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Sefton Council

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Town Hall
Trinity Road
Bootle
L20 7AE

Date: 30/05/2024

Contact: Amy Dyson
Contact Number: 0151 934 2045
e-mail amy.dyson@sefton.gov.uk

Dear Member,

HEALTH AND WELLBEING BOARD - WEDNESDAY 5TH JUNE, 2024

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**

6   **Sub-Group Updates** (Pages 3 - 60)

Report of the Director of Public Health

Yours faithfully,

Amy Dyson

Democratic Services

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Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 5 June 2024
Subject:	Sub-Group Updates		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Public Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report is to present the Health and Wellbeing Board with a summary of activity from the five identified subgroups and seek approval for the Better Care Fund 2023-24 Year End Template and Sefton's Market Sustainability and Improvement Fund plan 2024 to 2025.

The report also includes a summary of activity from the Combatting Drugs Partnership and outlines changes to pharmacies in Sefton. This is activity since the last report received by the Board on the 6th of March 2024.

Recommendation(s):

(1)   The updates from the five identified subgroups and the Combatting Drugs Partnership are received and noted by the Board;

(2)   The Board notes the changes to Pharmacies in its area;

(3)   The Board approves the Better Care Fund 2023-24 Year End Template; and

(4)   The Board approves Sefton's Market Sustainability and Improvement Fund plan 2024 to 2025.

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)

None

What will it cost and how will it be financed?

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(A)   Revenue Costs

The contents of this report do not incur additional revenue costs.

(B)   Capital Costs

The contents of this report do not incur additional capital costs.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): There are no resource implications.
Legal Implications: There are no legal implications.
Equality Implications: There are no equality implications.
Impact on Children and Young People: Yes The Children and Young People's Partnership Board is one of the Sub-Groups included in the update report.

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are focused on helping the most vulnerable.
Facilitate confident and resilient communities: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups regularly work with communities.
Commission, broker and provide core services:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are responsible for assisting with the provision of core services

Place – leadership and influencer:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are involved/included with(in) the Sefton Place Plan

Drivers of change and reform:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are responsible for facilitating change across Sefton

Facilitate sustainable economic prosperity:

Not applicable

Greater income for social investment:

Not applicable

Cleaner Greener:

Not applicable

What consultations have taken place on the proposals and when?

(A)   Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7675/24) and the Chief Legal and Democratic Officer (LD.5775/24) have been consulted and any comments have been incorporated into the report.

(B)   External Consultations

None

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Amy Dyson
Telephone Number:	0151 934 2045
Email Address:	amy.dyson@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

1. Better Care Fund 2023-24 Year End Template

2. Market Sustainability and Improvement Fund 2024 to 2025 - Qualitative Capacity Plan Template

3. Sefton Council - Market Sustainability and Improvement Fund 2024 to 2025 - Qualitative Capacity Plan Template

Background Papers:

There are no background papers available for inspection.

1. Introduction / Background

1.1 As agreed at the December 2019 meeting of the Health and Wellbeing Board, the Board receives a standard agenda item of summarised activity of its formal Sub-Groups.

1.2 The Sub-Groups are identified as:

- Children and Young People Partnership Board
- SEND Continuous Improvement Board
- Adults Forum
- Health and Wellbeing Board Executive
- Health Protection Forum

1.3 The Board also receives regular updates from the Combatting Drugs Partnership which is included in the report.

1.4 The Board is required to receive and note changes to Pharmacies in its area from NHS England which are included in detail below.

1.5 Also included in the report is Sefton's Better Care Fund 2023-24 Year End Template and Sefton's Market Sustainability and Improvement Fund Plan 2024 to 2025.

2. Adults Forum

2.1 The Adult's Forum has met once since the last update, on the 27th of February. The Forum will next meet on the 23rd of May. The Forum is chaired by Andrew Booth and Councillor Moncur attends.

2.2 The forum received an update on Assurance preparation and an overview of the Place Plan development. There were communication updates around Hydration and Ageism Day. The Group also discussed the next steps for the development of the Carers strategy.

3. Children and Young People Partnership Board

3.1 The Children and Young People Board meets on a bi-monthly basis, and the next meeting is on 19 June 2024. The Board is chaired by Phil Porter and Councillor Diane Roscoe attends.

3.2 There was a refresh of the governance and priorities in the summer of 2023.

3.3 The meetings now start with a presentation from a partner to explain their priorities and from their perspective what is working and what could be improved in terms of partnership working to improve outcomes for children and young people.

3.4 At the most recent meeting in April 2024 the presentation was from Hugh Baird College and had a particular focus on how we could work together better ahead of and post 16.

3.5 The Partnership is overseeing the development of a new Children and Young People's plan, and the consultation with children and young people and partners has just finished. The partnership will receive an overview of the findings at the next

meeting.

3.6 While the new plan is being developed the partnership continues to deliver on the old plan through its 3 Sub-Groups: 1) Early Help and 2) Emotional Mental Health and Wellbeing have been reviewed and have a renewed and clear focus, in line with the Children's Commissioners recommendations in the case of EMHWB. 3) Start Well will report to the next meeting in terms of future focus.

3.7 In addition, the partnership has identified 5 interim priorities that it will focus on and ensure the whole partnership is behind: Team around the School, Family Hubs, Fast track Access to Mental Health support (which is now focused on developing system wide pathways to ensure easier and quicker access to support at all levels of need), Improving Attendance, and Child Poverty.

4. Health and Wellbeing Executive

4.1 The Health and Wellbeing Executive last met on the 27th of February 2024.

4.2 At the February meeting the following was discussed:

- Update on Performance and Finance
- BCF Plan
- Sefton Place Plan / Joint Forward Plan
- Governance Update

4.3 The Executive has overseen the production of the 2023/24 Better Care Fund Report which was submitted on the 23rd of May 2024 to NHS England. The Chair gave approval by correspondence, but the board is asked to formally receive and note this report.

4.4 Appendix 1 contains the Better Care Fund 2023-24 Year End Template for approval by the Board.

4.5 The Board are also asked to offer their approval to Sefton's Market Sustainability and Improvement Fund plan 2024 to 2025. This fund was introduced by Central Government in their November 2022 Budget Statement and can be used by Local Authorities to build capacity and improved market sustainability in the Adult Social Care Market by increasing fee rates paid to Adult Social Care providers in local areas increasing Adult Social Care workforce capacity and retention and reducing adult social care waiting times. Appendix 2 provides the Board with the narrative report submitted to central government on May 22nd, Appendix 3 provides capacity information and is required by Central Government on the 10th of June.

4.6 The Executive is next due to meet on the 22nd of August 2024.

5. Health Protection Forum

5.1 The Sefton Health Protection Forum has met once since the last update, in March 2024. Key updates from the March meeting are listed below:

5.2 *Health Protection*
COVID-19 testing – There have been changes to the testing available for COVID-19. Routine asymptomatic testing as part of hospital discharge to stop. Diagnostic

and outbreak testing available in line with testing for other acute respiratory infections. Lateral flow tests available for clinically vulnerable cohorts to support access to antiviral testing.

Pertussis - There has been an increase in whooping cough cases nationally. Newborns who have not yet received their primary Pertussis vaccinations are most at risk from severe illness and protection for this group is through vaccination of pregnant women. Communication and awareness messaging is ongoing around this to support vaccination uptake.

Measles – There have been cases of Measles across the UK with large community outbreaks in the Midlands and London, and within the North-West. There have also been cases in Cheshire and Merseyside. Most cases are younger age groups. Incident response remains in place across region but will be scaled back as cases are stable and appear to be reducing. Response groups set up across ICB, North Mersey and within Sefton looking at preparedness and response to cases, actions required to improve MMR uptake and ensuring infection prevention and control measures in place. Key elements of work continue around MMR uptake and plans around ensuring PPE training rolled-out to primary care.

5.3 *Improving MMR Uptake*
- NHS E funded improving childhood immunisation project due to start in South Sefton PCN
- ICB commissioned Living Well Bus to delivering children's vaccinations in Sefton, locations selected in areas with lowest uptake.
- Alder Hey pilot to signpost to local community clinic for MMR vaccinations ceased following very low uptake, other options being explored.
- Small number of community pharmacies (including 2 in Sefton) able to provide MMR vaccinations to children as part of NHS E pilot.
- UKHSA and NHS E childhood immunisation insight and campaign work launched.
- Sefton Public Health Annual Report for 2023/24 to focus on childhood immunisations.

5.4 *Improving MMR Uptake*
- NHS E funded improving childhood immunisation project due to start in South Sefton PCN
- ICB commissioned Living Well Bus to delivering children's vaccinations in Sefton, locations selected in areas with lowest uptake.
- Alder Hey pilot to signpost to local community clinic for MMR vaccinations ceased following very low uptake, other options being explored.
- Small number of community pharmacies (including 2 in Sefton) able to provide MMR vaccinations to children as part of NHS E pilot.
- UKHSA and NHS E childhood immunisation insight and campaign work launched.
- Sefton Public Health Annual Report for 2023/24 to focus on childhood immunisations.

5.4 *Blood Borne Viruses*

- Opt-out HIV testing being rolled-out in Liverpool University Teaching Hospital A&E sites in Liverpool and Aintree.
- Positive work relating to Hepatitis C such as the national micro-elimination programme and eradication programme. Data suggests the majority of the reduction in Hepatitis C is due to treatment rather than prevention and data from UKHSA points to evidence of on-ongoing new infections as well as re-infection among people who inject drugs.
- Use of needles and syringe programmes has continued to decline since the Covid-19 pandemic and significant numbers of people who inject drugs are not engaged with treatment services.
- Fewer people who use opiates and crack cocaine are engaging as new to treatment while NDTMS unmet treatment need calculator estimates the level of unmet treatment need for Sefton at around 50%.
- Funding has been secured to pilot a peer-based secondary needle and syringe programme with Hepatitis C Trust and Change, Grow, Live with the aim of improving access to sterile injecting equipment and reducing the risk of acquiring and passing on BBV.
- A comprehensive needs/gap analysis of needle and syringe programmes has been carried out and a presentation will hopefully be available at the next HPF meeting.

5.5 The next meeting is due to take place on 18th June 2024 and will be a face-to face development session to review priorities for the forum over the next 12 months.

6. Special Education Needs and Disabilities Continuous Improvement Board (SENDCIB)

6.1 The Special Education Needs and Disabilities Continuous Improvement Board has not met since the last update (at the time of writing this report).

7. Combatting Drugs Partnership

7.1 The Partnership has met once since the last update, on the 13th of March 2024. The Combatting Drugs Partnership is chaired by Margaret Jones, the portfolio holder is Councillor Mhairi Doyle.

7.2 Each CDP meeting has a themed spotlight session, the focus for the March meeting was Alcohol.

7.3 The Beyond project presented on foetal alcohol spectrum disorder, they highlighted national guidance, areas of assessment and prevalence.

7.4 The alcohol care teams from Southport and Aintree Hospitals presented current referral pathways, clinical interventions, and patient profile.

7.5 The CDP provides opportunities to identify new areas for investment and development across the wider partnership. Sefton CVS projects received funding from the 2023/24 Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG), they provided updates on current investment and development projects. The CDP provides oversight of the plan to ensure it focuses on

improvements in quality and capacity of the local drug and alcohol treatment system.

7.6 Sefton Public Health team shared campaign materials and promotional activity for the CHAMPS lower my drinking campaign. The App has been designed to reduce alcohol consumption by supporting individual behaviour change. The additional promotion in Sefton is to increase the number of app downloads.

7.7 The next CDP meeting is due to take place on the 12th of June 2024.

8. Pharmacy Updates

8.1 The Health and Wellbeing Board is required to receive and note changes to Pharmacies in its area from NHS England. From March 2024 to date, the following notifications have been received:

Pharmacy	Notifications
Whitworth Chemists Limited at 11a Norwood Avenue, Southport, Merseyside, PR9 7EG	Change of Ownership
Whitworth Chemists Limited at 90 Moore Street, Bootle, Merseyside, L20 4SF	Change of Ownership
Granbydale Ltd at 61 Park Street, Liverpool, L20 3DF	Change of Ownership
Unit 169 Parkside, The Strand Shopping Centre, Bootle, L20 4XX	Relocation
Whitworth Chemists Ltd, Unit 10, Old Farm Business Park, Crowland Street, Southport, PR9 7RJ	Closure
Litherland Road, Liverpool L20 3BY	Change of Ownership

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Better Care Fund 2023-24 Year End Reporting Template
1. Guidance for Year-End

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

The key purposes of BCF reporting are:

1) To confirm the status of continued compliance against the requirements of the fund (BCF)

2) To confirm actual income and expenditure in BCF plans at the end of the financial year

3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics

4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

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 and those that are not for completion are in grey, as below:

| Data needs inputting in the cell |
| Pre-populated cells |
| Not applicable - cells where data cannot be added |

Note on viewing the sheets optimally

To more optimally 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 within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF 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 submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

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. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.

- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to year-end.

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N**. Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term

services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commisioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: https://future.nhs.uk/bettercareexchange/view?objectID=202784293

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their P0 capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund
There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
 - Strongly Agree
 - Agree
 - Neither Agree Nor Disagree
 - Disagree
 - Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality
Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.
SCIE - Integrated care Logic Model

HM Government

NHS England

Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Checklist

Complete:

Health and Wellbeing Board:	Sefton	Yes
Completed by:	Eleanor Moulton	Yes
E-mail:	Eleanor.Moulton@sefton.gov.uk	Yes
Contact number:	7779162882	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	Yes
If no, please indicate when the report is expected to be signed off:	Wed 05/06/2024 << Please enter using the format, DD/MM/YYYY	Yes

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

<< Link to the Guidance sheet

^^ Link back to top

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Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:	Sefton

		Checklist
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	**Complete:**
		Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	01/06/2024	Yes

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the year:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board: | Sefton

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

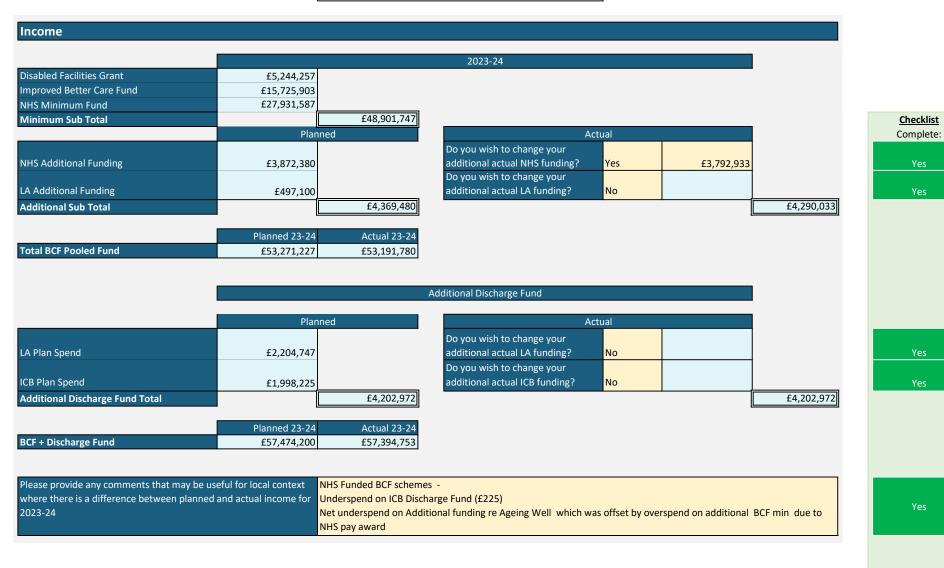| Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	213.2	176.4	204.2	198.6	On track to meet target	Despite meeting the target, we've seen a significant increase in utilisation of same day emergency care (SDEC) services, which add to admission activity. However, does reduce length of stay and improves patient experience and outcomes for patients.	We've seen improved processes in both acute hopsitals to redirect to admission avoidance services and back into the community as opposed to admitted patients. Therefore, Sefton BCF commissioned services are utilised more effectively.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.4%	92.8%	92.4%	91.6%	On track to meet target	Despite increases in patients accessing reablement and rehab services, workforce remains an ongoing challenge and we continue to explore innovative ways to attract and retain workforce.	The Transfer of Care Hub that has been established since October 2023 is supporting patients accessing the appropriate level of care such as reablement, IC beds or other supportive services via BCF resource.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,924.4	On track to meet target	We continue to see average length of stay grow within our acute hospitals resulting in deconditioning and increased risk of falls when discharged. Despite rapid access to falls pick up services and other rapid response services, this will have a negative impact on falls in the future.	The falls pick up service remains well utilised and reduces ambulance conveyence and risk of admissions due to falls. Pathways remain open for 111/999, paramedics, care homes and community teams.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				606	Not on track to meet target	Note from BI: Sefton missed the target in March 24 with 634 admissions per 100,000, however, we were on target in February 24 with 607 admissions per 100,000.	we have seen a slight reduction balanced by a domiciliary care market which has seen an improved posistion suported by increased block bookings.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				90.0%	On track to meet target	Note from BI: just under 91% of people were still at home 91 days after reablement.	Although we have seen an increase in Reablement through the offer from the councils wholly owned company there is still further work to develop the Reablement offer to fully meet demand

Checklist Complete:

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: | Sefton

Income

	2023-24	
Disabled Facilities Grant	£5,244,257	
Improved Better Care Fund	£15,725,903	
NHS Minimum Fund	£27,931,587	
Minimum Sub Total		£48,901,747

	Planned		Actual		
NHS Additional Funding	£3,872,380		Do you wish to change your additional actual NHS funding?	Yes	£3,792,933
LA Additional Funding	£497,100		Do you wish to change your additional actual LA funding?	No	
Additional Sub Total		£4,369,480			£4,290,033

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£53,271,227	£53,191,780

	Additional Discharge Fund				
	Planned		Actual		
LA Plan Spend	£2,204,747		Do you wish to change your additional actual LA funding?	No	
ICB Plan Spend	£1,998,225		Do you wish to change your additional actual ICB funding?	No	
Additional Discharge Fund Total		£4,202,972			£4,202,972

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£57,474,200	£57,394,753

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	NHS Funded BCF schemes - Underspend on ICB Discharge Fund (£225) Net underspend on Additional funding re Ageing Well which was offset by overspend on additional BCF min due to NHS pay award

Checklist

Complete:

| Yes |
| Yes |

| Yes |
| Yes |

| Yes |

Expenditure

	2023-24
Plan	£57,053,312

Do you wish to change your actual BCF expenditure?	Yes

Actual	£58,327,835

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	NHS Funded BCF schemes - Underspend on ICB Discharge Fund (£225) Overspend on BCF Min (£82,308) additional NHS pay award Underspend on Additional NHS BCF Ageing Well offset by overspend on additional NHS pay award (£161,529 net) DFG – additional spend £1,353,969 to plan using prior years surplus & increase DFG allocation in 23/24

Yes

Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: | Sefton

Checklist

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure
20	Carers Breaks & Respite	Carers Services	Respite services	Minimum NHS Contribution	£781,817
21	Carers Card Initiative	Carers Services	Other	Minimum NHS Contribution	£20,000
23	Intermediate Care (LH)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,158,081
25	Intermediate Care Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,309,260
28	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£913,015
29	Community Equipment Additional	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£353,794

30	Home from Hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£192,321
31	Early Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£241,259
32	Intermediate Care - Chase Heys	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	£242,270
33	Intermediate Care Worker	Workforce recruitment and retention		Minimum NHS Contribution	£19,339
34	Intermediate Care Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Additional NHS Contribution	£424,680
37	Community Stores Equipment and Adaptations	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£391,000
39	Telecare to Support People at Home	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£150,000
40	Equipment and Telecare	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£73,000
41	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£4,823,370
45	Contribution to Placements & Packages	Residential Placements	Supported housing	iBCF	£927,590

45	Contribution to Placements & Packages	Residential Placements	Learning disability	iBCF	£3,906,340
45	Contribution to Placements & Packages	Residential Placements	Care home	iBCF	£4,003,883
45	Contribution to Placements & Packages	Residential Placements	Nursing home	iBCF	£2,280,050
45	Contribution to Placements & Packages	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£2,571,250
46	NHS Transfer to Social Care	Residential Placements	Learning disability	Minimum NHS Contribution	£2,246,354
46	NHS Transfer to Social Care	Residential Placements	Care home	Minimum NHS Contribution	£2,302,438
46	NHS Transfer to Social Care	Residential Placements	Nursing home	Minimum NHS Contribution	£1,311,145
46	NHS Transfer to Social Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£1,478,615
46	NHS Transfer to Social Care	Residential Placements	Supported housing	Minimum NHS Contribution	£533,417
49	Sefton LA Discharge	Home Care or Domiciliary Care	Other	Local Authority Discharge Funding	£1,448,000

50	ICB Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£1,291,225
50	ICB Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£162,000

	Yes		Yes			Yes

Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?
£586,363	£781,817	560	420	560	Beneficiaries	No
£17,064	£20,000	560	420	560	Beneficiaries	No
£868,560	£1,166,187	30	30	40	Number of placements	Yes
£981,945	£1,309,260	35	35	35	Number of placements	No
£684,761	£919,406	12,500	9,375	12,500	Number of beneficiaries	Yes
£265,346	£356,270	12,500	9,375	12,500	Number of beneficiaries	Yes

£144,241	£192,321	8,900	6,675	8900	Hours of care (Unless short-term in which case it is packages)	No
£180,944	£241,259	11,100	8,325	11100	Hours of care (Unless short-term in which case it is packages)	No
£181,703	£242,270	14	14	14	Number of placements	No
£14,505	£19,339		-	0.5	WTE's gained	No
£318,510	£424,680	11	8	11	Number of placements	No
£327,385	£391,000	12,500	9,375	12500	Number of beneficiaries	No
£83,647	£150,000	4,000	3,000	4000	Number of beneficiaries	No
£61,447	£73,000	4,000	3,000	4000	Number of beneficiaries	No
£3,996,286	£6,177,339	623	467	623	Number of adaptations funded/people supported	Yes
£695,693	£927,590	14	11	14	Number of beds/placements	No

£2,929,755	£3,906,340	115	86	115	Number of beds/placements	No
£3,002,912	£4,003,883	119	89	119	Number of beds/placements	No
£1,710,038	£2,280,050	66	50	66	Number of beds/placements	No
£1,928,438	£2,571,250	119,200	89,400	119200	Hours of care (Unless short-term in which case it is packages)	No
£1,670,511	£2,246,354	66	50	66	Number of beds/placements	No
£1,726,829	£2,302,438	68	51	68	Number of beds/placements	No
£983,359	£1,311,145	38	29	38	Number of beds/placements	No
£1,108,961	£1,478,615	68,550	51,413	68550	Hours of care (Unless short-term in which case it is packages)	No
£400,063	£533,417	8	6	8	Number of beds/placements	No
£1,018,489	£1,448,000	67,150	14,441	67150	Hours of care (Unless short-term in which case it is packages)	No

£968,413	£1,291,000	95	95	95	Number of placements	No
£121,500	£162,000	43	43	43	Number of placements	No

Yes

If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
Demand has remained higher than in expected and therefore we have worked with the market to utlise a higher number of beds than orginally anticipated.
The costs of equipment have risen to a greater extent than orginally planned and may need to be redressed in our furture planning model.
As above

This is another area where market forces have resulted in a higher cost than orginally anticipated. The increased allocation for 2024/25 will mitigate this in the 2024/25 adjusted plan.

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: | Sefton |

Estimated demand - Hospital Discharge		Prepopulated from plan:							Q2 Refreshed planned demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	226	229	231	196	236	218	198	74	74	84	86	108
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	18	16	22	18	20	20	18	26	18	16	18	26
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	135	137	136	174	99	121	110	24	40	32	26	34
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	60	54	67	61	65	61	46	8	6	4	8	6

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	1	2	4	14	11	14	11
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	4	0	0	1	0	0	0	2	4	5	3	2

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	102	89	77	98	97	90	78	65	83	89	77	95
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	13	12	18	20	15	33	25	15	13	12	16	19
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	5	9	9	11	6	12	24	34	31	15	17	7

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: | Sefton

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	407	421	407	421	421	407	421	407	421	421	380	421
Urgent Community Response	Planned demand. Number of referrals.	340	316	350	251	255	261	312	285	340	350	190	231
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	183	202	234	217	181	200	204	121	96	123	121	132
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	80	75	77	83	69	81	72	33	32	26	36	32
Other short-term social care	Planned demand. Number of referrals.	23	19	30	29	30	26	29	50	43	36	37	48

Actual activity - Community		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.												
Urgent Community Response	Monthly activity. Number of new clients.												
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	64	74	71	65	72	85	69	99	66	92	62	68
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.												
Other short-term social care	Monthly activity. Number of new clients.	32	20	29	21	37	25	29	19	28	20	26	21

Checklist
Complete:

Yes
Yes
Yes
Yes
Yes

Agenda Item 6

Better Care Fund 2023-24 Year End Reporting Template

8. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: | Sefton

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	This is particulary evident in the areas of Intermediate Care , discharge funding and pathways and Market management of the Dom. Care Market. For example flexibility to adjust block booking elements with capcacity and demand has allowed us to help manage surges and general flow capcity issues throuhout the year. This year we have seen the leadership effect	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	We were able to excute the plan as expected.	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Strongly Agree	In addtion to comments made above, the Better Care Fund helps drive joint accountability and decision making in the Sefton System. Its remained a key driver in our system wholst there has been signifcant change and development around it. This can be illustrated by the estblishment of Care Transfer Hubs, delivering a integrated joined up approach to discharge	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	2. Strong, system-wide governance and systems leadership	The Better Care Fund has remained a critical feature of the Sefton Partnership and now the Adult Social Care and Health transformation programme known locally as the Better at Home work programme of which the Better Care Fund is a key enable to support more peole to live well at home for longer. We have seen the Sefton Urgent Care Board become fully established in 2023/24. This is a forum where all system partners come together to discuss urgent system flow issues and blockages.	Yes
Success 2	9. Joint commissioning of health and social care	The fund has allowed us to respond well to Winter Pressure throughout 2023/24. It has facilitiated significant developments in our intermidiate care offer, namely Chase Heys and James Dixon Court (Discharge to asesses facilities delivered between the market NHS and Local authroity). We have also invested in our locality model and our integrated discharge team, we have also invetsed in and implemented discharge to recover and assess services. Both Health and Social Care have committed to investing in our Home First approach.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	6. Good quality and sustainable provider market that can meet demand	We have seen significant pressure within our A&E departments with a high frequency of 'corridor care' incidences across the year. We continue to see the impact of brexit in work force with teams being redirected to deliver esssential services. This is compounded by the way the public are accesing health care meaning that pressures of demaan can not be met through traditonal routes to Primary and Secondary care resulting in work and transformation not being delievred as planned. There is a subsquent workforce pressure meaning a relliance on agency staff that drives up deficits for the system in both Health and	Yes
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	2023/24 has proven Financially incredibally challeging with both parties reporting significant over spends. Services have expereinced significant pressure right across our Health and Social Care system, with many providers experiencing business continiuty procedures being enacted which means that the pace of transformaition needed has not been possible.	Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Market Sustainability and Improvement Fund 2024 to 2025 - Qualitative Capacity Plan Template

Published 3 May 2024

Contents

Use this template to complete the qualitative aspect of the capacity plan as part of the Market Sustainability and Improvement Fund (MSIF) in 2024 to 2025.

Note: local authorities are not required to publish their own MSIF capacity plan return for 2024 to 2025, as set out in the MSIF guidance for 2024 to 2025. DHSC intends to publish a report, including the data provided by local authorities, following submission and analysis of returns.

Local authorities must complete sections 1, 2 and 3. Completion of section 4 is optional.

Templates should be returned to msifcorrespondence@dhsc.gov.uk.

Deadline for submission: 11:59pm on 10 June 2024

Section 1: Capacity in winter 2023 to 2024

Give details of what measures were put in place during winter 2023 to 2024 to ensure sufficient capacity across your social care markets, and an assessment of how successful these measures were. You may wish to include information from last year's document which states what actions you planned to take in winter 2023 to 2024, with an update on how successful each was. (500 words maximum)

Sefton worked in partnership with Health to secure additional block-booked capacity in existing Intermediate Care beds in order to support with timely Hospital discharges. This included the commissioning of a further 27 beds across two facilities for a mixture of Residential and Nursing beds.

We also re-modelled beds in another existing Intermediate Care facility in order to put in place a discharge to assess bed-base which operated in partnership with community Health and therapy services in order to support people to regain their independence.

These commissioning arrangements were successful as they ensured that the level of delayed discharges were reduced and that people were assessed in these bed-based facilities for their longer-term care needs and many people were then supported to return home.

We also implemented a new commissioning framework for Domiciliary Care, which included the following model elements:

- **Provider Base** – Sefton being split into three locality areas which will have two Tier 1 Providers who are required to accept 80% of referrals between them. there will then by Tier 2 Providers that can also accept packages. The new framework was also implemented to control the number of core Providers commissioned in order to support sustainability for Providers and enable greater sufficiency in the market.
- **Revised Contractual Arrangements** - the implementation of block contracts to 'guarantee' a level of income/business for Providers and to secure dedicated market capacity to primarily support with ensuring timely acceptance of Hospital Discharge referrals (whether they be for long-term or short-term services) and to ensure capacity to accept urgent community referral cases. These block-booking arrangements also ensured that there was dedicated capacity to support with 'flow' through the additional bed-based provision we put in place, such as with respect to people who accessed the beds but who then were ready to be discharged from these beds but who required a Domiciliary Care package once they returned home. The new model also includes all Providers adopting a Trusted Assessor role in order to identify where people may require less support which in turn assists with releasing market capacity.

We also worked with our Reablement Provider to expand their capacity in order to ensure further support with timely Hospital discharges.

We also expanded our brokerage function and put in place additional Social Work Staff in order to facilitate more timely assessments of people and to ensure that both care home and domiciliary care packages could be commissioned in a more timely manner, including those into block-booking arrangements. These arrangements ensured that

the number of people awaiting a package of care either from Hospital or in the community were significantly reduced.

For care home placements we also utilised discharge funding in order to ensure that Providers were supported to accept placements of people with higher levels of acuity and to ensure that decisions on placing people could be made more quickly and not lead to delayed discharges.

Section 2: Current capacity

Give an assessment of any current capacity gaps within your markets for a) long term nursing care, b) long term residential and c) long term community care (with a particular focus on home support and supported living). Include details on what the required capacity is, the available capacity in the market, and the level of capacity that is currently affordable. (750 words maximum)

With respect to long-term **nursing care**, the current capacity gap relates to the number of beds that are available at the Council's 'standard' contracted rate. Recent analysis shows 80 vacancies but only 2 of these were in homes that do not levy a top-up. Furthermore, of these 80 vacancies only 29 of these were in homes located in South Sefton. There is therefore a particular gap for affordable placements in South Sefton.

For long-term **residential care** whilst there are 134 beds available based on recent market analysis, only 19 of these were in homes without a top-up. In terms of Service User needs, there are gaps for dementia placements and placements that can accept people with mobility needs and who may then require support from two Staff to transfer. We also have issues with making placements for people with complex needs such as Korsakoff's and autism / learning disabilities and as a result we have had to then place in out-of-borough specialist care homes due to a lack of such provision in Sefton.

For **Home Care** we have on average 20 people awaiting a package of care and based on an average number of weekly hours per package of 11.7, this equates to a total required capacity of 234 hours per week as a minimum, however it is important to highlight that our strategic aim is to increase the number of people who receive home care and reduce the number of care home placements we make, particularly general residential placements.

Based on anticipated growth of 6% this equates to additional weekly hours of 1,040, however this figure would be higher when taking into account that there may also be a growth in the number of people that utilise a Direct Payment to arrange their own Home Care service.

We do through also have capacity issues in certain geographical areas such as Formby, Ince Blundell, Hightown and Maghull. This is typically due to there being a low number of existing packages in these areas and are therefore more difficult for Providers to mobilise Staff and therefore require additional Staff travel time and mileage costs, however we have significantly increased fee rates in order to further

support Providers and implemented a new commissioning framework to establish new locality-based arrangements to support with service delivery in these areas.

Recent analysis showed that there were 2,758 weekly hours available / reported by Providers through the Capacity Tracker system, however of these, 1,630 were deemed to be hours that were potentially affordable as the remaining hours were deemed unavailable / unaffordable due to factors such as the fee rates levied by the Providers, some capacity being with Providers who state that their minimum call duration is one hour which therefore Sefton would not be able to commission for people who have an assessed need for call durations of a shorter duration than this and with Providers where there are significant quality concerns and they are currently CQC rated Inadequate so they would not be commissioned.

In terms of **Extra Care**, we have identified that there are capacity gaps, given current supply and the identification of the need to develop more Extra Care Housing as a viable alternative to residential care. At present we have two schemes (95 units) and both are reporting 100% occupancy. Our Extra Care Housing Prospectus identifies the aim to deliver 1,306 extra care units by 2036 then this would further enable us to reach our ambition to approach the national best quartile for residential admissions. This would require us to divert a total of 842 placements per year. At present we have plans for six new schemes to be operational by 2026/27 providing up to an additional 560 units.

For **Supported Living**, there are currently 543 bedspaces in commissioned services in Sefton and 508 (96%) of these are occupied. As a result, at present there are not any significant capacity issues as the available capacity is deemed affordable given they are voids in existing Sefton commissioned services, however there are gaps to place people with complex needs, such as S117 cases and additional dedicated capacity is in the process of being commissioned to address this issue.

We have also identified that there is a required capacity for less intensive services including services that provide a lower level of care/support to people as opposed to solely having schemes that operate on a 24/7 model.

Section 3: Future capacity

Give an assessment of any future capacity gaps within your markets for a) long term nursing care, b) long term residential and c) long term community care with a focus on winter 2024 to 2025. Include a detailed plan on how these capacity gaps will be addressed. (750 words maximum)

For **nursing care** we have assessed that there are future gaps for dementia placements, particularly in South Sefton. As part of our proposed new commissioning framework we will be working with current Providers to re-categorise their services so that they can support this cohort.

A further gap is with respect to placements which are available that are affordable. To meet this gap we continue to pay enhanced rates / top-ups where necessary and to support this we have implemented a new 1:1 policy and process to be used when commissioning additional care and support for people in care homes.

For **residential** care we have assessed that whilst there are no gaps in terms of current placements available and the fact that our strategic aim is to support more people to remain in their own home for longer, there are gaps with respect to placements that can support people with higher acuity levels.

For winter 2024/25 we continue to work with Health partners, including on the delivery of schemes under the Better Care Fund, and these include re-modelling and expanding Intermediate Care bed-based services in order to support with timely Hospital discharges and to then ensure that more people are rehabilitated which then results in where they then require long-term residential or nursing care, the care homes are better placed to support them and meet their needs.

We have also had approval to implement a new care homes commissioning framework to better manage the market and to provide a mechanism for further integration and working with the market to re-model services so that they can meet our longer-term needs.

For both residential and nursing placements we are also assessing the need to block-book some beds to ensure further dedicated capacity over the winter period.

For **home care**, we are further implementing our new commissioning framework in order to put in place more capacity including through issuing new 'lead' provider contracts with two providers in North and South Sefton. These contracts will ensure that there are additional contractual arrangements in place with providers to accept packages in a timely manner and who will receive more structured contractual arrangements, including block-booking of hours to ensure dedicated capacity, especially during winter so as to ensure that there is capacity in place for them to accept hospital discharge cases. These new arrangements will seek to secure an additional 400 block-booked hours per week across Sefton.

We are also exploring the re-opening of our commissioning framework to attract new applicants, including those Providers that are current spot purchased but who levy rates higher than our contracted rates, but who now may wish to apply in order to be on the framework to regularly receive more referrals. This in turn will enable us to access additional capacity reported by these providers, as outlined in section 2 of this template.

A key issue affecting capacity is the lack of reablement service capacity to ensure that people initially receive a phase of reablement in order to maximise their independence and therefore reduce the level of long-term care required. To meet this gap, we are commissioning additional reablement providers to deliver up to 500 hours per week each and seeking to expand the 'intake model' of reablement so that as many people as possible receive it before longer-term home care is arranged.

Our new commissioning model also requires all providers to adopt a trusted assessor role whereby they regularly review people and make recommendations on the potential to reduce their existing care package which in turn then releases market capacity.

For **supported living**, we are securing additional capacity (up to 9 units) of capacity to support people with complex needs (including S117 cases) and which can also be utilised for people awaiting discharge from Hospital. We are also continuing to utilise

a new Liverpool City Region procurement framework to expand our provider bases, including those providers that can support complex people.

Section 4 (optional): Methods of commissioning

Give any additional information or context regarding the proportion of care commissioned using different methods that you provided banding for in question 6 of the quantitative return. (300 words maximum)

For **residential and nursing care**, the level of long-term placements commissioned under structured and/or block arrangements is negligible, however as part of future commissioning arrangements there will be more structured arrangements including the potential to block-book some beds especially for people with complex needs and to support some care homes with their ongoing viability and to reflect that certain categories of beds will always be required.

There have been block-booking arrangements, commissioned in line with our winter plans, however such beds are primarily for short-term placements.

For **home care**, our new commissioning framework has outlined to providers that we remain committed to the further expansion of block-booking arrangements in order to support providers with their viability and to put in place dedicated staffing teams. Currently bloc-purchasing is only with respect to the delivery of short-term services which primarily support with ensuring timely Hospital discharges, however.

Our new framework also includes more structured commissioning arrangements with Tier 1 providers who between them are required to accept 80% of referrals and then us having Tier 2 providers who can also accept referral. The figures reported in question 6 of the quantitative return are lower as these new arrangements are still being embedded.

For **supported living**, we do have some block contracts but we are further exploring the expansion of these arrangements, as linked to our future work outlined in section 3 of this template.

For **extra care** services these two contracts are both block-booked for daytime and nighttime hours provision in order to ensure that there is a dedicated staff team in place.

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Market Sustainability and Improvement Fund (MSIF) 2024 to 2025: information to be reported by each local authority

2024 to 2025 MSIF Capacity Plan

Version 1.0

Background and context

As part of the conditions of the Market Sustainability and Improvement Fund (MSIF) in 2024 to 2025 (condition 4), local authorities are required to submit a Capacity Plan containing quantitative and qualitative data on adult social care capacity. Further details on grant conditions can be found in the published MSIF guidance:
https://www.gov.uk/government/publications/market-sustainability-and-improvement-fund-2024-to-2025

These plans will provide insight into local adult social care market capacity, and assurance that plans are in place to meet local need for different types of care. Unlike in 2023 to 2024, DHSC WILL publish a report in 2024 to 2025 summarising the key findings from the submissions. This report will be published alongside the data and information provided by local authorities in the quantitative and qualitative returns. As such, local authorities DO NOT have to publish their own MSIF Capacity Plan return for 2024 to 2025.

The MSIF capacity plans will report on activity and capacity for long-term (> 6 weeks) services only. Data on short term services will be collected via the Better Care Fund (BCF) capacity and demand plans. Local authorities are strongly encouraged to co-ordinate with the relevant integrated care boards through their local health and wellbeing board to ensure the information provided across both plans is consistent. As part of this return, local authorities will be asked to confirm that this co-ordination has taken place and the information is, to the best of their knowledge, consistent with what will be reported via the BCF.

Instructions

As set out in the published guidance, local authorities must use this template to report information on:
- **annualised commissioned totals for 2023 to 2024 for each service type**. This includes both the number of clients accessing long-term care during the year and the number of 'units' of each service type commissioned
- **best estimate of 2024 to 2025 annual commissioned total.** Local authorities are asked to report their best estimate of how much of each service type they expect to commission across 2024 to 2025
- **best estimate of 2024 to 2025 commissioned total by quarter.** To aid with 'in year' comparisons with Client Level Data (CLD), local authorities are asked to report their best estimate of the care the expect to commission across 2024 to 2025 broken down by quarter
- **how the local authority expects to commission this care.** For each service, local authorities are asked to select a banded estimate that best approximates the percentage of total care they expect to commission according to different commissioning methods
- **best estimate of available capacity across 2024 to 2025.** For each service type, local authorities are required to report their best estimate of the maximum capacity in their market that is available to the local authority in line with current commissioning practices

- estimated percentage of available capacity that local authorities expect to use. Local authorities are asked to select the option that best describes their capacity situation for each service type

- best estimate of capacity situation in each quarter of 2024 to 2025. Local authorities are asked to select the option that best describes their expected capacity situation in each quarter of 2024 to 2025

Further details on each of the required pieces of information, including definitions can be found on the following tab.

Local authorities must use this Excel template to report the required information to DHSC by **11:59pm on 10 June 2024.** This reporting template should be submitted to the department by emailing **MSIFCorrespondence@dhsc.gov.uk**. Further qualitative information will be collected in a separate template. Any questions regarding the data, template or submission process should be directed to MSIFCorrespondence@dhsc.gov.uk.

Conditions and data validation

This template makes use of data validation checks to ensure that returns have provided the required information. In order for the return to meet the reporting requirements of the department, it must meet all of the conditions set out below. The coloured box beside each condition will turn green if the condition is met and remain red if it is not. If a return has not met a given condition, the local authority will be asked to explain why they were not able to provide the required piece of information and may be asked to resubmit.

Condition	Has the condition been met?
General information (Question 1-3)	
Has a local authority been selected?	Yes
Has a name and email address been provided?	Yes
Has the local authority confirmed that they co-ordinated with their local health and wellbeing board to ensure the information provided is consistent with that returned via the BCF?	Yes
2023 to 2024 annual commissioned totals (Question 4)	
Has the required information for the number of clients accessing the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes
Has the required information for the number of bed weeks/contact hours/placements commissioned for the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes

Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

2024 to 2025 expected commissioned totals (Question 5)

Has the required information for the number of clients expected to access the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes
Has the required information for the number of bed weeks/contact hours/placements expected to be commissioned for the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

Expected commissioning methods (Question 6)

Has the required information for how the local authority expects to commission care (in terms of the number of clients accessing care) for the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes

Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes
Has the required information for how the local authority expects to commission care (in terms of the number of bed weeks/contact hours/placements commissioned) for the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

2024 to 2025 expected commissioned totals broken down by quarter (Question 7)

Has the required information for the number of clients expected to access the following types of care by quarter been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes
Has the required information for the number of bed weeks/contact hours/placements expected to be commissioned for the following types of care by quarter been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

2024 to 2025 estimated available capacity (Question 8)

Has the required information for the maximum number of supported potential clients with the following types of care been provided?	

Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes
Has the required information for the maximum number of bed weeks/contact hours/placements available for the following types of care been provided?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

2024 to 2025 expected capacity situation (Question 9)

Has an option describing the expected capacity situation for the following service types (in terms of the number of clients accessing care) been selected?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes
Has an option describing the expected capacity situation for the following service types (in terms of the number of bed weeks/contact hours/placements commissioned) been selected?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Home Support); 65+	Yes

Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

2024 to 2025 expected capacity situation by quarter (Question 10)

Has an option describing the expected capacity situation in each quarter for the following service types been selected?	
Long Term Support - Nursing; 65+	Yes
Long Term Support - Nursing; 18-64	Yes
Long Term Support - Residential; 65+	Yes
Long Term Support - Residential; 18-64	Yes
Long Term Support - Community (Total); 65+	Yes
Long Term Support - Community (Home Support); 65+	Yes
Long Term Support - Community (Supported Living); 65+	Yes
Long Term Support - Community (Total); 18-64	Yes
Long Term Support - Community (Home Support); 18-64	Yes
Long Term Support - Community (Supported Living); 18-64	Yes

Have all the conditions been met?	Yes

Market Sustainability and Improvement Fund (MSIF) 2024 to 2025: information to be reported by each local authority

Overall guidance

Local authorities should complete the template on the following tab to report the data required as part of the MSIF Capacity Plans. In order to meet the data validation conditions on the previous tab, information must be entered into all yellow cells. Grey cells will be automatically populated given the information provided by the local authority.

Services collected

To build a holistic view of available capacity and potential challenges, local authorities must report data for the following **long-term** service types. The service types included and their definitions match those that the local authority reports as part of the existing annual Short and Long Term (SALT) data collection and through CLD:
- Long Term Support - Nursing; 65+
- Long Term Support - Nursing; 18-64
- Long Term Support - Residential; 65+
- Long Term Support - Residential; 18-64
- Long Term Support - Community (Total); 65+
    - Long Term Support - Community (Home Support); 65+
    - Long Term Support - Community (Supported Living); 65+
- Long Term Support - Community (Total); 18-64
    - Long Term Support - Community (Home Support); 18-64
    - Long Term Support - Community (Supported Living); 18-64

Guidance on extra care housing

In order to align with existing guidance on Client Level Data, care provided as part of an extra care housing scheme should be recorded under the "Community (Supported Living)" category.

If additional home care/domiciliary care is provided alongside extra care housing, then this should be mapped to the "Community (Home Support)" category. Therefore, an individual in receipt of extra care housing with home care should be recorded as a client accessing care in both the Community (Supported Living) and Community (Home Support) categories.

Units collected

For each service type, local authorities must report data on:

a) The total number of clients accessing long term care during the relevant financial year (or quarter in Question 7). This matches with what local authorities already report as part of the existing SALT data collection (see LTS001A of the existing SALT return) and provides a 'common currency' across service types.

b) The number of 'units' of each type of care commissioned during the relevant year or quarter. Please note that 'commissioned totals' refers to the number of cases that were live or open at any point during the year 2023 to 2024 (for example, March 2023 to June 2023, July 2023 to November 2023 and December 2023 to May 2024). This provides information on the actual commissioned units specific to each service type. Unit definitions for each service type can be found below:

  - for **residential** and **nursing** services, the unit is the number of **bed weeks** commissioned during the year or quarter.

  - for Community **(Home Support),** the unit is the total number of **contact hours** commissioned during the year or quarter
  - for Community **(Supported Living)**, the unit is the number of **placements** commissioned during the year or quarter

Exclusions:
- individuals who are self-funding their care but are commissioning via the local authority should be EXCLUDED from the data provided
- please leave any missing data cells blank. For example, do not attempt to enter '0' or 'N/A' but do leave a comment in the relevant row stating that the required data is not available

Guidance on individual questions

Question 1:
No further guidance, please select local authority from the drop down menu.

Question 2:
Note that the email address provided here will be the one DHSC will contact for any queries relating to this return.

Question 3:
Confirmation that local authority has co-ordinated with their health and wellbeing board to ensure the information provided in this return is consistent with that provided on short-term care via the BCF.

Question 4:
Report the annual commissioned totals in 2023 to 2024 for each long-term service type, both in terms of clients supported and number of units.

Question 5:

Report your best estimate of the **activity you expect to commission in 2024 to 2025** for each service type, both in terms of clients supported and number of units.

To reach this estimate, make use of any relevant intelligence, information and reasonable assumptions available.

Once again, 'commissioned totals' refers to the number of cases that are expected to be live or open at any point during the year 2024 to 2025.

Local authorities should use the comment box provided to set out any relevant context, information or limitations regarding their estimate (for example, a summary of any data or intelligence that their estimate is based on).

Question 6:

Use the bandings provided (e.g. 0%, 1% to 10%, 11% to 20%) to report your best estimate of the proportion of total care you expect to commission (as reported in Question 5) through the following methods:

  - a structured contractual arrangement (for example, lead care home provider for each zone)
  - block contracts or purchasing
  - spot purchasing (for example, through a framework or dynamic purchasing system)
  - in-house provision
  - other methods

Question 7:

Report your best estimate of the activity you expect to commission in each quarter of 2024 to 2025 for each service type.

To better monitor the information provided by each local authority during the year, the department will be comparing expected levels of activity reported in the Capacity Plan with actual activity as reported in CLD. Since CLD is reported quarterly, to aid these comparisons, local authorities are asked to report their best estimate of the care they expect to commission in 2024 to 2025 broken down by quarter.

To reach this estimate, local authorities should make use of any relevant intelligence, information and reasonable assumptions available. This could include historic data or patterns on how activity does or does not vary across the year.

Local authorities should note that since the same individual can receive support in multiple quarters, when it comes to numbers of clients supported, we would not necessarily expect the figures provided here to sum to the total provided in Question 4. In contrast, since a 'bed week' or 'contact hour' can only be delivered in a single quarter, we would expect the data provided on those metrics for each quarter to sum to the expected annual total reported in Question 5.

Question 8:

Report your best estimate of the total capacity that is available to the local authority across 2024 to 2025 in line with current commissioning practices for each service type.

For numbers of clients, this is the maximum number of clients that could be supported during 2024 to 2025 given existing and available local capacity. For units of care, this is the maximum number of bed weeks/contact hours/placements that are available and affordable across 2024 to 2025.

Local authorities should include existing and available capacity outside the local authority boundary, provided it is in line with current commissioning practices.

As above, local authorities should use reasonable assumptions, relevant intelligence and local knowledge to report their best estimate.

In cases where the same 'unit' of care could be used across multiple service types (for example, dual registration where the same 'bed weeks' could be used for either residential or nursing), local authorities should make their own estimate of how they expect to use this capacity.

Question 9:

From the drop down menu, select the option that best describes your expected capacity situation across 2024 to 2025 for each service type.

The options combine a banded estimate of the percentage of available capacity that local authorities expect to use and a qualitative description of the capacity situation. The options provided are as follows:

A: >100% - Expected activity exceeds expected available capacity and situation means most people have to wait for support and/or receive alternative support.

B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example, due to specific needs, location, particular times of year and so on).

C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).

D: 80% to 90% - Expected activity is lower than expected available capacity, meaning there is often choice for people about their service/provider.

E: <80% - Expected activity is substantially lower than expected available capacity, meaning there is 'over-supply' and choice for people accessing support and commissioners.

Please note that the selected banded estimate of the percentage of available capacity that local authorities expect to use should reflect the estimates provided for Question 5 (activity you expect to commission) and Question 8 (capacity you expect to be available). For example, if you reported that you expect to commission 65+ nursing services for 120 clients in Question 5 and that you have capacity to support 100 clients in Question 8, then you should choose response A (>100%) in Question 9.

Question 10:
From the drop down menu, select the option that best describes your expected capacity situation in each quarter of 2024 to 2025.
The options provided are the same as those in Question 9.
Selecting the same option in each quarter as in Question 9 is acceptable. This question is designed to give local authorities the opportunity to indicate whether they expect their capacity situation in a given service type to vary or change during the year.
(Optional) Comment box:
Please use the box to provide any further comments you wish to include on your return.

Market Sustainability and Improvement Fund (MSIF) 2024 to 2025: information to be reported by each local authority

MSIF Capacity Plan template

(1) Please choose your local authority from the drop down menu below.

Description	Data item
Local authority name	Sefton

(2) Please enter the details of the person completing this return.

Description	Data item
Name	Neil Watson
Email address	Neil.Watson@sefton.gov.uk

(3) Please confirm that you have co-ordinated with your local health and wellbeing board on this return and that, to the best of your knowledge, the information provided is consistent with what will be provided on short term care via the BCF.

Description	Data item
Please select response	Yes - we have co-ordinated to ensure the information is consistent

(4) Please report annual commissioned totals for 2023 to 2024 for the following long term service types.

Service type	Unit of measurement	2023 to 2024 annual commissioned total	Comments
Long Term Support - Nursing; 65+	Number of clients accessing long term support during the year	445	
	Number of bed weeks commissioned during the year	16,976.0	
Long Term Support - Nursing; 18-64	Number of clients accessing long term support during the year	92	
	Number of bed weeks commissioned during the year	3,915.0	
Long Term Support - Residential; 65+	Number of clients accessing long term support during the year	1,040	
	Number of bed weeks commissioned during the year	38,998.6	
Long Term Support - Residential; 18-64	Number of clients accessing long term support during the year	171	
	Number of bed weeks commissioned during the year	7,559.3	
Long Term Support - Community (Total); 65+	Number of clients accessing long term support during the year	2,050	
Long Term Support - Community (Home Support); 65+	Number of clients accessing long term support during the year	1,702	
	Number of contact hours commissioned during the year	807,308.0	
Long Term Support - Community (Supported Living); 65+	Number of clients accessing long term support during the year	121	
	Number of placements commissioned during the year	121.0	
Long Term Support - Community (Total); 18-64	Number of clients accessing long term support during the year	1,813	
Long Term Support - Community (Home Support); 18-64	Number of clients accessing long term support during the year	599	
	Number of contact hours commissioned during the year	446,966.4	
Long Term Support - Community (Supported Living); 18-64	Number of clients accessing long term support during the year	504	
	Number of placements commissioned during the year	504.0	

(5) Please report your best estimate of the activity you expect to commission in 2024 to 2025 for the following long term service types.

Service type	Unit of measurement	Best estimate of 2024 to 2025 annual commissioned total	Comments
Long Term Support - Nursing; 65+	Number of clients accessing long term support during the year	427	4% reduction
	Number of bed weeks commissioned during the year	16,297.0	
Long Term Support - Nursing; 18-64	Number of clients accessing long term support during the year	88	4% reduction
	Number of bed weeks commissioned during the year	3,758.0	
Long Term Support - Residential; 65+	Number of clients accessing long term support during the year	978	6% reduction
	Number of bed weeks commissioned during the year	36,658.6	
Long Term Support - Residential; 18-64	Number of clients accessing long term support during the year	161	6% reduction
	Number of bed weeks commissioned during the year	7,106.0	
Long Term Support - Community (Total); 65+	Number of clients accessing long term support during the year	2,255	
Long Term Support - Community (Home Support); 65+	Number of clients accessing long term support during the year	1,770	4% increase
	Number of contact hours commissioned during the year	839,600.4	
Long Term Support - Community (Supported Living); 65+	Number of clients accessing long term support during the year	125	3% increase
	Number of placements commissioned during the year	125.0	
Long Term Support - Community (Total); 18-64	Number of clients accessing long term support during the year	1,994	
Long Term Support - Community (Home Support); 18-64	Number of clients accessing long term support during the year	623	4% increase
	Number of contact hours commissioned during the year	464,845.0	
Long Term Support - Community (Supported Living); 18-64	Number of clients accessing long term support during the year	519	3% increase
	Number of placements commissioned during the year	519.0	

(6) For each service type, use the bandings provided to indicate the proportion of the overall care and support provision you expect to commission through the following methods.

Service type	Unit of measurement	Proportion of overall care and support commissioned via:				
		Structured contractual arrangement	Block purchasing	Spot purchasing	In-house	Other means
Long Term Support - Nursing; 65+	Number of clients accessing long term support during the year	0%	0%	91-100%	0%	0%
	Number of bed weeks commissioned during the year	0%	0%	91-100%	0%	0%
Long Term Support - Nursing; 18-64	Number of clients accessing long term support during the year	0%	0%	91-100%	0%	0%

Service type	Unit of measurement					
	Number of bed weeks commissioned during the year	0%	0%	91-100%	0%	0%
Long Term Support - Residential; 65+	Number of clients accessing long term support during the year	0%	1-10%	91-100%	0%	0%
	Number of bed weeks commissioned during the year	0%	1-10%	91-100%	0%	0%
Long Term Support - Residential; 18-64	Number of clients accessing long term support during the year	0%	1-10%	91-100%	0%	0%
	Number of bed weeks commissioned during the year	0%	1-10%	91-100%	0%	0%
Long Term Support - Community (Total); 65+	Number of clients accessing long term support during the year	21-30%	1-10%	61-70%	0%	0%
Long Term Support - Community (Home Support); 65+	Number of clients accessing long term support during the year	21-30%	1-10%	61-70%	0%	0%
	Number of contact hours commissioned during the year	21-30%	1-10%	61-70%	0%	0%
Long Term Support - Community (Supported Living); 65+	Number of clients accessing long term support during the year	0%	1-10%	91-100%	0%	0%
	Number of placements commissioned during the year	0%	1-10%	91-100%	0%	0%
Long Term Support - Community (Total); 18-64	Number of clients accessing long term support during the year	21-30%	1-10%	61-70%	0%	0%
Long Term Support - Community (Home Support); 18-64	Number of clients accessing long term support during the year	21-30%	1-10%	61-70%	0%	0%
	Number of contact hours commissioned during the year	21-30%	1-10%	61-70%	0%	0%
Long Term Support - Community (Supported Living); 18-64	Number of clients accessing long term support during the year	0%	1-10%	91-100%	0%	0%
	Number of placements commissioned during the year	0%	1-10%	91-100%	0%	0%

Note: the sum of the proportions for each service type should not exceed 100%.

(7) Report your best estimate of the activity you expect to commission in each quarter of 2024 to 2025 for each service type.

Service type	Unit of measurement	Best estimate of quarter 1 commissioned total (Apr-Jun 2024)	Best estimate of quarter 2 commissioned total (Jul-Sep 2024)	Best estimate of quarter 3 commissioned total (Oct-Dec 2024)	Best estimate of quarter 4 commissioned total (Jan-Mar 2025)
Long Term Support - Nursing; 65+	Number of clients accessing long term support during the quarter	332	361	356	350
	Number of bed weeks commissioned during the quarter	4,113.7	4,460.2	4,341.5	4,060.7
Long Term Support - Nursing; 18-64	Number of clients accessing long term support during the quarter	74	77	78	79
	Number of bed weeks commissioned during the quarter	930.3	993.3	993.7	997.6
Long Term Support - Residential; 65+	Number of clients accessing long term support during the quarter	786	814	803	779
	Number of bed weeks commissioned during the quarter	9,665.7	10,044.3	9,930.3	9,358.3
Long Term Support - Residential; 18-64	Number of clients accessing long term support during the quarter	141	142	145	149
	Number of bed weeks commissioned during the quarter	1,824.8	1,899.0	1,900.6	1,934.8
Long Term Support - Community (Total); 65+	Number of clients accessing long term support during the quarter	1,788	1,832	1,794	1,713
Long Term Support - Community (Home Support); 65+	Number of clients accessing long term support during the quarter	1,386	1,421	1,395	1,325
	Number of contact hours commissioned during the quarter	198,605.6	208,062.0	204,622.2	196,018.2
Long Term Support - Community (Supported Living); 65+	Number of clients accessing long term support during the quarter	114	116	118	110
	Number of placements commissioned during the quarter	114.3	116.4	118.5	110.2
Long Term Support - Community (Total); 18-64	Number of clients accessing long term support during the quarter	1,817	1,812	1,807	1,807
Long Term Support - Community (Home Support); 18-64	Number of clients accessing long term support during the quarter	541	540	545	540
	Number of contact hours commissioned during the quarter	112,940.2	116,737.6	117,308.0	117,859.2
Long Term Support - Community (Supported Living); 18-64	Number of clients accessing long term support during the quarter	486	489	488	490
	Number of placements commissioned during the quarter	486.2	489.3	488.2	490.3

(8) Provide your best estimate of the total capacity that is available to the local authority across 2024 to 2025 in line with current commissioning practices for each service type (Column C).

(9) From the drop down menu, select the option that best describes the % of available capacity you expect to use and your capacity situation in 2024 to 2025 for each service type (Column D).

Service type	Unit of measurement	Best estimate of maximum available capacity in 2024 to 2025	% of capacity expected to be used: please select the option that best describes your situation
Long Term Support - Nursing; 65+	Maximum number of potential supported clients for 2024 to 2025	450	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
	Maximum total available bed weeks for 2024 to 2025	17,182.0	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Nursing; 18-64	Maximum number of potential supported clients for 2024 to 2025	92	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).

	Maximum total available bed weeks for 2024 to 2025	3,937.0	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).
Long Term Support - Residential; 65+	Maximum number of potential supported clients for 2024 to 2025	1,058	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
	Maximum total available bed weeks for 2024 to 2025	37,649.0	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Residential; 18-64	Maximum number of potential supported clients for 2024 to 2025	165	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).
	Maximum total available bed weeks for 2024 to 2025	7,300.0	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).
Long Term Support - Community (Total); 65+	Maximum number of potential supported clients for 2024 to 2025	2,467	E: <80% - Expected activity is substantially lower than expected available capacity, meaning there is 'over-supply' and choice for people accessing support and commissioners.
Long Term Support - Community (Home Support); 65+	Maximum number of potential supported clients for 2024 to 2025	1,936	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
	Maximum total available contact hours for 2024 to 2025	918,439.0	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).

Service type	Metric	Value	Capacity situation
Long Term Support - Community (Supported Living); 65+	Maximum number of potential supported clients for 2024 to 2025	133	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
	Maximum total available placements for 2024 to 2025	133.0	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Total); 18-64	Maximum number of potential supported clients for 2024 to 2025	2,181	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Home Support); 18-64	Maximum number of potential supported clients for 2024 to 2025	681	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
	Maximum total available contact hours for 2024 to 2025	508,494.0	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Supported Living); 18-64	Maximum number of potential supported clients for 2024 to 2025	552	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
	Maximum total available placements for 2024 to 2025	552.0	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).

(10) From the drop-down menu, select the option that best describes the % of available capacity you expect to use and your expected capacity situation for each service type in each quarter of 2024 to 2025.

Service type	Select the option that best describes your capacity situation in:			
	Quarter 1 of 2024 to 2025 (Apr-Jun 2024)	Quarter 2 of 2024 to 2025 (Jul-Sep 2024)	Quarter 3 of 2024 to 2025 (Oct-Dec 2024)	Quarter 4 of 2024 to 2025 (Jan-Mar 2025)
Long Term Support - Nursing; 65+	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).

	Col 1	Col 2	Col 3	Col 4
Long Term Support - Nursing; 18-64	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).
Long Term Support - Residential; 65+	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Residential; 18-64	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).
Long Term Support - Community (Total); 65+	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Home Support); 65+	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Supported Living); 65+	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).

Long Term Support - Community (Total); 18-64	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Home Support); 18-64	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	B: 95% to 100% - Expected activity is close to expected available capacity and situation means people have to occasionally wait for support and/or receive alternative support (for example due to specific needs, location, particular times of year and so on).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).
Long Term Support - Community (Supported Living); 18-64	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).	C: 90% to 95% - Expected activity broadly matches expected available capacity, with some choice and only occasionally waits (Neutral option).

(Optional) Please use the box below to provide any further comments you wish to include as part of your return (maximum 1,000 characters).

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