style-type: none"> <li>Approval for co-location of Reablement Team with Rapid Response.</li> <li>Agreement on who leads on procurement and contracting of bed-based step-down provision.</li> <li>The Council would need to agree a delegation of functions under s75 agreement to allow the structural integration of Reablement within an integrated Intermediate Care Service from 2018/19.</li> <li>HCCG will be asked whether it wishes to contribute to intermediate care in extra care provision.</li> </ul>
	<p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>Establish single Intermediate Care Service with single point of access (SPA) and single management structure.</li> <li>Structurally integrate Reablement into single Intermediate Care Service.</li> </ul>	

	<ul style="list-style-type: none"> <li>Establish home to assess as core service model.</li> </ul>	
<b>Scheme 5: Improving care market management and development.</b>		
3.	<p><b>a) Integrated Brokerage</b>  <b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>Establish joint utilisation of e-brokerage facility in Connect to Support.</li> <li>Co-locate brokerage teams.</li> <li>Expand scope to include self-funders.</li> <li>Expand take-up of Personal Health Budgets (PHBs) and integrated budgets, e.g. combination of Direct Payments (DPs) and PHBS</li> </ul> <p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>Deliver structural integration of brokerage teams, subject to outcome of review of Yr1.</li> </ul>	<ul style="list-style-type: none"> <li>HCCG approval will be sought on resource implications of co-location of teams.</li> <li>Resourcing arrangements for extending brokerage to include self-funders will need to be agreed between the Council and HCCG.</li> <li>Resourcing the expansion of PHBs will need to be agreed between the Council and HCCG.</li> <li>Structural integration of brokerage teams with a Council lead would require delegation of function by the CCG to LBH and reflected in the s75 agreement.</li> </ul>
	<p><b>b) Integrated Homecare</b>  <b><u>Proposed Actions 2017/18</u></b></p> <p>Tendered for an integrated, tiered service model for central Hillingdon for LBH and whole borough for NHS.</p> <p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>Tender remaining homecare contracts under Yr1.</li> </ul>	<ul style="list-style-type: none"> <li>The Council and HCCG would need to agree lead organisation arrangements.</li> <li>The Council and HCCG would need to agree management and monitoring arrangements for homecare contracts.</li> <li>HCCG will be asked to agree the inclusion of CHC homecare budget within BCF pooled budget from 2017/18.</li> <li>The Council will be asked to consider inclusion of all or part of its homecare budget in the pooled budget, e.g. just older people or all service users.</li> </ul>
	<p><b>c) Care Home Market Development</b>  <b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>Develop and launch market position statement to advise the market of LBH/CCG supply requirements.</li> </ul>	<ul style="list-style-type: none"> <li>The lead organisation will need to be agreed.</li> <li>There will need to be agreement on the delivery route for affordable care home capacity option, e.g. LBH, LBH/HCCG,</li> </ul>

<p>3.</p>	<ul style="list-style-type: none"> <li>• Seek approval for affordable option to meet residential dementia and nursing (inc. Dementia) need.</li> <li>• Develop integrated nursing care home specification.</li> <li>• Determine agreed procurement route.</li> <li>• Deliver a model of primary care, e.g. GP, support for care homes.</li> <li>• Explore development of career pathway for nursing care home staff through ACP.</li> </ul> <p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>• Undertake agreed procurement route.</li> </ul> <p><b><u>Proposed Action 2019/20</u></b></p> <ul style="list-style-type: none"> <li>• Implement new contractual arrangements.</li> </ul>	<p>ACP or public/private partnership.</p> <ul style="list-style-type: none"> <li>• HCCG will be asked to consider inclusion of their older people's placement budget in the BCF pooled fund.</li> <li>• The Council will be asked to consider inclusion of its older people's placement budget in the BCF pooled fund.</li> </ul>
<p>3.</p>	<p><b>d) Supporting Extra Care Sheltered Housing</b> <b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>• Develop a model of in-reach health and social care support for extra care schemes.</li> <li>• Deliver new care and wellbeing service at Cottesmore House and Triscott House.</li> <li>• Deliver a model of primary care, e.g. GP, support for extra care schemes.</li> </ul> <p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>• Deliver model of in-reach health and social care support for extra care.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council and HCCG will be asked to consider whether resources should sit within Care Connection Teams within Primary Care.</li> <li>• The Council will be asked to agree social care resource contribution to in-reach support.</li> </ul>
<p><b><i>Scheme 6: Living well with dementia.</i></b></p>		
<p>3.</p>	<p><b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>• Complete the design of the Dementia Resource Centre at Grassy Meadow Court extra care scheme</li> <li>• Deliver the mental health in-reach support to care homes.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council and HCCG will be asked to agree budgets to be included in the BCF pooled fund.</li> </ul>

	<p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>• Deliver the Dementia Resource Centre.</li> </ul>	
<b>Scheme 7: Delivering the Like Minded Programme</b>		
4.	<p><b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>• Establish a bed-based Homeless Hospital Discharge Service for people with mental health needs.</li> <li>• Develop a short-term crisis house for people in the community with mental health needs.</li> <li>• Review the model of floating support for people with mental health needs, people with learning disabilities and alcohol/substance misusers.</li> </ul> <p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>• Implement preferred procurement route for floating support.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council and HCCG will be asked to agree procurement and contracting leads for these services.</li> <li>• The Council and HCCG will be asked to agree what budgets to be included in the BCF pooled fund for 2017/18 and 2018/19.</li> </ul>
<b>Scheme 8: Delivering an integrated Children and Adolescent Mental Health Service (CAMHS) pathway</b>		
4.	<p><b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>• Establish two-year pathway pilot transitioning to lead provider arrangements.</li> <li>• Review outcomes from Yr1 and determine procurement route.</li> <li>• Undertake market testing exercise.</li> <li>• Agree community and school based health promotion/awareness activities for 2017/18 and 2018/19.</li> </ul> <p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>• Undertake agreed pathway procurement route.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council and HCCG will be asked to agree lead organisation arrangements.</li> <li>• The Council and HCCG will be asked to agree which budgets to include within the pooled fund.</li> </ul>

	<p><b><u>Proposed Actions 2019/20</u></b></p> <ul style="list-style-type: none"> <li>• Deliver outcome from agreed procurement route.</li> </ul>	
<b>Scheme 9: Developing integrated services for children and young people.</b>		
4.	<p><b><u>Proposed Actions 2017/18</u></b></p> <ul style="list-style-type: none"> <li>• Identify the cohorts of young people groups to be considered for the development of integrated education, health and social care budgets.</li> <li>• Collation and analysis of relevant data.</li> <li>• Development and agreement of criteria based on need rather than diagnostic condition.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council and HCCG will be asked to agree lead organisation from 2018/19.</li> <li>• The Council and HCCG will be asked to agree scope and level of contributions to pooled fund from 2018/19.</li> <li>• The Council and HCCG will be asked to agree the lead organisation in liaising with schools to determine their willingness to participate and contribute financially.</li> </ul>
	<p><b><u>Proposed Actions 2018/19</u></b></p> <ul style="list-style-type: none"> <li>• Identification of the optimum integrated service model.</li> <li>• Secure agreement on model, including scope for IT solutions.</li> <li>• Identify and agree procurement route, e.g. a children's ACP.</li> </ul>	
	<p><b><u>Proposed Actions 2019/20</u></b></p> <ul style="list-style-type: none"> <li>• Implement new service model for agreed population group.</li> </ul>	