

HEALTH & WELLBEING BOARD ADDENDUM 2

4.00PM, TUESDAY, 23 JULY 2019

COUNCIL CHAMBER, HOVE TOWN HALL

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ADDENDUM

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Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that content had to be finalised.

Title:	Moving Forward Together in Partnership
Date of Meeting:	23 rd July 2019
Report of:	Rob Persey, Executive Director of Health and Social Care and Ashley Scarff, Director of Partnerships & Integration, CCG
Contact:	Barbara Deacon
Email:	barbara.deacon@brighton-hove.gov.uk
Wards Affected:	ALL

FOR GENERAL RELEASE

Executive Summary

This presentation is to provide an update on recent system wide developments in the NHS providing an overview of recent systemic changes and how these will support working with partners in a more collaborative approach moving forwards with a focus upon:

- Key structures
- National direction and
- What it means for Brighton & Hove.

Future meetings of the Health & Wellbeing Board will have further reports building on these slides as the national direction and local response to enhanced collaborative working arrangements develop.

(Appendix 1).

Glossary of Terms

BHCC – Brighton & Hove City Council
BHCCG – Brighton & Hove Clinical Commissioning Group
CCG – Clinical Commissioning Group
CCGs – Clinical Commissioning Groups
DASS – Director of Adult Social Services
DPH – Director of Public Health
GP – General Practitioner
ICP – Integrated Care Partnerships
ICS – Integrated Care System(s)
NHS – National Health Service
NHSE – National Health Service England
NHS LTP – National Health Service Long Term Plan
PCN – Primary Care Networks
STP – Sustainability and transformation Partnerships

1. Decisions, recommendations and any options

- 1.1 That the Board agrees to note this presentation

2. Relevant information

- 2.1 Since the 2012 Health & Social Care Act our national health system has been subject to a number of systemic changes. With the local elections in May this year we have a number of new members sitting on the Health & Wellbeing Board. To support the Board an induction event was held in June. The Clinical Commissioning Group (CCG) provided the Board with an update on current structural changes to the NHS and how these, working closely with local government and other system stakeholders will support future collaborative working.

Future meetings of the Health & Wellbeing Board will have further reports building on these slides as the national direction and local response take shape.

- 2.2 Since the presentation at the Health and Wellbeing Board induction meeting in June proposals contained within these slides have been presented to the CCG Governing Body and will be proceeding forward for discussion and

agreement with the wider membership. Any updates upon the position will be provided verbally at the meeting.

3. Important considerations and implications

3.1 Legal:

There are no legal implications to this report

Lawyer consulted: Elizabeth Culbert

Date: 11 July 2019

3.2 Finance:

There are no financial implications for this report

Finance Officer consulted: Sophie Warburton

Date: 11 July 2019

3.3 Equalities:

There are no equalities issues for this report.

Date: 11 July 2019

Supporting documents and information

Appendix 1: Slide pack that came to the Brighton & Hove Health & Wellbeing Board induction event.



Sussex and East Surrey
Clinical Commissioning Groups



Our NHS...our CCGs

How we work for our populations

Introduction:

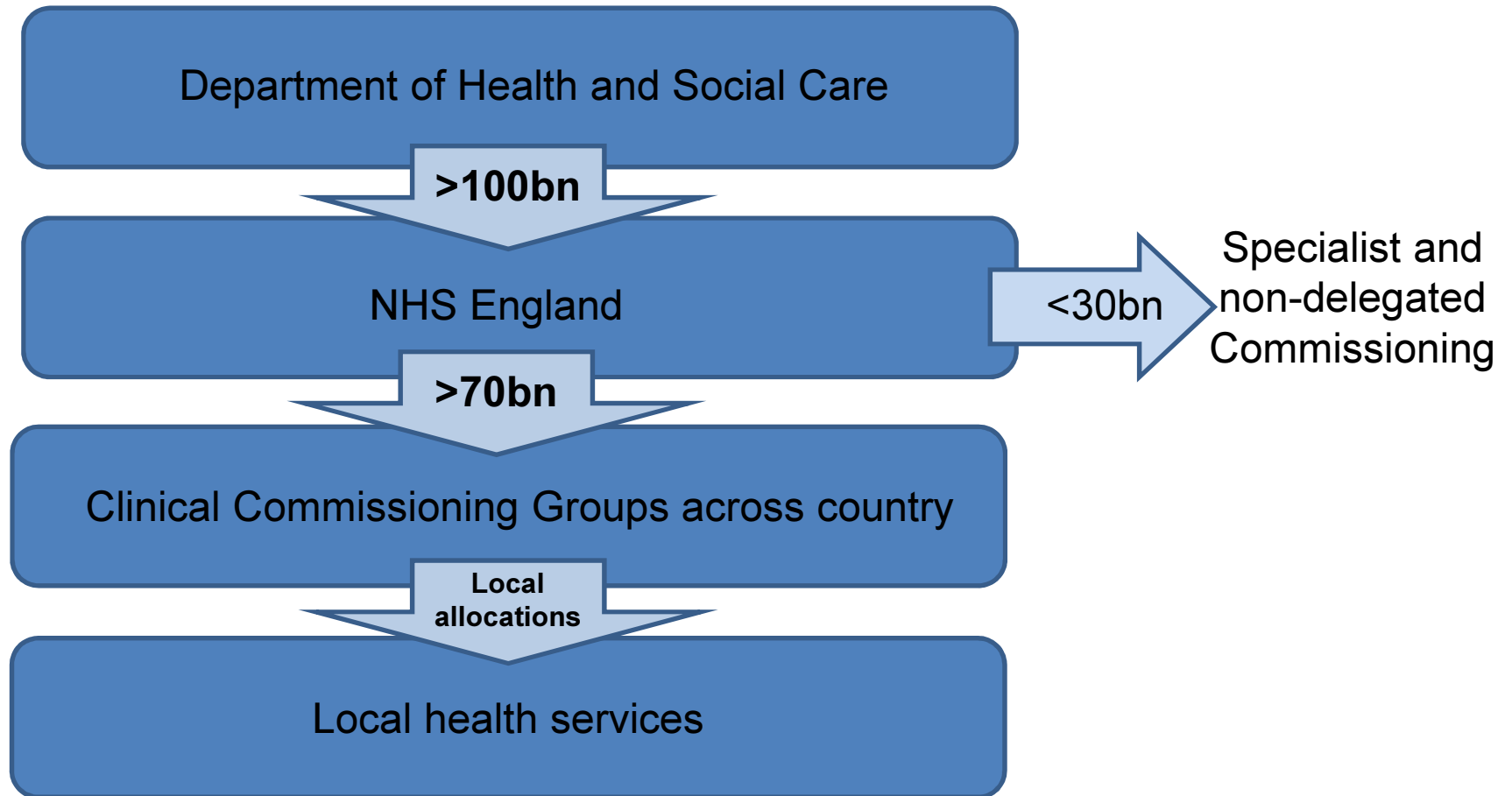
To introduce important NHS context of key structures, national direction and what it means for Brighton and Hove.

1. How the NHS works – From national to local levels
2. NHS Structures, roles and responsibilities
 - Clinical Commissioning Groups (CCGs)
 - Sustainability and Transformation Partnerships (STPs)
3. The NHS Long Term Plan
 - CCGs need to change
 - Integrated Care Systems (ICSs)
4. Progress working together for Brighton and Hove - CCG and Council
5. Key considerations for us working together for the health and wellbeing of the people of Brighton and Hove.

How the NHS works nationally

- **Department of Health and Social Care** is the Government department responsible for government policy on health and social care matters.
- **The department carries out its duties through arms-length bodies, including NHS England and Public Health England**
- **NHS England** leads the NHS and regulates the different NHS organisations working locally across the country.
- **There are many different NHS organisations working locally, including:**
 - The Clinical Commissioning Group (Brighton & Hove CCG)
 - Hospital Trusts, Community Trusts
 - Mental Health Trusts, Ambulance Trusts
 - Other **organisations working on behalf of the NHS, including GP practices**

How the NHS is paid for...



NHS Structures - What is a CCG and how do we work?

- **Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012**, and replaced Primary Care Trusts on 1 April 2013.
- **They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.** As of 1 April 2019 there are 191 CCGs in England.
- **Commissioning is about getting the best possible health outcomes for the local population** and involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.
- **CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population**, and measured by how much they improve outcomes.

What is a CCG and how do we work? (2 of 2)

CCGs are:

1. Membership bodies, with local GP practices as the members
2. Led by an elected governing body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members. The DASS and DPH also sit on the Brighton & Hove Governing Body
3. Responsible for approximately 2/3 of the total NHS England budget
4. Responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care
5. Independent, and accountable to the Secretary of State for Health and Social Care through NHS England

CCGs across Sussex and East Surrey



£2.7 BILLION
ANNUAL HEALTHCARE SPEND

1.8 MILLION PEOPLE 

HEALTH AND CARE WORKING TOGETHER
24 ORGANISATIONS

NHS Structures - What is a Sustainability and Transformation Partnership (STP)?

- Created in 2016 to encourage health and care leaders and organisations across regions to work together to improve the health and care of their populations.
- Non-statutory voluntary partnerships of health and care organisations across 44 regions throughout the country.
- Aimed to break down organisational barriers and encourage more integrated working to give people greater joined-up care.
- Organisations encouraged to agree principles and ways of working together.

Sussex and East Surrey STP

- **Partnership of 24 health and care organisations (including local authorities)** across Sussex and East Surrey working together to look at how we can improve services for patients and address the challenges we face.
- **Non-statutory partnership and accountability and responsibility of health and care services remain with the partner organisations.**
- **Independent Chair** (Bob Alexander) and **Senior Responsible Officer** (Adam Doyle), supported by a small programme team.
- There are a number of **work streams working across Sussex and East Surrey focused on immediate priorities** including workforce and estates
- In Brighton & Hove we have worked closely on the joint preparation of the Health & Wellbeing Strategy and see this as being a major component in response to the NHS LTP required by the Autumn

The NHS Long-Term Plan

- Published in January 2019.
 - Outlines how the NHS will change in the future.
 - Sets the target of having Integrated Care Systems (ICSs) covering the whole country by April 2021.
- **This will involve a fundamental shift in how CCGs will work and how future commissioning will be done.**



What does this mean for CCGs?



CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.



*- The **NHS Long-Term Plan***

So CCGs need to change...

CCGs are no longer able to operate and commission effectively and efficiently for the changing needs of our populations;

- Due to their relatively small size of CCGs
- Inconsistency in how services have been commissioned
- Unnecessary duplication in work
- Difficult to commission at scale when needed
- Difficult to recruit and retain specialist expertise and skills

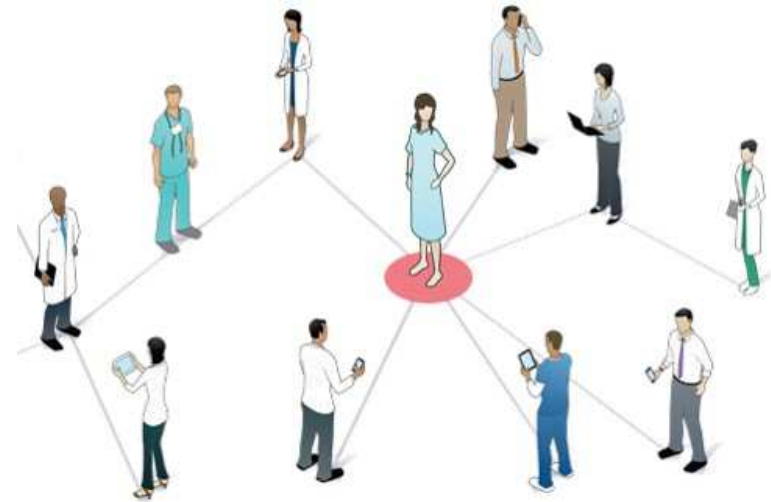
Healthcare only accounts for 10% of a population's health

- Large number of the wider determinants of health relates to services under the responsibility of local authorities and other partners, which is why closer integration with these partners is essential in the future.

➤ **The future of commissioning is “population health” that focuses more on wellness and prevention to improve outcomes. To be able to do this, there needs to be a joined-up approach between NHS organisations and partners.**

What is an Integrated Care System (ICS)?

- Non-statutory, self-regulating partnership of regulators, health and care commissioners and providers.
- Responsible for developing the long-term health and care strategy for a system, will be self-regulating and will fulfil the regulatory functions on behalf of NHS England and NHS Improvement.
- The ICS will be comprised of:
 - ✓ Population health and care commissioners
 - ✓ Integrated Care Partnerships (ICPs)
 - ✓ Primary Care Networks (PCNs)



CCG progress over last 18 months

- ✓ Stronger leadership
- ✓ Greater consistency
- ✓ Improved relationships with providers
- ✓ Improved relationship with regulators
- ✓ Improved quality of services commissioned
- ✓ Shared expertise
- ✓ Greater grip on finances



Joint CCG/Council progress on integration

- ✓ An integration **vision** with the Health and Wellbeing Board
- ✓ A joint patient and **public engagement** programme - *The Big Health and Care conversation* and *Our Health and Care, Our Future*.
- ✓ Jointly developed and published the **Health and Wellbeing Strategy** for Brighton & Hove with the Governing Body, Public Health Team, Health and Wellbeing Board and system partners.
- ✓ NHS a partner on the **One Public Estate programme**, to optimise city assets to support health estate development and new models of care
- ✓ NHS Membership on the **Strategic Accommodation board** to enable strategic approach on housing and supported accommodation linked to health services eg. Mental Health housing, Brighton General Hospital redevelopment.
- ✓ **Joint visits to leading integrated areas** such as Manchester, and the formation of the **system operational command group**
- **But still lots to do e.g. embedding system leadership**

Key Considerations for future working

- As a national service, policy and strategy for the NHS is largely determined centrally and nationally.
- Challenges have been, and will be, delivering the transformation programme at the necessary pace during times of significant NHS structural reform, financial balancing and political change through local elections.
- Significant positive progress has been made locally; there is a clear commitment to work closely together and we have strong relationships which stand up to a testing operational and financial environment.

➤ **We need to ensure that we find the way to effectively balance the integrated system of health and wellbeing for Brighton and Hove with the national programme set for the NHS that is driving fundamental changes in the way we work.**



Sussex and East Surrey
Clinical Commissioning Groups



Thank You



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the detailed performance information had to be generated and verified prior to presentation.

Title:	Better Care Fund Dashboard
Date of Meeting:	23 rd July 2019
Report of:	Rob Persey, Executive Director Of Health and Social Care and Ashley Scarff, Director of Partnerships & Integration, CCG
Contact:	Barbara Deacon
Email:	barbara.deacon@brighton-hove.gov.uk
Wards Affected:	ALL

FOR GENERAL RELEASE

Executive Summary

This report has been prepared for the Health and Wellbeing Board to note. It provides a regular update on progress with the Brighton and Hove Better Care Fund Programme for 2018-19. The report includes a general update on the most recent Financial and Performance indicators agreed within the BCF Plan and performance dashboard. Members are invited to review the dashboard and consider the Key Performance Indicators and Financial Performance. This report is designed only for assurance however may be used to inform on planning round BCF for future years.

Glossary of Terms

BCF - Better Care Fund

CCG – Clinical Commissioning Group

DTOC - Delayed Transfers of Care

IBCF – Improved Better Care Fund

NHS – National Health Service

1. Decisions, recommendations and any options

- 1.1 That the Health and Wellbeing Board note the report.

2. Relevant information

2.1 Update from the BCF programme

- 2.1.1 The attached Appendix 1 sets out the agreed indicators that show performance against a range of metrics relevant to areas of BCF investment.
- 2.1.2 The key measure which is a focus of the Better Care Programme is Delayed Transfers of Care (DTOC). The recent months DTOC reporting and results across the year shows performance is gradually approaching the agreed system target of 3.5% but with fluctuations within year. This demonstrates excellent progress within the system against a target which historically has proved a challenge to deliver.
- 2.1.3 The health and care system is focussing on specific quality improvement targets to reduce the occurrence of ‘super-stranded’ patients. This is how the NHS describes a person who’s time in hospital is in excess of 21 days. Under some clinical conditions this length of stay may be safe and appropriate however the national super-stranded patients programme is focused on where this is occurring unnecessarily.
- 2.1.4 The system continues to observe a positive change in delayed discharges for patients leaving hospital, and also the number of additional bed days associated with delayed transfers of care. This performance has been sustained through the year and teams across NHS and Social care will continue to work hard to maintain this level of performance or continue to improve.

2.2 BCF Finance Report

2.2.1 The BCF Finance Schedule (Appendix 2) shows the reported position for the BCF Budget at year end 2018/19. The report shows that the programmes finances are as planned and within budget. The year end saw a small underspend of £45k on an investment portfolio of £24.5m.

2.2.2 The Chief Finance Officer of BHCC and the Strategic Finance Director of the Sussex and East Surrey Commissioning Alliance meet regularly to discuss and agree spending commitments on the BCF programme through 2018/19 and for 2019/20.

3. Important considerations and implications

The CCG must report progress with the BCF programme to NHS England on a quarterly basis as part of a national assurance process. The BCF reporting cycle has been designed to align to the national reporting process, although the Health and Wellbeing Report contains more detailed local metrics and is refreshed on a bimonthly basis.

3.1 Legal:

The Governance arrangements in relation to the BCF S75 Partnership Agreement include oversight by the Health and Wellbeing Board through quarterly performance reporting, and this report forms part of that process.

The Terms of Reference for the Health and Wellbeing Board includes reference to the Board's function to oversee and performance manage the planning as well as the practical and financial implementation of the BCF.

Lawyer consulted: Nicole Mouton

Date: 17/7/19

3.2 Finance:

The Better Care Fund is a section 75 pooled budget which totalled £24.692m for 2018/19, including £3.483m additional Improved Better Care funding (iBCF). The CCG contributed £18.624m to the pooled budget and the Council contributed £6.068m including the additional iBCF. There was an underspend at year end of £0.045m which was shared as per the section 75 risk share agreement. Appendix 2 gives full details of the financial performance.

Finance Officer consulted: Sophie Warburton

Date: 17/07/19

3.3 Equalities:

This report provides an update to the Better Care Plan report which came to the Board in November 2018. As stated then Equality Impact Assessments

will be developed in relation to individual commissioning processes carried out under the projects as they arise. An equalities impact assessment has not been completed on the running BCF programme within the last 12 months. This has been added to the 2018/19 BCF Steering Group work plan.

Equalities Officer: Anna Spragg

Date: 17/07/19

3.4 Sustainability:

All BCF funds come from recurrent funding resources and some projects within the Better Care Plan are expected to deliver sustainable savings.

Supporting documents and information

Appendix 1: Key Performance Indicators

Appendix 2: Financial Performance

Better Care Fund Performance Metrics

1. Performance figures reports are most recent data for each indicator
2. Latest performance is presented against planned performance as an indication of variance from target and a comparison is given to previous year
3. Regional or National benchmark data is provided where available, dependent on the indicator

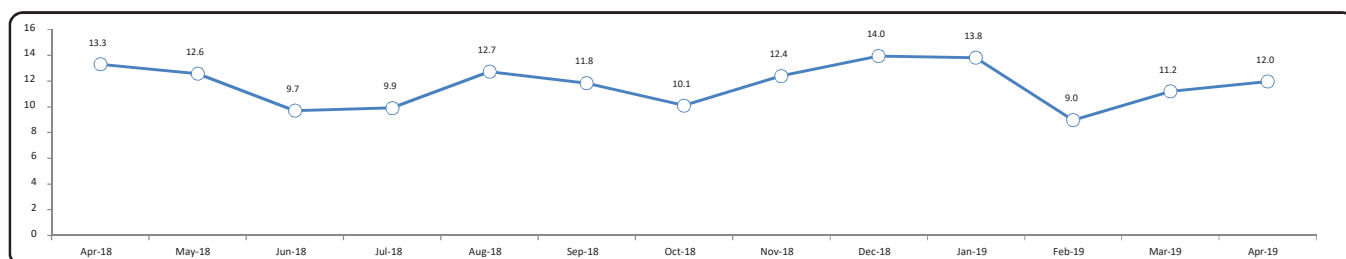
Delayed Transfers of Care (DToc) beddays per 100,000 adult pop per day

Latest data available Apr-19	12.0
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Vs same period last ye ar Apr- 18	13.3
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Latest full quarter available Jan-Mar 19	11.4
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Vs BCF plan Jan-Mar 19	9.1
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Source: NHS England Statistics

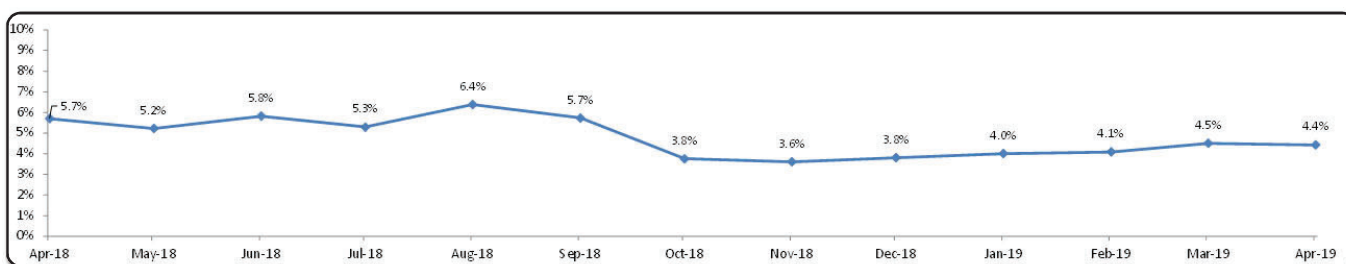
The number of Delayed Transfers of Care beddays per 100,000 Brighton and Hove population per day, over the year 2018/19 has decreased against the same periods last year, 13.3 in April 2018 to 11.2 in March 2019. During the intervening months winter pressures on the health and care system saw delays peak at 14.0 in December 2019. There is an overall improvement in the number of delayed transfers although performance is still not at the desired standard set by the system and so continues to be a major focus for the care system and the Better Care Fund.

% of beds occupied by Delayed Transfers of Care (DToc) patient at Brighton & Sussex University Hospital

Latest data available Apr-19	4.4%
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Vs same period last ye ar Apr- 18	5.7%
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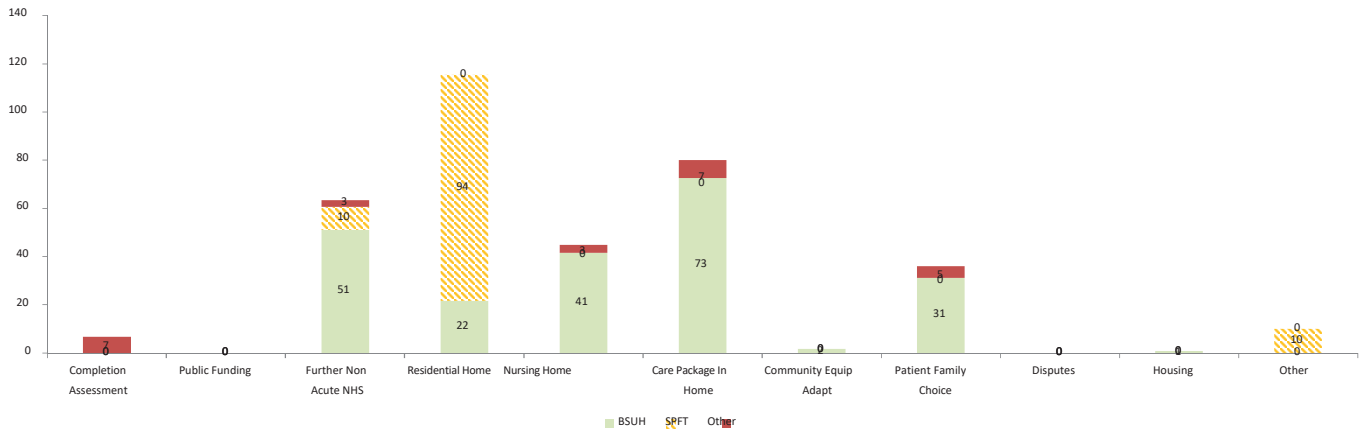
National standard	3.5%
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Source: NHS England Statistics

The number of beds occupied by a delayed transfers of care patient at Brighton and Sussex University Hospital has decreased year on year, 4.5% in March 2019 vs 5.7% in April 2018. This metric has a direct relationship with the number of delayed bed days per 100,000, thus the performance improvement is in line with that described above. However delayed discharges are still 2% above the desired system target of 3.5%.

Total Brighton and Hove Unitary Authority area - Delays by reason per 100,000 - Apr-19



Source: NHS England Statistics

The top reason for delays for Brighton and Hove Unitary Authority area per 100,000 population is finding Residential Home placements. This is a change from the previous year where the main single driver for delays was Care Packages. The top reason for delays for England is care package in home with 20.8% of the delays and 16.9% for further non-acute NHS.

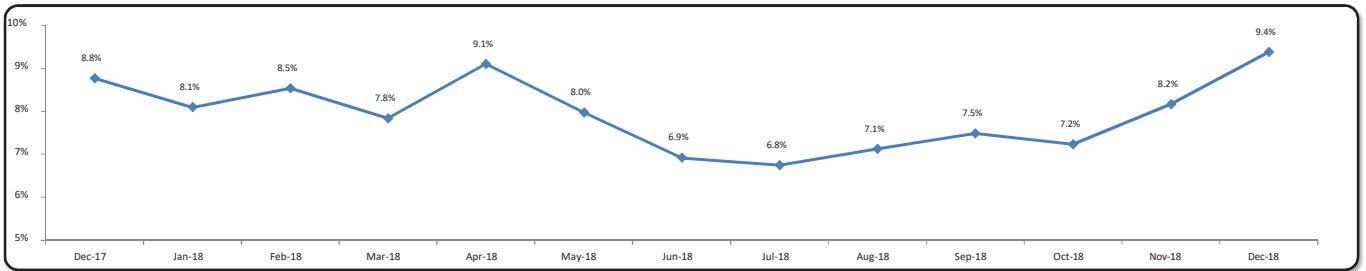
Emergency readmission rates (within 30 days) - All Ages

Latest data available Dec-18 9.4%

Vs same period last year Dec-17 8.8%

Latest full quarter available Oct-Dec 18 8.2%

Vs Oct-Dec 17 rates 8.5%



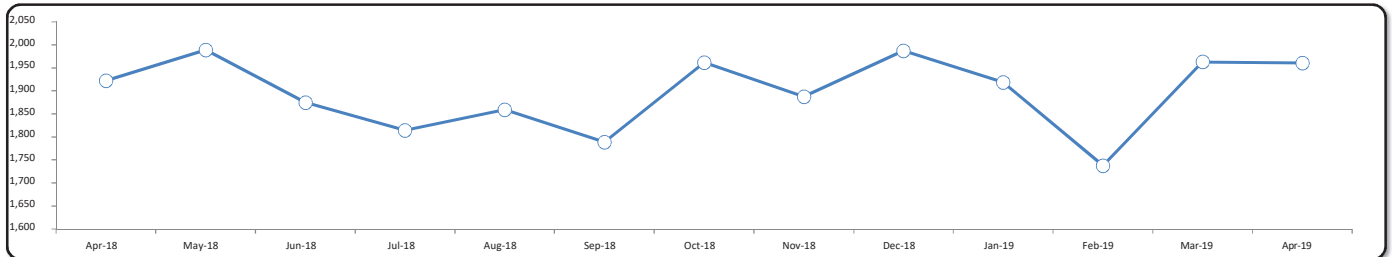
Source: Dr Foster

The percentage of emergency readmission rates (within 30 days) for Brighton and Hove CCG in Dec-18 (latest data) has increased against the same month last year, 9.4% in Dec-18 vs 8.8% in Dec-17. This demonstrates a need for further progress on work to target re-admission rates. The CCG is rolling out its Care Homes locally commissioned service and has put in additional services to support vulnerable people and reduce the chance of readmission. However this remains an area of concern for our system.

Total Non-Elective Spells (Specific Acute) - All Ages

Latest data available Apr-19	1,961
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Vs same period last year Apr-18	1,922
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Source: SUS TnR / NHS England

The number of Non-elective spells for Brighton and Hove CCG in April 2019 has stayed virtually the same against the same month last year, 1,961 Mar 19 vs 1,922 in Mar 18. There is a complex range of variables that contribute to the number of emergency admissions to hospital. These can include an improvement in the way the population is cared for in the community with primary and social care. The CCG Care Homes locally commissioned service is also expected to have a positive impact on this activity.

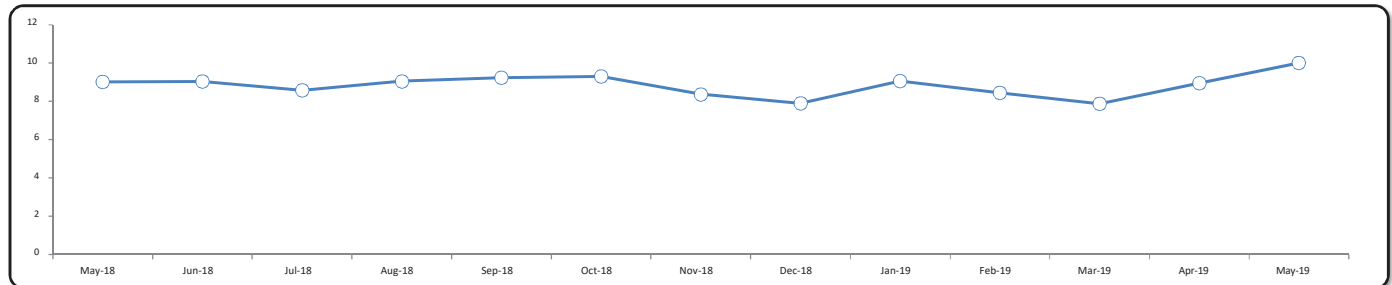
Emergency average length of stay for patients aged 65+ (days)

Latest data available May-19	10.0
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Vs same period last year May-18	9.0
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Latest full quarter Jan - Mar 19 Avg.	8.5
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Vs Jan - Mar 18 Avg.	8.4
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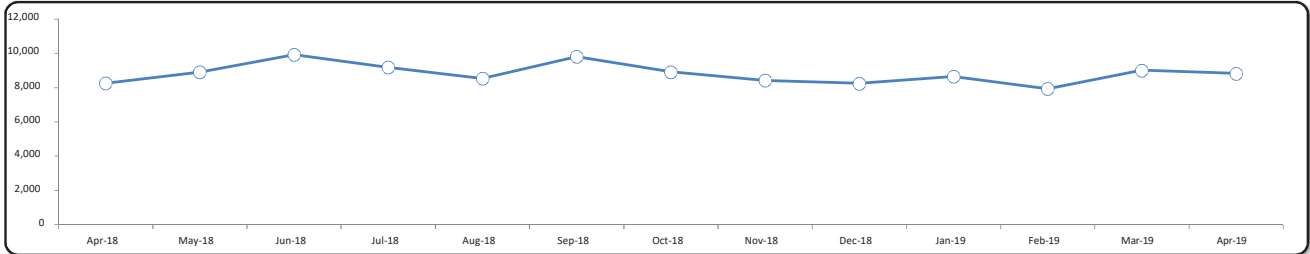
Source: SUS

The average emergency spells length of stay (days) for patients aged 65+ within Brighton and Hove CCG in May 2019, has increased slightly against the same month last year, 10.0 vs 9.0 Mar-18. Whilst the whole number of admissions has reduced, along with delayed discharges, the average length of stay is skewed upwards by a number of very long admission spells.

A&E attendances (Excluding planned follow ups) - All ages

Latest available data
Apr-19 8,820

Vs same period last
year Apr- 18 8,246



Source: SUS TnR / NHS England

The number of A&E attendances for Brighton and Hove CCG in April 2019 has increased against the same month last year, 8,820 in April 2019 vs 8,246 in April 2018

*Type 1 definition - consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients. Type 2 definition - A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

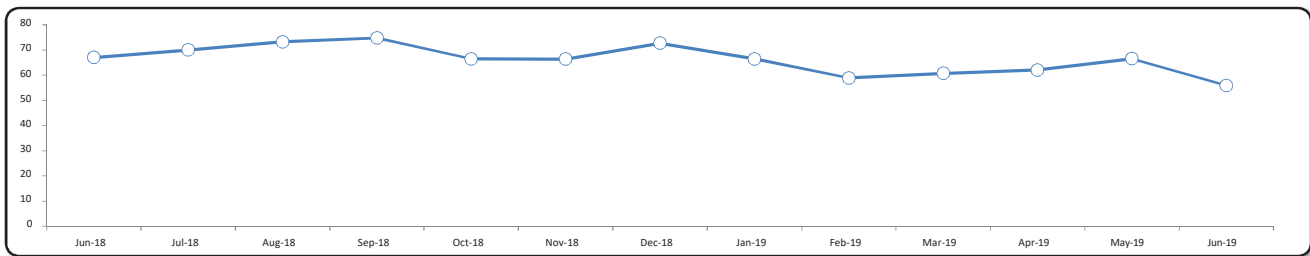
Super Stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital (B&H CCG)

Latest available data
Jun-19 56

Vs same period last
year Jun- 18 67

Quarter to date
Apr - Jun 19 Avg. 62

Vs Apr - Jun 18 Avg. 72



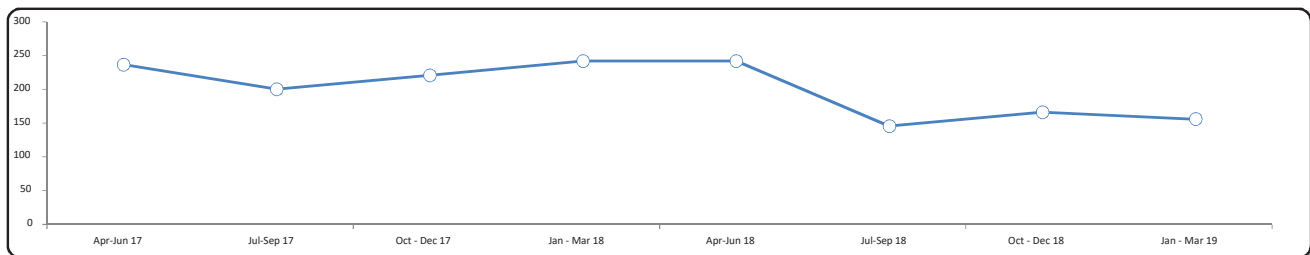
Source: BSUH Urgent Care pathway, B&H CCG only, Oct-18 not a full month

The average number of Brighton and Hove super stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital in April - June 2019 (latest data) has decreased slightly against the same quarter last year, 62 in Apr - Jun 2019 vs 67 in Apr - Jun 2018. This represents a small number of patients, however it is a poor patient experience for these individuals. This is an area of concern and a focus of partnership working between the hospital, CCG and Adult Social Care

New permanent admissions to nursing/residential care per 100,000

Latest available data
Jan-Mar 19 156

Vs same period last ye
ar Jan- Mar 18 242



Source: Brighton and Hove LA

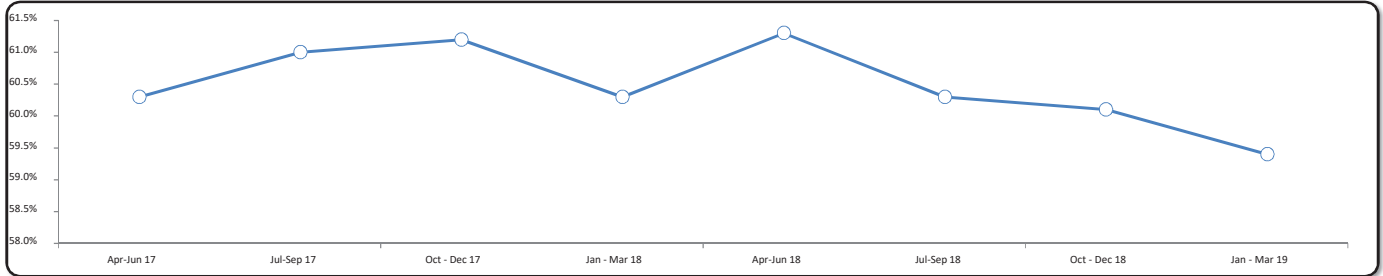
In the latest quarter Jan-Mar 19, the number of new permanent admissions to nursing/residential care per 100,000 has decreased against the same quarter last year, 156 in Jan-Mar 19 vs 242 in Jan-Mar 18. The actual number of new permanent admissions to nursing/residential care in Jan-Mar 19 was 60.

% of support plans with telecare as a component

Latest available data Jan-Mar 19	59.4%
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Vs same period last year Jan-Mar 18	60.3%
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Vs plan	60.0%
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Source: Brighton and Hove LA

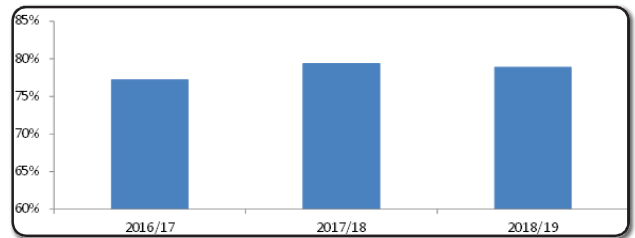
In the latest quarter Jan-Mar 19, the % of support plans with telecare as a component has decreased against the same quarter last year, 59.4% in Jan-Mar 19 vs 60.3% Jan-Mar 18.

% older people at home 91 days after discharge from hospital into reablement/rehabilitation services

Latest available data Year 18/19	78.9%
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Vs same period last year 17/18	79.4%
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Vs plan	82.1%
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Source: Brighton and Hove LA

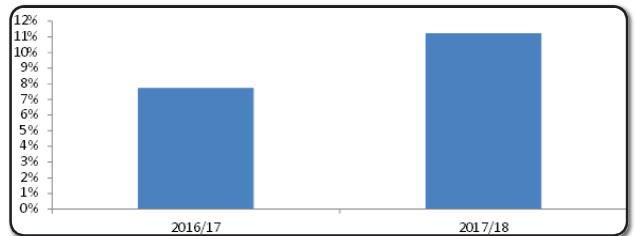
In the latest period 2018/19, the % older people at home 91 days after discharge from hospital into reablement/rehabilitation services has decreased against last year, 78.9% in 2017/18 vs 79.4% in 2018/19. Performance needs to be viewed alongside Part 2 of the indicator % of overall older people discharged from hospital within the period who go into reablement services. Taken together these indicators reflect both effectiveness and coverage of the service.

% older people discharged from hospital who go into reablement services

Latest available data Year 17/18	11.2%
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Vs same period last year 15/16	7.7%
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Vs plan	7.7%
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Source: Brighton and Hove LA

In the latest period 2017/18, the % older people discharged from hospital who go into reablement services has increased against last year, 11.2% in 2017/18 vs 7.7% in 2016/17. 2017/18 result is a high top quartile performance (Brighton and Hove ranked 1st of all England authorities).

Better Care Fund Report for Month

Appendix 2

Workstream	Forecast		
	Annual Budget £	Forecast Outturn £	Variance £
Increasing System Capacity Workstream			
Additional Care Managers working across the City localities 7 days pw	117,732	117,732	0
3 Social Workers in IPCT's	103,228	103,228	0
Integrated Primary Care Teams (SPFT) Additional Mental Health nurses	104,165	104,165	0
Supporting the market	65,000	65,000	0
Total Increasing System Capacity Workstream	390,125	390,125	0
Integrated Discharge Planning Workstream			
Integrated Primary Care Teams (SCFT)	8,032,696	8,032,696	0
Incentivising care homes and homecare providers to respond 7 days pw	51,188	48,377	2,811
Hospital Discharge	3,001,000	3,001,000	0
Total Integrated Discharge Planning Workstream	11,084,884	11,082,073	2,811
Protecting Social Care Workstream			
Home First	801,030	815,305	(14,275)
Urgent Home Care Service	154,860	140,585	14,275
Maintaining eligibility criteria	2,904,000	2,904,000	0
Additional social workers for Access Point	70,000	70,000	0
Protection for Social Care (Capital grants)	140,000	140,000	0
Disabled facilities grant (Capital grants)	1,659,097	1,659,097	0
Telecare and Telehealth (Capital grants)	90,000	90,000	0
Additional call handling resource for CareLink out of hours	35,000	35,000	0
Additional Telecare and Telehealth resource	200,000	200,000	0
Protection for Social Care	1,189,000	1,189,000	0
Supporting Social Care	417,000	417,000	0
Total Protecting Social Care Workstream	7,659,987	7,659,987	0
Supporting Recovery & Independence Workstream			
Community Equipment Service	2,453,230	2,453,230	0
Carers Reablement Project	35,184	35,184	0
Amaze – Carers Card Development	10,000	10,000	0
Crossroads – Carers Support Children and Adults	47,000	47,000	0
Crossroads – Carers Health Appointments	54,000	54,000	0
Carers Support Service - Integrated Primary Care Team (ASC Staff)	186,350	186,350	0
Carers (other)	337,909	299,845	38,064
Carers Hub	505,000	505,000	0
Total Supporting Recovery & Independence Workstream	3,628,673	3,590,609	38,064
Person Centred Integrated Care Workstream			
Proactive Care (Primary Care)	488,681	484,560	4,121
Link Back	77,000	77,000	0
Care Navigation Service	188,000	188,000	0
Befriending - Neighbourhood Care Scheme	171,000	171,000	0
Total Person Centred Integrated Care Workstream	924,681	920,560	4,121
Dementia Planning Workstream			
Dementia Plan	164,394	164,394	0
Total Dementia Planning Workstream	164,394	164,394	0
Homelessness Workstream			
Homeless Model	621,773	621,773	0
Total Homelessness Workstream	621,773	621,773	0
TOTAL	24,474,517	24,429,522	44,995

