

To all Lancashire Health and Wellbeing
Board Members

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Your ref:
Our ref: ST/ LD
Date: 19 December 2017

Dear Health and Wellbeing Board member

Lancashire iBCF managing slippage monies

You will recall that the Health and Wellbeing Board at its last meeting on 14 November agreed that slippage of iBCF monies in 2017/18 should be managed outside of the board subject to ratification by myself as chair of the board.

To facilitate this, a meeting of the BCF finance sub group set out the process to be followed along with clarifying the amount of slippage monies available. The total forecast slippage available is £2.8m in 2017/18.

The agreed process was that the money was to be divided into two equal tranches:

Tranche 1 - £1.4 m was allocated based on population.

Tranche 2 - £1.4m was made available subject to a bidding process.

The detail of the process along with clarification of additional requirements is set out in a letter I sent to the chairs of A & E delivery boards on 11 December 2017. A copy of that letter is attached.

A meeting attended by A&E delivery board chairs or their agreed representatives, Tony Pounder, Director of Adult Services, Lancashire County Council, Neil Kissock, Director of Financial Resources, Lancashire County Council and Jane Cass, Acting Locality Director, NHS England North, along with supporting officers took place on 14 December. I attended this meeting to oversee the decision-making process and to ensure that I was suitably informed to be able to ratify recommendations made.

Presentations were made on the planned use of Tranche 1 monies along with presentations to support bids for Tranche 2 monies.

The bidding process for Tranche 2 was subject to peer review by the group and a ranking of it produced by each health economy.

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I have now reviewed the aggregated rankings, have consulted with LCC officers and NHS England, and am able to confirm, on behalf of the Lancashire Health and Wellbeing Board, the allocations of Tranche 1 and Tranche 2 monies as set out in the table below. The decision making considered the impact that proposals will have on the DToC position, potential for speedy delivery and their relation to the High Impact Change Model. Not all “bids” were successful when considered in this way.

Tranche 1 allocations:

Organisation	Name	Allocation £	Total Value £
CSR/GP CCG	CHC Discharge	438,000	438,000
Pennine Lancs AEDB	Frailty Pathway development	455,000	455,000
FYLDE AND WYRE CCG	Supportive discharge-care and repair	42,900	
FYLDE AND WYRE CCG	Additional Crisis Hours	43,176	
FYLDE AND WYRE CCG	Take home and settle / aftercare	42,850	
FYLDE AND WYRE CCG	Reablement	15,680	
FYLDE AND WYRE CCG	Domiciliary Care	45,394	
FYLDE AND WYRE CCG Total		190,000	190,000
Morecambe Bay AEDB	Care Home and Domiciliary Agency Support	149,000	
Morecambe Bay AEDB	Crisis Hours	2,382	
Morecambe Bay AEDB	Additional social workers	33,618	
Morecambe Bay AEDB Total		185,000	185,000
West Lancs CCG	D2A pilot	128,000	128,000
Total		1,39,600	1,396,000

Tranche 2 allocations:

Organisation	Name	Value £
LCC	Countywide Intermediate Care	148,720
LCC	Home of Choice	100,000
LCC	FYLDE AND WYRE Home First	108,000
LCC	MB Home First	62,000
LCC	Support Safeguarding Service	44,170
East Lancs CCG	Enhanced D2A pathway CGC	184,000
Pennine Lancs AEDB	Impact on Patient Flow	210,000
ELCCG/ Rossendale Hospice	Hospice at Home	55,146
Fylde and Wyre CCG	Dementia support	20,000
Fylde and Wyre CCG	Social Inclusion	47,800
Morecambe Bay AEDB	Increase Care Home selection(CHS)	86,000
Morecambe Bay AEDB	Hospital home care – phase 2 (Interim Care)	50,000
West Lancs CCG	Discharge Staff	20,000
West Lancs CCG	CERT, additional nursing resource	60,000
West Lancs CCG	Community IV therapy	45,000
Total		1,240,836

The outcome will be communicated to the organisations urgently with the expectation that the money is used quickly. Monitoring of the impact of the use of this money will be reported back to the Health and Wellbeing Board.

Yours sincerely



County Councillor Shaun Turner,
Chair Lancashire Health and Wellbeing Board.

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Your ref:
Our ref: ST/ LD
Date: 11 December 2017

Dear Colleague

iBCF Slippage

I am writing to you in my role as Chair of the Health and Wellbeing Board for Lancashire to confirm the intention to allocate out £2.8m slippage from this year's iBCF grant allocation to maximise the impact on DTOC performance over the coming winter period.

This position is the culmination of a series of discussions and work over recent weeks since the last Health and Wellbeing meeting on 14 November 2017 namely:

- Meeting of the BCF Steering Group on 24 November chaired by Tony Pounder, Director of Adult Services in the temporary absence of Mark Youlton the permanent BCF Steering Group Chair
- Meeting between NHS leaders in Lancashire and Cabinet Members and senior officers from Lancashire County Council chaired by myself on 4 December
- Meeting of a Finance Subgroup of the BCF Steering Group chaired by Tony Pounder held on 4 December.

Process

There are some further details I wish to confirm to you at this stage.

I have received briefings from LCC officers that the total LCC slippage available is indeed £2.8m. Furthermore, I have agreed with the plan to hold a further meeting on 14 December from 4 to 6 pm at County Hall to inform decisions on how this money is allocated. I will join this meeting as soon as I can after Full Council has risen that same afternoon. Decision making will be based on an evaluation of information individual organisations or AEDBs must submit on the blank template(s) circulated on 9 December by email from Tony Pounder and which is attached again to this email. The completed templates are to be returned to Paul Robinson by no

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later than 10am Wednesday 13 December 2017 so they can be collated and circulated in advance to attendees.

The money will be divided and allocated into two tranches.

Tranche 1 - worth £1.4m in total is an allocation of additional core funding to each AEDB area to address DTOC performance. This is apportioned out on the basis of population as follows;

- Greater Preston, Chorley and South Ribble - £438K
- East Lancashire - £455K
- Lancashire North - £185K
- Fylde and Wyre - £190k
- West Lancashire - £128K

Proposals for spending this money should be presented on the template, demonstrating clearly the way it will be used and the nature and scale of the benefits to DTOC and hospital flow that will result. They should clearly connect to the Eight High Impact Change Model.

It is also important that any initiative to spend this money does not shift financial or operational risk elsewhere to other partners or sectors. These proposals will be considered on Thursday and I hope to formally approve them within the meeting itself.

Tranche 2, is also worth £1.4m but will be on the basis of a bidding process.

This is open for all areas to competitively bid for on the basis that:

- LCC can itself bid – a number of countywide pressures might be alleviated by further investment in countywide approaches
- Each AEDB could bid for a share of the money (any size)
- BCF Steering Group (augmented by others) would take a view on the basis of the quality of the submissions how the rest of this allocation should be spent, prioritising those proposals
 - which are clearly evidenced,
 - would make the biggest difference to DTOC performance and
 - be swiftly deliverable, and
 - pose no significant operational or financial risk to other partners or sectors and
 - clearly relate to the High Impact Change Model

I have asked Tony Pounder to chair the meeting on Thursday but I will attend as soon as Full Council is over and will both read and listen carefully to the bids and discussions. I will not commit to making a decision in the meeting itself on the allocation of this money but I will rapidly confer after the meeting with some key officers from LCC, the BCF Steering Group and NHS England to determine how to allocate the money.

I hope all of the above details are clear, but if you need any further advice please contact Paul Robinson and /or Tony Pounder. It would also be helpful if you could inform Paul if you intend to come on Thursday and if you will need a car parking space. However, Thursday afternoon is also Full Council and therefore it is possible there will be few if any spaces at the time of your arrival, but we will try to accommodate.

Additional Requirements

I am content to approve the proposals above. But as Chair of the HWB, I also bring expectations from my role as a Cabinet Member for the County Council. I have consulted with the Leader and other key Cabinet Members involved in Lancashire's HWB and have agreed the following additional requirements on any partner or group that wishes to benefit from iBCF slippage.

- All spend from Lancashire's BCF and iBCF, including allocation of this slippage, must be spent directly for the benefit of Lancashire's adult and older population. This means the money must not be diverted on to services for those people ordinarily living outside the boundaries of Lancashire County Council. If the services concerned are providing support to individuals across Council boundaries evidence of guarantees and /or actual proportionate contributions from other local authority partners should be presented in writing.
- Timely and accurate completion of project and performance returns to enable aggregation of data and analysis to provide proper oversight of the programme of iBCF and BCF funded activities is vital. This is so that the HWB can see the progress made but also the risks and obstacles so that they can work out how best to address them.
- I have a clear expectation that AEDB chairs work with Andrew Bennett and Tony Pounder to finalise the DTOC and Hospital Compact that is currently in draft between NHS and Council Officers. This is so it can be tabled at the next meeting of HWB due in early 2018. Once agreed it can be used for strategic and external purposes e.g. with regulators, DH etc. and shared with the elected representatives, the public and media to provide confidence that all partners are working together in good faith and purposefully to address key issues across the health and social care system. If this requires a further meeting of officers to resolve can I ask this is scheduled very early in the New Year. I will ask.
- There is an urgent review of the BCF Steering Group, led by the chair as previously agreed, with recommendations for any changes to its governance or membership, to be approved by the Health and Wellbeing Board.

However, to avoid further delay I will undertake to progress this approval outside of the scheduled meetings once I receive the recommendations.

- Finally responding to the spirit of good faith in which LCC is agreeing to use of this slippage from County Council schemes, I would not expect any hospital to attempt to recharge or fine the Council for DTOC delays, and I think it is reasonable to ask that any existing proposal to fine LCC should be formally withdrawn.

I trust this is a satisfactory and reasonable summary of the way ahead. I will look forward to seeing some of you on Thursday 14th December and collectively making decisions to benefit Lancashire citizens.

Yours sincerely

A handwritten signature in black ink, appearing to be 'S. Turner', with a stylized flourish at the end.

County Councillor Shaun Turner
Chair of Lancashire Health and Wellbeing Board