

2020/21 BETTER CARE FUND PLAN

Relevant Board Member(s)	Councillor Jane Palmer Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
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Papers with report	Appendix 1 – 2020/21 Delivery Priorities

HEADLINE INFORMATION

Summary	The Better Care Fund (BCF) is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. This report sets out the proposals for the 2020/21 BCF plan and delivery priorities, the focus of which is managing recovery from the COVID-19 pandemic, preparations for a subsequent wave and improving resilience to address any demand surge during the winter months.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
Financial Cost	The recommended total amount for the BCF for 2020/21 is £91,534k, made up of a Council contribution of £53,072k and a CCG contribution of £38,462k.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) approves the outline Better Care Fund plan and delivery priorities for 2020/21; and
- 2) subject to national BCF requirements being as described in this report, delegates authority to:
 - a) the Council's Corporate Director of Adult and Children and Young People's Services and the Managing Director of Hillingdon CCG; and
 - b) the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG's Governing Body and the Chairman of Healthwatch Hillingdon's Board to sign-off of the final plan prior to submission.

INFORMATION

Strategic Context

1. The NHS Operational and Contracting Guidance 2020/21, published in January 2020, confirmed that there would be a need for a Better Care Fund plan for 2020/21 and this has been subsequently reiterated by the Department of Health and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG) and NHS England. At time of drafting, the statutory planning requirements had not been published, although it is possible that they may be released by the time of the Board's meeting. It is understood, however, that the intention is that the requirements for the 2019/20 plan will roll forward. Partners have therefore drafted a plan that both reflects what is needed to support the health and wellbeing of Hillingdon's residents within the context of managing the effects of the COVID-19 pandemic and also satisfies known national requirements.
2. The purpose of this report is to seek Health and Wellbeing Board approval for the draft plan as outlined in this report and to seek approval for delegated authority to approve the final version of the plan prior to submission. This is intended as a pragmatic approach taking into consideration where we are within the financial year and is predicated on national requirements being as described in this report. If the published planning requirements contain significant additional conditions then officers will advise the Chairman accordingly.
3. The contents of this report was considered by the Hillingdon's Clinical Commissioning Group's (HCCG) Management Team on 16 September 2020.
4. For the 2019/20 plan, it was necessary for each Health and Wellbeing Board area to submit a completed NHSE devised template. Information from the Better Care Support Team suggests that this approach will apply in 2020/21. The draft content of the strategic narrative, national metrics and High Impact Change Model (HICM) template tabs are on the Council's website and can be viewed via the following link <https://www.hillingdon.gov.uk/socialcare>. As with the 2019/20 submission, the integration vision and scheme summaries will be provided as supporting documents and these are also available to the Board via the above link. The proposed BCF delivery priorities for 2020/21 are attached to this report as Appendix 1.

2019/20 BCF Plan and COVID-19

5. The last quarter of 2019/20 was dominated by the onset of the COVID-19 pandemic. Partnership working that predated the pandemic meant that Hillingdon was well placed to respond to the Government guidance issued on 19 March 2020, which gave direction on how health providers and local authorities should respond to the emergency. There are several key successes that arose out of the emergency and provide a firm foundation for accelerated integration. These include:

- **Executive governance:** Involving chief officers from the Council, the CCG, other health partners and H4All, this was established to ensure that the right people were making key decisions at the right time about system arrangements for managing discharge to facilitate an effective local response to the COVID pandemic, which assisted in sustaining the local health and care system during the height of the emergency period.
- **COVID-19 community hub partnership:** H4All and the Council have worked in very close

partnership throughout the pandemic to support residents who were shielding or self-isolating. This included coordinating local volunteers to ensure access to food provision, as well as providing telephone support to people at particular risk of loneliness due, for example, to them living alone.

- **Designated homecare commissioning lead:** The Council led on homecare commissioning, including the mobilisation of an additional 200 hours a week specialist homecare to support discharge from hospital. This was also integrated into weekend discharge conference calls to facilitate seven-day discharge.
- **Designated nursing care home commissioning lead:** The CCG has led on the procurement of nursing care home beds. Additional support to the CCG was provided by the Council's brokerage team to source bed-based services where identifying homes with available beds proved challenging.
- **Repurposing of Council assets:** The Council made available a 9-bed respite facility and up to 18 extra care flats to facilitate step-down from hospital and step-up for people living in the community to avoid unnecessary admissions, including of COVID-positive people. As part of the COVID recovery programme, the respite facility has been restored back to its original purpose and the number of extra care flats has reduced to 6.

6. The NHS provided the funding for the above services and, in accordance with Government guidance, these arrangements will be reflected in the BCF section 75 (NHS Act, 2006) agreement, which will give legal effect to the financial and partnership arrangements within the plan. This is subject to the Board's approval of the recommendations in this report and the 2020/21 plan being assured by NHSE.

Health and Care System Challenges

7. There are some challenges for Hillingdon's health and care system arising from COVID that impact on the BCF plan for 2020/21 and these include:

- Meeting the rehabilitation needs of Hillingdon who have contracted COVID-19 and had a more severe reaction to it.
- The increased financial burdens on an already fragile care market, thus further emphasising the importance of an integrated approach to supporting providers.
- The availability of a suitably skilled workforce to meet the care and support needs of Hillingdon's residents.

2020/21 BCF Plan Proposals

8. As with previous iterations, the primary purpose of the 2020/21 plan is to deliver those aspects of the STP that require integration between health and social care and/or closer working between the NHS and the Council with a particular focus on managing recovery from the COVID-19 pandemic, preparations for a subsequent wave and improving resilience to address any demand surge during the winter months. Much of the 2020/21 plan represents a roll over from the 2019/20 plan and as such it is the view of officers that a further update of the health and equality impact assessments undertaken for the 2019/20 plan is not required.

9. Eight schemes from the 2019/20 plan roll forward into 2020/21 and Table 1 below shows the scheme titles. A ninth scheme, shown as scheme 4 in Table 1, reflects requirements set out in

COVID-19 Hospital Discharge Service Requirements guidance published on 19 March 2020. The aims of these schemes are accessible via the link shown in paragraph 4. Appendix 1 summarises the delivery priorities for 2020/21.

Table 1: BCF Schemes	
Scheme	Scheme Title
1	Early intervention and prevention.
2	An integrated approach to supporting carers.
3	Better care at the end of life.
4	COVID-19 hospital discharge.
4A	Integrating hospital discharge and the intermediate tier.
5	Improving care market management and development.
6	Living well with dementia.
7	Integrated therapies for children and young people (CYP).
8	Integrated care and support for people with learning disabilities and/or autism.

10. It is proposed that the following items are brought into the 2020/21 BCF plan with the intention of regularising funding and delegation arrangements:

- **Continuing Healthcare (CHC) Social Work post:** This post is funded by the CCG in order to expedite CHC assessments in the community. The annual value is £45k.
- **Speech and Language Therapist (SaLT) in the Youth Justice Service:** This service is jointly funded (50:50) by the Council and the CCG and delivered by CNWL. The purpose is to ensure that children and young people with physical, occupational and speech and language difficulties in the criminal justice system are offered an assessment in accordance with national guidance and good practice. The annual value of this post is £70k and the cost is split equally between the Council and the CCG.
- **Designated Clinical Officer in Special Educational Need and Disability (SEND):** This post leads coordination between CCG, providers within Hillingdon Health and Care Partners (HHCP), education and social care in relation to the Education, Health and Care Plans pathway (EHCP) and manages operational issues in relation to these plans for children and young people with highly complex needs. The annual value of this post is £40k and the cost is split equally between the Council and the CCG.

*HHCP comprises of the GP Confederation, Central and North West London NHS Foundation Trust (CNWL), The Hillingdon Hospitals NHS Foundation Trust and the H4All third sector consortium. H4All includes Age UK, Carers Trust Hillingdon, Disablement Association Hillingdon (DASH), Harlington Hospice and Hillingdon Mind.

11. In addition to the new items shown in paragraph 10 above, it is also proposed to include the new post of Head of Integrated Discharge that will be jointly funded by partners. The intention of this post, the creation of which is one of the delivery priorities for 2020/21 as shown in Appendix 1, is to create a single, integrated management structure with the necessary authority to deploy resources as required to expedite the discharge of people admitted to Hillingdon Hospital who no longer require treatment in a hospital setting.

National Conditions

12. Officers have been informed by NHSE's Better Care Support Team that the national conditions from the 2019/20 plan will be rolled forward. Table 2 below summarises the national conditions and the local response.

Table 2: National Conditions and Local Response	
Condition	Local Response
1. A jointly agreed plan - A plan that has been agreed by the Health and Wellbeing Board.	This is dependent on the Board's decision.
2. NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution (ringfenced) - The Protecting Social Care funding is passported to Social Care with the inflationary uplift.	This is included within HCCG's minimum contribution.
3. Agreement to invest in NHS-commissioned out of hospital services - Investing a ring-fenced sum (£5,513k in 2020/21).	This is already addressed through the funding committed to the CCG's community contract with CNWL and the Neighbourhood Teams.
4. Plan for improved management of transfers of care – This encompasses demonstrating how the nine broad changes within the High Impact Change Model for Managing Transfers of Care and the revised Hospital Discharge Service Policy and Operating Model published on 21/08/20 will be delivered.	The actions required to deliver the model in Hillingdon are reflected in the delivery priorities shown in Appendix 1.

Measuring Success

13. Three of the four reportable national metrics from the 2019/20 plan have rolled forward into 2020/21. It is expected that the targets will be set locally, although the target for emergency admissions will be linked to national requirements. It is proposed that Hillingdon's approach to any nationally set target is that it should be deliverable and that representations be made where partners do not believe this to be the case. Data for the Delayed Transfers of Care (DToC) metric stopped being collected nationally at the outbreak of the COVID-19 pandemic and will not be resumed.

- **Reduction in emergency admissions** – The focus of Hillingdon's target in 2019/20 was the 65 and over population with ambulatory care sensitive conditions, i.e., people where effective community care and case management can help prevent the need for hospital admission, such as: chronic hepatitis B; asthmas; congestive heart failure; diabetes; chronic obstructive pulmonary disease; hypertension; epilepsy; and dementia. The 2020/21 target is under discussion with HHCP partners.
- **Permanent admissions to care homes** - This applies to permanent admissions to care homes by the Council of people aged 65 and over. The provisional target (or ceiling) for

2020/21 is 170 permanent admissions. The outturn for 2019/20 was 174 admissions against a target of 170.

- **Effectiveness of reablement** - This is seeking to identify the proportion of people aged 65 and over who have been discharged home from hospital into reablement who are still at home 91 days after the discharge. The review period for the national metric is people discharged in Q3 who are still at home by the end of Q4. The target in 2019/20 was 90% and the outturn was 89.4%. The provisional target for 2020/21 is 90%.

14. As in previous years, there will be a small number of local metrics progress against which will be reported to the Board as part of the regular performance update process.

Future Performance Reporting Arrangements

15. It is proposed that future updates on the delivery of the BCF priorities and metrics will be reflected in the progress report on the Hillingdon Health and Care Partners' recovery plan, therefore providing the Board with a single integration performance progress report. This will be reflected in the report to the Board's December meeting.

Risk Share Arrangements

16. The arrangement for previous iterations of the plan has been that each organisation manage its own risks and it is proposed that this will continue for 2020/21. The detail of risk share arrangements will be reflected in the section 75 (NHS Act, 2006) agreement that Cabinet and HCCG's Governing Body will be asked to consider in due course, subject to the successful conclusion of the assurance process.

Governance

17. A Core Officer Group comprising of the Council's Corporate Director of Finance, the CCG's Deputy Chief Finance Officer, the Corporate Director of Adults and Children and Young People's Services (a statutory member of the Health and Wellbeing Board), the CCG's Managing Director, the Council's Director of Provider Services and Commissioned Care and the Council's Head of Health Integration and Voluntary Sector Partnerships has oversight over the delivery of the plan. Another key function of this group is to identify collaborative commissioning opportunities for recommendation to the Board in order to secure improved care and wellbeing and value for money outcomes for residents.

18. The Corporate Director of Adults and Children and Young People's Services and Director of Provider Services and Commissioned Care the Council provide the link from the Core Officer Group into the Hillingdon Health and Care Delivery Board, which is the executive governance body for Hillingdon's Integrated Care Partnership (ICP). Closer alignment of these governance structures across partners supports the development of local solutions, where possible, to the challenges faced by Hillingdon's health and care system referred to in paragraph 7.

19. The Board may wish to note that any decisions about the use of resources will be referred to the Council's Cabinet and the CCG's Governing Body in accordance with constitutional arrangements and agreed delegations.

BCF Plan Submission and Assurance Timescales

20. Submission of Hillingdon’s plan is expected to be required towards the end of October. Once submitted the plan will go through a two-pronged assurance that will entail review at a Sustainability and Transformation Partnership level and also at London region BCF level. The following partners will be involved in the process:

- NHSE- CCG lens
- NHS I – Acute lens
- London ADASS – Social Care
- London Councils – Local Authority
- Regional BCF – (Department of Health and Social Care, Ministry of Housing, Communities and Local Government, Local Government Association, NHS)

21. The outcome of the assurance process will either be ‘*assured*’ or ‘*not assured*’. If the plan is assured then it will be possible for Cabinet and the CCG’s Governing Body to consider the section 75 agreement referred to in paragraph 6.

Post April 2021 Arrangements

22. Feedback from NHSE's Better Care Support Team suggests that there will be a three-year plan from April 2021 and more detail about this is expected following the Comprehensive Spending Review (CSR) in the autumn. In the meantime, partners are developing options for further integration that will be presented to the Board for its consideration in due course. It is suggested that these then be reflected within the new three-year BCF framework once the Government’s requirements are known.

23. Health and equality impact assessments would be updated as part of the three-year plan development process.

Financial Implications

Financial Uplift

24. The following tables show the provisional split of the proposed 2020/21 BCF allocations. As the current COVID transitional period is underway for a 6-week period from the 1st September, these figures are subject to review and final allocations will be determined following this period.

25. Table 3 below provides a breakdown of the mandated financial requirements for 2020/21. This table reflects information published in February and May 2020.

Item	2019/20 Income	2020/21 Income	% Difference
DFG (<i>LBH</i>)	4,504,510	4,504,510	0
Minimum CCG contribution	18,361,811	19,401,312	5.4
iBCF (<i>LBH</i>)	6,207,140	7,248,248	0
Winter Pressures (<i>LBH</i>)	1,041,108		
Minimum Total	30,114,569	31,154,070	3.4

Item	2019/20 Income	2020/21 Income	% Difference
To Adult Social Care from minimum CCG contribution	6,695,773	7,057,345	5.4
NHS commissioned out of hospital services	5,217,906	5,513,302	5.4

Key: DFG - Disabled Facilities Grant; iBCF - see below

26. Table 4 below summarises the proposed contributions by the Council and HCCG in 2020/21 compared with 2019/20.

Organisation	2019/20 (£,000s)	2020/21 (£,000s)
HCCG	39,418	38,462
LBH	53,534	53,072
TOTAL	92,952	91,534

27. Table 5 below summarises the Council and HCCG provisional contributions for 2020/21 by scheme and compares these with the 2019/20 position. Scheme 4 in the table below is the COVID-specific scheme that Health and Wellbeing Board areas were required to establish under the guidance referred to in paragraph 9. As is explained more fully in paragraphs 29 to 31, the financial contribution of partners to this scheme is currently under discussion.

Scheme		Financial Contribution			
		2019/20		2020/21	
		HCCG (£,000s)	LBH (£,000s)	HCCG (£,000s)	LBH (£,000s)
1	Early intervention and prevention	2,566	3,373	2,566	3,315
2	An integrated approach to supporting Carers.	19	983	19	939
3	Better care at the end of life.	819	0	819	0
4	COVID-19 hospital discharge	0	0	0	0
4A	Integrated hospital discharge and the intermediate tier.	15,039	6,094	15,039	6,270
5	Improving care market management and development.	12,549	11,949	12,549	12,099
6	Living well with dementia.	0	372	0	379
7	Integrated therapies for children and young people.	2,231	441	2,246	542
8	Integrated care and support for people with learning disabilities.	6,195	30,322	5,224	29,530
TOTAL		39,418	53,534	38,462	53,072
GRAND TOTAL		92,952		91,534	

28. It should be noted that with regards to Scheme 7: *Integrated therapies for children and young people*, the CCG funded contribution shown in table 5 will be paid directly to CNWL through existing block contract arrangements for 2020/21. The Council, which holds the service contract with CNWL, will therefore not be invoiced for this amount.

COVID-19 and Hospital Discharge

29. During the COVID emergency period, i.e., the period between 19 March and 31 August 2020, funding of costs incurred as a result of hospital discharges is from payments into a pooled budget arrangement with the CCG, with any additional requirements met through the NHS COVID grant. The Council has approached this based on a cost neutral position for the authority, contributing the budgeted allocation for homecare and residential packages during this time, i.e., on a pro rata basis. CHC and financial assessments were not conducted during this emergency period, so NHS COVID grant funding covered the impact of the absence of Client Contributions during this period for new or substantially revised packages. Some of the rates for placements brokered during this emergency period were significantly above the standard rates usually paid. These placements will be reviewed with the intention of achieving alignment with the standard rates. Where this is not possible the option of moving service users will be explored.

30. In accordance with the *Hospital Discharge Service: Policy and Operating Model* guidance published on 21 August, CHC and financial assessments will resume from 1 September 2020. The guidance requires that hospitals and community health and social care partners should fully embed discharge to assess (D2A) processes. New or extended health and social care support from 1 September will be funded by the NHS for a period of up to six weeks following discharge from hospital up to 31 March 2021. During this six-week period a comprehensive health and care assessment will need to be undertaken to determine ongoing care needs. Responsibility for funding any on-going care provision will also need to be determined during this period. The Council will continue to approach this arrangement on a cost neutral basis in line with previously budgeted allocations.

31. The Board should be aware that discussions are in progress between CCGs and local authorities within the North West London sector regarding the apportionment of costs during the emergency period and both HCCG and the Council will adhere to any collective decision reached. Once these discussions have concluded appropriate adjustments will be made to organisational contributions to the schemes shown in Table 5.

Improved Better Care Fund Grant (iBCF)

32. The iBCF in 2020/21 includes the winter pressures funding that was identified as a separate grant in 2019/20 and required separate reporting. The £7,248k iBCF funding is paid directly to the Council under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF.

33. *iBCF* - The grant conditions for 2020/21 are the same as for the last two years, namely that the funding is used for:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

34. As for the last two years, the Council is intending to use all the funding to support the local care market. In 2020/21, this will fund the annualised effect of the fee uplifts to maintain and secure residential and nursing care home placements and homecare provision. As in 2019/20, the winter pressures aspect of the iBCF funding will be used to cover the cost of new placements and packages of care for people aged 65 and over.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

35. The recommendation will enable Hillingdon's BCF plan to be submitted in accordance with national requirements. The BCF plan will contribute to the development of a sustainable health and care system in Hillingdon that will support residents to regain or maintain their independence.

Consultation Carried Out or Required

36. Hillingdon Health and Care Partners will be consulted about the proposals for the 2020/21 BCF plan; however, the timescale for submitting the plan will not permit wider consultation to be undertaken. However, the development of the proposals for the 2020/21 BCF Plan is consistent with feedback from consultation previously undertaken in respect of earlier iterations of the plan and the broader integration programme in Hillingdon.

37. Consultation with a broader range of stakeholders may be undertaken as part of the development of the three-year BCF plan (please see paragraph 22), but this will be subject to the detail of the Government's proposals and the timetable for submission.

Policy Overview Committee comments

38. None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance Comments

39. Corporate Finance has reviewed this report and notes that the Better Care Fund Plan for 2020/21 as described in this report is broadly consistent with budget assumptions included in the 2020/21 General Fund Budget, which was agreed by Council in February 2020. It is also noted that the financial uplift figures are provisional due to the COVID transitional period and final allocations are yet to be determined. The recommended Council's contribution to the BCF of £53,072k in 2020/21, includes funding provided through the iBCF Section 31 Grant and the Disabled Facilities Grant.

Hillingdon Council Legal Comments

40. 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 DHSC and MHCLG, 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.

BACKGROUND PAPERS

COVID-19 Hospital Discharge Service Requirements (DHSC 19/03/20)

Hospital Discharge Service: Policy and Operating Model (DHSC 21/08/20)

2020/21 BCF Delivery Plan Priorities Summary

Scheme 1: Early intervention and prevention.

- 1.1 Establish a single online information system as the directory of services across Health and Care Partners in Hillingdon.
- 1.2 Explore the increased application of assistive technology to support the independence of residents in the community.
- 1.4 Review the model of voluntary sector support for adults to improve options for social prescribing, including through provision of Personal Health Budgets.
- 1.5 Align the eight Neighbourhood Teams to the six Primary Care Networks (PCNs) across the Borough.
- 1.6 Embed the integrated shielded and vulnerable person management function with all partners to ensure that applicable residents have one personalised care plan and one key worker across health, social care and the voluntary sector.
- 1.7 Develop an integrated response hub with a range of primary and community-based health and social care services that can respond within 2 hours to a person experiencing deterioration and at risk of an emergency hospital admission.

Scheme 2: An integrated approach to supporting Carers.

- 2.1 Ensure that the identity of the carers' lead in each GP Practice is clearly displayed.
- 2.2 Develop a guide for people who suddenly become carers.
- 2.3 Develop and implement a strategy for addressing identified barriers to screening uptake amongst carers and the people they are caring for.
- 2.4 Support access to primary care by piloting a darsi/farsi speaking interpreter in the south of the borough where there is greatest need.
- 2.5 Co-design information for children with learning difficulties and/or autism and their families, including Easy to Read guidance on accessing the health service appropriately.

Scheme 3: Better care at end of life.

- 3.1 Improve access and co-ordination for end of life services, managed under an integrated management function.
- 3.2 Improve access to medication that can help patients coming towards the end of life if their condition deteriorates or symptoms suddenly occur.

- 3.3 Deliver family support, education and workforce development to enhance palliative care expertise across the Hillingdon health and care workforce and improve end of life support to carers.

Scheme 4A: Integrated hospital discharge and the intermediate tier.

- 4.1 Complete the roll out of criteria-led discharge to all wards within Hillingdon Hospital.
- 4.2 Establish a single point of coordination within Hillingdon Hospital for hospital discharges, managed under a single, integrated management function.
- 4.3 Establish a point of coordination for access to community resources to build up suitable packages of care and support.
- 4.4 Develop and implement pathways with inclusion criteria that support the discharge of patients on pathway 2.
- 4.5 Develop and implement the standards for the triaging process, including the automation of data reporting.
- 4.6 Agree a simplified joint assessment for patients on all discharge pathways.
- 4.7 Review all specialist pathways to include Frailty, End of Life and Palliative Care to ensure these are aligned to the integrated discharge model.
- 4.8 Seek organisational sign-up to the CHC, shared care and section 117 memorandum of understanding.
- 4.9 Ensure availability of sufficient step-down/step-up provision (bedded and non-bedded) to meet winter demand surge requirements.

Scheme 5: Improving care market management and development.

- 5.1 Develop and deliver a provider engagement plan.
- 5.2 Secure agreement on long-term integrated brokerage arrangements.
- 5.3 Implement the Direct Enhanced Service (DES) contract for care homes.
- 5.4 Explore scope for extending the local Care Home and Extra Care Support Service to all supported living schemes.
- 5.5 Coordinate access to COVID-19 testing for care providers.
- 5.6 Coordinate response to COVID-19 outbreaks within care homes and supported living services.
- 5.7 Establish and implement lead commissioning arrangements to address care home placement requirements of local statutory agencies.

- 5.8 Embed training programme for care home staff on a range of issues, including falls management, tissue viability, nutrition, medication and leadership for managers and/or aspiring managers.

Scheme 6: Living well with dementia.

- 6.1 Develop training and support for care homes in how to manage people with challenging behaviours.
- 6.2 Enable people living with dementia to continue to live independently in our community and feel supported and knowledgeable about where to access advice and help when required.
- 6.3 Restore dementia diagnosis rates to the national target of 67%.

Scheme 7: Integrated therapies for children and young people

- 7.1 Implement the integrated therapies pathway model.
- 7.2 Develop Children and Adolescent Mental Health Services (CAMHS) early intervention model within all neighbourhood teams.
- 7.3 Develop provision to deliver more services in the community (Step-up/down) via new PATCH (Providing Assessment & Treatment for Children at Home) model of care.

Scheme 8: Integrated care and support for people with learning disabilities and/or autism.

- 8.1 Develop an agreed integrated model for a community team for people with learning disabilities.
- 8.2 Implement the model of care and support for people with learning disabilities and/or autism who are in a supported living setting that maximises their independence and supports their health and wellbeing.
- 8.3 Implement the action plan from reviews completed between health and social care under the Learning Disabilities Mortality Review Programme.