

Lancashire BCF plan resubmission

Update for the Health and Wellbeing Board

7th January 2015

Context and background

- The current Lancashire BCF plan was one of 5 BCF submissions 'Not Approved' following the Autumn NCAR process.
- A rapid review by the HWB, the BCF advisor and key stakeholders concluded that the development of stronger, aligned Healthier Lancashire BCF plan was an immediate priority and would be submitted on 9th January 2015.
- Carnall Farrar was commissioned to support the development of the Lancashire BCF Plan. A key requirement being to set it in the context of and as a key enabler for Healthier Lancashire, which has a bold ambition for shifting away from traditional means and environments of treating and caring for people.
- We were also allocated 14 days of BCF taskforce national support in particular to carry out detailed finance and activity modelling and disaggregate the BCF schemes.
- An intense programme of work has been undertaken by local organisations, building upon foundations of a shared vision, understanding and collaboration.

The BCF has been developed in the context of a complex health and social care landscape



Each of the 6 CCGs has a transformation programme under way *

* Greater Preston CCG and South Ribble & Chorley CCG work together as one

The approach to the programme of work undertaken

The work has focused on five key areas:

- **Strong governance to oversee the work programme:** Through delegated responsibility from the HWB the **BCF Steering Group** has taken responsibility for delivery, supported by robust programme management arrangements. Their decision making and direction through the **programme leads** has ensured an efficient weekly action cycle with the delivery of the BCF within the required timescales.
- **Rapid improvement of the current BCF plan: Programme leads** have led the development of a new BCF plan structure, developing a strong narrative for the plan, drawing on exemplar plans where appropriate.
- **Detailed work on the finances, analytics and schemes:** This has included analysis and disaggregation of the schemes, further development of Lancashire-wide schemes and use of robust evidence bases to demonstrate that the plan is deliverable.
- **Engagement with stakeholders to align priorities around the BCF:** Through the governance arrangements the BCF Steering Group and programme leads have discussed the revised plan with their HWB representatives, local providers and local key stakeholders. The plan has been developed using an iterative approach, with regular distribution to stakeholders for input at key points in its development.
- **Laying the foundations for longer-term transformation:** A **workshop on Governance** and risk sharing and a specific meeting for providers has confirmed shared vision, understanding and collaboration.

The plan builds on the projects and programmes of work already underway across the health economy

Making a rapid difference to the Lancashire BCF plan

Critical to success has been to make sure the BCF plan addresses the commentary from the NCAR report, meets the requirements of the detailed planning guidance but ultimately describes a plan, which will contribute to the delivery of transformational change in Lancashire. The following have been key to making a rapid difference:

- Strong leadership and governance arrangements with commitment to deliver across stakeholders
- Excellent engagement from programme leads in particular in providing the content of the new plan
- Developing a more unified narrative that clearly sets the bold ambition for healthcare in Lancashire, but does this in the context of delivery of local schemes
- Developing the evidence base, which underpins the selection of each scheme
- Creating a robust analytical model to quantify the impact of BCF schemes, which can be used again in future

The BCF plan is based on an ambitious vision for integrated care across Lancashire and that this vision is shared by all constituent organisations

Using a structured approach to the rewrite with assessment against BCF Guidance, gap analysis and review by key stakeholders

Vision for health and care services

- Opens with a bold vision for healthcare in Lancashire aligned to the LCC vision and Healthier Together
- Includes key facts and figures about the population from the JSNA, JHWS,
- Describes how the BCF contributes to this vision and starts to address these needs
- Includes history of the development of collaborative working to place the BCF into context

Difference to patients / outcomes

- High level quantification of the targets and justification
- Groups the differences it will make to patients, service users and carers by theme

Changes to service delivery

- Describes the end state of future service delivery
- A high level visual at the start of this section would be effective
- Includes two typical patient profiles (what it is like now and what it will be like in the future)

Case for Change

- Describes the high level messages from financial and analytical outputs
- Identifies the major themes and describes each of these in more detail
- Includes trend analysis, forecasting and benchmarking for the key areas (focus on emergency admissions)
- The schemes will then more directly link to the issues being addressed
- Include analysis how Lancashire compares for the BCF metrics (we could obtain this from the fact pack if requested)
- Identifies the target patient cohorts

Plan of Action

- Details the core components of the plan: Lancashire wide and Locality based
- Contains key milestones and interdependencies
- Overarching governance arrangements through HWB accountability
- Describes programme controls including escalation approaches and list of schemes

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Risks and Contingency

- Updated risk management log with stronger links to the implementation of schemes
- Clear monitoring and management arrangements enacted through approved governance groups
- Confirmation of a formalised risk share agreement
- Description of how the risk share will work
- Includes details of use of formal mechanisms such as s75 agreements
- Describes any future process and how this will report into the governance arrangements described above

Alignment

- Outlines how the BCF plan aligns with other initiatives underway in Lancashire – linking to the wider locality transformation programmes
- Summarises how the vision and BCF plan aligns with 2 year operating, 5 year strategic plans and local gov't planning documents
- Includes financial analysis where appropriate
- Describes some of the key synergies and overlap with primary care co-commissioning

Protection of social care

- Include details of the services which are being protected
- Describes specifically the way in which social care services are protected by the plan

National conditions

- Robust, more detailed plans for 7 day services to support discharge described at care setting / delivery level
- Includes information on meeting the conditions of the national contract
- Elaborates more detail on the technology underpinning future transformation
- Detailed information on IG arrangements
- Contains key principles for using risk stratification in Lancashire
- Describes one or two exemplars
- Where possible we will include numbers for care plans

Using a structured approach to the rewrite with assessment against BCF Guidance, gap analysis and review by key stakeholders

Engagement

- Compelling case of how patients service users and the public voice across localities has been joined together and themes identified to support the plan
- Demonstrates engagement of acute providers with quantification of the plan
- Key milestones and interdependencies
- Overarching governance arrangements through Healthier Lancashire Programme and HWB accountability
- Programme controls including escalation approaches and list of schemes

Schemes

- Schemes have been disaggregated into their components, rather than being at a high level transformation programme
- Identifies the evidence base, what it will deliver, when and the anticipated benefit and impact
- Quantifies the investment required
- Draws on best practice exemplars

Developing the evidence base for the BCF plan

- A step by step process of referencing best practice evidence to inform and justify scheme selection and model the impact has been used
- The evidence is now fully incorporated into each individual scheme document
- **The Step by Step Process:**
 - ✓ A review of the national BCF toolkit, which identified exemplar schemes
 - ✓ Mapping of key schemes to CCG transformation programmes
 - ✓ Disaggregating the schemes into more granular detail
 - ✓ A review of evidence bases to appropriately align schemes with international, national, and local evidence
 - ✓ Reference to high level exemplar schemes planning from the national BCF toolkit
 - ✓ Detailed review of exemplar schemes similar to those in Lancashire to source appropriate evidence bases
 - ✓ Collection of bottom up local evidence to justify scheme reduction targets

Developing effective schemes both Lancashire-wide and at local level

Lancashire wide / Lancashire county council	Greater Preston / Chorley & South Ribble	East Lancashire	Fylde and Wyre	Lancashire North	West Lancashire
<ul style="list-style-type: none"> • Integrated Neighbourhood teams <i>(4 of the CCGs)</i> • Integrated Offer for Carers – Support and Respite • Reablement • Transforming Community Equipment Services <p>Lancashire County Council</p> <ul style="list-style-type: none"> • Telecare services • Care Act • Development of Extra Care Schemes (Housing) • Disabled Facilities Grant 	<ul style="list-style-type: none"> • Lancashire health economy whole system urgent care transformation programme – Step up/Step down beds • Lancashire health economy whole system urgent care transformation programme – Ambulatory Care 	<ul style="list-style-type: none"> • Transforming Lives, Strengthening communities - Building capacity in the voluntary sector • Re-design of Dementia Services • Redesigned Intermediate Care supported by an Integrated Discharge Function (across Pennine Lancs) • Intensive Home Support (across Pennine Lancs) • Navigation Hub/Directory of Services (across Pennine Lancs) 	<ul style="list-style-type: none"> • Intermediate Care Redesign • Admissions Avoidance 	<ul style="list-style-type: none"> • Intermediate Care Services to support Care Co-ordination Centre • Self-care • Specialist community services 	<ul style="list-style-type: none"> • Facing the future together

Modelling and quantifying the impact of schemes and aggregating this back to the overall BCF targets

		Metric 4 -Non Elective Admissions			
Scheme Description	Scheme Footprint	How much does scheme support metric?	%	Reductions	Rationale for scheme supporting metric
Admissions Avoidance	Fylde and Wyre	None	7.06%	-306	Data from Impact of Scheme
Lancashire health economy whole system urgent care transformation programme – Step up/Step down beds	GP / SR&C	Significant	25.97%	-1126	We have taken into account UK evidence, the Lancs local context and academic research when developing this scheme. We have also drawn on key guidance: NHS 2010-2015: from good to great, Preventative, People Centred, Productive and NAO: Rablement, a cost effective route to better outcomes.
Lancashire health economy whole system urgent care transformation programme – Ambulatory Care	GP / SR&C	Moderate	6.00%	-260	We have taken into account UK evidence,(Effing & Chochrane (2009) Self Management with Education works for COPD and Puhan and Cochrane (2011) Rehab for COPD), Thomas Heart Specialist Clinic for heart failure reduce admissions after 12 months 2013) the Lancs local context and academic research in developing this scheme. Both CSR and GPr show a rate of admissions above the national average and therefore improvement to these pathways will have a positive impact on the non-elective admission rate for ACSC. Evidence shows that over the last two months NEL activity for COPD, Upper GI and Cellutis has reduced by 12% by pulling out 0 - 1 day stays. The Urgent Care Centre at Chorley is expected to further reduce ACSC when it comes on stream next year.
Development of Extra Care Schemes (Housing)	Lancashire CC	None	0.00%	0	Low impact for NELs. although there is an ambitious extra care strategy agreed by the cabinet that will provide extra care units in every district of Lancs, however delivery of this strategy will happen outside of current BCF period. Capital beds have been successful for a number of areas with provision of initiation of schemes from 2017; funding has been secured and is in place.

The current targets are showing a stronger level of ambition than before

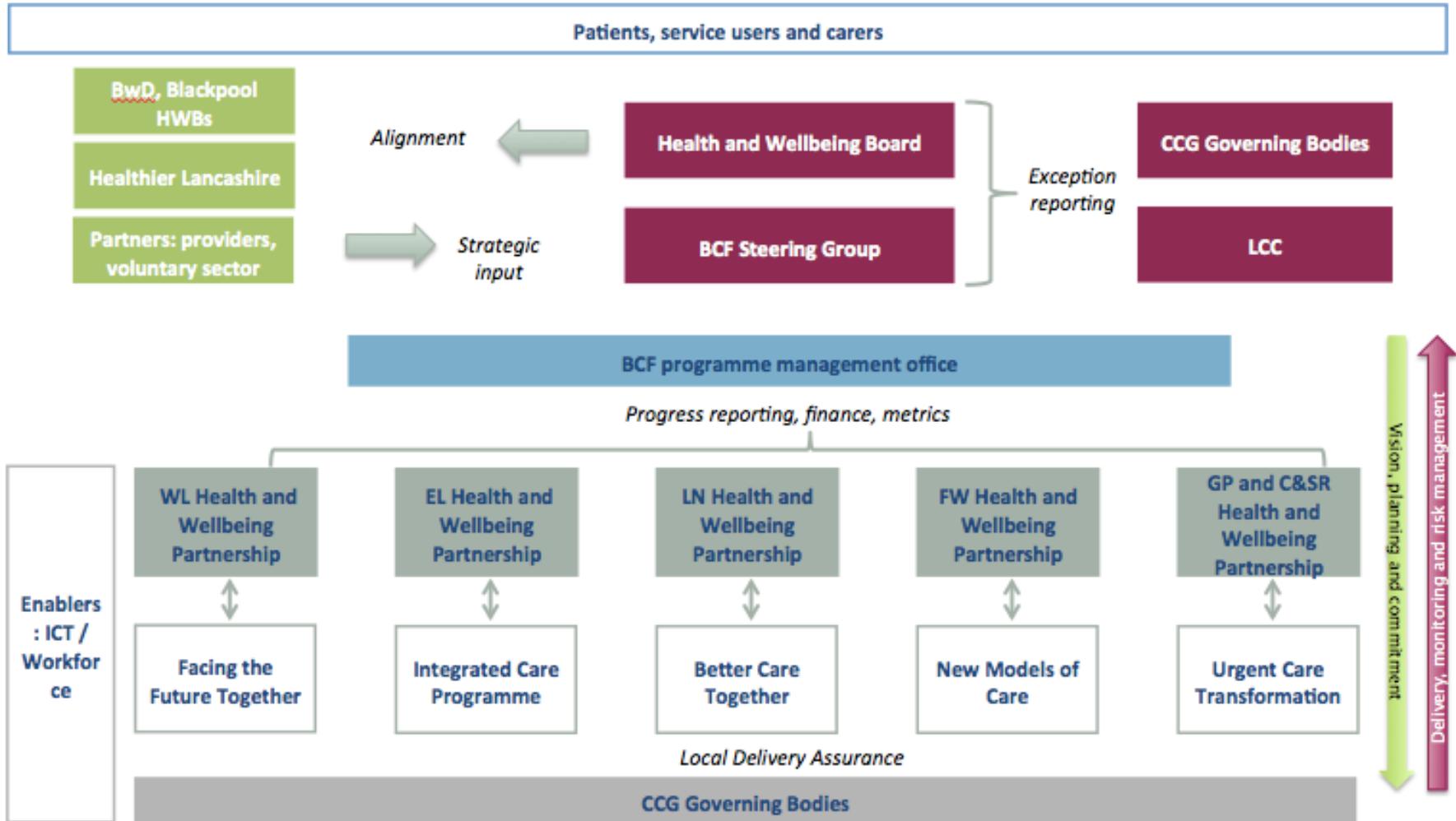
- 4,336 fewer non-elective admissions in 2015/16

This is a NEL reduction of 3.25% compared to the baseline. In the September submission the ambition was 1.7%, but it does take into account an increase in activity seen in the first three quarters of this year

- 968* fewer delayed transfers of care in 2015/16 compared to the previous year
- **62 fewer permanent residential care admissions** in 2015/16: this is **734** permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population compare to the current rate of 819
- 4.0% improvement in reablement rates in 2015/16
- 94 more people reporting they feel supported to manage their long term conditions by 2018/19
- An improvement in dementia diagnosis rates from to **55% to 67%**

A senior governance workshop developed and ratified the BCF governance arrangements

The **Lancashire Health and Wellbeing Board** will take overall accountability for the implementation of the BCF, operating within a structure which brings together the delivery of transformation and integrated care across the county.



Next steps after submission of the revised BCF Plan

Mobilisation and implementation of programme management arrangements

- Confirm schedule of BCF steering group meetings (and Programme Leads)
- Develop Terms of Reference
- Implement standard programme and project controls
- Agree format and frequency of reporting to the HWB
- Work with Healthier Lancashire to optimise programme management arrangements

NCAR review process

- Support and respond to the review process following submission on 9th January
- Prepare for the HWB review call with the BCF national team (participants and date to be agreed)

Analysis

- Complete any outstanding analysis work post submission

Implementation planning

- Develop a 12 month detailed plan to support implementation