



Joint Strategic Commissioning Board

Date:	Thursday, 22 June 2023
Time:	11.00 a.m. or on the rise of Wirral Place Based Partnership Board whichever is the later.
Venue:	Committee Room 1 - Birkenhead Town Hall

Contact Officer: Michal Jones, Principal Democratic Services Officer
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Website: www.wirral.gov.uk

Please note that public seating is limited, therefore members of the public are encouraged to arrive in good time.

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This meeting will be webcast at
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AGENDA

1. **ELECTION OF CHAIR**
2. **APOLOGIES FOR ABSENCE**
3. **DECLARATIONS OF INTEREST**
4. **INTERMEDIATE CARE BEDS – CLATTERBRIDGE SITE (Pages 1 - 18)**

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5. BETTER CARE FUND – 2023-2025 (Pages 19 - 50)

Terms of Reference



Cheshire and Merseyside

JOINT STRATEGIC COMMISSIONING BOARD

22nd JUNE 2023

REPORT TITLE:	INTERMEDIATE CARE BEDS – CLATTERBRIDGE SITE
REPORT OF:	ASSOCIATE DIRECTOR OF FINANCE AND PERFORMANCE (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

In June 2021, NHS Wirral Clinical Commissioning Group (CCG) agreed to commission a new Discharge to Assess (D2A) bed-based model for “people who are clinically optimised and do not require an acute bed but may still require care services provided with short term, funded support”. The main component of this model was to consolidate existing intermediate care beds provided across five existing sites into three wards comprising of 71 beds at the Clatterbridge Hospital site. The contract for the provision of these beds ceases on 1st September 2023.

The contract needs to be extended to ensure that this capacity is available for winter 2023/24. This will then enable a review of the existing service provision, delivery of expected outcomes and return on investment to be undertaken. This need to take place alongside a longer-term place-based capacity and demand modelling exercise is undertaken to inform future commitments to intermediate care provision in Wirral.

NHS Cheshire and Merseyside’s Scheme of Reservation and Delegation (SORD) means that a decision on this contract sits with the organisation’s Finance, Investment and Resources Committee (FIRC). This meeting is on 27th June 2023. As this is a jointly commissioned service, Wirral Council needs to influence this decision, the Joint Strategic Commissioning Board (JSCB) is the committee through which this needs to take place.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

The JSCB is asked to consider the extract from the FIRC paper and make a recommendation as to the preferred period of extension for this service. The two options are:

- Option 1: Extend the contract for 12 months to 1st September 2024.
- Option 2: Extend the contract for 3 years, to 1st September 2026, with a break clause at 22 months (1st July 2025).

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The intermediate care beds on the Clatterbridge site are jointly commissioned by NHS Cheshire and Merseyside and Wirral Council. The resources for these beds are pooled within Better Care Fund arrangements.
- 1.2 The current contract for this service ends in September 2023. These beds are needed for winter 2023/24. Further work is required to review existing service provision, delivery of expected outcomes and return on investment. This review will take place alongside a longer-term place-based capacity and demand modelling exercise to inform future commitments to intermediate care provision in Wirral. An extension to the contract is required to allow for this work to be completed. The process that needs to be completed is therefore:
- Extension of the current contract.
 - Review of the existing service provision, delivery of expected outcomes, return on investment and future requirements.
 - Specification and procurement of future requirements.
 - Contract award.
- 1.3 NHS Cheshire and Merseyside's Scheme of Reservation and Delegation (SORD) means that a decision on this contract sits with the organisation's Finance, Investment and Resources Committee (FIRC). This meeting is on 27th June 2023. As this is a jointly commissioned service, Wirral Council needs to influence this decision, the Joint Strategic Commissioning Board (JSCB) is the committee through which this needs to take place.
- 1.4 An extract from the paper that is being submitted to the FIRC is attached in Appendix 1. The JSCB is asked to consider this and make a recommendation as to the preferred period of extension for this service to enable the process in 1.2 to be completed. The two options are:
- Option 1: Extend the contract for 12 months to 1st September 2024.
 - Option 2: Extend the contract for 3 years, to 1st September 2026, with a break clause at 22 months (1st July 2025).

2.0 OTHER OPTIONS CONSIDERED

- 2.1 There is an option to directly award a new contract to the incumbent provider. This has been discounted as a review of the service is needed, future system requirements need to be modelled, return on investment reviewed and specifications agreed. This will influence long term procurement and contracting options.

3.0 BACKGROUND INFORMATION

- 3.1 In June 2021, NHS Wirral Clinical Commissioning Group (CCG) agreed to commission a new Discharge to Assess (D2A) bed-based model for "people who are clinically optimised and do not require an acute bed but may still require care

services provided with short term, funded support”. The main component of this model was to consolidate existing intermediate care beds provided across five existing sites into three wards comprising of 71 beds at the Clatterbridge Hospital site. The contract award to Wirral Community Health and Care NHS Foundation Trust (WCHC) was for an initial period of two years with effect from 1st September 2021. The contract was awarded via a direct award arrangement without procurement after taking appropriate legal advice which concluded that the risk of challenge from alternative providers was low.

- 3.2 An additional 30 Intermediate Care beds were retained with other non-NHS providers as a short-term measure to provide additional capacity during the winter period 2021/22, with a view to decommissioning these beds in March 2022. These beds remain in situ at a significant cost to the local health system. These beds will be within the scope of the review.
- 3.3 The service on the Clatterbridge site is an integral part of the capacity required to enable the Wirral health and care system to operate effectively. It is vital that these beds are secured ahead of the 2023/24 winter period. Nonetheless, work is required to ensure the service presents good value for money and meets the future needs of the system.
- 3.4 An extension to this contract would enable a review by NHS Cheshire and Merseyside and Wirral Council, with system partners, of the existing service. This would be an “open book” value for money review. Good value for money is the optimal use of resources to achieve the intended outcomes. Optimal means the most desirable possible given expressed or implied restrictions or constraints. Value for money is not about achieving the lowest initial price. The review will consider service performance to date against the agreed performance indicators, quality and safety issues and any changes in the service when compared to the original specification, for example in patient acuity. Where appropriate, comparisons will be sought with similar services. An assessment of value for money will therefore consider:
 - Economy: minimising the cost of resources used or required (inputs) – spending less.
 - Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well.
 - Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely.
 - Equity: the extent to which services are available to and reach all people that they are intended to – spending fairly.
- 3.5 An extension to the contract would also support a review, by NHS Cheshire and Merseyside and Wirral Council with system partners, of the future requirements for intermediate care capacity and capability in Wirral. This would be undertaken in the context of a capacity and demand review of the Wirral unscheduled care system. The outcomes of this would inform the specification for and procurement of intermediate care services for Wirral for the future. If this process uncovers any potential contestability a competitive tendering exercise would be required.

3.6 The incumbent provider, Wirral Community Health and Care NHS Foundation Trust, believe a short-term extension of 12 months, as set out in Option 1, would introduce the following risks:

- To design and mobilise an alternative service would take much longer than 12 months and as a minimum 22 months, as per Option 2.
- Mobilising an alternative service would introduce additional cost pressures, for example set up costs.
- Demand has remained consistently high for the service amongst patients on Pathway 2. This reflects the age demographic of Wirral. There is no alternative provision other than the 30 Intermediate Care beds (see 2.3 above), whose length of stay remains much higher than that of the 71 beds in CICC.
- Recruitment and retention of a specialist skilled workforce would be challenging if the future of the service is in doubt.
- Significantly limit the opportunity to reduce the cost pressure in the service.
- Impact upon their ability to put sub-contracts in place for critical support services e.g. cleaning, maintenance, linen services and so on.

4.0 FINANCIAL IMPLICATIONS

4.1 The recurrent value of the contract for this service in 2023/24 is £6.449m based, based on inflationary uplifts to the original contract award from 2021/22. The provider, after the introduction of the service, identified additional cost pressures to support “safe staffing” arrangements within the wards following a review of patient acuity levels and from increased infrastructure costs.

4.2 The value of these cost pressures was estimated at £1.6m in 2022/23. NHS Cheshire and Merseyside has provided additional funding on a non-recurrent basis for 2023/24. An “open book” review of these cost pressures will be undertaken as part of the overall review of the service. This will seek to provide the system with assurance that value for money is being achieved within the definition described above.

5.0 LEGAL IMPLICATIONS

5.1 The procurement and contracting implications for this service will be identified as part of the service review. If it emerges that there is competition to provide this service a tendering process may be required, which may precipitate the need for a further extension to the existing contract until the process is completed.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications as a result of this report.

7.0 RELEVANT RISKS

7.1 There is a risk that there will not be intermediate care capacity and capability in the Wirral system for winter 2023/24 if this service is not extended. There is also a risk that without completing the process described above, NHS Cheshire and Merseyside and Wirral Council may not commission the service that provides best value.

8.0 ENGAGEMENT/CONSULTATION

8.1 This paper and supporting documentation have been produced by NHS Cheshire and Merseyside through engagement with Wirral Council officers, Wirral Community Health and Care NHS Foundation Trust and Wirral University Teaching Hospitals NHS Foundation Trust.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. An Equality Impact Assessment (EIA) was completed to support the original commissioning decision in June 2021 and has been updated to reflect the current position. The EIA can be access here: <https://www.cheshireandmerseyside.nhs.uk/media/sd5pfyry/v-03-cheshire-and-merseyside-nhs-edi-strategy-2022-26.pdf>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner. The consolidation of these services on a single site, with a single provider, supports this approach.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. This service support community wealth building through direct employment, procurement of support services and delivery of care for local people.

REPORT AUTHOR: **Martin McDowell**
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Cheshire and Merseyside
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APPENDICES

Appendix 1 Intermediate Care Beds – Clatterbridge Site, Paper for NHS Cheshire and Merseyside Finance, Investment and Resources Committee, 27th June 2023

BACKGROUND PAPERS

The background paper is attached in Appendix 1.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1

NHS Cheshire and Merseyside Integrated Care Board

Finance, Investment and Resources Committee Meeting

June 2023

*Proposal to extend the contract for the
supply of Intermediate Care Beds in Wirral*

Agenda Item No	
Report author & contact details	Martin McDowell, Associate Director of Finance – Wirral Place
Report approved by (sponsoring Director)	Claire Wilson, Executive Director of Finance
Responsible Officer to take actions forward	Martin McDowell, Associate Director of Finance – Wirral Place

Cheshire and Merseyside ICB
Finance, Investment & Resources Committee

Proposal to extend contract for the supply of Intermediate Care Beds in Wirral

Executive Summary	The contract to supply intermediate care beds in Wirral was awarded to Wirral Community Health and Care Trust for a period of two years and is due to end on 31 st August 2023. A contract extension is required, and the Committee is asked to consider options for the duration of the contract extension after reviewing the background and key issues identified in the paper.				
Purpose (x)	For information / note	For decision / approval	For assurance	For ratification	For endorsement
		x			
Recommendation	<p>The Committee is asked to:</p> <p>Consider the two options for a direct contract award to extend the current service, taking account of the recommendation of the Wirral Joint Strategic Commissioning Board, and agree a preferred option.</p> <p>Note that the contract award is for £6.449m p.a. based upon recurrent value of the service. This will be subject to an “open book” review of financial arrangements before any additional funding is confirmed as part of the 24/25 contracting round.</p> <p>Note that a value for money review will also consider quality and safety issues and changes in the service when compared to the original specification, for example in patient acuity.</p> <p>Note that system partners will develop revised success criteria to improve on current baseline measures and be monitored throughout the contract period. Delivery of these revised success criteria will be a factor when considering whether the contract should be extended beyond its original term (if option 2 is chosen tbc)</p> <p>Note that a system capacity review will be undertaken soon. All system partners will be expected to consider the outcome of this review and respond flexibly. This may impact upon the number of beds required from this contract leading to corresponding financial implications.</p>				
Key issues	See Executive Summary				
Key risks	<p>The risk of legal challenge to the proposed direct award, from other potential providers of the service has been reviewed and is considered low.</p> <p>The Place based team and wider system partners have identified a potential financial risk following the first two-years of operation.</p>				
Impact (x) (further detail to be)	Financial	IM & T	Workforce	Estate	
	x	x	x	x	

Cheshire and Merseyside ICB

Finance, Investment & Resources Committee

provided in body of paper)	Legal	Health Inequalities	EDI	Sustainability
	X	X	X	X
Route to this meeting	The Wirral Place Leadership Team has consulted extensively with local partners to determine the most appropriate course of action relating to the extension of the contract. The approach has also been considered as through the Wirral unscheduled care board.			
Management of Conflicts of Interest	No conflicts of interest have been identified for Committee members			
Patient and Public Engagement	No additional Patient and Public engagement have been considered. Routine monitoring of patient feedback from the service has been undertaken.			
Equality, Diversity and Inclusion	The original EQIA has been reviewed and no further impact is expected due to the extension of the contract.			
Health inequalities	The Wirral Health and care system will continue to review and monitor the impact of service delivery from a health inequalities perspective.			
Next Steps	The extension of the contract will be reviewed against the critical success factors identified by local health economy partners through regular contract monitoring meetings.			
Appendices	Appendix A : Critical Success Factors agreed in original contract award (September 2021)			

Glossary of Terms	Explanation or clarification of abbreviations used in this paper

Proposal to extend the contract for the supply of Intermediate Care beds in Wirral.

1. Executive Summary

- 1.1 The contract to supply intermediate care beds in Wirral was awarded to Wirral Community Health and Care Trust for a period of two years and is due to end on 31st August 2023. A contract extension is required, and the Committee is asked to consider options for the duration of the contract extension after reviewing the background and key issues identified in the paper.

2. Introduction / Background

- 2.1 In June 2021, Wirral Clinical Commissioning Group agreed to commission a new Discharge to Assess (D2A) bed-based model for 'people who are clinically optimised and do not require an acute bed but may still require care services provided with short term, funded support.'
- 2.2 The main component of this model was to consolidate existing intermediate care beds provided across five sites into three wards comprising of 71 beds at the Clatterbridge Hospital site. The contract award to Wirral Community Health and Care NHS Foundation Trust (WCT) was for an initial period of two years with effect from 1st September 2021. The contract was awarded via a direct award arrangement without procurement after taking appropriate legal advice which concluded that the risk of challenge from alternative providers was low.
- 2.3 An additional 30 Intermediate Care beds were retained with other non-NHS providers as a short-term measure to provide additional capacity during the winter period with a view to decommissioning these beds in March 2022. These beds remain in use at a significant cost to the local health system.
- 2.4 The 71 beds at the Clatterbridge site are an integral part of the capacity required to enable the Wirral Health and Care system to operate effectively. The payment to the WCT for these services is included within the current block contract provisionally agreed for 2023/24 Financial Year. It is vital that these beds are secured ahead of the 2023/24 winter period and the ICB cannot run the risk of these beds not being available to the system.
- 2.5 Local partners across the Wirral system have been consulted and have identified several key requirements for consideration before the contract extension is awarded,

Cheshire and Merseyside ICB Finance, Investment & Resources Committee

- **Value for money** in terms of ensuring that the contract value is appropriate and that any additional funding agreed above the current contract value is subject to an “open book” assessment of costs.
 - Flexibility to respond to any changes identified through the outcome of a proposed system **capacity review** which will include intermediate care facilities.
 - A review of **performance** using the experience from the first two years of operation to refine the key factors required to support the wider health and care system. It is expected that performance against these criteria will improve compared to the baseline position.
 - **Extension of contract for an appropriate period** which enables cost reductions to be delivered through longer-term stability and also ensures minimal disruption during the critical winter period should the contract not be extended beyond the initial proposed period.
- 2.6 The recurrent value of the contract for this service in 2023/24 Financial Year is £6.449m p.a. based upon inflationary uplifts to the original contract award in 2021/22 Financial Year. Following the introduction of the service, WCT identified additional cost pressures to support “safe staffing” arrangements within the wards following a review of patient acuity levels and additional cost pressures from increased infrastructure costs.
- 2.7 The incumbent provider, WCT, believe a short-term extension of 12 months, as set out in Option 1, would introduce the following risks:
- To design and mobilise an alternative service would take much longer than 12 months and as a minimum 22 months, as per Option 2.
 - Mobilising an alternative service would introduce additional cost pressures, for example set up costs.
 - Demand has remained consistently high for the service amongst patients on Pathway 2. This reflects the age demographic of Wirral. There is no alternative provision other than the 30 Intermediate Care beds (see 2.3 above), whose length of stay remains much higher than that of the 71 beds in CICC.
 - Recruitment and retention of a specialist skilled workforce would be challenging if the future of the service is in doubt.
 - Significantly limit the opportunity to reduce the cost pressure in the service.
 - Impact upon their ability to put sub-contracts in place for critical support services e.g., cleaning, maintenance, linen services etc.

Cheshire and Merseyside ICB

Finance, Investment & Resources Committee

3. Value for money considerations

- 3.1 Good value for money is the optimal use of resources to achieve the intended outcomes. Optimal means the most desirable possible given expressed or implied restrictions or constraints. Value for money in healthcare is not about achieving the lowest initial price and the assessment will therefore consider,
- Economy: minimising the cost of resources used or required (inputs) – spending less.
 - Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well.
 - Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely.
 - Equity: the extent to which services are available to and reach all people that they are intended to – spending fairly.
- 3.2 The value of the cost pressures was estimated at £1.6m in 2022/23 and the ICB has provided additional funding on a non-recurrent basis for the 2023/24 Financial Year. WCT have indicated that recurrent pressures can be reduced if a longer-term contract is awarded which provides stability in terms of recruiting staff and generating efficiencies through market testing.
- 3.3 It is proposed that the contract extension is awarded at the current recurrent level of funding and that any additional investment above £6.449m should be reviewed through an “open book” approach which takes account of quality and safety issues and changes in the service when compared to the original specification, for example in patient acuity. Where appropriate, comparisons will be sought with similar services.

4. Capacity Review

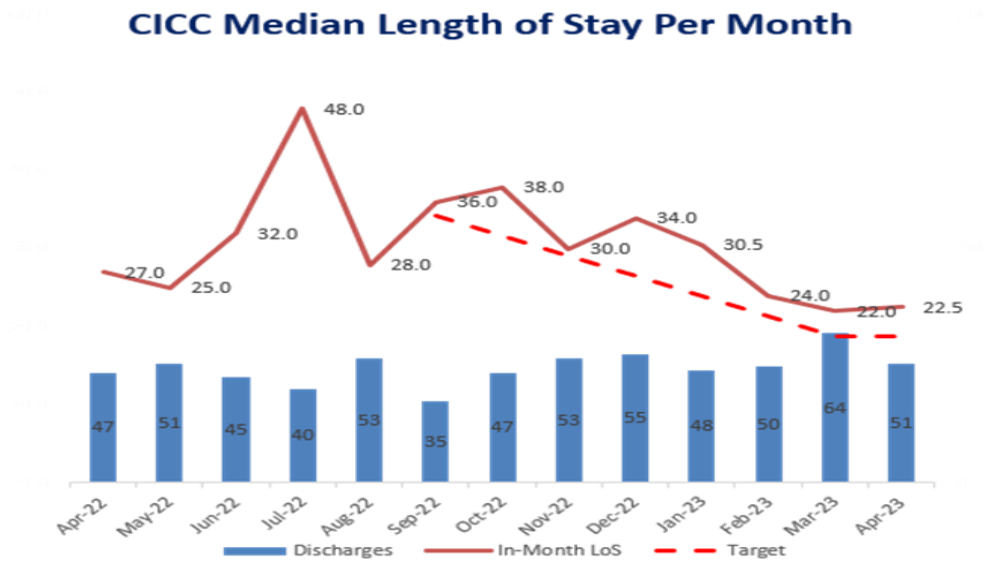
- 4.1 A system-wide capacity review is anticipated as part of the additional UEC support being made available to Cheshire and Merseyside ICB. It is anticipated that the capacity review will seek to confirm an optimal level of intermediate beds for the system taking account of any seasonal demand variation that exists. This may impact upon the terms of the contract and flexibility will be required should any changes to number of beds be required.

5. Performance

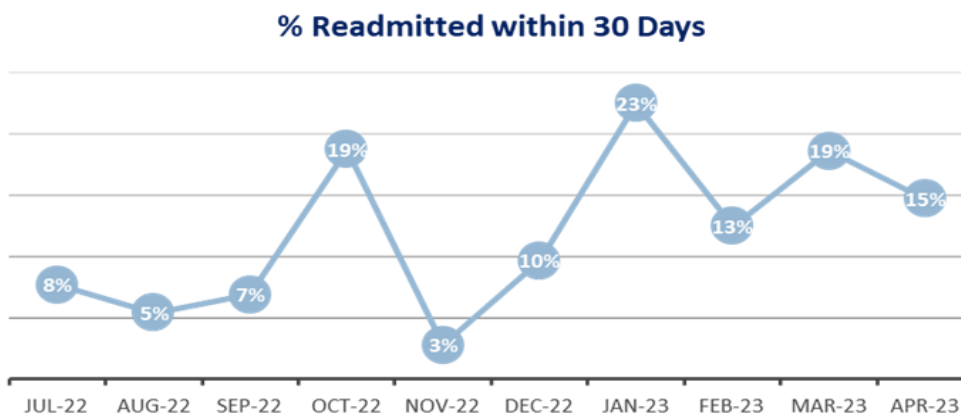
- 5.1 The original contract award set out a range of Critical Success Factors listed in Appendix A.

Cheshire and Merseyside ICB Finance, Investment & Resources Committee

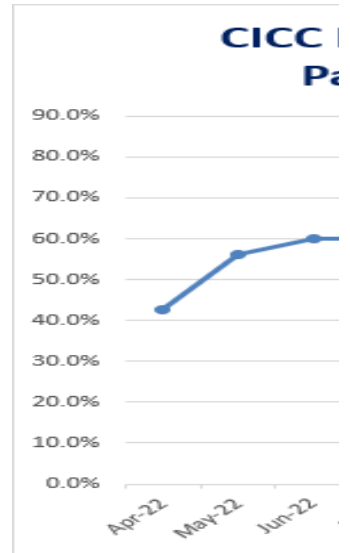
5.2 The graph below shows the median length of stay for patients discharged from the intermediate care beds. Pressures that were evident throughout the early part of the financial year appear to have reduced. This graph demonstrates that patient flow has improved during the year.



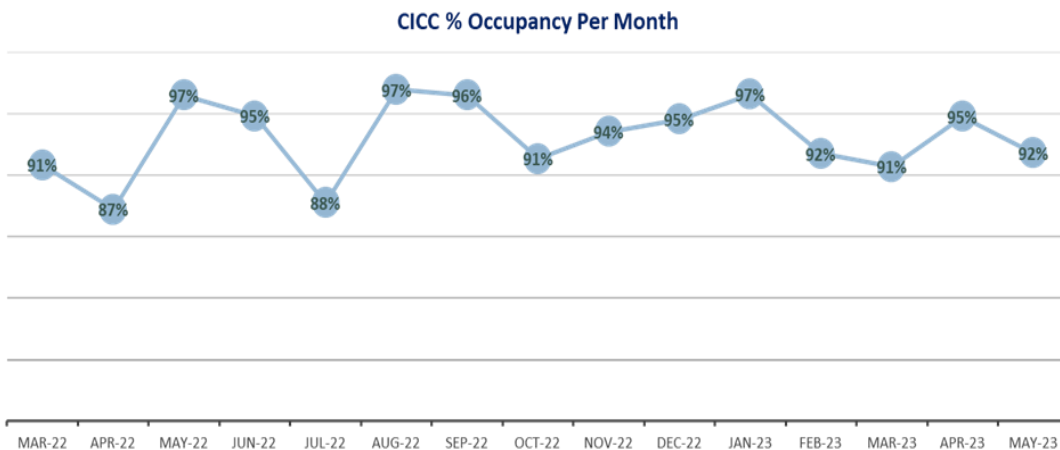
5.3 Further information provided from WCT has indicated that the numbers of readmissions to WUTH for an acute episode within 30 days of discharge from CICC has increased during the winter period and requires further clinical investigation to understand the reasons.



5.4 There has also been an increase in the number of patients who have been discharged from CICC directly to their own home as shown in the table on the next page,



5.5 Occupancy levels during the last 12 months have increased throughout the winter period,



5.6 All the measures have helped create capacity within the local healthcare system and it is recognised that performance could be improved further. The Wirral Place transformation team will continue to work with WCT to continue to deliver ongoing improvements during the length of the proposed contract extension. The Place operational leads should review existing information and agree a new set of critical success criteria which will be monitored on an ongoing basis. The criteria should seek improvements when compared with current performance and delivery of the criteria will be a key determining factor when considering if a further contract extension should be considered.

6. Procurement Options and Contract Award Length

Cheshire and Merseyside ICB

Finance, Investment & Resources Committee

6.1 The Wirral

Place leadership team has taken advice from the ICB procurement team following review of the original contract award. The proposed award is more than 10% of the overall contract value and cannot be enacted via a contract variation notice on existing terms. It is expected that the risk of challenge from other providers remains low due to the scale of provision required and organisational capacity to deliver the service. Similar operating models exist across other parts of Cheshire and Merseyside and continuation of this service is consistent with the ICB's commissioning plans.

6.2 The service is jointly commissioned with Wirral Metropolitan Borough Council (WMBC) via the Better Care Fund (BCF) with decisions undertaken through the local Joint Strategic Commissioning Board (JSCB). The JSCB is scheduled to meet on 22nd June 2023 to review the decision and will consider two options for the extension of the contract. These options are,

- Option 1: Extend the contract for 12 months to 1st September 2024.
- Option 2: Extend the contract for 3 years, to 1st September 2026, with a break clause at 22 months (1st July 2025).

The preferred option from the JSCB will not be known when papers are circulated to the June FIRC and the Committee will receive an update on the decision during its meeting on the 27th June.

6.3 It is proposed that the existing provider (WCT) continues to provide the service on the basis that it is a community facing service and continuity of provision is important given recent improvements that have been evidenced in terms of the service metrics. The Trust remains best placed to deliver service integration with existing community services and a transfer of service at this late stage plus required mobilisation requirements would present an additional risk to be managed during the winter period.

6.4 The proposed award will be £6.449m p.a. subject to an "open book" financial review and the outcome of the system capacity review.

6.5 The proposed approach is to publish a Transparency notice to indicate the intent to award the contract to Wirral Community Health and Care NHS Foundation Trust so that other providers are aware of the approach. This could be undertaken via a contract modification or contract variation notice.

7. Recommendations

Cheshire and Merseyside ICB Finance, Investment & Resources Committee

7.1 The

committee is asked to,

- Consider the two options for a direct contract award to extend the current service, taking account of the recommendation of the Wirral Joint Strategic Commissioning Board, and agree a preferred option.
- Note that the contract award is for £6.449m p.a. based upon recurrent value of the service. This will be subject to an “open book” review of financial arrangements before any additional funding is confirmed as part of the 24/25 contracting round.
- Note that a value for money review will also consider quality and safety issues and changes in the service when compared to the original specification, for example in patient acuity.
- Note that system partners will develop revised success criteria to improve on current baseline measures and be monitored throughout the contract period. Delivery of these revised success criteria will be a factor when considering future contract extension awards.
- Note that a system capacity review will be undertaken soon. All system partners will be expected to consider the outcome of this review and respond flexibly. This may impact upon the number of beds required from this contract leading to corresponding financial implications.

8. Next Steps

- 8.1 Once the committee has confirmed the proposed time for the contract extension, a transparency notice will be published to confirm the ICB's approach.
- 8.2 The performance of the service will be reviewed against the revised critical success factors identified by local health economy partners through regular reporting at monthly contract monitoring meetings.

9. Officer contact details for more information

- 9.1 Martin McDowell, Associate Director of Finance – Wirral Place

**Cheshire and Merseyside ICB
Finance, Investment & Resources Committee**

APPENDIX A

Critical Success Factor	Month 1 Target	Month 2 Target	Month 3 target	Month 6 target	Month 12 target
Average LOS per patient	21 days	21 days	21 days	21 days	21 days
Occupancy	95%	95%	95%	95%	95%
Re-admissions	<5%	<5%	<5%	<5%	<5%
Therapy goals achieved	100%	100%	100%	100%	100%
LLOS patients	<5%	<5%	<5%	<5%	<5%
Rate of spot purchased beds	≤19/20 baseline/ National target	≤19/20 baseline/ National target	≤19/20 baseline/ National target	≤19/20 baseline/ National target	≤19/20 baseline/ National target

Critical Success Factors agreed in original contract award (September 2021)

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Cheshire and Merseyside

JOINT STRATEGIC COMMISSIONING BOARD 22 JUNE 2023

REPORT TITLE:	BETTER CARE FUND – 2023-2025
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report provides a summary of the proposed content of the Wirral Place-based Better Care Fund (BCF) Plan for 2023/25.

RECOMMENDATION/S

The Joint Strategic Commissioning Board is recommended to approve the BCF 2023/25 plan.

Note: at the time of writing, the content of the plan does not include any recommendations or adjustments following oversight from the regional BCF team.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Submission of a Better Care Fund Plan to NHS England is mandatory. It must set out the detail of pooled budget areas in 2023/25 as part of the Section 75 arrangements.
- 1.2 A narrative plan (Appendix 1) must also be submitted describing how the pooled fund will be used to meet the BCF core priorities and the National Conditions which will support people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person.
- 1.3 To note that the BCF plan reflects and helps to achieve the outcomes of the Healthy Wirral Plan:
- Create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live.
 - Through understanding our populations' health, we enable more people to remain healthier and independent for longer and live well
 - Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life.
 - Wirral people and their families feel informed and involved in managing their health and in accessing their care seamlessly from organisations that talk to each other
- 1.4 This will be achieved by building on our well-established joint commissioning arrangements and focusing our BCF spending priorities on services which:
- Ensure people are discharged from hospital to the right place, this will be supported by our hospital-based discharge hub.
 - Support people to go home, be assessed at home and stay at home, this will be supported by our Home First and reablement services.
 - Continue to develop our intermediate care offer.
 - Enable people to stay at home for as long as possible, this will be supported by our ongoing commitment to developing a high-quality, flexible, and responsive care market, the expansion of enabling technology and home adaptations.
 - Improve our offer to carers.
 - Avoid admissions to hospital through the expansion of our crisis response services, falls prevention and virtual wards which support people who are frail and have respiratory problems.
 - Assessments and reviews which focus on the persons strengths and assets in their communities enabling more of our citizens to feel in control of their care and support. This will be supported by the expansion of our new approach to assessments and easier access to direct payments and personal health budgets.
 - Enhancing our offer to people with a learning disability and/or autism including step down services.
 - Working in tandem with children and families' services to ensure an holistic approach to care and support is maintained.

- Optimise the role of the community voluntary and faith sector in the achievement of our priorities.
- Ensure our system is equipped with services that support business continuity and resilience during periods of high pressure.
- Reduce inequalities and health inequalities by implementing the neighbourhood model.
- Maintain a multi-disciplinary approach with ongoing support for our integrated teams.

1.5 A systemic programme of service reviews will provide us with assurance that all funded schemes are contributing to meeting the National conditions, place-based priorities and value for money outcomes against cost assessments are demonstrated.

2.0 OTHER OPTIONS CONSIDERED

2.1 Submission of a plan is mandatory.

3.0 BACKGROUND INFORMATION

3.1 The Better Care Fund (BCF) represents a collaboration between:

- Department of Health and Social Care (DHSC)
- NHS England
- Department for Levelling Up, Housing and Communities (DLUHC)
- The Local Government Association (LGA)

3.2 The BCF plan articulates, at a place-based level, how the BCF is used to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

3.3 The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The vision for the BCF over 2023-25 is to support people to live healthy, independent, and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

- Enable people to stay well, safe, and independent at home for longer.
- The provision of care and support at the right time and in the right place.

3.4 Areas are required to develop a two-year plan, (previously annual), in line with the vision and objectives set out in the Policy Framework. These requirements focus the use of BCF funding on the achievement of the objectives of the fund and improving performance against the planning requirements 2023-25. This will include:

- Metrics for working age and older adults.
- Intermediate Care Capacity and Demand plans used to estimate the existing or upcoming capacity deficits and inform the use of BCF pooled funding for delivery of the objectives.
- Expected outputs from scheme types related to discharge, intermediate care unpaid carers and housing.
- Estimates of BCF spend on different services and activities as a proportion of all health and care spend on these services in the Health and Wellbeing Board (HWB) area. This information will be collected to help better identify and articulate the contribution of BCF funding to delivering capacity, but, as estimates, these figures will not be subject to assurance.
- Mental health, learning disability and autism continue to be an integral area of the BCF and in the plan should be considered on an equal footing to physical health. The objectives apply to all settings and contexts including preventative support or where a person may be discharged from adult or older adult mental health (including dementia), learning disability and autism inpatient settings as well as acute hospitals. People discharged from mental health, learning disability and autism inpatient services who need to access intermediate care services should be included in the BCF intermediate care capacity and demand plans.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The BCF 2023/25 template setting out income and expenditure has been completed (Appendix 1). Risk share agreements are in place. £1bn has been added to the BCF for 2024-25 to provide ongoing support for discharge. The intention is to update the 2024-25 discharge funding conditions according to the evaluation findings of the 2023-24 ASC Discharge Fund. This may impact priority areas for spending and reporting requirements.

5.0 LEGAL IMPLICATIONS

- 5.1 There have been delays in finalising the Section 75 agreement, but it is now at the point of completion.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 N/A.

7.0 RELEVANT RISKS

- 7.1 Risk share arrangements are in place. However, if the BCF budget does not maintain a balanced financial position it may create pressure across the Health and Wellbeing Board area. £1bn has been added to the BCF for 2024-25 to provide ongoing support for discharge. The intention is to update the 2024-25 discharge funding conditions according to the evaluation findings of the 2023-24 ASC Discharge Fund. This may impact priority areas for spending and reporting requirements.

8.0 ENGAGEMENT/CONSULTATION

8.1 The following bodies whose services are partially or fully funded by the BCF have been involved in preparing this plan:

- Wirral Council
- The Cheshire and Merseyside ICB, Wirral Place
- Wirral University Hospitals NHS Foundation Trust (WUTH)
- Wirral Community Health and Care NHS Foundation Trust (CT)
- The Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- A range of social care providers including the voluntary sector
- A range of people with lived experience have been involved, as examples, in the development of a PA register and the reablement strategy
- Attendance from Trust colleagues at residential and care at home forums to build relationships, support discharge and inform and advise on the emerging Transfer of Care Hub.
- Primary Care
- Extra care housing developers and providers
- Liaison with the Place Based Partnership Board will be reinforced enabling partners, including providers, to contribute to in year BCF investment and reviews for all appropriate schemes.
- The executive led discharge hub has given a system focus on escalations and removing obstacles between organisations and has influenced the design of a number of schemes.
- Involvement of housing colleagues in the development of an escalation policy (further engagement with PCNs planned).
- Extra care housing developers and providers

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and the Integrated Care Board has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment will be completed for all new schemes and any schemes that are subject to review.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 All services contracted with the Council are required to demonstrate how they contribute to a reduction in the carbon footprint.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Most services funded by the BCF employ local people improving the local economy. Many of the BCF funded schemes and the reablement strategy improve access to work, education, and volunteering.

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APPENDICES

Appendix 1 Narrative plan

BACKGROUND PAPERS

Better Care Fund guidance 2023/25.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 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).

Wirral **DRAFT PLAN**

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

The following bodies whose services are partially or fully funded by the BCF have been involved in preparing this plan:

- Wirral Council,
- The Cheshire and Merseyside ICB, Wirral Place
- Wirral University Hospitals NHS Foundation Trust (WUTH)
- Wirral Community Health and Care NHS Foundation Trust (CT)
- The Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- A range of social care providers including the voluntary sector
- A range of people with lived experience
- Primary Care
- Extra care housing developers and providers
- Liaison with the Place Based Partnership Board will be reinforced enabling partners, including providers, to contribute to in year BCF investment and reviews for all appropriate schemes.

How have you gone about involving these stakeholders?

The Wirral Place Based Partnership Board, chaired by Wirral's Place Director and which includes representatives from all key organisations has had oversight of this draft submission.

Involvement of people with lived experience in key projects, for example the development of a PA register and the reablement strategy.

The executive led discharge hub has given a system focus on escalations and removing obstacles between organisations and has influenced the design of several schemes.

Attendance from Trust colleagues at residential and care at home forums to build relationships, support discharge and inform and advise on the emerging Transfer of Care Hub.

Involvement of housing colleagues in the development of an escalation policy (further engagement with PCNs planned).

Extra care housing developers and providers.

Governance

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

The governance of the BCF currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board (JHCCEG).

Wirral's Place Director and the Director of Adult Social Care and Commissioning seeks local stakeholder endorsement of Wirral's Plan via the Wirral Place Based Partnership Board (WPBPB).

The plan will be validated by the Health and Wellbeing Board.

Overall approval of the plan will be via NHS Cheshire and Merseyside ICB Executive Committee.

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Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

The BCF will be a key enabler in achieving the outcomes of the Healthy Wirral Plan and any other priorities identified by the Wirral Place Based Partnership Board (See principles below)

1. Create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live.
2. Through understanding our populations health we enable more people to remain healthier and independent for longer and live well
3. Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life.
4. Wirral people and their families feel informed and involved in managing their health and in accessing their care seamlessly from organisations that talk to each other

The plan describes our progress and ongoing investment into Home First Services. Our priority is to ensure all pathway 1 patients are assessed at home. This will reduce over-prescription of care and a risk averse approach to discharge. The discharge/transfer hub will curate a person's journey from admission and will ensure people are discharged onto the right pathway, adopting an asset-based approach, and optimising the CVFS offer.

A key priority is to offer sustainable ongoing support and reduce reliance on commissioned services. Our Reablement operating model will support admission avoidance and enable people to recover and thrive post-discharge.

The Wirral Health and Care system has had some of the highest levels of 'no criteria to reside' (NCTR) on our wards at Arrowe Park Hospital.

Our BCF plan aims to reduce the historical level of NCTR of 220 to below 80 before autumn.

Our other 23/25 priorities including some metrics are set out below:

- a. Avoidable Admissions (ACS): Reduce below 22/23 rate of 190 per 100,000 population.

:

- b) Continued investment to support the care market in line with the Market Sustainability Plan.
- c) Reduce the number of avoidable NEL Admissions (ACS) to below the 22/23 rate of 190 per 100,000 population
- e) Reduce the number of emergency Admissions due to Falls (65 and over) to below the 22/23 baseline
- f) Increase the number of people discharged home or to their normal place of residence to 94% from 93% baseline.
- g) Increase % of People still at home 91 days after discharge from hospital or reablement/rehabilitation settings. Currently 84.4%
- h) Focus on improved LOS in D2A bed bases to 21 days and improved outcomes.
- i) Increase capacity in the Frailty and Respiratory Virtual Ward to above 22/23 baseline.
- j) Expansion of ACS Admission Avoidance and Same Day Emergency Care access with a focus on Respiratory and Cardiovascular Disease
- k) Urgent Crises Response – Increase in capacity and enhanced links with other UEC services such as 111 and Falls Level 2 response.
- l) Increase the number of crisis beds (4) for people with mental illness
- m) Enable more people to die at home

Urgent and Emergency Care	Primary Care	Community Health Services	Elective Care
Cancer	Diagnostics	Use of Resources	Mental Health
LD and Autism	Population Health including prevention and health inequalities	Workforce	System Working
	Digital maturity	Maternity	

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National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

Joint Priorities for 2023/25

Wirral Place in 2023/25 will be building on the current governance arrangements and placing a greater emphasis on collegiate commissioning. A review of the Terms of Reference for the monthly BCF Joint Oversight Group will be completed and a BCF Dashboard will be developed mapping schemes against core metrics and our wider Health and Care Plan deliverables. The review will ensure National Conditions are met and value for money outcomes against cost assessments are demonstrated.

- 1) Liaison with the Place Based Partnership Board will be reinforced enabling partners, including providers, to contribute to in year BCF investment and reviews for all appropriate schemes.
- 2) Ensure the system is equipped with services that support business continuity and resilience during periods of high pressure.
- 3) There will be an improved focus on reducing inequalities, using the work at neighbourhood level and the Core20+5 principles both of which will form key metrics to measure the impact and define deliverables for new commissioning. Equality Impact Assessments of current schemes will be reviewed and completed for and any new schemes.
- 4) There will be greater collaboration to share learning and best practice across other Cheshire and Merseyside Places
- 5) Reablement is a system priority, and a model has been developed which will be partially mobilised in 2023 and fully in 2024/5 The model will better integrate a range of services at a place level and will support the aims of the Wirral Health and Well-being Strategy and the exponential increase of the Home First service.
- 6) Work in tandem with children and families' services to ensure an holistic approach to care and support is maintained.
- 7) Embed the 3 conversations asset-based approach to assessment ensuring conversations with individuals and their families begins on admission to hospital,

this approach is already embedded within community teams, will be a key enabler for the reablement strategy.

8) The integrated offer to carers and young carers will be enhanced

9) Increased investment into Frailty services aiming to provide a triangulated approach to care:

- Urgent Crises Response (2 hour) response to patients in the community
- > Older Peoples Rapid Access Clinic for acute ambulatory care
- > Step up/down care in Frailty Virtual Ward beds as an alternative to admission.

10) A review of the Discharge to Assess bed-based service will seek evidence that there is reduced length of stay and in line with the 21-day target.

11) Increase the number of crisis beds and develop of a supported housing model for people with learning disabilities/mental illness and an increase in the number of step-down beds.

12) Capacity in the Urgent Crises Response service will be increased and link with other UEC services such as 111 and Falls Level 2 response. This will include a review of the falls prevention services, and the equipment and enabling technology offer.

13) Ensure that system and provider estates reflect current and emerging health trends including bariatric care supported by DFGs in the community.

14) Implement recommendations following on from the review of The Community Intermediate Care Centre (CICC).

Joint Commissioning programmes in Wirral linked to BCF priorities include:

1. SEND
2. Neurodevelopment
3. SALT – Speech and Language Therapies
4. Mental Health Initiatives: Happy Minds, Alliance, Companearos
5. Home First
6. D2A
7. Reablement
8. Health and Wellbeing Plan
9. Ageing well
10. Frailty

National Condition 2

Use this section to describe how your area will meet BCF objective 1: Enabling people to stay well, safe and independent at home for longer.

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches.
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

Wirral has very well established, collaborative commissioning relationships in place across Health and care which is a key enabler to delivery.

Wirral has developed a neighbourhood model which strives to support communities to think differently and focus on what is important to them. This asset-based approach is in its infancy in Wirral however it is anticipated that this approach, will lead to a reduction in inequalities and health inequalities. As the key priorities are identified by neighbourhood leaders, BCF schemes will be considered to assess how they can support these priority areas.

The 3 Conversations approach compliments the above model and delivers a person-centred strengths based approach to assessments. This will be rolled out across the system equipping social care and clinical staff with the confidence to support people to design their own solutions to how their support needs will be met. See a story of difference below:

“A family member who works away contacted Social Care in relation to his 22-year-old brother living with his mother in her rented property. The young man has a diagnosis of dyslexia and ADHD. His mother passed away two weeks previously but as the rental agreement was in his mother’s name the landlord wanted to evict him. The young man does not have a bank account, benefits, or income. He was adopted and the only ID he had was a birth certificate in another name.

The Social Worker was unable to access Housing Options or open a bank account with him as the ID was not enough. ‘Connect Us Northwest’ were able to open a bank account in his name without ID and support him apply for a passport.

A one-off payment was paid for his Sky subscription to reconnect his landline and broadband, enabling him to remain in contact with his social worker and the other agencies supporting him. The Army welfare fund and Housing Options agreed to cover his rent for two months. He also received food parcels.

When his benefits started Housing Options found him a temporary place in a self-contained flat in Pembroke House with some support. The staff in Pembroke will support him access courses so he can find a job.

The difference

Due to using Conversation 1 the young man was able to access support that he may not have received previously unless he became homeless. The social worker was able to work more flexibly with him, taking him to appointments and remaining involved with the other agencies working together.”

The following BCF schemes contributing to this BCF objective are.

- a. WIS including Community Equipment Service, Falls Prevention & Assistive Technology
- b. Urgent Crisis Response Service – joint funding via BCF and Ageing Well – recent service expansion – established pathways with NHS 111, 999 and care homes to support admission avoidance.
- c. IV antibiotics – OPAT service provided collaboratively by WUTH, WCHC and Community Pharmacy – admission avoidance and ESD
- d. UCAT – GP advice and support to paramedics to avoid conveyance / admission.
- e. Inception of the Discharge Hub.
- f. Home First
- g. Early onset dementia support and dementia local enhanced service
- g. Mental Health Crisis Response Service
- h. Third sector support: including an SPA in the hospital.
- i. Implementation of the Reablement Service.
- j. The PA Register

Wirral Place has MDTs embedded across the system. A few examples are provided below with a focus on promoting independence and support to remain at home for longer:

- a. Virtual wards – newly established in 22-23 operate an MDT approach with support from the BCF funded integrated response service.
- b. The Urgent Crisis Response Service was expanded in 22/23 utilising ageing well funding with the core service funded by BCF. MDT includes Nurses, Therapists, Paramedics, Social Workers, HCA's
- c. Integrated teams based within neighbourhoods.
- d. A local ambition during 23-24 is to enhance our Single Point of Access offer to provide a more comprehensive clinical navigation service centred around the needs of the person.

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National Condition 2 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
 - o where number of referrals did and did not meet expectations
 - o unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
 - o patterns of referrals and impact of work to reduce demand on bedded services – e.g. admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
 - o where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

Our Intermediate Care System includes the following key components:

1. CICC – 71 Beds (p2)
2. Leighton Court – 22 beds (p2 beds)
3. Park House 15 bed (p1)
4. Home First (50 patient capacity for p1a)

Typically from a community perspective re-admission rates from D2A services to hospital average around 17%.

Overall occupancy for D2A services has exceeded 85% for 22/23 with continued ongoing waiting lists to access services although this is reducing. Correspondingly our NCTR rate has been consistently averaging 220 this too has now reduced. The capacity constraints across home based intermediate care combined with our system ambition to ensure all patients on Pathway 1 has promoted the development of Home First over the last 12 months, and the planned expansion during 23-24. In terms of community step up to intermediate care bed bases, there hasn't been an unexpected increase in demand and as such it is not believed that there is unmet need in this area. This cohort of patients continue to take priority for discharge to assess capacity if a hospital admission would otherwise be required.

In addition, the LGA will support Wirral place with capacity and demand modelling in 23-24 to support recovery against key challenged areas, most notably our non-criteria to reside numbers.

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

Wirral in 23-25 will further invest in a range of services to reduce Ambulatory Care Sensitive Conditions including.

1. Community and Acute Heart Failure Services
2. OPAT
3. Integrated Respiratory Service
4. Dementia Nurse / Early Onset Services
5. New SDEC service offering from WUTH
6. Virtual Wards for Frailty and Home First

The increased investment into CVD and Respiratory ACS services aims to further reduce admissions below the 22/23 baseline of 925 per 1,000. This includes greater capacity for early supported discharge/front door admissions avoidance components of the pathway.

A Falls Group leads Wirral's strategic approach to improving the care of those who have fallen or at risk of falls. The recent year on trend of reduced hospital conveyances will be further improved by interventions including Falls Level 2 prevention/pick up, equipment to care homes & poly pharmacy reviews.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.

Wirral place has accelerated its work around 'right care, right place, right time' over the last 12 months with further expansions planned for 23-24. Respiratory and Frailty virtual wards are in place supporting both admission avoidance and accelerated discharge. Whilst it is acknowledged that, with our non-criteria to reside numbers consistently high, we are falling short of achieving this objective, our system focus is on recovering this position.

The discharge hub (see model below) will curate a person's journey from admission to discharge and provide full visibility of patient flow. Initial outputs are demonstrating improvement in this area with increased utilisation of support services available, including those commissioned via BCF e.g., IV Antibiotics and the Age UK Going Home Service.

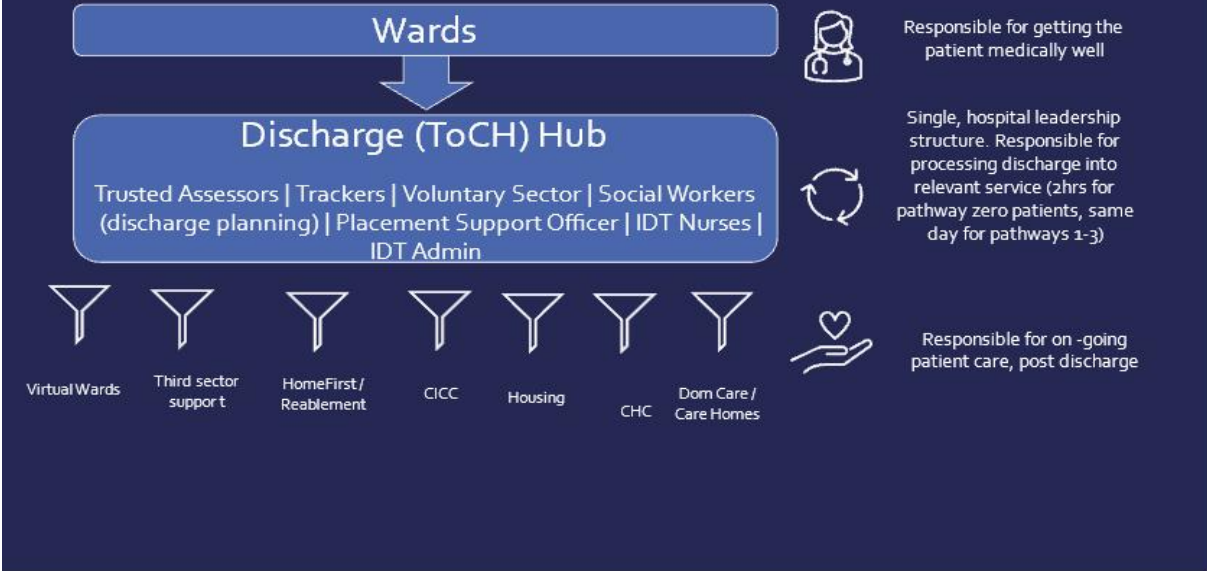
The acute discharge policy has been updated and re-launched across the trust with an emphasis on home first and early identification of additional support needs via the 'notification to assess' function. This will enable the integrated discharge team to provide early, proactive support and assessment ahead of discharge.

The Home First service (see model below) supports acute discharge and is reducing non criteria to reside numbers and supporting patients to return home and be assessed at home with the appropriate wrap around support. The expansion of home first will utilise discharge funding and will invest in the workforce (additional 104 WTE staff).

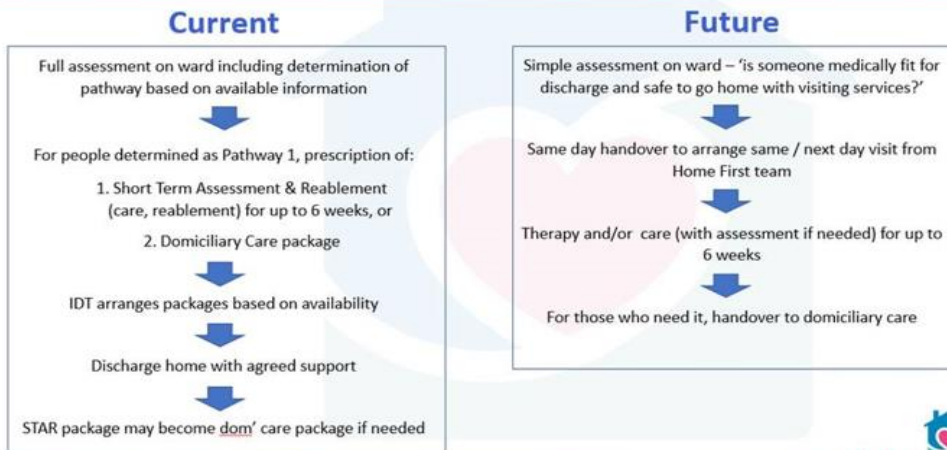
Both services will be supported by the adoption of the 3 Conversations asset-based approach to assessment and with support from the CVFS. The Community Intermediate Care Centre (CICC) supports earlier discharges out of our D2A base to ensure the average length of stay of 21 days or less is achieved allowing flow through the service.

Testimonials from people utilising the service highlight the improved outcomes experienced for people able to return home as early as possible.

SERVICE SCOPE



In partnership:
 Wirral Community Health and Care NHS Foundation Trust
 Wirral University Teaching Hospital NHS Foundation Trust
 Wirral Council



Hospital may be where you get treated, but home is where you get well.



National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
 - o where number of referrals did and did not meet expectations
 - o unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
 - o patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person’s own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
 - o where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
 - o how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

As referenced in the section above, in relation to intermediate care in the community, previous capacity and demand modelling has been undertaken. It was anticipated at the time, based on current and pre-pandemic activity, that the CICC discharge to assess facility would be sufficient to meet our demand for intermediate bed-based care. Due to several factors, length of stay within the service failed to meet the required 21 days and as such capacity was insufficient to meet demand.

This led to the need to extend transitional D2A capacity in Leighton Court Nursing home (x22) and commission additional beds from Elderholme nursing home (x9). MDT provision was provided by the Community Trust ensuring social work and therapy input. Despite this additional provision, there has remained a reliance on wider spot purchases to manage the demand on the system

This imbalance of capacity and demand has also impacted intermediate care provision at home following hospital discharge. As a result of domiciliary care delays, (this is exponentially reducing at pace), several residential beds have been commissioned utilising ASC monies. These beds are utilised by patients who no longer require acute care but are awaiting a package of care. Over the period of the contract, there have been periods of underutilisation. This is in part due to failure to identify suitable patients. As a result of this, the commissioned beds have been incrementally reduced with the initial 25 beds reduced to 15 and then 10.

These factors have led partners to work together to develop the new home first service which supports patients to return home following a hospital admission. If a patient does require a short period of bed based intermediate care, the home first service and the integrated community teams will ensure the time spent in a bed is minimised as far as possible.

Wirral currently discharges XX% of patients on pathway 0 and 1, XX% on pathway 2 and XX on pathway 3. It is anticipated that through the developments and additional investment in home first and virtual wards, at least 95% of patients will be able to return home.

The total Wirral population is 324,336 (Office for National Statistics (ONS) mid-2020 data). The 65+ population is 71,289. ONS projections indicate that the population is estimated to increase by 4.1% to 336,300 between 2018 and 2043. This hides large variations when looking at specific age groups, with the population of children and young people (0-14) decreasing by 8.2%, while the population of older people (90+) is projected to increase by 96.3%

There are 71 care homes for people 65+ in Wirral, with a maximum capacity of 2,766. The average occupancy level for all homes is 88%. Engagement with the discharge/transfer hub and the care home market is underway to optimise the use of these beds.

Whilst there is sufficiency of supply for standard residential and nursing care, there is a shortage of dementia provision (residential and nursing EMI); there is a risk that Wirral could be oversubscribed by winter 2023, and commissioners are working with Integrated Care Board colleagues to improve capacity in Residential and Nursing EMI categories for complex cases. The ongoing development of Older Peoples extra care units, growth of the domiciliary care market, (3 new providers were mobilised in May 2023) and the strategic direction to provide added support for independence through new technologies, is intended to mitigate this risk.

There are 28 contracted care at home providers in Wirral which is an insufficient supply to meet local demand. South and West Wirral are the most challenged areas for delivery. Most providers in Wirral are small, local organisations and there are challenges around recruitment and retention for domiciliary care staff. The Council has been working with providers to attract people to the sector and to retain existing staff. Discharge funding has been used to fund incentives such as increased hourly rates during periods of high pressure and support initiatives such as the 'Care Friends' App, E-bikes have been made available and the Skills for Care 'Finders Keepers' approach to finding and keeping the right people with the right values. Recruitment events have been held in local areas in partnership with the university and Local NHS providers.

In March 2023, Wirral Council approved funding to continue to support all community care market providers to take up the Real Living Wage (RLW) increase rates for domiciliary care to pay front line staff a wage above the Real Living Wage ie £12 per hour.

In March 2023, Wirral Council approved funding to continue to support all community care market providers to take up the Real Living Wage (RLW) increase rates for domiciliary care to pay front line staff a wage above the Real Living Wage ie £12 per hour. This allocation of funds has supported recruitment and retention in the care at home market and will support to maintain and grow the market moving forward to meet local demand. Personal assistants employed by direct payment recipients have had their hourly rate aligned with the rest of the sector. The Council has considered the cost of living challenges when allocating financial resources.

The number of hours support offered is returning to pre-covid levels, but the number of packages is smaller due to the complexity of need. In April 2023, 3 new providers joined our framework and the combination of the extra support and using off framework providers is having a positive impact on flow.

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National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

The following initiatives will support this objective:

- 1) The Discharge Hub currently under development coupled with the expansion of the Home First service will support this objective.
- 2) The 10 step down beds at Park House care home will support people waiting for care at home services in a more appropriate environment reducing the risk of de-conditioning.
- 3) The exponential increase of care at home services to pre-Covid levels of support
- 4) The realisation of the DFG targets supported by an increase in enabling technology.
- 5) The rollout of the 3Conversations model will reduce reliance or supplement commissioned packages of support
- 6) Additional BCF funded social work posts to ensure reviews are undertaken in a timely manner and discharge legacy packages are appropriately adjusted.

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

1) The discharge hub and the Home First Service will be the model for managing transfers of care, supported by a responsive care market please see above.

More details of capacity and demand will be added here

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National Condition 3 (cont)

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

A large proportion of the ASC monies was invested in the care at home and care home services to further support market sustainability but the short-term nature of the funding did prove to be an impediment to recruitment although the incentives to encourage staff to work additional hours during periods of high demand were effective. The availability of early intervention and prevention services have supported people and carers to remain independent at home and expedite discharge.

Community based Trusted Assessors will continue to ensure packages of support are adjusted appropriately and improve flow.

Additional mobile night runs will continue to be funded as this has previously been an area of high demand.

IBCF funded equipment and enabling technology enabled 604 people to be supported home. This included an additional 42 deliveries during Dec & Jan. Moving with dignity principles were applied leading to packages being right sized, reducing reliance on the care market.

.Funding will continue to support flexible working patterns (7 days for social care staff sitting within NHS Trust)

The Personal Assistants register will enable more people and families to access a direct payment.

The focus on recruitment of social workers and apprentice social workers will continue.

The alliance of voluntary sector providers will continue to be funded, to support early intervention and prevention, they will be a key pillar of the reablement strategy.

Funding to support carers will continue, be increased and reflect the outcomes of the Carers' Strategy.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The Carers' co-produced strategy has identified a range of priorities including the provision of

- 1) Information, Advice and Training
- 2) Improve the health and wellbeing of carers
- 3) Support with finances and benefits
- 4) A PA register
- 5) Increased carer breaks (additional respite beds will be commissioned)
- 6) Support young carers (Current offer will be reviewed)
- 7) Improve identification of carers including at point of admission to hospital.

We will support these priorities and continue to work with all health and social care sector organisations to improve support for carers. We will optimise use of the shared lives scheme and increase the number of respite beds available. The PA Register will enable carers to access appropriate and flexible support.

We will support and promote the Primary Care Carers Quality Standards to include:

- Carers Health Checks
- Carers vaccinations
- Flexible appointments
- Mental Health support
- Contingency and emergency planning
- We will promote improved ways to support Carers in Primary Care and other health settings.
- Support people to access Carers Support Groups and networks for specific health conditions
- Improve the Primary care role in identifying Carers whose health and wellbeing would benefit from Short Breaks
- We will promote improved ways to support Carers in Primary Care and other health settings.
- Support people to access Carers Support Groups and networks for specific health conditions

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

Wirral Council's Home Adaptations Team will continue to evolve its client centred approach through the expansion of the rapid Home Adaptation Grants (none means tested adaptations with a target of installation within 50 days) to prevent falls, enable independence and reduce readmission into hospital. The service will look to review the Handyperson Service in line with recent government guidance but will continue its focus on minor adaptations (within 48hrs of referral for priority cases such as those awaiting hospital discharge).

More complex DFG's will be closely monitored to ensure delivery is as efficient as possible and the role of Client Liaison Officers will be developed further to improve the customer journey. Efficient use of OT resources and the use of trusted assessors (currently used for Assisted bathing assessments) will ensure resources are targeted where they are needed most.

New performance measures will strategically align to the living well strategy and will be implemented from 1st April 2023 onwards. The new measures reflect the customer journey through the various stages of the DFG process. As well as minor works and adaptations to support hospital discharge. The current drive is to accelerate waiting times while managing increasing demand for the service and over the next 2 years improving transparency and clarity of the process for the customer.

This will be closely monitored over the next 2 years. The Council's financial assistance policy complements this activity by addressing dangerous, cold, and damp housing conditions and dovetails where required with home adaptations to ensure the most vulnerable can remain living independently in their homes for longer. The DFG element of BCF has been used flexibly to support the wider strategic priorities around assistive technology and an investment programme is underway.

The use of technology enabled care (TEC) will be embedded into day-to-day assessment and reviews, shifting towards a "Digital First" philosophy to support the 3Conversations approach in particular, understanding how to support people to live more independently, make more use of the technology they already use in and around their homes and what a good life could look like for them as they consider their futures.

From July, a project to introduce more TEC options to individuals in receipt of Supported Living services will commence. This will be part of an NHS Digital programme called Strengthening Independence Through Technology (SITT). This will provide an opportunity for the proposed TEC Champions across social care to discover more about the technologies available and the impact they can have on an individual's ability to live more independently.

The number of adaptations completed.

The target for the total number of adaptations was 2550 for 2022/23 although the service achieved 3198 in total. This performance is 25% higher than previous years and although there has been a smaller, but steady increase in referrals in previous years, it is not known whether this level of demand is likely to be sustained. It is therefore suggested that a realistic but improved target of 2750 adaptations be introduced for 2023/24 and this be reviewed at year end.

DFG Allocation for 2023/24 and 2024/25

23-24 confirmed allocation of DFG grant for Housing is £4,723,627, which is the same as the 2022-23 allocation, with an additional amount due to be announced later this year providing an increase in the total allocation nationally from £573m - £623m.

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Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

Funding flexibilities under the RRO has enabled more adaptations to be fast tracked without the need for means tests that slows down the process. The discretionary element is now a substantial element of adaptations assistance and includes Time Critical Adaptations Grants (fast tracked adaptations to provide dignity and flexible assistance for patients needing end of life care) and the Home Adaptation Grant (50-day target for completion of grant).

These products provide for greater support for carers, helping to prevent carer breakdown through a faster process (target of 50 days) and aligning to the national priority to ensure people stay well, safe, and independent at home for longer. This has been aligned with additional grant funding such as the Public Health funded Healthy Homes assistance to tackle wider determinants of health and the Energy Saving Trust funded programme of energy advice and assistance for those receiving adaptations.

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

£2.83m

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these.
- Any actions moving forward that can contribute to reducing these differences in outcomes.
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

Our BCF and overall, Health and Care Plan for Wirral now has equality and health inequalities as core delivery priorities. In Wirral life expectancy can differ as much as 12 years depending on where you live. Although social economic determinants of health are the principal factor, we recognise the health and care system design also plays a very important role. The BCF plan supports the outcomes as defined by the health and Wellbeing Plan, neighbourhood strategy (Core 20+5). An Equality Impact assessment will be completed for all new commissions and will be included as part of service reviews. There will be a focus on services provided locally, to increase social value. We expect all schemes to have identified key metrics to determine their impact on health inequalities.

For example, for respiratory conditions our BCF investment aims to provide better access to services in areas of higher prevalence and corresponding poorer health outcomes. Our Neighbourhood Model, which will be co-produced with our communities, will form the foundation for how we on Wirral and our health and care system will tackle health inequalities together and improve the health outcomes of our population. Each of our 9 neighbourhoods, which are a defined geographic area, will have a core group which will be led by community leaders to improve health outcomes.

The aim of the Model is to link population health data with local intelligence with a focus on deep local insight. Each neighbourhood will use this combined information to identify a priority area for improving health outcomes. When a priority area has been identified, the Model will be to enable change that will be co-produced with communities and health and care services. The focus of changes will be on prevention of ill health, both in terms of the wider determinants impacting negatively on health and on clinical prevention that can help to promote good health. The plan for 2023/24 is to begin with two neighbourhoods initially and utilise improvement methodology to test out new ways of tackling health inequalities.

Joint Strategic Commissioning Board Sub-Committee

A Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to political balance, to sit in common or jointly with representatives of the National Health Service and to exercise delegated authority on behalf of the Council in respect of:

- (a) pooled funding arrangements with the NHS or other governmental bodies;
- (b) the place based health and care arrangements as may be provided for by legislation; and
- (c) such other commissioning, strategic design quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services,

within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

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