BHSCT Charitable Trust Funds Grant Application

Amalgam Fund Name & Number	

For official CTF office use only **CTF Unique Approval Ref**	**Date**	**Initialled**

Please detail your request, breaking down all costs. In this section you should stipulate the Public Benefit to this request.

Charitable Funds Request Paper (12-Month Time-Limited Pilot)
Pilot Short-Term Assessment Team (STAT-type model) – West Locality (Beech Hall & Shankill)

This application seeks time-limited, non-recurrent charitable funding (12 months) to support the implementation, coordination and evaluation of a STAT-type Short-Term Assessment Team pilot in the West locality (Beech Hall and Shankill). Core statutory staffing for service delivery will be met through internal reconfiguration of existing CSW and IC resources. Charitable funding is sought only for supplementary elements that enable safe implementation, robust evaluation and transferable learning that would not otherwise be possible within baseline resources.

The pilot model focuses on early, robust assessment and rapid case turnaround (maximum 4 weeks), with the intention of improving service user and carer experience, reducing duplication, and supporting a reduction in pressure on Community Social Work waiting lists through improved front-end decision-making and joint working. *(Pilot delivery remains within reconfigured Trust resources; charitable funds will not underwrite baseline statutory provision.)*

The request is designed to meet the Public Benefit test through improvement in outcomes for a defined public group (people requiring short-term assessment/coordination between CSW and IC) and through learning that can be shared and scaled if proven effective. The charitable spend supports recognised charitable purposes (advancement of health/saving lives and advancement of education) by enabling evaluation, staff development and improvements in patient/service user experience.

Direct Public Benefits
The proposed Short Term Assessment Team pilot is expected to deliver a range of direct benefits for service users, carers and the wider health and social care system.

By providing early, timely and robust assessment at the point of referral, the model supports early intervention and aims to prevent escalation of need. Responding at an earlier stage can reduce the likelihood of individuals reaching crisis point, where options become more limited, costly and disruptive for service users and their families.

Early professional assessment has the potential to:

- Identify risks and unmet needs sooner
- Put proportionate support in place at an earlier stage
- Prevent deterioration that can lead to crisis presentations

Through closer integration with Intermediate Care and therapy colleagues, the model also has the potential to reduce avoidable hospital admissions and support people to remain safely at home wherever possible. Timely assessment and intervention in the community can reduce reliance on acute pathways and promote independence.

Meeting needs earlier and more effectively may also:

- Reduce the development of longer-term or more complex care needs

- Support more appropriate use of Community Social Work resources
- Improve outcomes and quality of life for service users and carers

This approach aligns with the Minister of Health's neighbourhood-based model of care, which emphasises:

- Early intervention and prevention
- Integrated, multidisciplinary working
- Support delivered as close to home as possible
- Reducing avoidable demand on acute services

By strengthening community-based assessment and intervention, the pilot supports the direction of travel towards neighbourhood-level, preventative care, while maintaining strong statutory oversight and safeguarding.

In line with Trust charitable governance principles, this application does not seek to replace or offset statutory/public funding. The pilot's core delivery resources are provided through internal reconfiguration; charitable funds are requested only for time-limited enabling functions (coordination, evaluation, training, engagement and protected participation time) that provide additional benefit and can be stood down at 12 months without adverse impact on baseline service delivery.

All charitable-funded costs are fixed-term / non-recurrent and will cease at pilot end (12 months). A final evaluation report will be produced with recommendations. Any continuation or scaling will be progressed through normal Trust governance and funding routes, informed by pilot evaluation—charitable funds will not create an expectation of recurrent funding.

Detailed cost breakdown (itemised) – 12 months
Pay costs are calculated using HSCNI Agenda for Change basic pay ranges (effective 2025/26; updated 04.02.2026).

A) Salary costs (12 months – basic pay)

1. **Pilot Coordinator** – Band 8A (1.0 WTE, fixed-term 12 months)
2. **Project Support Officer** – Band 5 (1.0 WTE, fixed-term 12 months) Role focus: triage support, case review coordination and flow management. The Band 5 Project Support Officer does not undertake statutory social work functions and is not counted within baseline staffing; the role exists solely to support triage, review coordination and maintenance of flow within a time-limited pilot.
3. **Backfill – Band 6** (1.5 WTE protected time, 12 months) *(protected time for pilot participation/MDT development/evaluation input; not to underwrite baseline caseload)*

Subtotal salary (basic): £231,196

Non-pay costs

IT and Digital Requirements
The proposed pilot team will require access to Trust-approved IT equipment to enable mobile working, timely assessment, and secure recording on Trust systems.

For planning purposes, quotation IT costs of £4,720 (non-recurrent). This includes provision of a Trust-standard laptop, associated peripherals, and device setup.
These figures are planning assumptions only and will be confirmed with Trust IT should the pilot be approved. Where staff already have suitable Trust-issued equipment, no additional cost will be incurred.

Total: £235,916 – refer to moderate expenditure approved by Finance

All training, MDT development and engagement activity will be provided in-house at no additional cost.

To emphasise, there are no recurrent costs requested with a clear exit strategy at 12 months. All posts and non-pay elements are time-limited (12 months). Any consideration of continuation would be subject to future Trust decision-making through normal governance and funding routes, informed by evaluation.

This proposal demonstrates strong value for money by using charitable funding in a targeted, time-limited way to maximise the impact of a mixed-skill pilot team without substituting for statutory provision. Core service delivery is met through internal reconfiguration of existing Community Social Work and Intermediate Care resources, while charitable funds are applied only to enabling and enhancement functions that would not otherwise be available.

The inclusion of a Band 5 Project Support Officer provides a cost-effective mechanism to improve triage, case review coordination and workflow management, enabling Band 6 practitioners to focus on professional assessment, risk management and decision-making. This skill-mix approach supports improved flow, reduced drift and more timely case progression, delivering greater productivity and impact than reliance on higher-banded staff alone.

Short-term backfill and coordination resource ensures protected time for pilot participation, MDT development and evaluation, avoiding dilution of learning or pressure on existing caseloads. Non-pay costs are proportionate, tightly scoped and focused on evaluation, learning and engagement, ensuring that outcomes and transferable learning are captured to inform future service redesign.

This proposal represents a balanced and responsible use of charitable funds, delivering measurable public benefit while testing a scalable model for improving access, experience and efficiency within existing Trust resources.

The pilot will operate within existing Trust governance, with an identified SRO and oversight arrangements, and reporting on progress/outcomes. Expenditure will follow Trust procurement/recruitment procedures and charitable funds governance requirements, with evaluation outputs shared to maximise learning and public benefit.

APPLICANT PRINT NAME: _____**Janine Gordon**_____

08/05/2026

APPLICANT SIGNATURE & DATE _____

Employee declaration FOR TRAVEL COURSE AND CONFERENCES UK & IRELAND ONLY

Where applicable, by signing this form I confirm that:
My study leave application has been approved by the appropriate manager through HRPTS system in line with the assistance to study policy.
I am responsible for ensuring that the correct level of approval has been obtained when submitting the Charitable Funds Application

Have other avenues been explored for funding and what was the outcome? i.e General Capital Funds

Yes.

Existing funding options have been considered. Core staffing is being delivered through internal reconfiguration. General Capital Funds are not suitable as this is a time-limited pilot rather than a capital scheme. Charitable funding is sought only for supplementary, non-recurrent elements.

Have you approached another Committee for this funding previously? If so, what was the outcome? **No**
If your request is for the provision of Hospitality, please outline how this request is in line with the below DOH Directive. (Please note, for all external hospitatlity requests the below business case must also be submitted) **HSC (F) 19-2025 - Guidance on the Acceptance and Provision of Gifts and Hospitality.pdf** **external_hospitality_proforma.docx**

Please note, the Committees decision can range from anywhere between 2-6 weeks to be relayed so please ensure your application is submitted well in advance.

Once a decision has been made, the CTF team will update you

I have reviewed the attached request and I am content it meets the Public Benefit Test, it fits with the fund objectives, Trust objectives, values and is in line with the CTF Handbook & Guiding Principles					
Committee Member 1 ***Signature & Date***					
Committee Member 2 or Chair ***Signature & Date***					
Category of Spend Please Select one					
Building & Refurb		**Medical Research**		**Patient Education & Welfare**	

Purchase of New Equip		**Staff Education**		**Other**	
Other- Please Specify					