Lancashire Better Care Fund Plan

2017 – 2019

Lancashire Health and Wellbeing Board

NHS East Lancashire Clinical Commissioning Group

NHS Chorley and South Ribble Clinical Commissioning Group

NHS Fylde and Wyre Clinical Commissioning Group

NHS Greater Preston Clinical Commissioning Group

NHS Morecambe Bay Clinical Commissioning Group

NHS West Lancashire Clinical Commissioning Group

Lancashire County Council

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Health and Wellbeing Board	**Lancashire**
Local Authority	**Lancashire County Council**
Clinical Commissioning Groups	**Chorley and South Ribble** **Greater Preston** **Morecambe Bay** **West Lancashire** **East Lancashire** **Fylde and Wyre**
Boundaries	**Lancashire County Council upper tier authority** **12 District Councils** **Burnley Borough Council** **Chorley Borough Council** **Fylde Borough Council** **Hyndburn Borough Council** **Lancaster City Council** **Pendle Borough Council** **Preston City Council** **Ribble Valley Borough Council** **Rossendale Borough Council** **South Ribble Borough Council** **West Lancashire Borough Council** **Wyre Borough Council** **Borders with 2 Unitary Authorities within the Lancashire footprint:** **Blackburn with Darwen Council** **Blackpool Council** **Borders also with South Cumbria within the STP footprint**

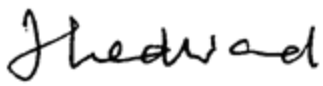
	2017-18	2018-19
Minimum required value of Better Care Fund pooled fund:	**£93,936,891**	**£96,569,957**
Total agreed value of Better Care Fund pooled fund:	**£93,936,891**	**£96,569,957**
Total value of improved Better Care Fund (iBCF)	**£28,096,072**	**£38,391,537**
Total pooled fund	**£122,032,963**	**£134,961,494**
Date agreed at Health and Well Being Board:	**5th September 2017**	
Date submitted:	**11th September 2017**	

Authorisation and sign off

Signed on behalf of **Lancashire Health and Wellbeing Board**	
By	**County Councillor Geoff Driver CBE**
Position	**Chair, Lancashire Health and Wellbeing Board**
Date	**7th September 2017**

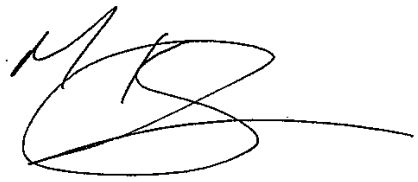
Signed on behalf of **East Lancashire Clinical Commissioning Group**	
By	**Mark Youlton**
Position	**Chief Officer,** **NHS East Lancashire CCG**
Date	**11th September 2017**

Signed on behalf of **Fylde and Wyre Clinical Commissioning Group**	
By	**Peter Tinson**
Position	**Chief Officer,** **NHS Fylde and Wyre CCG**
Date	**11th September 2017**

Signed on behalf of **Greater Preston Clinical Commissioning Group and Chorley and South Ribble Clinical Commissioning Group**	
By	**Jan Ledward**
Position	**Chief Officer, NHS Greater Preston CCG and Chorley and South Ribble CCG**
Date	**11th September 2017**

Signed on behalf of **Lancashire North Clinical Commissioning Group**	
By	**Andrew Bennett**
Position	**Chief Officer**
Date	**11th September 2017**

Signed on behalf of **West Lancashire Clinical Commissioning Group**	
By	**John M. Caine**
Position	**Chair, NHS West Lancashire CCG**
Date	**11th September 2017**

Signed on behalf of **Lancashire County Council**	
By	**Mike Kirby**
Position	**Director of Corporate Commissioning, Lancashire County Council**
Date	**11th September 2017**

Lancashire Better Care Fund and iBCF plan 2017/18/19

1. Introduction

The Lancashire BCF plan, for 2017/19, has been shaped by a desire to identify what works, retain and expand what does, and reallocate resources where there is little evidence of success. It builds on the learning of the previous two years of BCF, moving even further away from a “what fits the funding” approach to one that is based on what fits the shared priorities.

The plan takes advantage of the opportunities provided by the iBCF monies to push the integration of planning further and to, at least in part, fill some of the gaps that have been identified by BCF partners during the last two years.

The plan now sits within a maturing planning environment that is seeing the role of the Sustainability and Transformation Partnership (STP) and Local Delivery Partnerships (LDPs) becoming clearer along with new models of delivery.

The plan aligns with those of the STP and LDPs and now will work closely in its delivery though the Lancashire and South Cumbria Urgent Care Network and the five A&E delivery boards.

A further and critical area of alignment of the plan is with Lancashire County Council’s social care transformation programme – 'Passport to Independence'.

The core of the plan, its spending plan, its programme of schemes, was created through a process of rigorous review of the 2016/17 schemes. This provided the rationale for decisions on retention, expansion or ending of those schemes. This has resulted in retention or expansion of all schemes with some clarification of purpose and slight change of description for some.

A similar approach was taken, collaboratively, in putting forward proposals for use of iBCF monies. These were jointly considered and a whole iBCF plan agreed.

The plan sees the consolidation of the BCF partnership and continued integration into that of the Voluntary and Community Sector and the twelve district councils.

2. Vision

The vision for health and social care in Lancashire is of a coordinated approach that keeps the individual at its heart.

It will:

- Give the knowledge and advice to help people stay healthy and independent
- Share information safely, across organisations so that people only need to tell their story once.
- Grow neighbourhood approaches that join up services and help avoid poor health and admission to acute hospitals.
- Put the right care in place for those who need it
- Support those who need help to be heard or access services.
- Provide high quality services

Delivery of this vision is not seen as solely the responsibility of the Better Care fund but as whole system responsibility that reaches beyond the NHS and social care to partners in the VCS, housing providers and deliverers of services locally such as district councils.

Progression towards more integration by 2020 and delivery of the vision is acknowledged as being most achievable through greater working across the LDP and STP footprints. Commitment is growing, across partners, to this approach and an associated move to Accountable Care Systems that follows the Vanguard initiatives in Fylde Coast and Morecambe Bay.

3. Background and Context

a. Demographics

The health of people in Lancashire varies when compared to England. Within the county there are wide differences between the most and least deprived areas. For example in the most deprived areas life expectancy at birth for men is 10.2 years lower and 7.1 years lower for women, when compared to the least deprived areas.

The health of adults in the county is mixed; prevalence and incidence rates for cancer, cardiovascular disease and liver disease are all above national rates. Obesity and overweight rates for adults in Lancashire are in line with England, but there are some districts with significantly higher levels and some with significantly lower levels. Physical activity levels for adults are also low.

The 2016 mid-year population estimate for Lancashire (14) is 1,485,042, an increase of 0.5% on the 2015 figure. Estimates suggest a higher population increase in Chorley (1.2%), Lancaster (0.9%) and Fylde (0.9%), compared to England (0.8%). Over the next 25 years the population of Lancashire is projected to increase by 4.5%.

The population projections to 2039 show that the working-age population is predicted to start to decline within five years and the older population will continue to increase, with more people falling into the over-85 bracket each year as life expectancy increases over the period.

Between 2014 and 2039, the 65+ will increase by 47.3%, and by 2039 people aged 85 and over will make up 5.5% of the population.

Alongside the significant shift to a more elderly population there is also a wide variation in healthy life expectancy across the geography of the county. For example female healthy life expectancy is 72 years in one area of South Ribble compared to 62 in another South Ribble area, compared to 62 years in the best in Hyndburn, compared to 50 years in another area of Hyndburn, the lowest in the county. This mixed level is reflected to some degree in all districts. Improving the outcomes only in the most deprived areas of Lancashire will not be enough to improve the outcomes across the county.

b. Social Care

Lancashire County Council supports approximately 25,000 adults in community and residential settings at an annual cost of approximately £300 million.

Demand for care and support services is likely to rise over the next five years but will not be matched by increased public spending.

The rise in the very elderly population is not just a challenge for social care but for all public services and communities. Rising demand for nursing care is of particular concern.

Life expectancy is increasing and entry into all care services is likely to come later in life but involve people with more complex needs. In the future we expect the population in care homes to become frailer and remain in care for shorter periods of time.

Part of the challenge of changing demographics is the growth in the numbers of older people with dementia. We have to ensure that there are sufficient community-based alternatives so that hospitalisation and entry to care homes does not become the default option.

In some parts of the county rehabilitative and recovery services are decreasing demand for other social care and health services. While we need to see more integration with health, closer cooperation is already managing to deal with greater demand for care.

Intermediate Care and Reablement are key offers within our health and social care economy.

Providing services across our rural communities is a significant challenge, particularly for homecare.

In residential and nursing care markets, there is a risk that some providers will move away from council-funded placements and concentrate on self-funders.

There is a degree of unevenness to the spread of demand across the county with specific "hotspots" of acute pressure in certain parts of Lancashire.

Older peoples' housing is a key part of their wellbeing but specialist social housing in Lancashire is of variable quality and there is very little purpose-built extra care in either the public or private sectors.

Social care in Lancashire is currently delivered through a mixed market comprising a wide range of service providers, including small, medium and large organisations. Many of our providers are local; others are more regional or national in scope. Combining these different perspectives is vital to meeting the challenges ahead.

Traditional services like day care, meals on wheels and home care have reduced over the last decade in line with efforts to promote preventative and personalised services. There has been an increase in the number of people receiving short-term reablement services and assistive technology. There has also been an increase in the number of people receiving support from voluntary and community groups.

Lancashire County Council's overall commissioning intentions are:

- To ensure that a sufficient range of quality services are available at an affordable price, enabling real choice, particularly in areas where shortages are already evident
- To work with both current and new providers to source supply locally or from neighbouring areas where that works
- To encourage and stimulate local businesses, investors and social enterprises to enter the health and social care market place as providers or funders to share in the risks and rewards with us.
- For service providers to work closely with the third sector and council commissioners
- Where appropriate to see more strategic partnerships that can deliver a wider portfolio of service offers, potentially focussed exclusively on specific areas or communities rather than very particular aspects of a single service.
- To provide intelligence and information to assist providers with business planning. The analysis and forecasting of demand trends will lead to the creation of new opportunities for enterprising, dynamic and flexible providers

c. Health Care

The demographic impact applies equally across NHS health care in Lancashire.

As the population is living longer and experiencing more complex or multiple conditions so demand upon health services, acute and community, increases.

All, of the five, acute health providers in Lancashire have seen prolonged periods of high demand resulting in challenges to patient flow and the ability to safely discharge people to their homes.

As demand on health and care services has increased increasing budgets have not kept pace. The cost of providing services has risen for reasons such as providing care by more highly trained specialist staff, funding the latest drugs, and keeping up with technological advances, all of which are necessary to improve patient care and outcomes.

Maintaining an effective and skilled NHS workforce is a challenge in Lancashire. Some clinical roles are experiencing national shortages, and Lancashire in particular has problems attracting clinical trainees when faced with competition from large cities such as Liverpool and Manchester. There is a high vacancy rate for health and care roles, which is managed through the employment of agency or temporary workers, but this is not sustainable position.

Some of the buildings and facilities used for health and care delivery are no longer fit for purpose. They were built for different times and needs, and can be a costly drain

on the health and care economy. A move to more specialist centres, particularly for emergency care or major illness would result in greater efficiency. Services should also be provided close to, or in people's homes, so that when hospital stays are required, they are much shorter.

As the demands increase on health and social care services and the ability of traditional ways of meeting those come into question the Lancashire BCF, working within a wider system, can help address some of the issues faced and work towards better outcomes for individuals.

As nationally, the greatest challenge facing the Lancashire BCF partners is the high level of delayed transfers of care (DToC) in acute hospitals. In Q4 of 2016/17 there was a 30.3% variance from the Lancashire BCF plan DToC target. Comparison against Q4 in 2015/16 shows a +34.4% variance with a full year comparison showing a 34.7% variance. Q4 2016/17 saw a total of 17,158 delayed days across all Lancashire providers.

This plan sets out the intent, as part of a much wider system, for the BCF to address this challenge.

4. Better Care Fund Plan

a. Core BCF

The process of designing the Lancashire BCF plan 2017/19 has included the ongoing oversight and direction of the BCF steering and programme managers groups, a number of overarching workshops and comprehensive reviews of existing BCF schemes. Importantly it has also been guided by significant levels of involvement, scrutiny and challenge from the Lancashire Health and Wellbeing Board.

The workshops, held in early 2017, provided some “Big messages” about the development of the BCF plan 2017/18. These included:

- Implement Discharge to assess
- Create / develop real Integrated discharge services
- Invest in Reablement based on agreed evidence
- Include Support for Regulated Care sector
- Be innovative with DFGs working more with Districts and Home Improvement Agencies
- Use opportunities with Voluntary Sector
- Include a range of Prevention services and aim for earlier intervention
- Work at local level across partners, trying things out.

(Full list at Appendix A)

A further key message was the need to be rigorous in the review of existing BCF schemes so as to inform decision making on these.

Review has proved challenging throughout the life of BCF plans with quantitative measurement of impact being the main stumbling block. The approach taken was to use a small range of review techniques and combine them into a single review template. The intention was to lead through a review and assessment process to a point of decision making on whether the scheme should be recommended for retention, expansion or to be ceased.

The completed reviews can be seen at Appendix B.

The conclusion of the review exercise was that all schemes within the 2016/17 Lancashire BCF plan should be either retained or expanded, with some clarification of purpose and slight change of description for some.

Table A sets out the planned spend on core BCF schemes, including Disabled Facilities Grant, for 2017/19.

Table A

No	Area	Title	17/18	18/19
			£,000s	£,000s
1.	EL	Transforming Lives, Strengthening communities - Building capacity in the voluntary sector	206	210
2.	EL	Re-design of Dementia Services East Lancashire	1,346	1,371
3. 4. 5.	EL	Redesigned Intermediate Care supported by: a) Intensive Home Support b) Integrated Discharge Function c) Intermediate Care Allocation and Navigation	13,904	14,168
6.	F&W	Intermediate Care Redesign	1,969	2,006
7.	F&W	Admissions Avoidance	3,857	3,930
8.	CSR/GP	Health and Social Care Community Access Point CATCH	6,433	6,555
9.	CSR/GP	Ambulatory Care Pathways	906	924
10.	Lancashire	Extra Care Housing	0	0
11.	Lancashire	Integrated offer for Carers	7,327	7,468
12.	Lancashire	Reablement	5,239	5,338
13.	Lancashire	Transforming Community Equipment services	10,967	11,175
14.	Lancashire	Telecare	551	562
15.	Lancashire	Care Act	3,183	3,244
16.	Lancashire	Disabled Facilities Grants	12,565	13,652
17.	MB	Intermediate Care Services to Support Care Co-Ordination	3,618	3,687
18.	MB	Self-Care	43	44
19.	MB	Community Specialist Services	2,712	2,764
20.	Lancashire	Integrated Neighbourhood/ Care Schemes	14,039	14,306
21.	WL	Building for the Future	5,066	5,162
	Total		93,931	96,567

Appendix B1 provides a further breakdown

b. Disabled Facilities Grants

As the upper tier authority Lancashire County Council administrates the allocation / distribution of Disabled Facilities Grant Funding. There is a long standing and strong structure in place, the county DFG group, made up of all 12 district councils and the county council that agrees the approach to its use. This works alongside a district councils health leads group in identifying priorities and improving ways of working especially to maximise ease of access and impact of DFGs. The agreed approach for both 2017/18 and 2018/19 is for DFG funding to be distributed to the district councils for decisions to be made locally but in a consistent manner. In year decisions will be made on its use within its legislative. Currently under consideration is the potential to fund assessments through DFG through recruitment of additional OT capacity and linking to trusted assessor development within the BCF/ Urgent and Emergency Care work streams.

c. Improved Better Care Fund…iBCF

A significant level of work has gone into developing the approach to iBCF in Lancashire. Following the lead given by the Lancashire Health and Wellbeing Board the emphasis has been upon the principles of:

- Improving all aspects of Assessment
- Making Home 1st work
- Creating appropriate and effective 7day services and aligned Integrated Discharge Services

The approach taken to agreeing a plan for the use of the iBCF has been one of cooperation and coordination. As lead organisation Lancashire County Council encouraged BCF partners to consider how some of the iBCF could be used at a local LDP level.

In an open “bidding” process all proposals were considered by the BCF partners and schemes recommended for approval. In this way the iBCF was being targeted at the whole county issues of improving the capacity and stability of the care market, meeting adult social care needs and improving patient flow and reducing delayed transfers of care as well as addressing local concerns. It has also helped begin the process of joint planning across LDP footprints, a step towards the four individual BCFs of Lancashire and South Cumbria aligning and potentially merging. As a result a significant amount of the iBCF has been allocated in this way. Table B sets out the detail of the allocation of iBCF. Within that it can be seen that there is provision for meeting additional fee and demand pressures in the care market of £4.582m in 2017/18 rising to £15.738m in 2018/19.

The “bid” documents are attached at Appendix C

Table B

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
LDP based Schemes		
Central - Social Work Assessment Capacity - 7 Days: Increase social work capacity in the Integrated Discharge Service at both hospital sites and in the community across 7 days.	0.159	0.159
Central - Allocation team for Care and Health: Single point of access for intermediate care, managing capacity and demand in services, with additional crisis support capacity.	0.533	0.533
Central - Care Home Support Model: Proactive, preventative service to wrap around residents in a care home setting, working to prevent inappropriate visits to A&E, avoidable admissions, reduce delayed transfers of care and length of stay.	0.517	0.517
Central - Social work support to GP Practice Collaborative: Social work support embedded with Mental Health and Physical Health service to support patients with social care needs presenting at GP practices. Proposed to align with a better resourced out of hours Adult Mental Health Practitioner (AMHP) resource.	0.043	0.043
Pennine - Multi-Disciplinary Discharge Team: Support joined up leadership to ensure consistent and effective discharge pathways.	0.220	0.220
Pennine - Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	0.849	0.849
Pennine – Continuing Health Care (CHC) Pathways: Align existing budgets as a means to ensure wherever possible. CHC assessments are completed outside of hospital setting. No funding allocation requested within bid.	0.000	0.000
Pennine - Implement Home Choice Policy: Delivery of national guidance on supporting patient choice. No funding allocation requested within bid.	0.000	0.000
West Lancs - Community Hub: One place, flexible hub for intermediate care, reablement and rehabilitation. Increased capacity for discharge to assess.	0.175	0.175
West Lancs - 7 day integrated discharge pilot (intermediate care) Integrated working between 2 current teams. Move to 7 day working.	0.072	0.072
West Lancs - Home First Workforce Development: Generic therapy and Nursing assistant. Training posts.	0.081	0.081

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
West Lancs - Frail Elderly: Workforce development. No funding allocation requested within bid.	0.000	0.000
West Lancs - Discharge App: Simplifying a complex system. No funding allocation requested within bid.	0.000	0.000
Fylde and Wyre - Aligned Social Work: Neighbourhood and A&E deployment of F&W social workers/wellbeing workers to support discharge and cover in A&E working 7 days.	0.150	0.150
Fylde and Wyre - CHC process review (trusted assessment): Trusted assessment, better screening, and better home of choice compliance.	0.150	0.150
Fylde and Wyre - Reablement Hours: Hospital discharge and reablement service to provide individuals with a single service specification that meets health and social care needs of communities.	0.274	0.274
Fylde and Wyre - Trusted Assessor (Care Homes): Targeted locality Trusted Assessor support.	0.054	0.054
Fylde and Wyre - Set-up costs.	0.008	0.008
Morecambe Bay - Altham Meadows Intermediate Care Centre: Integrated nursing and rehabilitation service as an alternative to hospital care.	0.750	0.750
Morecambe Bay - Crisis Hours and Enhanced Therapies: Expedite discharge work with patients to identify goals that can maintain, regain, or improve independence by using different techniques, changing the environment and using new equipment to improve functionality and reduce re-admission to an acute setting.	0.210	0.210
LDP SCHEME BIDS	**4.244**	**4.244**
High Impact Changes Fund additional spend		
HIGH IMPACTS CHANGES FUND: Including Peripatetic Team; Acute team 7 day working across hospitals; Trusted Assessors - Trusted Assessor Training; Seven Day Service - 24 hour AMHP service (Mental Health); System to Monitor Patient Flow - DTOC tracking - additional hospital resource.	2.095	2.095
Learning from Passport to independence: To resource the development and implementation of granular level implementation plans for each of the six Lancashire Hospitals, on the basis of agreed best practice.	0.600	0.600
HIGH IMPACT CHANGES FUND ADDITIONAL SPEND	**2.695**	**2.695**

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
Additional spend on existing BCF schemes		
Reablement contract	3.670	3.975
Reablement & Occupational Therapy Team (excludes senior management currently)	2.778	2.806
Care Act (carers Personal budgets, training, Advocacy)	0.234	0.234
Carers support (Respite & block contract spend)	0.000	0.235
Urgent Care (Crisis & residential rehab)	0.000	0.062
Equipment & Adaptations	0.000	0.151
Intermediate Care Services	0.369	0.379
Telecare	1.952	2.040
ADDITIONAL SPEND ON EXISTING BCF SCHEMES	**9.002**	**9.882**
Spend on schemes previously outside of BCF		
Transformational support relating to the Passport to Independence Programme	1.440	0.000
Additional reablement costs - as part of the reablement opportunity - supporting Passport to Independence	0.208	0.208
Wellbeing worker service	2.636	2.636
Home Improvement Agency	0.880	0.880
Hospital aftercare	0.304	0.304
Roving nights – County-wide service	0.304	0.804
Additional Fee and Demand pressures	4.582	15.738
Additional package costs through improved DTOC rates	1.000	1.000
Homecare implementation costs	0.800	0.000
SPEND ON SCHEMES PREVIOUSLY OUTSIDE BCF	**12.154**	**21.570**
GRAND TOTAL	**28.0765**	**38.391**
FUNDING		
Initial iBCF	(3.210)	(22.656)
Additional iBCF	(24.886)	(15.735)
TOTAL iBCF FUNDING	**(28.076)**	**(38.391)**

d. Delivery plans

Work is underway to create delivery plans for each iBCF scheme. The intention is to join up scheme activity where there are overlaps such as recruitment and also to achieve consistency in approach. Lancashire County Council officers are meeting with CCG commissioners and providers individually and collectively to draw all of this activity together.

Once approved the core BCF schemes will have delivery plans created that build on the learning of the previous year. These will be in detail for 2017/18 and at a higher level for 2018/19 to allow for review of progress and continued relevance.

9. National Conditions

a. Jointly agreed plan

The Lancashire BCF plan 2017/19 has been jointly developed and agreed by the BCF partners that are signatories to this document.

The iBCF element of the plan, including its use to support and stabilise the social care market, has been agreed through the BCF governance arrangements and revived full support of the Lancashire Health and Wellbeing board. (See Appendix D iBCF Report to Lancashire HWB 7th August 2017.)

In addition individual BCF partners have engaged with their "home" providers and A&E delivery boards to ensure that the BCF plan aligns with their plans and expectations. For the six CCGs in Lancashire that has meant connection through:

- LDP transformation planning activity
- Executive to executive meetings
- Out of Hospital Steering groups
- Providers sitting on CCG committees and programme boards setting commissioning intentions
- And for all partners shared decision making in the Lancashire and South Cumbria Urgent Care network.

Lancashire County Council supports the involvement of care providers through provider forums, individual contract meetings and in setting out commissioning intentions when embarking on commissioning activity such as with recent reablement procurement.

A significant achievement of the Lancashire BCF has been the level of engagement with the Voluntary and Community Sector. This is producing mutual benefits of the VCS aligning itself with the commissioning intentions emerging from the BCF and the BCF providing a focal point for VCS to coordinate around.

The voluntary sector is represented at the Lancashire BCF Steering group by the Chief Executive of Lancashire Sport Partnership. This lead Officer is a nomination of Third Sector Lancashire; the voluntary sector leadership body.

During 2016, in line with the commitment made in the 2016/17 Lancashire BCF action plan to effectively engage the voluntary sector, the Lancashire "Active Ageing Alliance" was formed. This group of voluntary sector bodies (including MIND, Age UK, the Alzheimers Society, Stroke Association etc.), worked collaboratively with the CSU and the Public health teams to identify how we could assist the BCF in the delivery of their outputs and outcomes; developing opportunities for collaborative design and investment to improve patient satisfaction and outcomes.

In October 2016, the Active Ageing Alliance made a bid to Sport England for £1m of additional investment to enable preventative approaches to manage frailty and the

onset of degenerative diseases. Unfortunately this bid was unsuccessful; however it enabled a closer working relationship with health, social care and voluntary sector partners. (See Appendix E, *Third Sector Lancashire input into the Lancashire BCF Steering group and plan* for full details.)

A similar success has been seen with the relationship with the twelve district councils within Lancashire. The district councils are represented by the Chief Executive of Chorley Borough Council on the Lancashire BCF steering group and also have representation on the BCF programme managers group. Evidence of this level of engagement is seen through a paper developed by and with all districts that sets out the actual and potential impact that district councils have on health and wellbeing. It highlights the impact outside of the clinical input and the opportunities that exist to change lives by smaller inputs especially those delivered close to individuals.

"*Lancashire's 12 district councils play a significant role in supporting the health and wellbeing of the county's residents and communities.*

This paper outlines the role of district councils and gives a flavour of how, by working in a more integrated way and focusing on early intervention and prevention, we can improve health outcomes for our residents.

The aim of this paper, having given the reader an insight into the health work of district councils is to extend an invitation to engage in a more collaborative and innovative way to strengthen the focus on prevention and early intervention." (See Appendix F for more details.)

b. Social Care Maintenance

The BCF planning template gives the detail of the contributions towards supporting social care from within the core BCF.

This meets the requirement of being above the required 1.79% uplift from 2016/17 but partners have agreed that the level of increase will not present a significant risk of destabilising the health and care system.

The areas identified for support to social care remain:

- Support to Carers
- Telecare Services
- Care Act
- Intermediate Care Services (part)
- Integrated Neighbourhood Teams (part)

All of the above are viewed by the BCF partnership to have some degree of health benefits supporting individuals to remain healthier longer and more independent as well as suppressing demand for acute services.

c. NHS commissioned Out of Hospital Services

The significant level of investment in NHS commissioned out of hospital services seen in the Lancashire 2015/16 and 2016/17 BCF plans will be replicated at least at the same level in the 2017/18 plan. There has been some adjustment across schemes to reflect changes in minimum contributions and broader CCG planning priorities.

The out of hospital NHS CCG commissioned schemes within this plan cover prevention, admission avoidance, supported discharge and a range of step up / down services and reablement/rehabilitation.

As no additional target is being set for Non Elective Admissions there is no need for an agreement to hold funds in a contingency.

As previously each individual organisation will manage risk around their own contribution and local performance against the metrics. This allows for significant local differences, demographic, provider, geographic and historical performance to be safely managed across a complex planning footprint.

d. High Impact Change Model, Managing Transfers of Care and Delayed Transfers of care Plan

In Lancashire there is a whole system consensus to the alignment with and implementation of the High Impact Change Model of managing transfers of care. This is lead through the five A&E delivery boards and coordinated at an STP footprint level by the Lancashire and South Cumbria Urgent Care network.

The Lancashire BCF has proactively used the High Impact Change Model in its planning. Whether an existing scheme delivered some or all of the eight changes of the model was used as a key criterion as to whether it should be continued. Similarly the test was again used in the iBCF “bidding” process.

So as to set the baseline for planning against the High Impact Change Model a workshop took place in May 2017 that brought together all Lancashire health economies. This engaged providers and commissioners in self-assessment of the local ability to deliver against the model and expanded this into a county wide conversation on alignment, learning and testing of “good ideas”. It also helped all partners understand the challenges that faced each and the necessary prioritisation that results. The workshop outputs were the basis for the creation of the iBCF bids. The workshop outputs are provided at appendix J.

Using that initial assessment and building on existing activity and planning each Lancashire health economy has put in place a plan to implement the High Impact Change Model. These have been brought together to give a Lancashire overview that is at appendix K. The further detailed development of the plans will be at a local level with the Lancashire wide overview being updated as appropriate and used for

the monitoring of overall progress and sharing of good practice through the BCF governance structures. It will also be shared through the Urgent and Emergency Care network to ensure alignment and avoid duplication.

Lancashire County Council is engaged with all A&E delivery boards and is managing the interface with its own county wide approach. The aim is to achieve a county wide approach with local flexibility.

All BCF partners took a very active role in recently setting DToC trajectories and both NHS and social care are keen to work together to make this a more joined up and simplified exercise in the future. Within Lancashire there are a number of systems in place that record and report on DToC. This does not always result in the same level of understanding across organisations. To address this Lancashire's Director of Public Health and Wellbeing is to lead a project to connect all of these so as to have a single work stream on measuring and reporting on DToC.

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10. National Metrics

a. Non elective admissions

The target has been reached through an agreed approach to adopting CCG operating plan targets submitted early in 2017.

It is not intended to seek any further reduction associated only with BCF as this would go beyond a "credible ask" and a non- viable approach.

The setting of the target recognises the modest improvement in actuals achieved during 2016/17 compared with the previous year.

It is anticipated that the operation of BCF schemes during 2017/2018 will contribute to a continuing but shallow trajectory fall in non-elective admissions. The target is set in the context of delivering while maintain provider sustainability.

Lancashire Non elective admissions targets 2017/18/19

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
40,634	40,894	39,943	39,565	40,703	40,967	40,000	39,621	161,036	161,291

b. Delayed Transfers of Care

DToC targets have been mandated by the Department of Health. They have been set at NHS, Social Care and Jointly attributable levels for 2017/18 from November 2017.

A key task for the Lancashire BCF the A&E delivery boards and Urgent Care Network is to agree the methodology for and actual agreed targets to enable a clear view on the split between NHS, social care and jointly attributable delayed transfers of care.

Lancashire Health and Wellbeing board DToC targets 2017/18 and 2018/19

2017/18	Q1	Q2	Q3	Q4
Delayed days	13,135	13,135	8,750	6,606
2018/19	Q1	Q2	Q3	Q4
Delayed days	6,679	6,753	6,753	6,606

c. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes

The previous performance has been positive with a year on year decrease in the number of admissions. A spike in Q4 2016/17 has continued into 2017/18.

The long term reduction has been due to increased emphasis on a home first approach taken by social care staff at assessment and a continued use of intermediate care services, reablement and more integrate working at the point of discharge from hospital.

As redesigned Reablement services come online and the *Passport to Independence* programme gathers pace it is anticipated that the diversion will continue and older people with complex needs will continue to be able to return home. However maintaining ever decreasing levels means that complexity of needs of those returning home will increase and a point will be reached where further improvements are hard to achieve.

Given the current level of admissions recorded the target is to maintain the 2016/17 outturn figure of 1795 admissions in 2017/18 which is a rate of 734 admissions per 100,000 population. A forthcoming data cleansing exercise is likely to result in re-basing of targets that will be explained and reported in quarterly submissions.

d. Effectiveness of Reablement

The effectiveness of reablement services in Lancashire has been a continuously positive story with the target of 82% of people still being at home after 91 days, following a period of reablement that followed hospital discharge having been exceeded throughout 2016/17.

It is anticipated that as redesigned reablement services that are therapy led and designed around bundles of care continue to have a positive effect and the *Passport*

to Independence programme becomes more embedded that this story will get even better. With this in mind a further stretch to the target to 84% is proposed for 2017/18 with a target of 6091 people being offered the services compared to the actual 4101 in 2016/17.

e. Monitoring and assessment of Impact of BCF plans

From the beginning of implementation of BCF plans it has been a continuing challenge to demonstrate a direct link between BCF spend, Scheme activity, scheme outputs outcomes for individuals and impact upon the high level national metrics.

The most recent approach taken by Lancashire BCF in using a combined review template has resulted in informed decision making. It has directed scheme leads through a process of deeper reflection and analysis by the different techniques used.

However even this does not provide a linear connection from beginning to end. This cannot be achieved through looking solely at the BCF activity. There has to be a whole system view and it is this that will be pursued using BCF and iBCF as enablers during 2017/18. Work is proposed to achieve the granularity required around DToC across all acute settings.

11. Lancashire BCF Programme Governance

There is in place a clear governance arrangement for the Lancashire BCF. This is set out in Appendix G.

This governance structure has been strengthened by confirmation during 2016/17 of the very active role of the VCS and District councils in both the programme managers and steering group. It has acted as a springboard for both of these sets of organisations to engage in the developing STP planning arena, both now heavily involved especially around the Population Health and Prevention workstream.

The BCF has itself found a place within the STP governance structure recognised as an enabling workstream. This is an STP level BCF presence and the detail of how that will work i.e. across current HWB BCF boundaries is still being worked through.

Work on planning for and managing DToC during 2016/17 resulted in some moves towards aligning BCF activity across the three Lancashire BCFs.

This has been accelerated as the Lancashire BCF took the opportunity presented by iBCF to align BCF planning along LDP footprints.

Blackpool and Blackburn with Darwen were invited to join the “bidding” process described earlier and LDP level rather than Lancashire only proposals were developed. This approach has been approved by the Lancashire Health and Wellbeing board and opens the way for wider discussions on planning and commissioning on those footprints.

This then links into the STP approach of deciding the most appropriate level of delivery against shared priorities.

The Lancashire and South Cumbria STP governance structure is attached at Appendix H.

12. Risk and Risk management

The Lancashire BCF has in place a risk management process. The core of this is the BCF risk register which is reviewed quarterly. Risk identification and management is a core responsibility of the Lancashire BCF programme managers group. That group reports by exception to the Lancashire BCF steering group on changes in risk levels and recommended mitigating actions.

The identified risks to the successful delivery of the Lancashire BCF plan sit in the following categories:

- Measurability: An inability to measure and demonstrate the effectiveness of delivery of the BCF plan
- Deliverability: Overall deliverability of BCF plan is compromised by failure of individual schemes to achieve projected impact.
- Deliverability: Overall deliverability of BCF plan is compromised by factors outside of its influence impacting upon national and local demography and performance.
- Plan alignment: That the Lancashire BCF plan does not fit with individual BCF partner plans
- Partnership: That the BCF partnership does not develop sufficiently to be robust, and fit for purpose.
- Reporting: That reporting at all levels does not fulfil a supporting role to the BCF plan delivery.
- Finance: That financial arrangements are not sufficiently clear across the BCF for all partners to be clear on their own and others commitments and activity.
- Communication: That limited or poor communication of all aspects of vision and detail of the BCF affects delivery and reputation.

Mitigation, risk ownership, reporting and RAG rating of risk status is set out in the risk register at Appendix I.

Each BCF partner has BCF specific entries in its own risk register and BCF risk is overseen through the partners' internal audit procedures.

A Section 75 Agreement was reviewed and updated in 2016 and will be put in place for the BCF plan 2017/18/19 once agreed. The Agreement sets out the arrangements for governance, pooled fund hosting and management, financial contributions, risk sharing arrangements and the BCF schemes specifications and values.

Lancashire County Council is the host for the BCF pooled fund and will continue to be so in 2017/18/19. A clear audit trail exists for financial data/transactions.

Individual organisations manage their own risk around their own contribution to the pooled fund taking responsibility for any overspend. While this arrangement will

continue in 2017/18 it is anticipated that the creation of more robust and timely monitoring and reporting systems will enable the Lancashire BCF steering group to make recommendations on the shift of BCF resources to areas of success and / or to address specific problems in the health and social care system. Having this insight and greater confidence in activity and impact data will allow BCF partners to develop a more mature approach to risk and benefit sharing during 2017/18 with potential application in 2018/19.

13. Appendices

Page	Appendix	Document
14	A	"Big messages"
14	B	Lancashire BCF scheme reviews
15	B1	Detailed BCF spending plan
16	C	iBCF proposal "bids"
21	D	iBCF Health and Wellbeing Report 7th August 2017
22	E	Third Sector Lancashire input into the Lancashire BCF Steering group and plan
22	F	Lancashire District Council Public Health Offer
27	G	Lancashire BCF Governance structure
27	H	Lancashire and South Cumbria STP Governance Structure
28	I	Lancashire BCF Risk Register
23	J	High Impact Change Model Workshop outputs
23	K	Lancashire High Impact Change Model Plan