

Better Care Fund 2020-21 Year-end Template

1. Guidance

Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national partners and Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For an optimal 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

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

Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column 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
5. Please ensure that all boxes on the checklist tab are green before submission.

Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and sign
2. 'Question completion' tracks the number of questions that have been completed. When all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to
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.

National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of the template's

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy->

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 during 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

The four national conditions are as below:

- National condition 1: Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- National condition 2: The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the
- National condition 3: Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National condition 4: The CCG and LA have confirmed compliance with these conditions to the HWB.

Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional CCG and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21.

Year End Feedback

This section provide an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

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

- 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 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute 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.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

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-
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

Social care fees

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic

Specific guidance on individual questions can be found on the relevant tab.

CCG-HWB Mapping

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board

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2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative 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 BCE) 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, including that provided on local authority fee rates, 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.

| | |
|---|---|
| Health and Wellbeing Board: | Sefton |
| Completed by: | Eleanor Moulton |
| E-mail: | Eleanor.Moulton@Sefton.gov.uk |
| Contact number: | 7779162882 |
| Is the template being submitted subject to HWB / delegated sign-off? | No, sign-off has been received |
| Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB? | |
| Job Title: | Chair of the Health and Wellbeing Board |
| Name: | Councillor Ian Moncur |

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - 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

| | Complete: |
|----------------------------------|-----------|
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Income | Yes |
| 5. Expenditure | Yes |
| 6. Income and Expenditure actual | Yes |
| 7. Year-End Feedback | Yes |
| 8. iBCF | Yes |

[<< Link to the Guidance sheet](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Sefton

| Confirmation of Nation Conditions | | |
|--|--------------|---|
| National Condition | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21: |
| 1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small> | Yes | |
| 2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy? | Yes | |
| 3) Agreement to invest in NHS commissioned out of hospital services? | Yes | |
| 4) The CCG and LA have confirmed compliance with these conditions to the HWB? | Yes | |

Checklist

Complete:

Yes

Yes

Yes

Yes

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4. Income

Selected Health and Wellbeing Board:

Sefton

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

| iBCF Contribution | Contribution |
|--------------------------------|--------------------|
| Sefton | £15,263,520 |
| Total iBCF Contribution | £15,263,520 |

| | |
|--|----|
| Are any additional LA Contributions being made in 2020-21? If yes, please detail below | No |
|--|----|

| Local Authority Additional Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|--|--------------|--|
| | | |
| | | |
| Total Additional Local Authority Contribution | £0 | |

| CCG Minimum Contribution | Contribution |
|---------------------------------------|--------------------|
| NHS South Sefton CCG | £13,638,103 |
| NHS Southport and Formby CCG | £10,204,795 |
| | |
| | |
| | |
| Total Minimum CCG Contribution | £23,842,898 |

| | |
|---|-----|
| Are any additional CCG Contributions being made in 2020-21? If yes, please detail below | Yes |
|---|-----|

| Additional CCG Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here |
|--|--------------------|--|
| NHS South Sefton CCG | £1,608,857 | This relates to funding in excess of the required |
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| Total Additional CCG Contribution | £1,608,857 | |
| Total CCG Contribution | £25,451,755 | |

| | |
|--------------------------------|--------------------|
| | 2020-21 |
| Total BCF Pooled Budget | £45,538,645 |

| |
|---|
| Funding Contributions Comments |
| Optional for any useful detail e.g. Carry over |
| Carry forward DFG - Longer term plans to balance. |

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5. Expenditure

Selected Health and Wellbeing Board:

Sefton

| Running Balances | Income | Expenditure | Balance |
|-----------------------------|-------------|-------------|------------|
| DFG | £4,823,370 | £2,329,631 | £2,493,739 |
| Minimum CCG Contribution | £23,842,898 | £23,842,898 | £0 |
| iBCF | £15,263,520 | £15,263,520 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional CCG Contribution | £1,608,857 | £1,608,857 | £0 |
| Total | £45,538,645 | £43,044,906 | £2,493,739 |

| Required Spend | Minimum Required Spend | Planned Spend | Under Spend |
|--|------------------------|---------------|-------------|
| NHS Commissioned Out of Hospital spend from the minimum CCG allocation | £6,775,475 | £8,597,364 | £0 |
| Adult Social Care services spend from the minimum CCG allocations | £12,251,933 | £12,592,534 | £0 |

Checklist

Complete:

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

[Link to Scheme Type description](#)

| Scheme ID | Scheme Name | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Expenditure | | | | | | | | |
|-----------|---------------------------------------|------------------------------------|---|--|------------------|--|--------------|-------------------------------|------------------------------|------------------------|-----------------------------|-----------------|----------------------|
| | | | | | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Expenditure (£) | New/ Existing Scheme |
| 1 | Virtual Ward/CC2H | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £1,381,364 | Existing |
| 1 | Virtual Ward/CC2H | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Additional CCG Contribution | £1,365,636 | Existing |
| 2 | Community Matrons | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £521,000 | Existing |
| 3 | Children's Community Nursing Outreach | Community Based Schemes | | | Community Health | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £284,000 | Existing |
| 4 | Community Treatment Rooms | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £301,000 | Existing |
| 5 | District Nurses(Twilight Nursing) | Personalised Care at Home | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £983,000 | Existing |
| 6 | District Nurses Out of Hours | Personalised Care at Home | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £608,000 | Existing |
| 7 | District Nurses Out of Hours | Personalised Care at Home | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £174,000 | Existing |
| 8 | Alcohol Nurse | HICM for Managing Transfer of Care | Chg 4. Home First / Discharge to Access | | Acute | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £25,000 | Existing |

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| 9 | HALS (Alcohol Liaison) | Integrated Care Planning and Navigation | Care Planning, Assessment and Review | | Other | Links to Integrated Alcohol pathway | Joint | 0.0% | 100.0% | Local Authority | Minimum CCG Contribution | £88,000 | Existing |
| 10 | Phlebotomy | HICM for Managing Transfer of Care | Chg 5. Seven-Day Services | | Acute | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £118,000 | Existing |
| 11 | Respiratory/Actrite | Community Based Schemes | | | Community Health | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £1,049,000 | Existing |
| 12 | Community Heart Failure/Cardiac Rehab | Community Based Schemes | | | Community Health | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £671,000 | Existing |
| 13 | Community Dietetics (inc Enteral Feeding) | Personalised Care at Home | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £354,000 | Existing |
| 14 | Community Nursing Team | Personalised Care at Home | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £79,000 | Existing |
| 15 | Community Paediatrics | Personalised Care at Home | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £316,000 | Existing |
| 16 | People First Advocacy | Prevention / Early Intervention | Choice Policy | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum CCG Contribution | £34,000 | Existing |
| 17 | Additional Social Worker Capacity Mobile Working | Other | | SW Agile Working | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £51,000 | Existing |
| 18 | Care Act | Care Act Implementation Related Duties | Other | Includes Additional SW/ Safeguarding/ | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £796,000 | Existing |
| 19 | Care Act | Care Act Implementation Related Duties | Deprivation of Liberty Safeguards (DoLS) | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £81,000 | Existing |
| 20 | Carers Breaks & Respite | Carers Services | Respite Services | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £700,000 | Existing |
| 21 | Carers Card Initiative | Carers Services | Carer Advice and Support | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £20,000 | Existing |
| 22 | Investment in Sensory Support Eye Clinic Liason | Integrated Care Planning and Navigation | Care Coordination | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum CCG Contribution | £16,000 | Existing |
| 23 | Intermediate Care (Ward 35) | Intermediate Care Services | Reablement/Rehabilitation Services | | Acute | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £1,071,000 | Existing |
| 24 | Intermediate Care - Community | Intermediate Care Services | Rapid / Crisis Response | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £755,000 | Existing |
| 25 | Intermediate Care Services | Intermediate Care Services | Bed Based - Step Up/Down | | Acute | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £784,000 | Existing |
| 26 | GP Call Handling Service | HICM for Managing Transfer of Care | Chg 4. Home First / Discharge to Access | | Primary Care | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £73,000 | Existing |

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|----|---|---|---|--|---------------|--|-----|--|--|----------------------------|--------------------------|------------|----------|
| 27 | Discharge Planning | Integrated Care Planning and Navigation | Care Planning, Assessment and Review | | Acute | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £145,000 | Existing |
| 28 | Community Equipment | Assistive Technologies and Equipment | Community Based Equipment | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £845,000 | Existing |
| 29 | Community Equipment Additional | Assistive Technologies and Equipment | Community Based Equipment | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £327,000 | Existing |
| 30 | Home from Hospital | Home Care or Domiciliary Care | | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £172,000 | Existing |
| 31 | Early Discharge | Home Care or Domiciliary Care | | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £216,000 | Existing |
| 32 | Intermediate Care - Chase Heys | Intermediate Care Services | Bed Based - Step Up/Down | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £217,000 | Existing |
| 33 | Intermediate Care Worker Chase Heys | Intermediate Care Services | Bed Based - Step Up/Down | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £17,000 | Existing |
| 34 | End of Life Service - SW | Personalised Care at Home | | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £5,000 | Existing |
| 35 | Community Beds & Medical Cover-Manchester | HICM for Managing Transfer of Care | Chg 4. Home First / Discharge to Access | | Primary Care | | LA | | | CCG | Minimum CCG Contribution | £422,000 | Existing |
| 36 | Community Stores Equipment and Adaptations | Assistive Technologies and Equipment | Community Based Equipment | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £391,000 | Existing |
| 37 | Reablement - ND | Home Care or Domiciliary Care | | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £899,000 | Existing |
| 38 | Equipment and Telecare | Assistive Technologies and Equipment | Telecare | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £73,000 | Existing |
| 39 | Adult Social Worker Capacity and Supporting | HICM for Managing Transfer of Care | Chg 1. Early Discharge Planning | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £506,000 | Existing |
| 40 | Telecare to Support People at Home | Assistive Technologies and Equipment | Telecare | | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £100,000 | Existing |
| 41 | DFG | DFG Related Schemes | Adaptations | | Social Care | | LA | | | Local Authority | DFG | £2,329,631 | Existing |
| 42 | Falls | Prevention / Early Intervention | Social Prescribing | | Other | Public Health Commissioned Service and CCG | CCG | | | Local Authority | Minimum CCG Contribution | £74,000 | Existing |
| 43 | Alder Hey CAMHS | Enablers for Integration | Joined-up regulatory approaches | | Mental Health | | CCG | | | NHS Mental Health Provider | Minimum CCG Contribution | £974,000 | Existing |
| 44 | Reablement Rapid Response | Intermediate Care Services | Reablement/Rehabilitation Services | | Other | Commissioned on a Integrated | LA | | | Private Sector | iBCF | £235,700 | Existing |
| 45 | Contribution to Placements & Packages | Residential Placements | Supported Living | | Social Care | | LA | | | Private Sector | iBCF | £790,710 | Existing |
| 45 | Contribution to Placements & | Residential Placements | Learning Disability | | Social Care | | LA | | | Private Sector | iBCF | £4,213,671 | Existing |

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|----|---------------------------------------|--|---------------------|--|-------------|--|----|--|--|----------------|-----------------------------|------------|----------|
| 45 | Contribution to | Residential Placements | Care Home | | Social Care | | LA | | | Private Sector | iBCF | £4,075,846 | Existing |
| 45 | Contribution to Placements & Packages | Residential Placements | Nursing Home | | Social Care | | LA | | | Private Sector | iBCF | £2,292,914 | Existing |
| 45 | Contribution to Placements & Packages | Home Care or Domiciliary Care | | | Social Care | | LA | | | Private Sector | iBCF | £2,174,534 | Existing |
| 45 | Contribution to Placements & Packages | Personalised Budgeting and Commissioning | Direct Payments | | Social Care | | LA | | | Private Sector | iBCF | £1,480,145 | Existing |
| 46 | NHS Transfer to Social Care | Residential Placements | Supported Living | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £303,501 | Existing |
| 46 | NHS Transfer to Social Care | Residential Placements | Learning Disability | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £2,066,416 | Existing |
| 46 | NHS Transfer to Social Care | Residential Placements | Care Home | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £1,998,335 | Existing |
| 46 | NHS Transfer to Social Care | Residential Placements | Nursing Home | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £1,124,462 | Existing |
| 46 | NHS Transfer to Social Care | Home Care or Domiciliary Care | | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £1,066,408 | Existing |
| 46 | NHS Transfer to Social Care | Personalised Budgeting and Commissioning | Direct Payments | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £567,412 | Existing |
| 46 | NHS Transfer to Social Care | Residential Placements | Supported Living | | Social Care | | LA | | | Private Sector | Additional CCG Contribution | £84,759 | Existing |
| 46 | NHS Transfer to Social Care | Personalised Budgeting and Commissioning | Direct Payments | | Social Care | | LA | | | Private Sector | Additional CCG Contribution | £158,462 | Existing |

[^^ Link back up](#)

| Scheme Type | Description | |
|--|--|--|
| Assistive Technologies and Equipment | Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services). | |
| Care Act Implementation Related Duties | Funding planned towards the implementation of Care Act related duties. | |
| Carers Services | Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type. | |
| Community Based Schemes | Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams) | |
| DFG Related Schemes | The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. | |

| | | |
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| Enablers for Integration | Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others. | |
| High Impact Change Model for Managing Transfer of Care | The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section. | |
| Home Care or Domiciliary Care | A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services. | |
| Housing Related Schemes | This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units. | |

| | | |
|--|---|--|
| <p>Integrated Care Planning and Navigation</p> | <p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p> | |
| <p>Intermediate Care Services</p> | <p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p> | |

| | | |
|--|---|--|
| Personalised Budgeting and Commissioning | Various person centred approaches to commissioning and budgeting. | |
| Personalised Care at Home | Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type. | |
| Prevention / Early Intervention | Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being. | |
| Residential Placements | Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home. | |
| Other | Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column. | |

[^^ Link back up](#)

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

Income

| | | 2020-21 | |
|------------------------------|----------------------|---------------------|--|
| Disabled Facilities Grant | £4,823,370 | | |
| Improved Better Care Fund | £15,263,520 | | |
| CCG Minimum Fund | £23,842,898 | | |
| Minimum Sub Total | | £43,929,788 | |
| | | Planned | Actual |
| CCG Additional Funding | £1,608,857 | | Do you wish to change your additional actual CCG funding? <input type="text" value="No"/> |
| LA Additional Funding | £0 | | Do you wish to change your additional actual LA funding? <input type="text" value="No"/> |
| Additional Sub Total | | £1,608,857 | £1,608,857 |
| | Planned 20-21 | Actual 20-21 | |
| Total BCF Pooled Fund | £45,538,645 | £45,538,645 | |

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Expenditure

| | 2020-21 |
|--|---------------------------------|
| Plan | £43,044,906 |
| Do you wish to change your actual BCF expenditure? | <input type="text" value="No"/> |
| Actual | |

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

Checklist
Complete:

Better Care Fund 2020-21 Year-end Template

7. 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. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. 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 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 |
|---|----------------|--|
| 1. The overall delivery of the BCF has improved joint working between health and social care in our locality | Strongly Agree | The BCF and integrated commissioning arrangements have allowed us to use the services within the scheme to respond to COVID, managing them in a joined up way that allowed us to focus on the needs of the individual as a system and operate across boundaries. |
| 2. Our BCF schemes were implemented as planned in 2020-21 | Agree | Spend and outcomes are as planned in all areas apart from DFG which did see an impact in assessments due to COVID, although there is a longer term commitment to spend of this fund over the next 3 years |
| 3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality | Strongly Agree | We have seen a marked improvement in terms of market management with our Care Homes on an integrated basis, development of our D2A models, reablement and third sector support to discharge. We have seen an improved position around End of Life, and the advancement of the Enhanced Care in Care Homes schemes. We have also seen a |

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 2020-21 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest successes |
|---|---|---|
| Success 1 | 2. Strong, system-wide governance and systems leadership | During 2020/21 Sefton has advanced its work to become an Integrated Care Partnership, establishing a Place Lead approved by the Health and Wellbeing Board in March and a Governance system led by a Strategic Task and Finish Group, at an Exec level across Acute and Community Providers, CCG, PCNs, Local Authority, and the Voluntary Sector, chaired by the Elected Member for Health and Wellbeing. Sefton has established a clear delivery plan for a fully functional Integrated Care Partnership by April 2022 and has advanced its Provider Collaborative and Integrated |
| Success 2 | 5. Integrated workforce: joint approach to training and upskilling of workforce | Integrated Care Team approach is now aligned across the Sefton Borough (not just a South Sefton initiative). This means that staff are covering a smaller area of the borough and that all staff are becoming more familiar with the roles and responsibilities of all within each ICT area. <ul style="list-style-type: none"> The ICT's have been invaluable to support the work that has been required to support vulnerable people as a |
| 5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest challenges |
| Challenge 1 | 3. Integrated electronic records and sharing across the system with service users | Work to establish full integrated reporting systems for the BCF have not been realised in this year. The Shared record system used by the ICTs requires further development. |

Checklist Complete:

Yes

Yes

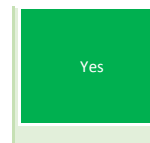
Yes

Yes

Yes

Yes

| | | |
|-------------|--------------------------------|--|
| Challenge 2 | 8. Pooled or aligned resources | Previous ambitions to grow the BCF within year have not been realised as advancement work around conditions to grow pooled budgets in the areas of LD and MH for example have been slowed by COVID. However in other areas such as Care Homes there is now a clear integrated Startegy and 2021/22 will see the joint commissioning and fee setting. The focus and challenge will now be ensuring longer term the BCF reflects the true level of integration and getting the governance and decision making process as part of the ICP development in Sefton to growth of the BCF. |
|-------------|--------------------------------|--|



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



PLEASE PRINT AND FILLING DATE:

COUNCIL

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested **ONLY** in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages **SHOULD EXCLUDE**:

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should **EXCLUDE** third party top-ups, NHS Funded Nursing Care and full cost paying clients.

Respecting these exclusions, the average fees **SHOULD INCLUDE**:

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional IBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category**:

- Take the number of clients receiving the service for each detailed category.
- Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
- Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
- For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

| | For information - your 2019-20 fee as reported in Q2 2019-20 | Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column | What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred? | What was your actual average fee rate per actual user for 2020-21? | Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates. | Implied uplift: actual 2020-21 rates compared to 2019-20 rates. |
|--|---|---|---|--|--|---|
| 1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (E per contact hour, following the exclusions as in the instructions above) | £15.16 | £15.16 | £16.04 | £16.04 | 5.8% | 5.8% |
| 2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (E per client per week, following the exclusions as in the instructions above) | £490.71 | £522.97 | £546.82 | £546.82 | 4.6% | 4.6% |
| 3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (E per client per week, following the exclusions in the instructions above) | £499.57 | £527.46 | £551.46 | £551.46 | 4.6% | 4.6% |
| 4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters. | Care home fees are based on averages for the categories of General Residential & Nursing and EMR Residential & Nursing. | | | | | |
| 5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters. | Fees remained unchanged so as to not affect Service User charging arrangements - additional financial support was average payments to home care + 5% enhancement to those payments and additional payments made for each care home placement. | | | | | |

131 characters remaining

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Footnotes

* "..." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.

(Occupancy guarantees should result in a higher rate per actual user.)