

BCF narrative plan template

Cover

Health and Wellbeing Board

Joint Health and Care Commissioning Executive Group

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

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

- Wirral Council,
- The CCG,
- 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,

The Health and Care Implementation Group includes a range of primary care providers, the CT and the CWP, voluntary sector providers and commissioners and is instrumental in ensuring appropriate bodies are involved in developing the plan.

Independent oversight and support are provided by Healthwatch. This group focuses on system priorities and how to best deploy BCF resources and mutual aid. These meetings contribute to the BCF planning arrangements. As an example, a whole system group including Public Health was convened to determine how best to deploy winter planning monies.

The Living Well in Our Community Board, seeks assurance that relationships with stakeholders both within and outside the programme are brokered and providers and recipients of BCF funded services are fully engaged in the review process. Engagement events with people with lived experience have begun to inform the planning arrangements and an engagement programme is a key priority for 2020/21. Both Trusts are represented on this board.

An elected member workshop provided assurance that BCF funding is deployed to protect social care and the mandated national conditions, with further planned.

The Joint Health and Care Commissioning Executive Group governs the deployment of the BCF as defined by the Section 75 agreement enabling collective oversight of the development of the plan.

Executive Summary and Priorities 2020/21

Since the initiation of many of the BCF schemes there have been a number of changes in the system, emerging priorities, updated service contracts and improvements in processes across organisations.

A priority for 2020/21 is to commence a review of each BCF scheme to ensure that it is still relevant to the current health and care needs of the population of Wirral and is providing improved integration and person-centred outcomes for residents.

This narrative describes the governance arrangements necessary to expedite this plan and we continue to work as an integrated system with appropriate governance arrangements in place. A key priority, as we move towards Integrated Care Systems, is to reinforce the efficacy of these arrangements as an enabler of commissioner integration.

It describes how we support outcome focused discharge and through best use of DFG enable people to remain at home.

It describes the aspirations of the Living Well in Our Community Board, how it holds BCF funded schemes to greater account requiring evidence of a reduction in inequalities, avoidance of hospital admissions and demonstrable evidence of lived experience based around the 3 pillars of Healthy Behaviours, Community and Place and Integrated Health and Social Care.

Governance

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

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

The JHCCEG's role is to undertake the following duties and responsibilities, including formulating recommendations for adoption by Wirral Council's Health and Wellbeing Board, Adult Social Care and Public Health Committee/Children's Committee and NHS Wirral CCG's Governing Body that seek:

- To promote the integration of health and social services generally across Wirral Council and the CCG
- To recommend for approval to Wirral Council's Health and Wellbeing Board, Adult Social Care and Public Health Committee/Children's Committee and NHS Wirral CCG's Governing Body:
 - Integrated health and care commissioning strategies
 - Large scale health and care transformation programmes.
- To maintain oversight of plans and delivery for specific areas such as:
 - Better Care Fund Schemes
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern

The minutes of meetings of the JHCCEG are submitted to Wirral Council's Adult Social Care and Public Health Committee/Children's Committee and NHS Wirral CCG's Governing Body regardless of whether there are decisions to note or recommendations for approval contained therein.

The annual Section 75 arrangements are submitted to the Health and Wellbeing Board and to Adult Social Care and Public Health Committee for noting and approval.

The annual Planning Requirements are submitted to the Health and Wellbeing Board for noting.

Elected member workshops take place throughout the year in addition to necessary reporting to the Health and Wellbeing Board and Adult Social Care and Public Health Committee to provide assurance that the National Conditions are being met.

Overall approach to integration

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

The Wirral Health and Care Commissioning partnership is an arrangement between the CCG, Wirral Council, and housing partners which enables effective robust, integrated commissioning and confers equal rights to all parties.

Healthy Wirral remains the key programme for the delivery of person-centred, integrated health and care solutions in Wirral. The pooled fund and integrated commissioning and service delivery arrangements enable a focus on system priorities and the best outcomes for people. Its primary purpose is to support residents to live independent, healthy, happy lives by listening to and meeting the needs of population health at a neighbourhood level.

Key BCF projects in 2020/21 which enable people to live well in their communities include:

- A review of the Wirral Independence Service, priorities include the mobilisation of the Moving with Dignity Programme and an enhancement of the Telehealth/Teletriage offer. This will be supported by the Frailty and Ageing Well programmes.
- The Making it Happen programme which focuses on a strengths-based approach to assessment and will ensure vulnerable people direct and define their personal support options.
- A greater variety of housing options enabling people to remain independent for as long as possible. This will be supported by the Independent Living Strategy.
- An improved interface between health and social care with an initial focus on right sizing packages of support.
- The Mental Health Strategy will inform BCF spend to ensure both local and National outcomes are met.
- The Urgent Care review will identify any areas requiring service improvement to support system flow and a reduction in avoidable admissions
- The BCF scheme review will create an opportunity to serve notice on schemes that are not performing with the funding being used to support new initiatives or schemes that have been able to evidence tangible benefits and outcomes.
- As part of the reviews a performance management reporting structure for schemes will be embedded to provide an easy monitoring mechanism for all schemes and also support the completion of annual national returns and decision making on the future of schemes.
- A review of early intervention and prevention services is underway.
- The informal carers annual survey provides assurance that BCF funded services improve the health and wellbeing of this group and enable them to continue in their caring role if they so choose.
- Carers are and will continue to be involved in the refinement of the discharge pathway a number of carers groups have shared their experiences of admission, stay and discharge from hospital immediate which have effected immediate changes some will shape medium- and longer-term strategies. Carers and people with lived experience are equal partners in our transformation journey and will be key contributors to service reviews.

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

Supporting Discharge (national condition four)

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

There has been a review of outcomes for people discharged into current D2A bed-based service. This resulted in a system agreement to change the model which would consolidate the service onto a single site rather than the current model which is more disparate operating across five care home sites. The Multi-Disciplinary Team (MDT) approach to supporting people in achieving their goals and to return home at the earliest opportunity is more complex to deliver across multiple sites, resulting in long lengths of stay. The system recognised that a single site offer would enable more effective MDT support to people. To that end it was agreed to transfer the BCF funding for the previous model and invest in the new service. The CCG have invested monies in addition to their 2020/21 contribution to support double running costs until the new service is fully mobilised. The new model will serve to comply with outcomes 1-5 of the NHS Outcomes Framework Domains and Indicators. Wirral Community Health and Care NHS Foundation Trust co-designed the service model with the CCG and Wirral Council and are the primary provider.

The ambition for the new D2A model is:

- To reduce acute length of stay and admission to hospital by enhancing flow throughout the hospital and community beds. (Less than 14/21 days)
- To reduce deconditioning and loss of confidence associated with spending extended time in an acute setting
- To embed a person-centred approach, focussing on supporting people to return and remain at home safely (91 days after discharge)
- To maximise people's capacity for independent living
- To reduce hospital admissions and re-admissions
- To improve long term health outcomes
- For people to have a positive experience within the service
- To reduce health inequalities across our population
- To reduce avoidable admissions into long term care
- Support timely discharge for people as soon as they are deemed ready for discharge
- To adopt the trusted assessment ethos
- Embed personalised care planning throughout the pathway
- Enabling assessments for longer term needs to be undertaken in a more appropriate location
- To embed reablement principles throughout the placement and the staff culture

Home First Project

To support the D2A model a whole integrated partnership group, including the voluntary sector, has been convened to ensure that improvements to the D2A offer are sustained and the 'Why not home, why not today' ethos becomes everyone's business. The focus will be to:

- Conduct a patient focus group to understand lived experience of discharge pathways
- Complete a review of the discharge information pack and ensure it is informed by patient feedback. Ensure the pack includes:
 - Clear and consistent Home First pathways, which have been agreed across the system
 - Clear information for patients: "what should I expect"?
- Define the role of the BCF funded voluntary sector on this pathway and promote neighbourhood assets

- Partnership re-design of the back door with a focus on rehab at home and wrap around support prior to formal commissioning of services.
- Create hubs, including Trusted Assessors, hospital discharge teams and domiciliary providers to right size packages at the point of discharge
- Optimise all BCF funded schemes that can support this approach
- Embed the Moving with Dignity (single handed care) principles
- To increase the proportion of people discharged home from 90 to 95%

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?

The DFG lead works in partnership with the BCF lead to ensure outcomes are aligned with social care priorities and provides assurance to and permission to commit DFG resources from the JHCCEG.

Work is underway with Housing and Health and Social Care commissioners to identify and define a series of new metrics that align with the outcomes of the Living Well in your Community Board. Current performance is measured against a series of KPIs as set out in the Service Level Agreement which demonstrate how DFG is utilised to support people to remain in their own home. Reporting includes expenditure against the main DFG and HAG grants which are reported quarterly.

The deployment of DFG is a key part of our Pillar 3 – Home First whole system strategy.

It has been recognised that housing issues can be an impediment to timely discharge. It is the intention to review the current interface between housing, the hospital, and the Trust. This will include an analysis of what is working well and the identification of key and emerging themes and a shared understanding of the range of routes to home from hospital. It is anticipated that an element of DFG funding will be designated to create a Housing Liaison Officer post.

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.

A review of comparative data provides evidence that residents living in deprived areas of Wirral have a reduced life expectancy of approximately ten years and will live more of those years in poor health, therefore a key component of these reviews will be to provide demonstrable evidence that schemes contribute to a reduction in inequalities. The legacy of Covid has amplified these concerns. To enable a whole system response the Living Well in Our Community Board and the Wirral System Inequalities Group have been established.

It is the intention of both groups to exploit the well-established integrated approach to best value commissioning and the strong relationships with the voluntary sector to improve the experience of those people experiencing inequalities and those who require health and social care. A core principle for both is to prevent and reduce inequalities and both groups are the

custodians of a range of projects initiated to achieve these outcomes. Those services funded by the Better Care Fund (BCF) will be held to account and required to provide lived experience feedback and specifically demonstrate how they contribute to this agenda. The BCF review framework has been established to standardise how we measure success.

The following key outcomes have been outlined as measures of success:

- Residents live independent, healthy, happy lives and their needs are met at a neighbourhood level.
- Neighbourhood assets are built upon invested in and become a cornerstone of delivery.
- A reduction in hospital admissions and reliance on commissioned services.
- Prevention is a core activity, not an optional extra
- The differing needs of all our neighbourhoods are recognised.
- Services continue to be integrated and meet people's complex needs in a personalised way

Equality Impact Assessments are part of the commissioning and review of any new or established schemes.