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Sefton Council

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Date: 2 December 2022

**Contact:** Amy Dyson
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Dear Member,

**HEALTH AND WELLBEING BOARD - WEDNESDAY 7TH DECEMBER, 2022**

I refer to the agenda for the above meeting and now enclose the following report(s) which were unavailable when the agenda was published.

| Agenda No. | Item |
|---|---|
| 4 | **Sub Group Updates** (Pages 3 - 52)<br>Report of the Director of Public Health |
| 6 | **Education Excellence Strategy for Sefton 2022-2027** (Pages 53 - 72)<br>Report of Assistant Director Children's Services (Education) |

Yours faithfully,

Amy Dyson

Democratic Services

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|---|---|---|---|
| **Report to:** | Health and Wellbeing Board | **Date of Meeting:** | 7th December 2022 |
| **Subject:** | Subgroup Updates | | |
| **Report of:** | Director of Public Health | **Wards Affected:** | All Wards |
| **Cabinet Portfolio:** | Health and Wellbeing | | |
| **Is this a Key Decision:** | No | **Included in Forward Plan:** | No |
| **Exempt / Confidential Report:** | No | | |

**Summary:**

This report is to present to the Health and Wellbeing Board a summary of activity from the five identified subgroups. This is activity since the last report received by the board on the 28th September 2022

**Recommendation(s):**

(1) The updates are received and noted by the Board

(2) That the board ratifies the appended Better Care Fund plan for Sefton for 2022/23

**Reasons for the Recommendation(s):**

The Board is asked to routinely receive and note updates to ensure compliance with required governance standards

**Alternative Options Considered and Rejected:** (including any Risk Implications)

Not applicable

**What will it cost and how will it be financed?**

**(A) Revenue Costs**

There are no additional revenue costs identified by the contents of this report.

**(B) Capital Costs**

There are no additional capital costs identified by the contents of this report.

**Implications of the Proposals:**

**Resource Implications (Financial, IT, Staffing and Assets):**

There are no resource implications identified by the contents of this report.

**Legal Implications:**

**Equality Implications:**
There are no equality implications.

**Climate Emergency Implications:**

The recommendations within this report will

| | |
|---|---|
| Have a positive impact | N |
| Have a neutral impact | Y |
| Have a negative impact | N |
| The Author has undertaken the Climate Emergency training for report authors | Y |

The contents of this report have a neutral impact on Climate Emergency.

**Contribution to the Council's Core Purpose:**

| |
|---|
| Protect the most vulnerable: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact |
| Facilitate confident and resilient communities: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact |
| Commission, broker and provide core services: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact |
| Place – leadership and influencer: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact |
| Drivers of change and reform: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact |
| Facilitate sustainable economic prosperity: N/A |
| Greater income for social investment: N/A |
| Cleaner Greener: N/A |

**What consultations have taken place on the proposals and when?**

**(A) Internal Consultations**

The Executive Director of Corporate Resources and Customer Services (FD 7029/22) and the Chief Legal and Democratic Officer (LD 5229/22) have been consulted and any comments have been incorporated into the report.

**(B) External Consultations**

Not Applicable

**Implementation Date for the Decision**

Immediately following the Board meeting.

| **Contact Officer:** | **Eleanor Moulton** |
|---|---|
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| Email Address: | **Eleanor.Moulton@Sefton.gov.uk** |

**Appendices:**

The following appendices are attached to this report:

1. The 2022/23 BCF Plan, (The financial Plan, Capacity and Demand Plan and Narrative document)
2. The refreshed Health and Wellbeing Board Terms of Reference.

**Background Papers:**

There are no background papers available for inspection.

**1. Introduction**

1.1 As agreed at the December 2019 meeting of the Health and Wellbeing board the Board has agreed to receive a standard agenda item of summarised activity of its formal subgroups.

1.2 The subgroups are identified as: the Children & Young People Partnership Board, the SEND Continuous Improvement Board, the Adults Forum, the Health and Wellbeing Board Executive and the Health Protection Forum

**2. Updates**

**2.1 Children and Young People Partnership Board (CYPPB):**

Meetings of the CYPPB are bi-monthly and since the last update there has been one meeting on 12th October 2022. The next meeting is scheduled for 14th December 2022.

At the meeting the following items were discussed: McAllister Review; Start Well; Early Help Strategy; Education SEND, Education Strategy and Post 16 Care Support. At every meeting the Risk Register is reviewed.

The first report provided an overview of the Independent Review of Children's Social Care (CSC) and the response by Sefton to the recommendations contained in the review. The Board was informed there is an executive summary of the review which was consulted upon widely across the country with a variety of people engaged throughout the process. The main recommendation in the review was that there is a reset within CSC and in particular intensive help to families in crisis and support is offered earlier in the system. The Board members attention was drawn to the table contained within the report showing all of the recommendations and noted they are not significantly different than the previous review with fundamentally an early help approach. The recommendations are now with the Government for consideration and these recommendations will require significant investment in the region of £2.6bn over four years if all of them are accepted. The Board was informed that work is already underway in Sefton as we have established a Targeted Family Support Team and a piece of work on direct interventions is taking place. At any point in the system we will be looking to focus on families such as with the Family Valued Approach which has buy in from parents, educators, police and VCS and there is a systematic multi-disciplinary approach that everyone understands

The purpose of the report on Start Well was to provide the Board with an update on the developing commissioning plan for the Children and Young People.
The plan was developed through an inclusive co-produced process to map current priorities across the age range, alongside contract information and Governance structure. This has been overseen by the Executive Commissioning Group and delivered by a leadership group consisting of Commissioners and Providers across the Sefton system. Work was then undertaken to refine by theme into 4 core elements and their delivery areas owned by system partners. These core elements were noted as Early Intervention and Prevention' Emotional Wellbeing and Mental Health' Children in Care (CiC) and Transforming Care (LD & Autism). The Board was recommended to note and share feedback on the report; provide feedback on the approach and agree the proposed next steps as well as support with ongoing engagement in and continued commitment. These recommendations were agreed.

A presentation was provided on Early Help Strategy a partnership vision and approach across the whole system. It was noted that there is greater understanding of the work and the partnership have introduced case studies to recognise the amount of work that goes on in the early help system which is not a single service but a network of services, processes and interactions that aim to help babies, children, young people and families at the earliest opportunity. This type of work is referenced in the McAllister Review. This is not just social care but wider

communities and partnerships and there should be a comprehensive induction for the whole workforce which has resulted in a refreshed and updated Early Help Strategy. There are new working groups, a refreshed dashboard and measures looking at the workforce as well as the voice of the child which is integral to understanding what we need to do.

Education SEND update

A presentation was provided on the pressures on SEND including the rise in referrals for EHCPs, pressures on staffing due to absences and recruitment as the team is not a full capacity. Although there has been some improvement there remains issues around sufficiency and lack of mainstream school places. The Board noted the significant increase in demand which has impacted on timescales. A new Interim Service Manager is now in place with a clear plan to deal with the backlog and reduce timescales.

The Board was also provided with information on the Delivering Better Value (DBV) scheme which noted that Sefton is one of 55 councils engaged in the process to provide support to address the High Needs deficit. This starts in January 2023. This is not a cost cutting exercise but will be looking at using the funding to better effect. The presentation continued by informing the Board of the new Inspection Framework for Area Partnership for SEND which is due to take effect in early 2023. Further details on this area of work is included in the SENDCIB update.

Post 16 Care Support

A report was provided to inform the Board of the Post 16 support available to our young people who are cared for as they transition into adulthood. Work was already taking place but it was agreed that further improvements were required. A Young Persons Team has been established to provide a more focused response from social work practitioners for young people from the age of 13/14. An outline of the team was provided and it was noted that there is an evolving capability framework. There is more focused work with Personal Advisors taking place from the age of 16 who will co-work with Social Workers as the young person develops and which will offer support in a number of areas around independent living skills. This will allow for a smoother transition into adulthood.

The Board was also informed there is a Next Steps Panel which looks at a multi agency pathway plan covering housing, education, employment etc. In addition to this there are Family Connectors in the team who will link back to the family/ carers and offer support as they approach adulthood. Accommodation is an issue and work takes place with young people including those who are in semi independent accommodation and those in children's homes. The Board was also advised of the work taking place for young people who are placed out of the Borough and also those who are classed as Unaccompanied Asylum Seeking Children (UASC) as we are part of the National Transfer Scheme to resettle them.

The Board also receives notes from the following groups for information if they had met:

SEND CIB

Early Help

Emotional Health and Wellbeing Group

Community Safety Partnership

### 2.2 SEND Continuous Improvement Board (SENDCIB)

There have been two meetings since the last update, one on 20th September 2022 and one on 15th November 2022, however, the notes from November are not available at the time of writing this update and will be provided with the next update.

At the September meeting the following items were discussed: SEND Education Update; SEND Inspection Framework; Integrated Care Board – Sefton and Regional and SEND Performance is a standing item on each agenda.

A presentation on SEND Education was provided and noted the pressures which included circumstances contributing to an increase in requests for new EHCP's, EHCPs reviews, staffing pressures and the Delivering Better Value (DBV) Programme which noted Sefton is one of 55 councils engaged in DBV to address the High Needs Funding deficit.

The item on a New Inspection Framework which is due in Spring 2023 was provided. The focus will be on experiences and outcomes for children and young people, how the Local Area Partnership works together and the judgements. It was noted that the three partners of health, education and social care would undertake a self-assessment against the inspection framework which would allow fuller understanding of each other's area of work and identify areas for improvement. A series of workshops for partners was agreed to be set up with reports on progress to be brought back to the Board.

The Integrated Care System was the subject of the next report and was to brief the Board on the disestablishment of the Clinical Commissioning Groups and the establishment of the Sefton Partnership and the local Sefton and Cheshire and Merseyside NHS structure. The report noted that at the heart of the changes brought about by the Health and Care Act is the formalisation of Integrated Care Systems (ICSs). ICSs are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population. Locally this is the establishment of the Cheshire and Merseyside Integrated Care System. Each ICS is now made up of two parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). ICBs will be tasked with the commissioning and oversight of most NHS services and will be accountable to NHS England for NHS spending and performance. ICPs will bring together a wider range of partners, not just the NHS, to develop a plan to address the broader health, public health, and social care needs of the population. ICSs have the potential to reach beyond the NHS to work alongside local authorities and other partners to address the wider determinants of health. The report outlined the governance structure and the need to produce an Integrated Care Strategy by December 2022. There is a Programme Delivery group which will detail delivery across the life course with four areas of key delivery; Start Well, Live Well, Age Well, and All Age.

The updated Improvement Plan with KPIs was included as part of SEND Performance reporting. Exception reporting on those areas of work that are not achieving the agreed KPIS was also provided as well as those no longer included in exception reporting. For this report it was noted that Speech and Language therapy times for 18-25 years across North Sefton were no longer included as they are performing within the contractual requirements of average waiting times of 18 weeks. The areas contained within the report were Speech and Language Therapy (SALT) for 0-18 years, Dietetics 0-18 years South Sefton, Physiotherapy 0-18 years North Sefton, CAMHS Health Services, ASD assessments 0-18 years and ADHD assessments 0-18 years. A dashboard and narratives were supplied for each of these services. The Board was asked to note the report and the developments underway to move towards a Sefton-wide Sefton reporting frameworks which aligns with ICB developments and contract reporting for local health services. It was also noted that further reports would be brought to the November Board on those areas included in the exception report.

The risk register is reviewed at each meeting.

**2.3 Sefton Adults Forum**

The Adult's forum has met twice since the last report, on the 27th of September and the 22nd of November. In September the group discussed the evolution of EPEG as part of the Communication and Engagement strand of Place development. The group had updated on the cost of care exercise and the current challenges being faced by the care home market. The topic of dementia diagnosis was raised, and actions agreed. In Novembers meeting the group received an update on the Day Opportunities review, the progress of the Fair Cost of Care Exercise, developments around dementia offers and diagnosis rates and standard items on communications and quality updates and an update on the recent ICB Maturity assessment.

**2.4 Health and Wellbeing Board Executive and Better Care Fund**

The Health and Wellbeing Executive has not met since the last report. The Executive has given oversight by correspondence to the completion of the Better Care Fund plan for 2022/23. This year a financial plan and a measure of capacity and demand along with a narrative detailing integration was required. This was given approval by the Chair on behalf of the full Health and Wellbeing Board subject to ratification at the next full Board meeting. The full submission is appended to this report.

In addition to this the Better Care Fund will now receive central funding to support Winter Planning, this will need to be collated into a plan and submitted to NHS England by the 16th December. The Board are asked to agree delegation to the Chair to approve this submission on behalf of the Board, and to ratify the final submission at its next available meeting.

The Executive has also provided oversight to the development of a refreshed Terms of reference as an outcome of the Board recent development. This was agreed at Council on the 9th November 2022. The final version is appended to this report.

**2.5 Sefton Health Protection Forum**

Background - Functions and Purpose of the Sefton Health Protection Forum
Purpose

The Health Protection Forum (HPF) is a sub-committee of the Sefton Health and Wellbeing Board and with a focus on facilitating the Director of Public Health's statutory oversight and assurance role of health protection plans. The HPF provides a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.

Additionally, the HPF will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Sefton ensuring they are acting jointly and effectively to protect the population's health.

The Sefton Health Protection Forum (HPF) has been re-established following a pause related to the COVID-19 response. The following HPF meetings have taken place:

28 April 2022 - members development session to discuss functions, purpose and priorities of the group.
7th June 2022, 11th August and 18th October 2022 - HPF meetings
The group will now move to quarterly meetings with the next meeting scheduled in January 2023.

Priorities and task and finish groups

The initial key priorities of the group have been identified as:
- Warm and cold weather plans
- Pandemic preparedness plans
- Seasonal flu
- COVID-19
- Screening and immunisations
- Drug related deaths
- Blood borne viruses (including HIV)

The activities of the group are undertaken by task and finish groups currently the following groups are currently meeting as sub-groups of the HPF:

- Sefton Acute Respiratory Infection Planning Group (Influenza and COVID-19)
- Extreme Weather/Emergency Planning Task and Finish Group
- Blood Borne Virus and HIV group
- Drug related death review panel

Key updates from HPF for Health and Wellbeing Board

Extreme weather planning
Initial work to promote national heatwave plans and promote the use of the national action cards was completed prior to the August 2022 heatwave. This task and finish group has subsequently met to discuss cold weather preparedness.

Seasonal Influenza

NHS England (NHS E) have identified the following priority groups for the seasonal flu vaccination programme, pregnant women, 2–3-year-olds and people with learning disabilities. In Sefton we have worked with NHS E and key stakeholders to support discussions around enhancing the offer to these groups this includes a pilot with the 0-19 Service to deliver nasal flu vaccinations to children in school-based nurseries.

Blood Borne Viruses

There was a significant reduction in the number of people utilising the needle and syringe programmes (NSPs) in Sefton throughout the Covid-19 pandemic and activity has not returned to pre-pandemic levels. Liverpool John Moore's University (LJMU) are currently undertaking a review of NSP provision and will consider additional models of improving distribution to achieve WHO targets.

Drug Related Deaths

Data reported by the Office of National Statistics (ONS) provides numbers of drug related deaths by time of death registration so can include deaths that occurs in previous years. Drug poisoning deaths, and drug misuse death in Sefton have increased by 71.4% and 52% respectively. However, we note that reporting has taken longer during the COVID-19 pandemic, and this may have led to an increase in reporting as coroners covered a backlog of cases.

LJMU are commissioned to run an independent review panel on all drug related deaths. Difficulties experienced by the University accessing coroner information in a timely fashion have now been addressed and will hopefully improve the flow of information from the Coroner's Office

Health Protection Issues

There has been a reduction in the number of new cases of Monkey Pox in the North-West, diagnostic and treatment pathways are being delivered via the Sexual Health Service, with high-risk individuals being identified for vaccination programme.

Vaccine Derived Polio Virus has been found in wastewater in London and as part of a National response UK Health Security Agency has commenced regular testing of the wastewater in the Liverpool sewage system which will also cover parts of Sefton, areas selected have low uptake of primary childhood vaccinations, including polio. Whilst there are no associate clinical cases of Polio in London to date, nationally there is a need to identify children who may not be up to date with the national children's immunisation programme.

NHS E have been in contact with GPs with waiting lists for immunisations and communications have been sent to general practice around the need to ensure catch-up appointments are offered

Issues for escalation to the Health and Wellbeing Board

Screening and Immunisations

Across England and locally in Sefton one impact of the COVID-19 pandemic is a reduction uptake of primary immunisations which leaves communities and individuals at risk of vaccine preventable infections. Likewise, the HPF are concerned that people in Sefton may not have been able to take up national screening offers. The HPF would like to restart task and finish groups to explore these issues, in order to support activity and seek assurance around screening and immunisations programmes. However, there has been no engagement with the HPF from NHS E Screening and Immunisations Team nor has there been a response to requests for a

separate meeting to focus on screening and immunisations in Sefton. Therefore, the HPF wishes to escalate that at present they do not have assurance for these programmes in Sefton.

**2.6 Other Updates**

Combating Drugs Partnership

From Harm to Hope: national 10-year drugs plan to cut crime and save lives was published in December 2021. New supplementary guidance for local delivery partners (June 2022) requires local areas to work collaboratively and in partnership and provides a framework for establishing local Combating Drugs Partnerships (CDP).
The Combating Drugs Partnership is a multi-agency forum that is accountable for delivering the outcomes in the 10 year Drugs Plan within local areas. CDPs will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. All partnerships will be led by a Senior Responsible Owner (SRO) who will be required to report to central government and hold local delivery partners to account.
The Sefton CDP is now established with representation from a range of partners including health, police, CVS, probation, youth offending and treatment providers. Chaired by the Director of Public Health (DPH) who is also the Sefton nominated Senior Reporting Officer. Terms of Reference and governance arrangements, including reporting to the Health & Wellbeing Board via the DPH have been agreed.
The CDP has met on the following dates.
Initial scoping meeting – 3/8/22
Further meetings on – 7/9/22, 2/11/22
The next meeting date – 9/12/22

Nationally a programme of work has been devised, setting out requirements and timelines for all local CDPs. Progress against deliverables has been good in Sefton with a high level of commitment demonstrated by all partners. Progress against key milestones is tabled below.

| Action(s) | Timeframe | Key Update(s) |
|---|---|---|
| Agree Footprint of Partnership and local membership. | By 01-08-2022 | Sefton CDP established reporting to Merseyside CDP led by PCC office. |
| Terms of Reference. | September 2022 | Sefton TOR agreed by membership. |
| Governance. | September 2022 | Reporting agreed to Sefton Health and Wellbeing Board via DPH. |
| Conduct a JSNA – Reviewing local data and evidence. | End of November 2022 | Draft Sefton JSNA circulated for comment.<br>Mapping of local services |

| | | |
|---|---|---|
| | | and support complete. |
| Agree a National Strategy-local drugs delivery plan. | End of December 2022 | Development work underway for a Sefton plan. |
| Ensure that partner agree a local PMF to monitor and implement local plans. | End of December 2022 | Preparatory work underway. |
| Review progress on delivery and emergent issues. | April 2023 and every 12 months thereafter. | |

The Department of Health and Social Care has published the final guidance on Health and Wellbeing Boards as part of the Integrated Care System. The guidance can be found here: Health and wellbeing boards – guidance - GOV.UK (www.gov.uk) this was published on the 22nd November 2022, and builds on the detailed report provided at the last meeting, this incorporates the feedback provided by the Board following our September meeting.

## 3. Conclusion

The Board are asked to note the contents of the report and confirm the specific asks of ratifying the Better Care Fund plan for 2022 /23 and delegating approval for the Winter Planning submission to the Chair.

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# Health and Wellbeing Board: Terms of Reference

## 1. Purpose

Health and wellbeing boards are statutory bodies introduced in England under the Health and Social Care Act 2012, their meetings are open to the public and its papers are published on Sefton Council's website. Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health. The aim of the health and wellbeing boards is to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up" care, particularly in transitions between health care and social care. The Health and Wellbeing Board also performs the duties of the Sefton Children's Trust.

## 2. Chair

The Health and Wellbeing Board is chaired by the Cabinet Member for Health and Wellbeing

### 3. Membership

The membership of the Board will be as follows (this is as recommended by the Board and appointed by Council) :

| Nominated Representative (Role/Title) | Organisation |
|---|---|
| 3 Members of the Council:<br>Cabinet Member for Children's Social Care<br>Cabinet Member for Health and Wellbeing<br>Cabinet Member for Adult Social Care | Sefton Council |
| 3 Statutory Directors and 1 Assistant Director<br>Executive Director for Adult Social Care and Health/Place Director Cheshire and Merseyside Integrated Care Board, Sefton Place.<br>Assistance Director for Adult Social Care and Health<br>Executive Director for Children's Services | Sefton Council |

| | |
|---|---|
| Director of Public Health | |
| Chief Executive | Sefton Council |
| 6 representatives from agreed health organisations (these are those organisations most significant to the Sefton Health System, as agreed by the Informal Health and Wellbeing Board, which will be reviewed on an annual basis)<br>Chief Executive or their deputy (unless stated) | Liverpool University Hospitals NHS Foundation Trust<br>Mersey Care NHS Trust<br>Southport and Ormskirk Hospitals NHS Trust<br>Alder Hey Children's NHS Trust foundation<br>Sefton Place Integrated Care Board Clinical Director |
| Health Watch | Healthwatch Sefton |
| Police | Merseyside Police |
| Fire | Merseyside Fire and Rescue |
| Council for the Voluntary Sector | Sefton CVS |
| Independent Chair | Sefton Place Programme Delivery Group. |
| Provider representation at a Chief Executive level of 1 Adults Provider and 1 Children's Provider. | Sefton Health and Social Care Forum |

**Board member roles**

The Chair will ensure:

- All meetings are conducted in a fair, transparent, and professional manner.
- That decisions are clear, and organisations are accountable.
- That any actions required have a clearly identified lead and agreed timescale for delivery.
- That a shared culture, language, common purpose, and trust are engendered through a collaborative leadership style.

Members of the Board will ensure that:

- They make every effort to attend meetings.
- Failure to attend three consecutive meetings will lead to a review of their membership.
- They are prepared for the meetings and have read papers circulated in advance.
- They will represent the views of the group, organisation, and / or partnership that they speak for and they will ensure that Board business is reported back to that group, organisation / partnership as required.
- They will be empowered to make decisions on behalf of the group, organisation, and / or partnership that they speak for.
- They will take forward any actions that they have agreed to develop, and then report back any progress to the group in the timescales agreed.
- They will use the available needs and assets assessments and evidence of

effectiveness to develop their views, particularly with reference to the evidence within the JSNA and other strategic needs and assets assessments

- Members will adhere to the seven principles of public life
- Members endorse the collaborative model and work to ensure its achievement.
- Members cannot nominate a deputy.

Other attendees may be requested to attend and present as required from time to time and in line with agenda items to be discussed.

The role of Health Watch on the Board is a dual role; first, to bring the voice of the local community to the HWB by leading more effective engagement; and second as a system leader, influencing decision making and commissioning and supporting the development of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and helping to drive the change that is required.

## 4. Quorum

A quorum will be at least 2 elected members.

## 5. Functions

- The Health and Wellbeing Board is the place for wider partnership discussions and its Executive is the place to transact other businesses that need not command the attention of the full membership.
- To encourage integrated working between commissioners of health, public health and social care services.
- To encourage those who provide services related to wider determinants of health, so such as housing, to work closely with the Health and Wellbeing Board.
- To lead on the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) including involving users and the public in their development. To deliver the vison of creating a confident and connected borough that offers the things we all need to start, live and age well, where everyone has a fair chance of a positive and Healthier future.
- To be inclusive of all health and care partners in Sefton.
- To develop their commissioning plans and ensure that they take proper account of the Joint Health and Wellbeing Strategy when developing these plans.

### 5.1 Principles of working

The Partners will work together in good faith and will:
Work together to deliver a single vision through a focused set of priorities to reduce the unacceptable gap in health and wellbeing inequalities
Work to achieve financial sustainability by working to create the conditions to `guarantee the most efficient, effective and value for money based use of public resources in Sefton.

Deliver Person Centred Services informed by the voice of experts by experience through commitment to codesign, coproduction and listening at all levels to our owners – the people that need Care and Support.
Commit to acting ethically at all times with the ultimate interest of the citizen held at the heart of what we do. This is to be achieved through openness, honesty, transparency and constructive challenge.
To build on what we learnt during COVID – the power of acting as one, being risk enabled, outcome focused, and solution driven to solve our 'wicked problems'
Invest in innovative and creative services that bring best practice to Sefton and offer digital solution that bring maximum impact and solutions to our citizens
Ensure that all that we do is informed through a population health framework that enables shared, collective data to ensure that residents are getting the best possible care and support – in the right place at the right time

**Structure**

The Board has adopted 5 formal subgroups shown in figure one below:

| | Name | Function |
|---|---|---|
| **1.** | **The Health Protection Forum** | A forum where statutory roles of partner's review plans and issues that need escalation. The HP Forum is chaired by the Director of Public Health or their Deputy, and meets on a quarterly basis with representatives from the Council, Clinical Commissioning Group, NHS partners and Public Health England |
| **2.** | **The Adults Forum** | To support the delivery of the Health and Wellbeing Strategy to achieve improved health and wellbeing outcomes for Sefton's Adults |
| **3.** | **The Children and Young Peoples Partnership Board** | To ensure that appropriate arrangements are in place to enable vulnerable children and young people to be heard, happy and healthy so that they can achieve the best possible outcomes |
| **4.** | **The Health and Wellbeing Executive** | To determine and ensure delivery of a Strategy for Integrated Commissioning, to drive forward performance, to own and manage risks relating to Integrated Commissioning, and strategically lead the change programme towards full integration |
| **5.** | **The SEND Continuous Improvement Board** | To ensure that a robust special educational needs and disabilities (SEND), Improvement plan is in place and delivered to respond to the joint OFSTED/CQC revisit to review the partnership weaknesses, which were initially identified in the SEND Inspection in November 2016. The main purpose being to improve outcomes and demonstrate impact for children and young people and support parents and carers. |


## 6. Authority/Reporting

The Board is established by the constitution of Sefton Council.

## 7. Frequency of Meetings

The Health and Wellbeing Board shall meet no less than on a quarterly basis. With Informal Health and Wellbeing Board meetings held quarterly on intervening months (informal meetings allow the Board to develop its thinking prior to public decision).

Meetings will be held in accordance with the provisions of the Local Government Act 1972

The Chair may call extraordinary meetings of the Board at his or her discretion, subject to providing at least 10 working days' notice to the public.

## 8. Administration

The Health and Wellbeing Board will be administered by democratic Services for Sefton Council

Agenda items and supporting papers must be submitted via the Mod Gov system with Financial and Legal approval 10 working days prior to the meeting date and will be published via the council's website 5 clear working days before the meeting takes place.

Minutes will be produced following the meeting and will be publicly available and published on the council's website.

## 9. Review

The terms of reference of the Health and Wellbeing Board will be reviewed by board members on a minimum of a 12 monthly basis.

# Better Care Fund 2022-23 Capacity & Demand Template

**1.0 Guidance**

**Overview**

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

**Demand** - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand
- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

**Intermediate care capacity** - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

**Spend data -** this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

**Note on entering information into this template**

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

**Note on viewing the sheets optimally**

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

**2. Cover**

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

**3. Demand**

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

**3.2 Demand - Community**

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

**4.1 Capacity - discharge**

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

**4.2 Capacity - community**

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

**5.0 Spend**

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government

NHS

## Better Care Fund 2022-23 Capacity & Demand Template

**2.0 Cover**

**Version 1.0**

| | |
|---|---|
| **Health and Wellbeing Board:** | Sefton |
| **Completed by:** | Eleanor Moulton |
| **E-mail:** | Eleanor.Moulton@Sefton.gov.uk |
| **Contact number:** | 7779162882 |
| **Has this report been signed off by (or on behalf of) the HWB at the time of submission?** | Yes |
| **If no, please indicate when the report is expected to be signed off:** | |

**Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):**

| | |
|---|---|
| **Job Title:** | Chair of the Health and Wellbeing Board |
| **Name:** | Councillor Ian Moncur |

| | |
|---|---|
| **How could this template be improved?** | |

**Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'**


<< Link to the Guidance sheet

^^ Link back to top

# Better Care Fund 2022-23 Capacity & Demand Template

**3.1 Demand - Hospital Discharge**

Selected Health and Wellbeing Board: Sefton

**3. Demand**

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

| Totals Summary (autopopulated) | Okt.22 | Nov.22 | Dez.22 | Jän.23 | Feb.23 | Mär.23 |
|---|---|---|---|---|---|---|
| 0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0) | 5927 | 6219 | 5626 | 5436 | 5230 | 6003 |
| 1: Reablement in a persons own home to support discharge (D2A Pathway 1) | 108 | 120 | 132 | 145 | 160 | 176 |
| 2: Step down beds (D2A pathway 2) | 77 | 97 | 104 | 110 | 116 | 101 |
| 3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3) | 35 | 28 | 13 | 22 | 18 | 23 |

| Any assumptions made: | Reablement figures supplied by Sefton MBC only available at Sefton Place footprint. Therefore, assumptions have been applied based on Sefton discharge data from the two Acute Trusts to split reablement by North and South. Pathway 0 discharges are based on total hospital discharges (exc deaths) for Sefton patients minus Pathway 1-3 discharges |
|---|---|

!!Click on the filter box below to select Trust first!!

| Trust Referral Source (Select as many as you need) | Demand - Discharge Pathway | Okt.22 | Nov.22 | Dez.22 | Jän.23 | Feb.23 | Mär.23 |
|---|---|---|---|---|---|---|---|
| (Please select Trust/s.....) | 0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0) | | | | | | |
| LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TR | | 2273 | 2407 | 2153 | 2250 | 2021 | 2340 |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | | 2317 | 2457 | 2202 | 2004 | 2013 | 2309 |
| (Please select Trust/s.....) | 1: Reablement in a persons own home to support discharge (D2A Pathway 1) | | | | | | |
| LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TR | | 54 | 60 | 66 | 73 | 80 | 88 |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | | 54 | 60 | 66 | 72 | 80 | 88 |
| (Please select Trust/s.....) | 2: Step down beds (D2A pathway 2) | | | | | | |
| LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TR | | 46 | 52 | 68 | 47 | 65 | 47 |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | | 31 | 45 | 36 | 63 | 51 | 54 |
| (Please select Trust/s.....) | 3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3) | | | | | | |
| LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TR | | 14 | 16 | 5 | 8 | 6 | 5 |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | | 21 | 12 | 8 | 14 | 12 | 18 |

# Better Care Fund 2022-23 Capacity & Demand Template

**3.0 Demand - Community**

Selected Health and Wellbeing Board: Sefton

## 3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

| Any assumptions made: | Commissioned capacity in line with Trust agreement.<br>Additional commissioned capacity modelled with system providers to meet future demand.<br>Models based on historic activity levels. |
|---|---|

## Demand - Intermediate Care

| Service Type | Okt.22 | Nov.22 | Dez.22 | Jän.23 | Feb.23 | Mär.23 |
|---|---|---|---|---|---|---|
| Voluntary or Community Sector Services | 424 | 387 | 410 | 412 | 371 | 469 |
| Urgent community response | 558 | 540 | 558 | 558 | 504 | 558 |
| Reablement/support someone to remain at home | 51 | 85 | 53 | 53 | 45 | 93 |
| Bed based intermediate care (Step up) | 4 | 7 | 4 | 2 | 4 | 7 |

# Better Care Fund 2022-23 Capacity & Demand Template

**4.0 Capacity - Discharge**

Selected Health and Wellbeing Board: Sefton

**4.1 Capacity - discharge**

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

| Any assumptions made: | NHS Sefton Place included figures supplied by Sefton MBC |
|---|---|

**Capacity - Hospital Discharge**

| Service Area | Metric | Okt.22 | Nov.22 | Dez.22 | Jän.23 | Feb.23 | Mär.23 |
|---|---|---|---|---|---|---|---|
| VCS services to support discharge | Monthly capacity. Number of new clients. | 11 | 11 | 11 | 16 | 16 | 16 |
| Urgent Community Response (pathway 0) | Monthly capacity. Number of new clients. | 4590 | 4864 | 4355 | 4254 | 4034 | 4649 |
| Reablement or reabilitation in a person's own home (pathway 1) | Monthly capacity. Number of new clients. | 108 | 120 | 132 | 145 | 160 | 176 |
| Bed-based intermediate care (step down) (pathway 2) | Monthly capacity. Number of new clients. | 77 | 97 | 104 | 110 | 116 | 101 |
| Residential care that is expected to be long-term (discharge only) | Monthly capacity. Number of new clients. | 35 | 28 | 13 | 22 | 18 | 23 |

# Better Care Fund 2022-23 Capacity & Demand Template

**4.2 Capacity - Community**

Selected Health and Wellbeing Board: Sefton

**4.2 Capacity - community**

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

| Any assumptions made: | |
|---|---|

| Capacity - Community | | | | | | | |
|---|---|---|---|---|---|---|---|
| Service Area | Metric | Okt.22 | Nov.22 | Dez.22 | Jän.23 | Feb.23 | Mär.23 |
| Voluntary or Community Sector Services | Monthly capacity. Number of new clients. | 424 | 387 | 410 | 412 | 371 | 469 |
| Urgent Community Response | Monthly capacity. Number of new clients. | 558 | 540 | 558 | 558 | 504 | 558 |
| Reablement or rehabilitation in a person's own home | Monthly capacity. Number of new clients. | 51 | 85 | 53 | 53 | 45 | 93 |
| Bed based intermediate care (step up) | Monthly capacity. Number of new clients. | 4 | 7 | 4 | 2 | 4 | 7 |

# Better Care Fund 2022-23 Capacity & Demand Template

**5.0 Spend**

Selected Health and Wellbeing Board: Sefton

**5.0 Spend**

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

## Spend on Intermediate Care

| | 2022-23 |
|---|---|
| Overall Spend (BCF & Non BCF) | £83,379,915 |
| BCF related spend | £24,531,170 |

| | |
|---|---|
| Comments if applicable | |

# BCF Planning Template 2022-23

**1. Guidance**

**Overview**

**Note on entering information into this template**

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

**Note on viewing the sheets optimally**

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

**Checklist** (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

**2. Cover** (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

**4. Income** (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

**5. Expenditure** (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

**6. Metrics** (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

**7. Planning Requirements** (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

# Better Care Fund 2022-23 Template

**2. Cover**

**Version 1.0.0**

HM Government

NHS

*Please Note:*
*- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.*
*- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".*
*- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.*
*- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*
*- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.*

| | |
|---|---|
| **Health and Wellbeing Board:** | Sefton |
| **Completed by:** | Eleanor Moulton |
| **E-mail:** | Eleanor.Moulton@Sefton.gov.uk |
| **Contact number:** | 7779162882 |
| **Has this plan been signed off by the HWB (or delegated authority) at the time of submission?** | Yes |
| **If no please indicate when the HWB is expected to sign off the plan:** | Mi 07.12.2022 |
| **If using a delegated authority, please state who is signing off the BCF plan:** | Chair of the Health and Wellbeing Board |

**Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):**

| | |
|---|---|
| **Job Title:** | Chair of the Health and Wellbeing Board, Elected Member. |
| **Name:** | Ian Moncur |

| | Role: | Professional Title (e.g. Dr, Cllr, Prof) | First-name: | Surname: | E-mail: |
|---|---|---|---|---|---|
| ***Area Assurance Contact Details:** | Health and Wellbeing Board Chair | Cllr | Ian | Moncur | Ian.Moncur@Sefton.gov.uk |
| | Integrated Care Board Chief Executive or person to whom they have delegated sign-off | Ms | Deborah | Butcher | Deborah.Butcher@Sefton |
| | Additional ICB(s) contacts if relevant | Mr | Stephan | Williams | Stephen.Williams@southseftonccg.nhs.uk |
| | Local Authority Chief Executive | Mr | Dwayne | Johnson | Dwayne.Johnson@Sefton.gov.uk |
| | Local Authority Director of Adult Social Services (or equivalent) | Ms | Deborah | Butcher | Deborah.Butcher@Sefton |
| | Better Care Fund Lead Official | Ms | Eleanor | Moulton | Eleanor.Moulton@Sefton.gov.uk |
| | LA Section 151 Officer | Mr | Stephan | Van Arsenden | Stephan.VanArendsen@sefton.gov.uk |
| *Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process --> | BI Lead - C&M ICB, Sefton Place | Mr | Luke | Garner | Luke.Garner@southseftonccg.nhs.uk |
| | BI Lead - Sefton Council | Mr | Roger | Robinson | Roger.Robinson@Sefton.gov.uk |
| | Head of Urgent Care | Mrs | Sharon | Dooner | Sharon.Forrester@southportandformbyccg.nhs.uk |

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

**Please see the Checklist below for further details on incomplete fields**

| | Complete: |
|---|---|
| 2. Cover | Yes |
| 4. Income | Yes |
| 5a. Expenditure | Yes |
| 6. Metrics | No |
| 7. Planning Requirements | Yes |


<< Link to the Guidance sheet

^^ Link back to top

# Better Care Fund 2022-23 Template

**3. Summary**

Selected Health and Wellbeing Board: Sefton

## Income & Expenditure

Income >>

| Funding Sources | Income | Expenditure | Difference |
|---|---|---|---|
| DFG | £4,823,370 | £4,823,370 | £0 |
| Minimum NHS Contribution | £26,435,346 | £26,435,346 | £0 |
| iBCF | £15,725,903 | £15,725,903 | £0 |
| Additional LA Contribution | £252,100 | £252,100 | £0 |
| Additional ICB Contribution | £3,818,654 | £3,818,654 | £0 |
| **Total** | **£51,055,373** | **£51,055,373** | **£0** |

Expenditure >>

**NHS Commissioned Out of Hospital spend from the minimum ICB allocation**

| | |
|---|---|
| Minimum required spend | £7,512,176 |
| Planned spend | £10,812,746 |

**Adult Social Care services spend from the minimum ICB allocations**

| | |
|---|---|
| Minimum required spend | £13,584,091 |
| Planned spend | £14,168,050 |

**Scheme Types**

| | | |
|---|---|---|
| Assistive Technologies and Equipment | £1,808,400 | (3.5%) |
| Care Act Implementation Related Duties | £1,488,000 | (2.9%) |
| Carers Services | £759,950 | (1.5%) |

| | | |
|---|---|---|
| Community Based Schemes | £5,904,700 | (11.6%) |
| DFG Related Schemes | £4,823,370 | (9.4%) |
| Enablers for Integration | £281,100 | (0.6%) |
| High Impact Change Model for Managing Transfer of C | £0 | (0.0%) |
| Home Care or Domiciliary Care | £4,402,650 | (8.6%) |
| Housing Related Schemes | £0 | (0.0%) |
| Integrated Care Planning and Navigation | £4,596,050 | (9.0%) |
| Bed based intermediate Care Services | £3,026,350 | (5.9%) |
| Reablement in a persons own home | £1,181,700 | (2.3%) |
| Personalised Budgeting and Commissioning | £2,723,540 | (5.3%) |
| Personalised Care at Home | £5,400 | (0.0%) |
| Prevention / Early Intervention | £77,300 | (0.2%) |
| Residential Placements | £17,262,313 | (33.8%) |
| Other | £2,714,550 | (5.3%) |
| **Total** | **£51,055,373** | |

Metrics >>

## Avoidable admissions

| | 2022-23 Q1 Plan | 2022-23 Q2 Plan | 2022-23 Q3 Plan |
|---|---|---|---|
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population) | | | |

## Discharge to normal place of residence

| | 2022-23 Q1 Plan | 2022-23 Q2 Plan | 2022-23 Q3 Plan |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence<br><br>(SUS data - available on the Better Care Exchange) | 92.5% | 92.0% | 92.0% |

## Residential Admissions

| | | 2020-21 Actual | 2022-23 Plan |
|---|---|---|---|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 661 | 708 |

## Reablement

| | | 2022-23 Plan |
|---|---|---|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 90.7% |

Planning Requirements >>

| Theme | Code | Response |
|---|---|---|
| **NC1: Jointly agreed plan** | **PR1** | Yes |
| | **PR2** | Yes |

| | | |
|---|---|---|
| PR3 | Yes | |
| NC2: Social Care Maintenance | PR4 | Yes |
| NC3: NHS commissioned Out of Hospital Services | PR5 | Yes |
| NC4: Implementing the BCF policy objectives | PR6 | Yes |
| Agreed expenditure plan for all elements of the BCF | PR7 | Yes |
| Metrics | PR8 | Yes |

# Better Care Fund 2022-23 Template

**4. Income**

Selected Health and Wellbeing Board: Sefton

| Local Authority Contribution | |
|---|---|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| Sefton | £4,823,370 |
| | |
| DFG breakdown for two-tier areas only (where applicable) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total Minimum LA Contribution (exc iBCF)** | **£4,823,370** |

| iBCF Contribution | Contribution |
|---|---|
| Sefton | £15,725,903 |
| | |
| **Total iBCF Contribution** | **£15,725,903** |

| Are any additional LA Contributions being made in 2022-23? If yes, please detail below | Yes |
|---|---|

| Local Authority Additional Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|---|---|---|
| Sefton | £252,100 | Advocacy- new combined Cimmissioning with CCG |
| | | |
| | | |
| **Total Additional Local Authority Contribution** | **£252,100** | |

| NHS Minimum Contribution | Contribution |
|---|---|
| NHS Cheshire and Merseyside ICB | £26,435,346 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total NHS Minimum Contribution** | **£26,435,346** |

| | |
|---|---|
| Are any additional ICB Contributions being made in 2022-23? If yes, please detail below | Yes |

| Additional ICB Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|---|---|---|
| NHS Cheshire and Merseyside ICB | £3,818,654 | This relates to funding in excess of the required |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total Additional NHS Contribution** | **£3,818,654** | |
| **Total NHS Contribution** | **£30,254,000** | |

| | 2021-22 |
|---|---|
| **Total BCF Pooled Budget** | **£51,055,373** |

| **Funding Contributions Comments**<br>Optional for any useful detail e.g. Carry over |
| --- |
| DFG surplus carried forward from 21/22 allocation was £866,361. Making the total accumulated surplus for all prior years as £9.692m carrying forward into 22/23.<br>DFG spend is part of long term capital programme & surplus from prior years is re-profiled into future years . Also held in reserve 7 carrying forward into 22/23 wasthe 21/22 surplus from Integration & Tranmsformation posts due to delay in recruitment £99k |

# Better Care Fund 2022-23 Template

**5. Expenditure**

Selected Health and Wellbeing Board: Sefton

<< Link to summary sheet

| Running Balances | Income | Expenditure | Balance |
|---|---|---|---|
| DFG | £4,823,370 | £4,823,370 | £0 |
| Minimum NHS Contribution | £26,435,346 | £26,435,346 | £0 |
| iBCF | £15,725,903 | £15,725,903 | £0 |
| Additional LA Contribution | £252,100 | £252,100 | £0 |
| Additional NHS Contribution | £3,818,654 | £3,818,654 | £0 |
| **Total** | **£51,055,373** | **£51,055,373** | **£0** |

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

| | Minimum Required Spend | Planned Spend | Under Spend |
|---|---|---|---|
| NHS Commissioned Out of Hospital spend from the minimum ICB allocation | £7,512,176 | £10,812,746 | £0 |
| Adult Social Care services spend from the minimum ICB allocations | £13,584,091 | £14,168,050 | £0 |

>> Link to further guidance

**Checklist**

Column complete:

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes |

**Sheet complete**

| | | | | | | Planned Expenditure | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Expenditure (£) | New/ Existing Scheme |
| 1 | Virtual Ward/CC2H | Virtual Ward Team | Integrated Care Planning and Navigation | Assessment teams/joint assessment | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £1,695,196 | Existing |
| 1 | Virtual Ward/CC2H | Virtual Ward Team | Integrated Care Planning and Navigation | Assessment teams/joint assessment | | Community Health | | CCG | | | NHS Community Provider | Additional NHS Contribution | £1,178,804 | Existing |
| 2 | Community Matrons | Community Matrons Team | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £544,550 | Existing |
| 3 | Children's Community Nursing Outreach | Children's Community Nursing Outreach Team | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £297,100 | Existing |
| 4 | Community Treatment Rooms | Community Treatment Rooms | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £314,800 | Existing |
| 5 | District Nurses(Twilight Nursing) | District Nurses(Twilight Nursing) | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £1,028,350 | Existing |
| 6 | District Nurses Out of Hours | District Nurses Out of Hours | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £636,200 | Existing |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | District Nurses Out of Hours | District Nurses Out of Hours - Additional Capacity in Southport & | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £182,250 | Existing |
| 8 | Alcohol Nurse | Alcohol Nurse | Community Based Schemes | Multidisciplinary teams that are supporting | | Acute | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £26,500 | Existing |
| 9 | HALS (Alcohol Liaison) | HALS - Alcohol Liaison Service | Community Based Schemes | Multidisciplinary teams that are supporting | | Acute | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £91,700 | Existing |
| 10 | Phlebotomy | Phlebotomy Service | Community Based Schemes | Multidisciplinary teams that are supporting | | Acute | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £123,700 | Existing |
| 11 | Respiratory/Actrite | Respiratory/Actrite Services | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £1,097,750 | Existing |
| 12 | Community Heart Failure/Cardiac Rehab | Community Heart Failure/Cardiac Rehab Services | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £702,500 | Existing |
| 13 | Community Dietetics (inc Enteral Feeding) | Community Dietetics (inc Enteral Feeding) Service | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £370,000 | Existing |
| 14 | Community Nursing Team | Children's Community Nursing Team | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £82,850 | Existing |
| 15 | Community Paediatrics | Community Paediatrics | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £330,250 | Existing |
| 16 | Advocacy | Statutory and Community Advocacy Services | Care Act Implementation Related Duties | Other | Advocacy Services | Social Care | | Joint | 100.0% | 0.0% | Charity / Voluntary Sector | Minimum NHS Contribution | £66,350 | Existing |
| 16 | Advocacy | Statutory and Community Advocacy Services | Care Act Implementation Related Duties | Other | Advocacy Services | Social Care | | Joint | 0.0% | 100.0% | Charity / Voluntary Sector | Additional LA Contribution | £252,100 | New |
| 16 | Advocacy | Statutory and Community Advocacy Services | Care Act Implementation Related Duties | Other | Advocacy Services | Social Care | | Joint | 100.0% | 0.0% | Charity / Voluntary Sector | Additional NHS Contribution | £272,450 | New |
| 17 | Social Work | Additional Social Worker Capacity - Mobile Working | Care Act Implementation Related Duties | Other | Social Workers | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £51,000 | Existing |
| 18 | Care Act | Care Act Implementation Related Duties | Care Act Implementation Related Duties | Other | Includes Additional SW/ Safeguarding | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £765,100 | Existing |
| 19 | Care Act | Care Act Implementation Related Duties | Care Act Implementation Related Duties | Other | Deprivation of Liberty Safeguards | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £81,000 | Existing |
| 20 | Carers Breaks & Respite | Carers Breaks & Respite | Carers Services | Respite services | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £739,950 | Existing |
| 21 | Carers Card Initiative | Carers Card Initiative | Carers Services | Other | Carer Advice and Support | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £20,000 | Existing |
| 22 | Investment in Sensory Support Eye Clinic Liason | Bradbury Fields Voluntary Service | Integrated Care Planning and Navigation | Care navigation and planning | | Social Care | | CCG | | | Charity / Voluntary Sector | Minimum NHS Contribution | £17,000 | Existing |
| 23 | Intermediate Care (Ward 35) | Intermediate Care (Ward 35) | Bed based intermediate Care Services | Step down (discharge to assess pathway-2) | | Acute | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £1,120,000 | Existing |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | Intermediate Care - Community | Intermediate Care Services | Other | | Rapid / Crisis Response | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £1,030,200 | Existing |
| 25 | Intermediate Care Services | Intermediate Care Services | Bed based intermediate Care Services | Step down (discharge to assess pathway-2) | | Acute | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £820,650 | Existing |
| 26 | GP Call Handling Service | HICM for Managing Transfer of Care | Community Based Schemes | Multidisciplinary teams that are supporting | | Primary Care | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £76,200 | Existing |
| 27 | Discharge Planning | Integrated Care Planning and Navigation | Integrated Care Planning and Navigation | Care navigation and planning | | Acute | | CCG | | | NHS Acute Provider | Minimum NHS Contribution | £151,300 | Existing |
| 28 | Community Equipment | Assistive Technologies and Equipment | Assistive Technologies and Equipment | Community based equipment | | Social Care | | CCG | | | Local Authority | Minimum NHS Contribution | £896,850 | Existing |
| 29 | Community Equipment Additional | Assistive Technologies and Equipment | Assistive Technologies and Equipment | Community based equipment | | Social Care | | CCG | | | Local Authority | Minimum NHS Contribution | £347,550 | Existing |
| 30 | Home from Hospital | Home Care or Domiciliary Care | Home Care or Domiciliary Care | Domiciliary care to support hospital discharge | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £182,000 | Existing |
| 31 | Early Discharge | Home Care or Domiciliary Care | Home Care or Domiciliary Care | Domiciliary care to support hospital discharge | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £228,350 | Existing |
| 32 | Intermediate Care - Chase Heys | Intermediate Care - Chase Heys - Therapy Provision | Bed based intermediate Care Services | Step down (discharge to assess pathway-2) | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £217,000 | Existing |
| 33 | Intermediate Care Worker | Intermediate Care Worker Post - Chase Heys | Bed based intermediate Care Services | Other | Workforce | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £18,300 | Existing |
| 34 | Intermediate Care Services | Intermediate Care Services- Chase Heys | Bed based intermediate Care Services | Step down (discharge to assess pathway-2) | | Acute | | LA | | | Private Sector | Additional NHS Contribution | £401,950 | New |
| 35 | End of Life Service - SW | End of Life Service - Social Work Lobby Team - Contribution to Post | Personalised Care at Home | Other | End of Life | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £5,400 | Existing |
| 36 | Community Beds & Medical Cover House | Community Beds & Medical Cover - Manchester House | Bed based intermediate Care Services | Other | Medical Cover for Bed-Based Provisions | Primary Care | | LA | | | CCG | Minimum NHS Contribution | £448,450 | Existing |
| 37 | Conmmunity Stores Equipment and Adaptations | Assistive Technologies and Equipment | Assistive Technologies and Equipment | Community based equipment | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £391,000 | Existing |
| 38 | Reablement | Reablement - Block Contract Provision | Reablement in a persons own home | Reablement service accepting community and | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £899,000 | Existing |
| 39 | Equipment and Telecare | Assistive Technologies and Equipment | Assistive Technologies and Equipment | Community based equipment | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £73,000 | Existing |
| 40 | Adult Social Worker Capacity and Supporting | Lead Practitioners and Social Workers Embedded into | Integrated Care Planning and Navigation | Care navigation and planning | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £534,250 | Existing |
| 41 | Telecare to Support People at Home | Sefton Careline Service | Assistive Technologies and Equipment | Telecare | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £100,000 | Existing |
| 42 | DFG | DFG Related Schemes | DFG Related Schemes | Adaptations, including statutory DFG grants | | Social Care | | CCG | | | Local Authority | DFG | £4,823,370 | Existing |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 43 | Falls | Prevention / Early Intervention | Prevention / Early Intervention | Social Prescribing | | Other | Public Health Comissoned Services and CCG | CCG | | | Local Authority | Minimum NHS Contribution | £77,300 | Existing |
| 44 | Alder Hey CAMHS | Alder Hey CAMHS Service | Integrated Care Planning and Navigation | Assessment teams/joint assessment | | Mental Health | | CCG | | | NHS Mental Health Provider | Minimum NHS Contribution | £1,019,500 | Existing |
| 45 | Reablement Rapid Response | Rapid Response Service | Reablement in a persons own home | Preventing admissions to acute setting | | Social Care | | LA | | | Private Sector | iBCF | £282,700 | Existing |
| 46 | Contribution to Placements & Packages | Residential Placements | Residential Placements | Supported living | | Social Care | | LA | | | Private Sector | iBCF | £927,590 | Existing |
| 46 | Contribution to Placements & Packages | Residential Placements | Residential Placements | Learning disability | | Social Care | | LA | | | Private Sector | iBCF | £3,906,340 | Existing |
| 46 | Contribution to Placements & Packages | Residential Placements | Residential Placements | Care home | | Social Care | | LA | | | Private Sector | iBCF | £4,003,883 | Existing |
| 46 | Contribution to Placements & Packages | Residential Placements | Residential Placements | Nursing home | | Social Care | | LA | | | Private Sector | iBCF | £2,280,050 | Existing |
| 46 | Contribution to Placements & Packages | Home Care or Domiciliary Care | Home Care or Domiciliary Care | Domiciliary care packages | | Social Care | | LA | | | Private Sector | iBCF | £2,571,250 | Existing |
| 46 | Contribution to Placements & Packages | Personalised Budgeting and Commissioning | Personalised Budgeting and Commissioning | | | Social Care | | LA | | | Private Sector | iBCF | £1,754,090 | Existing |
| 47 | NHS Transfer to Social Care | Residential Placements | Residential Placements | Learning disability | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £2,158,900 | Existing |
| 47 | NHS Transfer to Social Care | Residential Placements | Residential Placements | Care home | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £2,212,800 | Existing |
| 47 | NHS Transfer to Social Care | Residential Placements | Residential Placements | Nursing home | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £1,260,100 | Existing |
| 47 | NHS Transfer to Social Care | Home Care or Domiciliary Care | Home Care or Domiciliary Care | Domiciliary care packages | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £1,421,050 | Existing |
| 47 | NHS Transfer to Social Care | Personalised Budgeting and Commissioning | Personalised Budgeting and Commissioning | | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £969,450 | Existing |
| 47 | NHS Transfer to Social Care | Residential Placements | Residential Placements | Supported living | | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | £512,650 | Existing |
| 48 | Integrated Commissioning | Integrated Commissioning Manager Posts | Enablers for Integration | Joint commissioning infrastructure | | Other | Integration & Transformation | LA | | | Local Authority | Additional NHS Contribution | £186,650 | New |
| 49 | Integration & Transformation | Integration & Transformation | Enablers for Integration | Workforce development | | Other | Integration & Transformation | LA | | | Local Authority | Additional NHS Contribution | £94,450 | New |
| 50 | Ageing well | Ageing well | Other | | National NHS E funded programme | Other | Integrated Older Peoples Services | CCG | | | NHS Community Provider | Additional NHS Contribution | £1,684,350 | New |

# Further guidance for completing Expenditure sheet

## National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

## 2022-23 Revised Scheme types

| Number | Scheme type/ services | Sub type | Description |
|---|---|---|---|
| 1 | Assistive Technologies and Equipment | 1. Telecare<br>2. Wellness services<br>3. Digital participation services<br>4. Community based equipment<br>5. Other | Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services). |
| 2 | Care Act Implementation Related Duties | 1. Carer advice and support<br>2. Independent Mental Health Advocacy<br>3. Safeguarding<br>4. Other | Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF. |
| 3 | Carers Services | 1. Respite Services<br>2. Other | Supporting people to sustain their role as carers and reduce the likelihood of crisis.<br><br>This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. |
| 4 | Community Based Schemes | 1. Integrated neighbourhood services<br>2. Multidisciplinary teams that are supporting independence, such as anticipatory care<br>3. Low level support for simple hospital discharges (Discharge to Assess pathway 0)<br>4. Other | Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)<br><br>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home' |
| 5 | DFG Related Schemes | 1. Adaptations, including statutory DFG grants<br>2. Discretionary use of DFG - including small adaptations<br>3. Handyperson services<br>4. Other | The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.<br><br>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate |

| | | | |
|---|---|---|---|
| 6 | Enablers for Integration | 1. Data Integration<br>2. System IT Interoperability<br>3. Programme management<br>4. Research and evaluation<br>5. Workforce development<br>6. Community asset mapping<br>7. New governance arrangements<br>8. Voluntary Sector Business Development<br>9. Employment services<br>10. Joint commissioning infrastructure<br>11. Integrated models of provision<br>12. Other | Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.<br><br>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others. |
| 7 | High Impact Change Model for Managing Transfer of Care | 1. Early Discharge Planning<br>2. Monitoring and responding to system demand and capacity<br>3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge<br>4. Home First/Discharge to Assess - process support/core costs<br>5. Flexible working patterns (including 7 day working)<br>6. Trusted Assessment<br>7. Engagement and Choice<br>8. Improved discharge to Care Homes<br>9. Housing and related services<br>10. Red Bag scheme<br>11. Other | The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section. |
| 8 | Home Care or Domiciliary Care | 1. Domiciliary care packages<br>2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)<br>3. Domiciliary care workforce development<br>4. Other | A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services. |
| 9 | Housing Related Schemes | | This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units. |

| | | | |
|---|---|---|---|
| 10 | Integrated Care Planning and Navigation | 1. Care navigation and planning<br>2. Assessment teams/joint assessment<br>3. Support for implementation of anticipatory care<br>4. Other | Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.<br><br>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.<br><br>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside. |
| 11 | Bed based intermediate Care Services | 1. Step down (discharge to assess pathway-2)<br>2. Step up<br>3. Rapid/Crisis Response<br>4. Other | Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types. |
| 12 | Reablement in a persons own home | 1. Preventing admissions to acute setting<br>2. Reablement to support discharge -step down (Discharge to Assess pathway 1)<br>3. Rapid/Crisis Response - step up (2 hr response)<br>4. Reablement service accepting community and discharge referrals<br>5. Other | Provides support in your own home to improve your confidence and ability to live as independently as possible |
| 13 | Personalised Budgeting and Commissioning | | Various person centred approaches to commissioning and budgeting, including direct payments. |
| 14 | Personalised Care at Home | 1. Mental health /wellbeing<br>2. Physical health/wellbeing<br>3. Other | Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type. |
| 15 | Prevention / Early Intervention | 1. Social Prescribing<br>2. Risk Stratification<br>3. Choice Policy<br>4. Other | Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being. |

| | | | |
|---|---|---|---|
| 16 | Residential Placements | 1. Supported living<br>2. Supported accommodation<br>3. Learning disability<br>4. Extra care<br>5. Care home<br>6. Nursing home<br>7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3)<br>8. Other | Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home. |
| 18 | Other | | Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column. |

## Better Care Fund 2022-23 Template

**6. Metrics**

Selected Health and Wellbeing Board: Sefton

### 8.1 Avoidable admissions

| | | 2021-22 Q1 Actual | 2021-22 Q2 Actual | 2021-22 Q3 Actual | 2021-22 Q4 Actual | Rationale for how ambition was set | Local plan to meet ambition |
|---|---|---|---|---|---|---|---|
| Indirectly standardised rate (ISR) of admissions per 100,000 population | Indicator value | 258.1 | 209.5 | 222.1 | 186.7 | Q1 taken from actual activity. Q2-Q4 based on a forecast of Q1 plus 5% due to predicted increasing admissions - figures then proportionally split between Qtr and age/sex based on historic levels | Although we expect to see a continue trend in increased admissions. Our focus on preventing admissions and supporting care closer to home will help to absorb this within tolerance levels |
| | | 2022-23 Q1 Plan | 2022-23 Q2 Plan | 2022-23 Q3 Plan | 2022-23 Q4 Plan | | |
| (See Guidance) | Indicator value | 208 | 218 | 231 | 205 | | |

>> link to NHS Digital webpage (for more detailed guidance)

### 8.3 Discharge to usual place of residence

| | | 2021-22 Q1 Actual | 2021-22 Q2 Actual | 2021-22 Q3 Actual | 2021-22 Q4 Actual | Rationale for how ambition was set | Local plan to meet ambition |
|---|---|---|---|---|---|---|---|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence | Quarter (%) | 90.5% | 91.8% | 92.3% | 91.8% | Local ambition set at 92%, an increase against 21/22 levels and close to pre-pandemic performance. Performance for 20/21 @ 91.2%, 21/22 @ 91.6% - increasing trend towards pre-pandemic levels of 92.3% in 19/20. Total activity based on forecast levels with an 5% increase as forecast suggested a sharper donward trend. | Planned activity to support Care closer to home, the progession of integrated care teams offers, the delivery of the intermediate Care Strategy will all contribute to this agenda. |
| | Numerator | 6,595 | 6,431 | 6,396 | 5,855 | | |
| | Denominator | 7,286 | 7,002 | 6,927 | 6,378 | | |
| | | 2022-23 Q1 Plan | 2022-23 Q2 Plan | 2022-23 Q3 Plan | 2022-23 Q4 Plan | | |
| (SUS data - available on the Better Care Exchange) | Quarter (%) | 92.5% | 92.0% | 92.0% | 92.0% | | |
| | Numerator | 6,068 | 6,223 | 6,102 | 5,982 | | |
| | Denominator | 6,562 | 6,764 | 6,633 | 6,502 | | |

### 8.4 Residential Admissions

| | | 2020-21 Actual | 2021-22 Plan | 2021-22 estimated | 2022-23 Plan | Rationale for how ambition was set | Local plan to meet ambition |
|---|---|---|---|---|---|---|---|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 661.4 | 594.3 | 654.0 | 708.1 | The Covid-19 pandemic had a significant impact on overall care home admissions over 20/21 and continues to do so throughout 21/22 and in 22/23. Having seen unusually low admissions for 20/21 and a 'recovery' in some aspects of | The recomission of our Domicillary Care Offer, relaisations of the Technology Enabled Care Strategy and Wider Independence at Home agenda and Enhanced Care at Home work of our PCNS, will support the expected conitnued |
| | Numerator | 433 | 398 | 438 | 482 | | |
| | Denominator | 65,463 | 66,974 | 66,974 | 68,069 | | |

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

**8.5 Reablement**

| | | 2020-21 Actual | 2021-22 Plan | 2021-22 estimated | 2022-23 Plan | Rationale for how ambition was set | Local plan to meet ambition |
|---|---|---|---|---|---|---|---|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 85.9% | 90.2% | 90.6% | 90.7% | We are already performing well in this metric and would not expect it to change much in 22/23. | Work is ongoing to mobilse an agreed expansion to the current reablement offer in Sefton. |
| | Numerator | 219 | 230 | 242 | 254 | | |
| | Denominator | 255 | 255 | 267 | 280 | | |

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

## Better Care Fund 2022-23 Template

**7. Confirmation of Planning Requirements**

Selected Health and Wellbeing Board: Sefton

| Theme | Code | Planning Requirement | Key considerations for meeting the planning requirement<br>These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) | Confirmed through | Please confirm whether your BCF plan meets the Planning Requirement? | Please note any supporting documents referred to and relevant page numbers to assist the assurers | Where the Planning requirement is not met, please note the actions in place towards meeting the requirement | Where the Planning requirement is not met, please note the anticipated timeframe for meeting it |
|---|---|---|---|---|---|---|---|---|
| NC1: Jointly agreed plan | PR1 | **A jointly developed and agreed plan that all parties sign up to** | Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted?<br><br>Has the HWB approved the plan/delegated approval?<br><br>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?<br><br>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? | Cover sheet<br><br>Cover sheet<br><br>Narrative plan<br><br>Validation of submitted plans | Yes | As detailed in the narrative plan the sefton Partnership infrastructure has been utlised to consult and agree the contents of this plan. | | |
| | PR2 | **A clear narrative for the integration of health and social care** | Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:<br><br>• How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally<br><br>• The approach to collaborative commissioning<br><br>• How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include<br>- How equality impacts of the local BCF plan have been considered<br><br>- Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these.<br><br>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. | Narrative plan | Yes | The Narrative document clearly sets out Seftons clear ambitionn and signifant progress towards Integration. | | |
| | PR3 | **A strategic, joined up plan for Disabled Facilities Grant (DFG) spending** | Is there confirmation that use of DFG has been agreed with housing authorities?<br><br>• Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home?<br><br>• In two tier areas, has:<br>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or<br>- The funding been passed in its entirety to district councils? | Narrative plan<br><br>Confirmation sheet | Yes | Please see the narrative plan for detailed information on | | |
| NC2: Social Care Maintenance | PR4 | **A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution** | Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)? | Auto-validated on the planning template | Yes | Please see income tab 4 | | |
| NC3: NHS commissioned Out of Hospital Services | PR5 | **Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?** | Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)? | Auto-validated on the planning template | Yes | Please see income and expenditure tabs | | |
| NC4: Implementing the BCF policy objectives | PR6 | **Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?** | Does the plan include an agreed approach for meeting the two BCF policy objectives:<br>- Enable people to stay well, safe and independent at home for longer and<br>- Provide the right care in the right place at the right time?<br><br>• Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year?<br><br>•Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided?<br><br>• Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care?<br><br>• Does the plan include actions going forward to improve performance against the HICM? | Narrative plan<br><br>Expenditure tab<br><br>C&D template and narrative<br><br>Narrative plan<br><br>Narrative template | Yes | All documenation detailed as required | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Agreed expenditure plan for all elements of the BCF | **PR7** | **Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?** | • Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)<br><br>• Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box)<br><br>• Has the area included a description of how BCF funding is being used to support unpaid carers?<br><br>• Has funding for the following from the NHS contribution been identified for the area:<br>- Implementation of Care Act duties?<br>- Funding dedicated to carer-specific support?<br>- Reablement? | Expenditure tab<br><br>Expenditure plans and confirmation sheet<br><br>Narrative plan<br><br>Narrative plans, expenditure tab and confirmation sheet | Yes | Detail provided in Expenditure sheet and narrative | | |
| Metrics | **PR8** | **Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?** | • Have stretching ambitions been agreed locally for all BCF metrics?<br><br>• Is there a clear narrative for each metric setting out:<br>- the rationale for the ambition set, and<br>- the local plan to meet this ambition? | Metrics tab | Yes | Please see tab 6 | | |

# Education Excellence Strategy for Sefton

## 2022 - 2027

*Education and training will enable every young person to unlock the door to more choices and opportunities*













Sefton Council

# Contents

# Foreword

Welcome to the 2022-2027 Education Excellence Strategy for Sefton.

On the 28th March 2022 the Government published the **'Opportunity for all: strong schools with great teachers for your child'** White Paper. The White Paper sets out proposed reforms to the education system, focuses on providing an excellent teacher for every child, delivering high standards of curriculum, behaviour and attendance, targeted support for every child that needs it and a stronger and fairer school system. A key focus of the white paper is helping all children meet their potential with the right support at the right time, to ensure every child is supported with their education and broader development and well-being as we come out of the pandemic and beyond. In addition to this a **SEND Green Paper** has also been published outlining details of a reformed Special Educational Needs and Disability (SEND) education system which sets out to improve provision and inclusivity, to support children with SEND in mainstream and specialist settings to ensure consistently high standards in line with new national standards. The Green paper seeks to address three key challenges for children with SEND which are

- poor outcomes for children and young people with SEN or in alternative provision
- navigating the SEND system and alternative provision is not a positive experience for children, young people, and their families and
- Despite unprecedented investment, the system is not delivering value for money for children, young people and families.

It is with these 2 Government papers as the backdrop that I am pleased to share with you the 2022-2027 Education Excellence Strategy for Sefton, and I welcome the emphasis on helping all children meet their potential .

In Sefton our children and young people are the future and as such should have access to outstanding early years opportunities and receive the best quality education and support to engage positively with others in their community. Young People have told us we need to instil the right life skills and not judge them by numbers and grades only. We want our children and young people to enjoy learning, make good progress which will enable them to aspire to achieve the highest outcomes so that every child and young person has a successful transition to adulthood. We will do this by working in partnership with our early years providers and schools to ensure first class education opportunities.

In developing this strategy, we have considered our Joint Strategic Needs Assessment and reflected on many of the plans and previous engagement activity within Sefton including the Children and Young People's Plan, the Emotional health and Wellbeing Plan as well as our partnership Vision for 2030. In doing so we have linked closely to the four themes in the Children and Young People's Plan – Heard, Happy, Healthy, Achieving.

Our vision is that, 'All children and young people should receive an education in Sefton which enables them to reach their individual potential and to engage positively with others in their community' is echoed throughout all our intended actions and impact.

Over the last two years we have made significant improvements across our Local Area respect of SEND and our work with schools during the pandemic has meant that the approach to partnership working has never been stronger. We intend to build on this partnership approach and ensure that children and young people are at the forefront of our recovery plans.

Our partnership working is key to ensuring the success of the strategy and ensuring that all our children and young people succeed. We will work closely with our partners and link closely to the Children and Young People's Plan to ensure a joined-up approach that supports all our children and young people's life chances.

The strategy demonstrates the Council's role in system leadership, facilitating school leaders to lead school improvement and school to school support and sets out the clear priorities which will address the key themes and measure the progress towards the key actions.

**Councillor Diane Roscoe**
Cabinet Member, Education Excellence

# Background Sefton 2030 Vision

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them. This is our single strategic and overarching partnership approach for the borough.

## Sefton Health and Wellbeing Strategy – Living Well in Sefton 2020-2025

Sefton's Health and Wellbeing Strategy takes an all-age approach (Start Well, Live Well, Age Well) to meaningful health and wellbeing for the people who live in Sefton. The overarching aims for Start Well are:

- Every child will achieve the best start in their first 1001 days
- Education and training will enable every young person to unlock the door to more choices and opportunities
- Every child and young person will have a successful transition to adulthood

In 2025 we will know if we have made a difference by raising the percentage of children achieving a good level of development from 69% to 74%; continued to reduce the proportion of our 16 – 17 Not in Education and Training (NEET) and improved the experience of transitions as measured by our annual survey and having a fully adopted joint transitions pathway.

## Sefton Children and Young People's Plan 2020/2025: My Sefton, Happy, Healthy, Achieving, Heard

This plan sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton.

Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people and their families have told us of their experiences and what we know about their current care.

We used Sefton's Joint Strategic Needs Assessment to inform the plan to seek to ensure that children and young people's needs are understood and met. It is based around the four themes of:

- Heard
- Happy
- Healthy
- Achieving

The Education Excellence Strategy is based around these four themes and our plan will reflect and complement its priorities and outcomes.

## Emotional Health & Wellbeing Strategy

The mental health of children and young people has been disproportionately impacted by the pandemic, adding to an already worsening national trend of mental health decline. Approximately 200,000 young people are referred to specialist mental health services each year in England which places these services under considerable pressure. Poor emotional health and wellbeing in childhood can have a lasting impact into adulthood. Having a trusted adult that children and young people can confide in is important, especially if the child or young person has experienced, or is at risk of experiencing adverse childhood experiences.

High levels of inequality are also damaging to mental health and emotional well-being. Growing up in deprivation means an increased risk of chronic exposure to stress and adverse conditions. These can have lasting impact on the mental health and wellbeing of someone across their life course and lead to the disproportionate burden of mental ill health being experienced by our most vulnerable residents.

Sefton has made good progress over recent years in improving and expanding its service offer to children and young people – including KOOTH, Mental Health Support Teams, etc - ensuring it meets their needs and is accessible to all. We will continue to work with education to improve their ability to support children and young people to stay in education. Part of this will include ensuring that schools and colleges implement all new guidance/initiatives and best practice in a structured and impactful way. Consistency and equitable coverage is key when considering the education practices in order to benefit children and young people regardless of where they are in Sefton. This work will complement the Sefton Children and Young People's Emotional Wellbeing Strategy 2021-26 and the Children and Young People's Plan 2020/25.

# Education Excellence in Sefton – Vision

All children and young people receive an education in Sefton which enables them to reach their individual potential, have a clear pathway to further education, employment and engage positively with others in their community.

# Education - National Context

The Department for Education strategy 2015 to 2020: world-class education and care has yet to be updated. The COVID 19 pandemic impacted significantly on children's school life and this led to education attainment data not being gathered at local area and national level during 2019-2020 and 2020-2021. Schools continue to assess and monitor attainment and progress locally. Young people were assessed at GCSE and A Level in 2019 – 2020 through the Centre Assessment Grades (CAG) and awarded grades accordingly. In 2020 – 2021 GCSE and A Level grades were awarded through Teacher Assessed Grades (TAG).

The local authority has clear statutory duties to promote excellence and the highest standards for all Sefton children; irrespective of what establishment they attend and this includes; -

**Schools White Paper, 28 March 2022** - The White Paper covers teaching and leadership in schools, preventing and tackling under-performance, curriculum reform, governance & standards and fair funding for schools, which is the subject of a separate consultation. Every school to become an academy.

**SEND and Alternative Provision (AP) green paper:** responding to the consultation The green paper has been published alongside a white paper: Opportunities for All: Strong Schools with Great Teachers for Your Child. It sets out the government's vision for new attainment targets in literacy and numeracy, an academy-led education system and a drive to increase attendance.

**The Education and Adoption Bill** - this introduced measures to improve school standards across the country, as part of the Government's commitment to delivering real social justice. These measures are intended to speed up the process by which failing maintained schools become sponsored academies, ensuring there is no delay in giving children the education they deserve.

**The Special Education Needs (SEN) Code of Practice January 2015** outlines the statutory duties of head teachers and principals, governing bodies, school and college staff, SEN coordinators and early education providers providing for pupils with SEN through the graduated approach to meeting needs from Quality First Teaching through to the Education, Health and Care Plan, (EHCP) assessment and review process.

There were an estimated 797,000 young people in the UK who were NEET in October to December 2020; this increased by 39,000 compared with July to September 2020 and was up by 34,000 compared with October to December 2019.

The new National Disability Strategy came into force on 28th July 2021. It sets out to improve the lives of all people with disabilities. It is split into four parts including the introduction; part 1 the immediate commitments to improving disabled people's lives; part 2 including people in policy making and service delivery and part 3 which focuses on a summary of the actions each government department will take.

The education section focuses on a review of actions to improve outcomes for children with SEND; increasing funding; extending continuing professional development and investing to strengthen parents and young people's participation; improving supported internships and increasing the number of disabled people undertaking apprenticeships

# Education – Local Context

Over recent years the educational landscape has changes, the local authority (LA) exercises a range of roles and responsibilities with local education providers. The LA works positively with maintained faith and community schools, alternative provision, early years settings, special schools, academies, sponsors, independent schools and further and adult education providers who comprise a part of the mixed economy of local education provision. We view the local authority as the system leader and a champion for all the learners in the borough. Our approach to excellence in education and learning is a collaborative one, working in partnership with key groups to improve knowledge and expertise across the borough.

# Covid 19 Pandemic

Throughout the pandemic Education Excellence teams worked closely with schools providing both support and challenge. Together they implemented new ways of working, some of the changes that have taken place include the creation of the Education Collaborative Group, born out of the weekly Covid Schools' and Children's Services Cell Group.

All schools experienced disruption during this period and the majority of children and young people in Sefton have had a period of time when they were not in school but accessing remote learning and as a result their learning was disrupted. The pandemic had a massive impact on the emotional health and wellbeing of many children and young people and through our Emotional Health and Wellbeing offer we are working hard to ensure they can access support early and that our schools are equipped to support them.

## 40,374 CHILDREN AND YOUNG PEOPLE

### EARLY YEARS CHILDREN

- Jan 21 census we funded:
  720 x 2 yr olds and 3757 x 3/4 yr olds
  (on the universal 15 hrs offer)
  Total of 4477 children.

(Also to note that the figures for Jan 21 were low, due to slightly reduced funding claims due to the pandemic).

- 38,123 pupils on roll across primary, secondary and special schools

### ETHNICITY

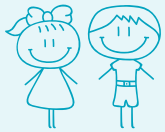
- 10% of the school children in Sefton are of Black, Asian, or Minority Ethnic (BAME) heritage compared to 34% Nationally
- 6% have English as an additional language (EAL) (up slightly on the previous year), compared to 19% Nationally and 15% in the Northwest

### OCTOBER 2021 SCHOOL CENSUS DATA

- Total school population 40,047 Children
- Number of children with an Education, Health & Care Plan 3.6% (1432)
- Number of children with SEN support 12.1% (4,839)
- Number of children receiving no extra support 84.3% (33,776)

## 102 SCHOOLS

- 3 Nursery Schools
- 3 Infant Schools
- 2 Junior Schools
- 70 Primary Schools
- 19 Secondary Schools
- 5 Special Schools
- 2 pupil referral unit and 1 14 to 16 college
- 1 School Improvement Board
- 6 school improvement groups
- Education Collaboration Group
- SAPH - Sefton Association of Primary Headteachers
- SASH - Sefton Association of Secondary Headteachers



## 222 EARLY YEARS PROVIDERS

- 45 nurseries
- 25 pre-schools
- 71 childminders
- 23 standalone holiday playschemes/out of school clubs
- 55 schools with nurseries(maintained/academies)
- 3 independent school nurseries

**86%**

**Early Years settings to be judged by Ofsted to be good or better**

**78%**

**Of Schools judged by Ofsted to be good or better**

**3.5%**

**SEND NEET for 16-24 year olds has reduced 2.5% year on year**

# Children and Young People Not in Education, Employment or Training (NEET)

The NEET Reduction and Early Intervention Service commissioned by Economic Growth and Housing in 2019 and delivered by Career Connect has enabled the Council to deliver an innovative approach to support its Statutory Duties to ensure all young people have an offer of education or training in September and are supported to overcome barriers to progressing into learning or work that meets the with Participation threshold. In addition, it has also enabled the Council to focus on earlier interventions with young people at risk of becoming NEET when they reach 16, through promoting retention and preventing disengagement of young people in years 9, 10 and 11.

Three years into the contract we are now seeing the outstanding progress that has been achieved. Sefton are ranked 1st against its statistical neighbours, 1st within the LCR and 3rd Nationally (out of 152 local authorities) for its NEET and Not Known rates in October 2022.

In the last 3 reporting quarters up until the end of August 2022, for the academic age 16/17 NEET and Not Known combined measure there has been a consistent reduction of NEET. Despite being in the highest quintile of deprivation nationally, Sefton has continued to improve year on year in reducing NEET and Not Known rates this is largely due to the early intervention and tracking, we have the best performance in the Liverpool City Region area and are consistently better than North West and England Averages.

We will continue to strengthen outcomes for young people in vulnerable groups. In the last year we have seen an increase in mental health barriers with 60% of NEET cohort identifying this as the cause of them being NEET. We have also seen an increase in refugee referrals into Sefton including young people from Ukraine. While we have seen our 'generic' NEET young people numbers fall in Sefton, we have seen the proportion of 16-17 NEET/NK in a vulnerable group grow and these young people now make up 35% of the total cohort (71 out of 201).

We recognise that transition from education to work is becoming longer and more complex, a result of a shifting youth labour market, impact of covid and access to mental support services to help young people. This inevitably makes tracking participation through various services, and ensuring young people receive the support they need, more difficult. Currently in Sefton our Not Known rate is 0.53% 16/17 (30 yp/cohort is 5664) 16-8 NK rate is 0.65% (94 yp/cohort 8412).

We will continue to put young people at the centre of our delivery. We have seen significant increases in all vulnerable cohorts which has increased demand for our service and consequently puts pressure on our resources. However, we are passionate about improving the outcomes for all Sefton young people particularly challenging the inequalities within vulnerable groups and ensuring we work together to drive social mobility by enabling more young people to access and succeed in education, training, and employment.

# A sharper focus on the disadvantaged

The priority across Sefton and the wider partnerships is to sharpen our focus on the most disadvantaged groups of children in our education settings and communities. We know that children and young people with SEND; children and young people eligible for free school meals (FSM); looked after children (LAC); Black, Asian and Minority Ethnic (BAME) groups and those in need of protection still perform less well than their peers. This has a negative impact on their life chances.

- We will hold high aspirations for these children and work together across all education settings and across the system to improve their life chances.
- We will collectively act as champions for vulnerable children and young people by using achievement, attendance and exclusion data, safeguarding intelligence and learner and parent/carer voice data to support and challenge each other when we recognise that these children and young people are not being well served.
- We will target our resources to improve outcomes and opportunities for these children and young people, using evidence-based approaches to secure improvements.
- We will strive to ensure that as many of our young people in Sefton continue to participate in education, training or employment after the age of 16 through tracking their participation rates and ensuring that rates of NEET are kept as low as possible
- We will continue to ensure that additional support for NEET young people who are vulnerable are supported from the age of 14 to enable them to re-engage in learning We will learn from each other and share what is working well to secure outcomes for all children regardless of their educational or physical needs, their family background, the school they attend or the neighbourhood where they live.
- We will work in partnership with our schools, Children's Social Care and other partners to ensure that all our care leavers are supported in making the right choices for their future education or training enabling them to make a positive transition.
- We will ensure there are pathways for young people whose education outcomes have missed their full potential to re-enter education, training or employment after the age of 19 which build upon their employability and enable them to move into sustainable prosperity

# 4 PRIORITIES


## PRIORITY 1

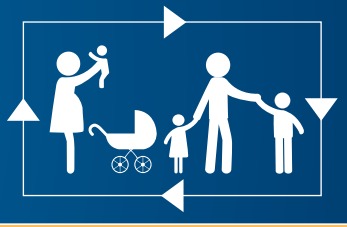
Excellent teachers supported by excellent staff

## PRIORITY 2

Raise achievement and ensure young people have the life skills to prepare for adulthood

## PRIORITY 3

All Children and young people achieve their full potential



## PRIORITY 4

School Systems to Support Children and their Families

# Education Excellence – Priorities

Key to achieving our priorities - We have drawn our priorities from the White paper 'Opportunities for All' in collaboration with key stakeholders.

## Priority 1. Excellent teachers supported by excellent staff (Excellent teacher)

We know high quality education is the greatest liberator so want all pupils to be taught by excellent teachers and make at least 'good progress' in every year of their education. Teachers will be supported by a fully trained workforce enabling them to provide outstanding teaching and learning.

This can only be achieved through partnership work with key partners including Sefton School Improvement Group, School Improvement Board, School Centred Initial Teacher Training, research schools, hubs and ensuring high quality professional development opportunities for all staff. Giving all teachers and school leaders access to world class evidence based training and professional development at every stage of their career will help recruit and retain high quality teachers.

In Sefton we realise the quality of teaching is the single most important school factor in improving outcomes for children, especially those from disadvantaged backgrounds. Leadership and classroom teaching influence children's' learning.


## We will:

- Support school leaders and staff in ensuring a culture to address well-being and take account of teacher workload
- Ensure a robust system of challenge and support where all teachers work in a good or better setting and a high quality workforce is retained across Sefton Children's Social Care
- Collaborate with school leaders and stakeholders to ensure the recruitment and retention of effective practitioners in order that the education system in Sefton provides an inclusive education, good outcomes, meets the needs of all children and raises their aspirations preparing them for the next stage in their education and lives.
- In partnership provide a range of evidence based, effective continuing professional development programmes e.g. Support with Early Career Teacher, quality leadership development programme, National Professional Qualification, research projects, trauma informed practice
- Engage with and support schools to engage with the new Leadership Special Educational Needs Coordinator NPQ proposed by the SEND Green Paper
- Ensure a system wide approach to whole school development in relation to school staff's SEND knowledge and training received.
- Adopt the Family Valued approach which aims to work restoratively and relationally with children and families in a way which respects and values their experience.

## Priority 2. Raise achievement and ensure young people have the life skills to prepare for adulthood. (High quality curriculum and attendance, behaviour)

Every child will be taught a broad and ambitious curriculum in a school with high expectations and strong standards of behaviour. We will work with all partners, parents/carers and schools so that Sefton's children and young people are educated in the setting or school which is right for them and which best meets their needs. There will be a broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult. Pathways will prepare young people for education, employment and training. The focus will be on ensuring our children leave school with the right skills and opportunities to achieve which will also value the contribution of sport, cultural, social and health education, how to deal with bullying and strategies to promote their health and wellbeing. Learning does not stop once a young person leaves school and we want them to have the desire and opportunities to keep on learning and developing.

Key to success is collaboration with school leaders, providers and stakeholders to ensure that the education system in Sefton provides an inclusive education that delivers excellent outcomes, meets the needs of all children, young people, raises their aspirations and prepares them for the next stage in their education and lives. We will support collaborative hubs for training, transition between schools, and sharing best practice through the Virtual School, Inclusion team, and multi-agency forums so that our children benefit from teachers and practitioners who work together to support each other and share knowledge and expertise.

We recognise the impact poor attendance/regular absence has on children's' safety, attainment and behaviour. A key priority in Sefton is to ensure that all pupils attend school regularly. We will work with colleagues in schools and Children's Social Care to ensure families are supported where their circumstances create a barrier to attendance.

## We will:

- Collaborate with partners and early years providers to promote school readiness
- Support all early years settings to develop a broad ambitious curriculum underpinned by strong foundations to secure the basics of literacy and numeracy.
- Practitioners will ensure the voice of the child is heard to identify their interests, motivators and characteristics of effective learning and use this to good effect in promoting or accelerating progress
- Monitor the attendance and outcomes of our most vulnerable children in order to plan and implement strategies to address their particular needs and improve outcomes
- Through our robust system of challenge and support ensure that every school has a well designed and sequenced curriculum which builds knowledge in a broad range of subjects.
- Will recognise the importance of schools in the collaborative process to work with key partners e.g. regional hubs to provide guidance and training on the quality of provision of reading and mathematics
- Work with Department for Education and schools to address poor attendance and identify specific areas in need of improvement
- Collaborate with schools and behaviour hubs to strengthen and outline approaches to behaviour, interventions and services, to support early years' settings and schools to ensure the needs of all children and young people are identified early, understood and effectively addressed in order to support good attendance and prevent the use of exclusion wherever possible.
- Develop an Inclusion Strategy that sets out the approaches and support available to, and standards expected of, mainstream settings in supporting their pupils' learning needs.
- A senior mental health leader in every school by 2025
- Support inclusive and innovative practice that promotes the wellbeing and emotional health of our children and young people
- Support young people so they are aware of the variety post-16 pathways which help address local skills needs and prepare them for the next stage in their education and adult life.

- Partner with setting, schools a, colleges and providers to provide effective transitions at all stages
- Further develop our borough-wide partnership approach across all phases of education to provide young people with access to clear pathways that link education to the world of work in a way that is relevant to the local labour market including regeneration and investment programmes
- Develop local processes in line with the proposed national standards for SEN in relation to transition to ensure consistent, timely, high -quality transition preparation for children and young people with SEND.
- Continue to develop the supported internships and traineeships programmes to provide more young people with SEND with the skills they need to secure and sustain paid employment.
- Develop opportunities to consider the impact of sustainability through climate education, green skills and career opportunities
- Collaborate with schools and behaviour hubs to strengthen and outline approaches to behaviour, interventions and services, to support early years' settings and schools to ensure the needs of all children and young people are identified early, understood and effectively addressed in order to support good attendance and prevent the use of exclusion wherever possible.

## Priority 3. All Children and young people achieve their full potential (Targeted support for every child who needs it)

A great start will shape children's lifelong health and wellbeing. In collaboration with key partners including health and social care we will ensure all children have good social and emotional support. Together we will support and sustain improved all round outcomes for every child including the disadvantaged which narrows the gap.

We want all children to have the best life chances, including those with SEND and those from disadvantaged backgrounds. We will enhance joint commissioning of support between education, health and care services for children with SEND to ensure services work together effectively. Attendance and progress of our Children in Need will be monitored so that we can best understand their needs and plan effective measures of support We will ensure all children will have access to an educational setting that is appropriate to their needs.

Every child in Sefton who falls behind in English or maths will get the right support to get back on track.

### We will:

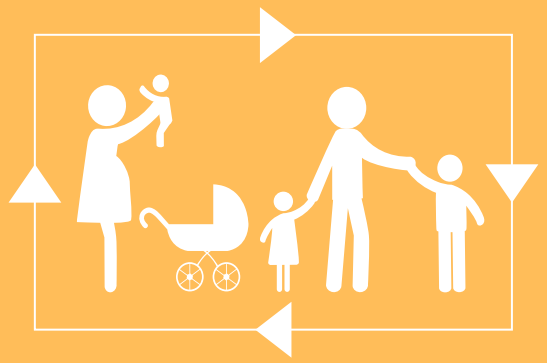
- Challenge aspirations and ambitions for all children and young people dispelling misconceptions by supporting children and young people to achieve their goals
- Listen to children's and their families' voices to get the right support and help at the right time
- From the earliest point in a child's life provide families with timely access to support so their experience improves and the needs of their children are identified early and effectively met
- Collectively act as champions for vulnerable children when we recognise that they are not being served
- Incorporate the views of children and young people with SEND, children looked after and children with a social worker in order to minimise barriers to learning and ensure the holistic development of children and young people
- Through training and development, we will maximise the effectiveness of quality first teaching and assessment to promote swift identification of need and target appropriate, evidence based intervention
- Direct schools to the Department for Education recommendations around the effective use of pupil premium funding to improve the outcomes of disadvantaged children
- Collaborate with settings and schools to ensure quality transition for all pupils at each key stage with the opportunities for personalised programmes where needed
- Ensure schools are fully aware of their responsibilities to keep all parents/ carers informed of their child's progress when they are falling behind and what is being done to address this
- In partnership with schools and children's services be aspirational for the outcomes for children looked after
- Implement the National Standards for SEND that the government reforms will introduce to ensure consistency of how needs are identified and met at every stage of a child's journey across education, health and care.
- Implement planned new requirements to create and distribute an alternative provision-specific budget to give alternative provision schools the funding stability to deliver a service focused on early intervention, and work with those provisions to adhere to the performance framework which will be in place.
- Develop a local Inclusion Plan in line with Green Paper recommendations
- Provide children and their families with the right support at the right time

## Priority 4. School Systems to Support Children and their Families (A stronger and fairer school system)

We wish to ensure our Sefton family of schools are fully prepared for this transition. We aim to achieve this through the actions laid out in priorities 1, 2 and 3. Sefton wishes to work in partnership creating an optimum environment for schools to realise their potential and succeed in these areas on their journey to become a member of a strong trust.

Sefton will utilise the opportunities given as part of the Opportunity Areas programme This will support the adoption of the family valued approach enhancing a joined-up approach with all key partners to secure the best outcomes for children.

All children in Sefton will benefit from high quality and inclusive education, school improvement, strategic governance, financial management and workforce.



## We will:

- Ensure sufficiency of places for ALL children
- For pupils with EHC Plans, in line with planned SEND Green Paper reforms, where a pupils requires placement in specialist provision, the local Inclusion Plan will set out the provision available within the local area, in order to provide families with a tailored list of schools that are appropriate to meet their needs.
- Continue and further develop a collaborative system of working with MATs
- Design and deliver a revised strategic school improvement system which reflects a collaborative and system led approach
- Continue to support and challenge Schools Causing Concern and grow capacity to deliver effective support and challenge around quality school improvement
- Use data and local intelligence effectively to identify key strengths and areas for development to enable us to address inconsistencies, share best practice and drive up standards
- Further enhance the partnership working with School Improvement Groups building on the successful projects undertaken by them
- Continue to grow and develop the partnership work with the Research School to provide evidence based support
- Work in collaboration with schools and academies to provide places for all children in good or better settings and schools
- Engage with the planned new national and local SEND data dashboards to ensure that the right information is collected in the right way at the right time to enable timely responses to local needs.
- Implement planned changes to the SEND national funding system to ensure the most effective use of high needs funding to support schools.

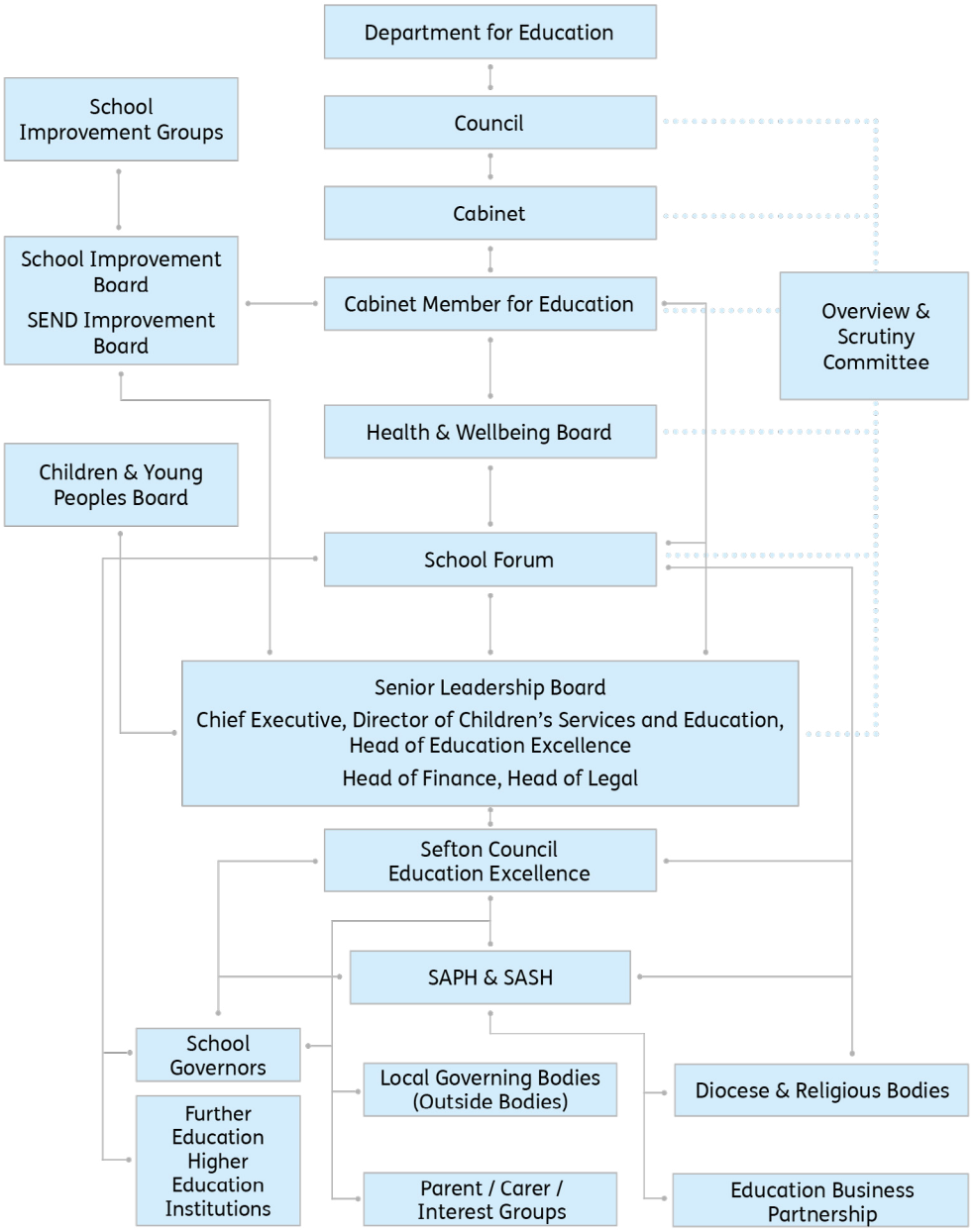
# How will we make this happen?

## Governance:

Strong governance is essential to success and Education Excellence is answerable to several boards including SEND Continuous Improvement Board; Emotional Health & Wellbeing Board; School Improvement Board as well as the Overview and Scrutiny Committee of the Council.

Each of the priorities is underpinned by action plans linked to the four key themes of Heard, Happy, Healthy, Achieving and reviewed each year. Progress against the priorities will be reviewed and monitored regularly to ensure that our approach is responsive to emerging needs, challenges and opportunities.

Good governance and accountability is a two-way relationship and where Sefton has concerns regarding the provision in schools, the process as set out in Sefton's Arrangements for Monitoring and Intervention of School Performance will be invoked.



# Partnership:

If we are to succeed in our ambitions, then we need to build on the excellent relationships established over the last year. We will work with all partners, parents/ carers and schools so that Sefton's children and young people are educated in the school which is right for them and which best meets their needs. It is essential for all partners to work together to help Sefton achieve the vision that, **'all children and young people receive an education in Sefton which enables them to reach their individual potential, have a clear pathway to further education, employment and engage positively with others in their community.'**

Effective collaboration and partnership with Teaching Hubs, Multi Academy Trusts (MATs), standalone academies and all other schools will support raising pupil outcomes.

Partners have a key role in enabling children and young people to be the best they can be. Partnership working with secondary schools, colleges, providers and local businesses will have crucial roles in ensuring that our young people are able to develop the skills and attributes through aspirational courses that enable them to be successful in the workplace.

Alongside our academic ambitions is the need to work with Public Health, the Clinical Commissioning Group and other health partners to prioritise the mental health and wellbeing of all children and young people particularly as we recover from the Covid pandemic.



Sefton Council

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