

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 but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to 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 15-20 pages in length.

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

An example answers and top tips document is available on the Better Care Exchange to assist with filling out this template.

Wirral Health and Wellbeing Board

Health and Wellbeing Board(s)

Bodies involved 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 ICB, Wirral Place
- 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 governance of the BCF currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board (JHCCEG).

The Wirral Place Based Partnership Board will form a sub-group Joint Committee in common to sign off Section 75 agreements including BCF post ICB establishment.

Oversight and approval of the plan will continue to be provided by the Health and Wellbeing Board Wirral.

How have you gone about involving these stakeholders?

The BCF is a workstream of the Living in Wirral Board. The strategic objectives of which are to deliver better health, better care and better value to the people of Wirral.

The Board includes key leaders from the voluntary and community sector, health and social care commissioners and providers. Key to the successful delivery of the programme is to be assured that services fully or partially funded by the Better Care Fund (BCF) improve people's experience of Health and Social Care services, reduce inequalities, and avoid duplication. In addition, and to be assured our citizens are enabled to lead healthy and happy lives, the strategy will:

- ensure pooled resources, intelligence and planning capacity are optimised
- the right care and support are delivered at the right and in the right place
- manages demand and reduces the cost of care
- clear accountability and governance arrangements are in place
- resilient and able to flex to respond to emerging issues in social care delivery

Executive summary

There have been no fundamental changes to the priorities identified in 2021/22.

In this financial year there are several key additional priorities:

- Development of an integrated Home First Service
- Additional D2A capacity
- Additional capacity within social work teams
- An enhanced focus on support for carers
- Implementation of the outcomes of the direct payments review
- Focusing on the role the BCF can play in the response to the Cost-of-Living Crisis

Governance

Currently governance of the BCF sits with the Joint Health and Care Commissioning Executive Group (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 Cheshire and Merseyside ICB Wirral Place Governing Body that seek:

- To promote the integration of health and social services generally across Wirral Council and NHS Cheshire and Merseyside ICB Wirral Place
- To recommend for approval to Wirral Council's Health and Wellbeing Board, Adult Social Care and Public Health Committee/Children's Committee and NHS Cheshire and Merseyside ICB Wirral Place 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 Wirral Place Based Partnership Board will form a sub-group Joint Committee in common to sign off Section 75 agreements including BCF post ICB establishment. Oversight and approval of the plan will continue to be provided by the Health and Wellbeing Board.

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 Cheshire and Merseyside ICB Wirral Place 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 can be provided on request and 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 BCF plan and approach to integration

The development proposal for the Home First integrated service was undertaken by representatives from the Council, the ICB and both Trusts. Approval for those elements of the service funded by BCF was approved at JHCCEG. The service will enable people to return home with the support of Health Care Assistants and or reablement support provided by commissioned services when they no longer meet the criteria to reside. They will be assessed at home leading to the provision of services or a step up into a residential bed. The potential to optimise an individual's rehabilitation goals will be achieved through a home-based therapy service. This will be supported by the recruitment of:

- Additional therapists by 27/12/22
- Additional Assessment and reablement officers by 12/09/22
- 6 additional social workers by 18/11/22.
- An increased number of Health Care Assistants by 12/12/22
- In 2022/23 BCF will also fund some additional community based D2A beds to ensure there is sufficient flexibility in the system to respond well to any anticipated winter pressures. The PCNs have identified resources to support both approaches. Multi-disciplinary teams are available at a neighbourhood level and as defined by the contractual arrangements with both Trusts.
- Full engagement with the inclusion of the Voluntary Sector and the Community, Voluntary and Faith Sector (CVS) will optimise the utilisation of community assets. One scheme currently under development is the deployment of volunteers to undertake lunch time visits. The intention is that with access to the increased length of time that a volunteer can offer, social isolation will be reduced, and available resources can be more effectively targeted.
- The Medequip contract is currently under review to ensure the provision of equipment is optimised to prevent admission, expedite discharge, and enable people to remain at home for longer
- In 2021/22 the BCF funded the development of 3 additional hospital wards to support people who no longer meet the criteria to reside but had ongoing therapy needs, ensuring that on discharge their independence had been optimised. This service is having an impact and In 2022/23 BCF will also fund some additional community based D2A beds to ensure there is sufficient flexibility in the system to respond well to any anticipated winter pressures.
- The PCNs have identified resources to support both approaches. Multi-disciplinary teams are available at a neighbourhood level and as defined by the contractual arrangements

This model will be supported by the outcomes of the Care Market Sufficiency Programme, key delivery targets include:

- The inception of a digital brokerage model
- An increase in the Moving with Dignity approach
- Digital care planning

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- Steps to personalise care and deliver asset-based approaches
- Implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- Multidisciplinary teams at place or neighbourhood level.

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue 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.
- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

- The integrated Home First model will enable people to stay well, safe and independent at home for longer and will provide the right care in the right place at the right time.
- The extension of the 3 Conversations approach to the assessment of any health and social care needs will be rolled out across the ICB and will include health and social care staff. Whilst not all the services are fully funded by BCF the dependencies and synergies between services commissioned and those funded by the BCF will deliver better outcomes for the residents of Wirral. The project currently includes two of the Integrated Community Care Teams. There is demonstrable evidence of person-centred working and people being fully involved in their care and support discussions and arrangements. The adoption of this approach gives improved focus on relationships and understanding with people who are supported. It focuses on the personal assets of the individual and those available in the community. There is evidence of people being supported more quickly, and of a more seamless delivery of health and care services where people have multiple needs. Whilst it is difficult to capture the efficiencies derived from this approach work is underway to describe costs avoided. It is anticipated this will have a significant impact on reducing the number of hospital admissions and will expedite discharges.
- Anticipatory Care is one of the three parts of the Ageing Well Framework (with Urgent Community 2 hr Response, and Enhanced Health in Care Homes). It is focused on providing proactive and holistic care planning and coordination for at-risk groups outside of care homes. Wirral will be confirming plans for Anticipatory Care once the NHSE Anticipatory Care Framework is published. An Ageing Well Operational Group has been established, which will oversee this, with Healthy Wirral providing project support as required.
- The Virtual Ward project will provide Early Supported Discharge and Admission Avoidance for people with Frailty and COPD. The Virtual Ward model offers medical oversight and care coordination for people in their own homes, in circumstances where they would otherwise require an acute stay/longer acute stay. The Virtual Ward team will comprise hospital and community staff. Recruitment is underway for the Virtual Ward, which will begin operating in late 2022.

The projects referred to above are in some instances only partially funded by the BCF but support the aspirations of the BCF plan and will ensure better outcomes for Wirral citizens.

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 minimum contribution to carers services funds traditional building-based respite services. A proportion of the Early Intervention and Prevention services now provides grants to carers to enable them to have a break from their role. The review of direct payments is identifying additional and innovative approaches to enhance the overall offer. A personal assistant 'finder service' is also being offered by a voluntary sector provider and the ambition is to develop a similar service but led by people with lived experience. The Home First Service will support carers to access a direct payment and enjoy the flexibility this affords.

The co-production group, suspended during the pandemic will resume imminently and the development and implementation of a Carers strategy will be completed.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social 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 Housing Services who lead on the Disabled Facilities Grant has had a strong history of ensuring that health, housing and social care work collectively to deliver adaptations and discretionary funding to meet wider BCF objectives.

Occupational Therapists are seconded directly into the Adaptations Team ensuring a holistic approach to matching adaptation requests and technical assessments, including a fast track service for specific adaptations relating to ceiling track hoists, level access showers, lifts and ramps.

The service also delivers and has direct referral pathways for handyperson services supporting health with hospital discharge cases enabling discharge with relevant support thus also assisting with preventing readmissions for the future.

Relevant and regular MDT meetings are held for complex cases which are attended with the respective agencies, enabling a wider approach and options to be assessed including a rehousing hand holding response where adaptations cannot be delivered in the current home. Specific work is also undertaken with key agencies to drive forward responses and improvements in the areas of time critical adaptations with a specific grant programmed developed to respond to this pressure.

Work is currently underway to also look at how care costs can be reduced through specifying lifting equipment that enables single carers to support individuals rather than two, to generate efficiencies in care contracts.

Equality and health inequalities

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

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

All reports presented to the Health and Wellbeing Board in relation to BCF require an Equality Impact Assessment.

A partnership Cost of Living Crisis Group has been convened to consider the current and potential impact of the crisis currently in receipt of services, some of which are BCF funded. A business continuity exercise is underway with the care market and the hourly rate which is considering the increase in petrol costs for staff and any business risks associated with an increase in utility bills. The hourly rate for workers within the sector has been increased and it now exceeds the Real Living Wage.

The Living Well in Our Community Board continues to optimise 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.

Equality Impact Assessments, and the Health Equity Assessment Tool (HEAT) are deployed when developing or reviewing services and we are adopting the CORE20PLUS5 approach.

The combination of the intentions described above will differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered

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