BCF narrative plan template

This is an optional template for local areas to use to submit narrative plans for the Better Care Fund (BCF). These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover the headings and topics in this narrative template.

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Cover

Health and Wellbeing Board(s)

Sefton

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

The plan has been developed by the CCG and Local Authority in line with delivery of the Health and Wellbeing Strategy and local NHS 5 year plan Sefton2gether. The Better Care Fund supports the delivery of key integrated strategies such as the Care Home Strategy and Intermediate Care Strategy, which have been developed with a wide range of stakeholders. In the current transition to a Place Based partnership arrangement under the Health and Care Bill, the plan has also been developed and discussed the Finance Forum and Programme Delivery Group of our local system Place Based Partnership Governance infrastructure. The full plan and metrics was presented to our Programme Delivery Group which is part of our Place Based Partnership Arrangements, this included representatives from Liverpool University Hospital Foundation Trust and Southport and Ormskirk Hospitals NHS Trust, and Alder Hey Children's Hospital NHS Trust. This formed part of a discussion on flow challenges and practical changes as a system e can make to affect the current picture.

Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

In 2021 – 22 we continue to deliver our core BCF with new developments being brought on line. In 2020/21 there was a pause on requirements for Better Care Funding and planning this has offered the opportunity to reflect on the program in more detail. The current total budget equates to £48 Million and is well above the minimum requirement for pooled funding. There is a recognised ambition in Sefton to grow this fund and in national policy it is recognised as part of the infrastructure that will further the development of the Integrated Care System at a borough level.

We already have a well-established Integrated Commissioning work programme an outcome of much of this will be growth of the pooled budget. The following points reflect those work areas where the integrated commissioning workstream activity is likely to result in growth:

Drug and Alcohol

Advocacy

Carers

Community Equipment

Telecare

Intermediate Care

Joint funded LD Packages

CAMHS

Care Homes

Increase in Integrated posts

Winter Planning.

Sefton is currently working with the LGA to support the reprofiling of the Better Care Fund with a longer term plan to execute the identified profile of historical services that require the removal or recommissioning now they aren't strategically relevant to integration and to grow service areas that reflect the ambitions Sefton collectively holds through the emerging place plan/strategy for the borough.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The Better Care Fund is currently overseen from a performance and financial planning perspective by the Health and Wellbeing Executive. This is a sub group of the Health and Wellbeing Board that is constituted by a Section 75 agreement to allow members of the CCGs and Local Authority to make joint decisions on pooled funded enabled by their individual schemes of delegation. The Health and Wellbeing Board receive regular updates as part of a standard Agenda item at the start of each meeting. There is a task and finish group made up of key commissioners and finance colleagues from across Social Care and Health that drive the day to day workings of the fund led by a jointly appointed post of Integrated Social Care and Health Manager. During the planning and transition to ICS/ICP structures Sefton holds a Strategic Task and Finish Group giving overall oversight to developments, which then has a System Resource group underneath this. during this period Sefton have agreed the System Resource infrastructure will also be utilised to agree and shape the Better Care Fund Plan. In the future the Better Care Fund will be a significant corner stone to Integrated Health and Care in Sefton, and its governance will be brought into the proposed structure which includes a dedicated finance forum. The plan has also been shared with the programme delivery group which represents NHS providers.

Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21.

In 2021- 22 Sefton has worked hard to prepare for the implementation of the Health and Care Act in April 2022. During this time 3 main priorities for Sefton following a review of the Health and Wellbeing Strategic priorities and those included in the local NHS 5 year Plan Sefton2gether alongside emerging understanding of the impact of COVID 19 on our already challenging Health and Wellbeing needs in Sefton to define the following:

Resilient Communities

Mental Health

Obesity.

Sefton has a well established Integrated Commissioning Group, this group acts as a formal sub group of the Health and Wellbeing Executive and has operated since the establishment of the BCF. This group meets on a monthly basis and drives an Integrated work programme addressing 4 overarching work programmes of Children's Integrated Commissioning, Early Help and Prevention, Vulnerable adults and Older Adults. As the emerging Place Startegy develops it is proposed we take forward work through a life course thematic approach of Start Well, Live Well, Good End of Life and Age Well. Sefton currently have four joint funded Commissioning posts, 3 Integrated Commissioners and a Integrated Social Care and Health Manager, these posts of been key to driving forward integration in Sefton and provide the blue print for further posts being developed within this financial year.

Our overarching approach to supporting people to remain independent at home wherever possible is clear. We want people who live in Sefton to live healthy and fulfilling lives for as long as possible.

If and when they need it, we want people to have access to a choice of good quality care and support that has a positive impact on their lives.

We want to offer Care and Support that empowers people to live an independent life, exercise choice and control, and be fully informed. We will ensure that services are targeted at protecting the most vulnerable and enabling everyone to be as independent as possible for as long as possible. Our offer will be focused on prevention, support, advice and build support plans based on an individuals assets and built around gaining the right outcomes for that individual from a range of minimally invasive offers. We will support individuals to live as independently as possible and work to prevent needs escalating to a point of reliance on more formal complex care delivery. We will focus our efforts on ensuring a diverse range of high quality care and support offers to meet the full spectrum of need. We will learn the lessons from responding to Covid 19 and continue to deliver quality effective service to people who live in Sefton that meets needs what ever the challenge may be.

The Better Care Fund supports integration through its focus on services that support discharge and help individuals to remain in their own home. It is also used to fund one of our integrated posts this will be built on to include all current and several proposed posts. The fund will also be used in 2021- 22 to grow the reablement offer in Sefton during the response to the pandemic and as a key area of winter planning it has become clear that Sefton is not benefiting from the value of ensuring reablement is used as a strategic tool to support outcomes and the utilisation of the care market. The Sefton Joint Intermediate Care Strategy 2019/22 outlines that provision of Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. The Sefton Intermediate Care Group has been tasked with the delivery of the Sefton Intermediate Care Strategy and within this strategy it is highlighted that the expansion of Reablement is a key mechanism to deliver the strategy, principally with respect to supporting more people in their own homes to remain as independent for as long as possible. Reablement funding is in continued discussion and a greater investment in this is excepted in year as discussion continue.

This years plan includes the inclusion of 3 integrated posts and a BI and Programme Support resource this will support and help drive our programme of integration. It also includes the joint commissioning of a new advocacy contract that helps prepare the system for the introduction of new legislation around deprivation of liberty and mental capacity. When the winter planning funding picture becomes clearer it is also proposed this will be included.

Work continues within the wider integration agenda to explore the following key areas of funding that we expect to be included in the BCF in 2022/23; CHC funding, Care Home spend, Technology enabled Care spending, Voluntary Sector funding, Jointly funded LD and MH packages of Care

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

How is BCF funded activity supporting safe, timely and effective discharge?

One of the major risk's factors facing the Council is the outstanding number of POC's. There is continued work with the acute and CCG on challenging risk averse practices (i.e. over prescribing POC and utilising other independence at home services funded by the BCF as an alternative, for example Community Equipment.

We continue to explore the expansion of reablement in line with the evidence based provided by Professor John Bolton (MBE) work in the North of the borough to ensure that the national target for pathway 1 discharges as outlined in the hospital Operating Model (2021) of 75% is achieved. This will be flow through the Better Care fund.

We provide a Rapid Response Service provided by New Directions and expansion across the borough, to provide a two-hour response to avoid hospital admission and ED turnaround.

In 2021/22 we have funded an expanded ICB unit and seeking to develop a further reablement unit this is funded the BCF.

While we are taking steps to alleviate the pressures immediately in the Dom Care markets such as block booking additional 400 hrs Dom Care Capacity for 6-month period. We are also adopting a strategic approach to the long-term management of this market with a newly established strategic partnership and implementation of the ADASS 'Fair Cost of Care'.

Workforce challenges in both Dom Care and Care Homes is currently impact in Sefton and we are mitigating this through weekly meetings with providers, supporting them to consider higher acuity. Market management activity is supported through the joint funded posts contained in the BCF The national discharge service operating model for all NHS trusts has now been operational in Sefton since March 2020 with the intention to support more people to be discharged to their own homes and Sefton's integrated intermediate care model reflects the elements of the policy within our 4 delivery models which are Crisis response, reablement, homefirst and bed based intermediate care.

The services which deliver integrated discharge planning and community based rehabilitation services are funded via the BCF. This involves attendance at daily bed boards and review every person and make decisions, informed by the no criteria to reside. Daily ready for discharge reviews take place a discharge to recover model in place. The recovery and support provided post-discharge is provided by health and social care to include rehabilitation and reablement either in the patient's own home or for a limited time within a community bed setting.

Very few decisions are made in the acute hospital trust to place people with more complex needs in Long term placements. Individuals requiring social care needs assessments or NHS continuining health care needs are offered a period of recovery and these assessments take place within a community setting. Sefton would like to build on this in the future and deliver a full discharge to assess model, as we feel that we could achieve even greater gains in reducing variation and performance with length of stay for people in hospital.

As part of our intermediate care offer we have a crisis response element and the CCG have commissioned this from Sefton community provider for hospital avoidance and carer breakdown via the single point of access. Referrals are received via primary care, NHS 111, secondary care and other health professionals, this is funded via the BCF and as integrated health and social care commissioning function further develops we will be extending and expanding this offer to include other referral routes such as NHS 999, care homes, pharmacies etc. The Better Care Fund this year also includes a joint approach to commissioning intermediate care beds as the beginning of the delivery of our wider Integrated Intermediate Care Strategy.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

Sefton has an clear Independence at Home Service offers as part of its Integrated Commissioning Work programme this includes ambitions to being together and develop service offers from Community Equipment Services, Telecare and the Home Improvement Service. Sefton has recently published an integrated Digital and Technology Enable Care Startegy and is working to improve these sets of services under the Adaptations without Delay framework form the Royal College of Occupations Therapists.

Improvements to DFG delivery include:

Increasing capacity in the Home Improvement Team and OT team to enable an increased volume of applications for DFGs and ensure the full budget is utilised.

A project is underway to consider the removal of some means testing to increase the effectiveness and efficient of the wider programme

Improved contract tendering process and more aligned working between the service and finance are also a key focuses to improve effective working and see a greater number of people befit from the DFG offer.

Equality and health inequalities.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

The Better Care Fund supports the commissioning and delivery of services that maximise choice and control for the people of Sefton. This flexibility allows for Care to be delivered to people in a way that suits their lives not the way we think it should be. The population health management approach that we are currently develops allows us to have a far greater understanding of need and barriers to accessing health care as we continue to work with the Marmot agenda. The emerging place Strategy for Sefton will contain drivers for improve health inequalities in our borough and the implementation of the Health and Care Bill is a significant opportunity. COVID has highlighted the need to support all older people to have greater control over where they receive Care and Support, since the pandemic we have seen a reduction in Care Home placements and an increase in domiciliary Care Packages, this has helped shape our wider approach to increase focus and drive to ensure there a range of options to support independence at home, including Technology Enabled Care, use of DFGs and major and minor adaptations and Community Equipment. The Better Care Fund allows us strategically to commission across boundaries based on outcomes ensuring a move away from rigid block contracts that can unintendedly not accommodate the Equality and Diversity of the people who need them. The inclusion of services such as advocacy, carers and discharge planning will support the aim of ensuring that people are supported to voice their views and exercise choice and control in what services they receive and they are supported to make informed decisions. The BCF contains different types of services which reflect elements such as the various discharge pathway options / routes. COVID has informed the BCF plan as it has highlighted the need to ensure that the plan reflects the need to have in place various service / pathway options. The BCF includes schemes which will be delivered with underpinning wider requirements, such as the Care Act, in terms of delivering services in a fair and equitable manner an also delivering personalised care at home. The schemes also reflect the aim of reducing inequalities such as those relating to access to services for people in care homes, which has been highlighted during the pandemic