

Lancashire Health and Wellbeing Board

Meeting to be held on 28th April 2016

Lancashire Better Care Fund (BCF) Plan for 2016/17

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Executive Summary

The purpose of this report is to inform the Lancashire Health and Wellbeing Board on the progress of and rationale around the development of the Lancashire Better Care Fund (BCF) Plan for 2016/17 and to seek the Board's approval of the plan.

The Lancashire BCF Plan for 2016 /17 will build upon that for 2015/16 and take an approach that ensures stability and consolidation. The schemes within the plan will vary little in outward appearance from those seen in 15/16 but will be stronger in how they deliver.

This is an approach agreed across all BCF partners. It reflects the changing planning environment, and a central government desire for BCF focus on addressing the issues around hospital admission avoidance and safe, timely discharge. It also enables partners to best manage resources at a time of continuing financial uncertainty and increased system pressures.

The Lancashire BCF plan 2016/17 aligns with all CCG (Clinical Commissioning Group) and Lancashire County Council operating plans being now part of "business as usual" planning.

Further ambitions expressed for the BCF have not been lost but redirected into the Healthier Lancashire and Lancashire and South Cumbria Sustainability Transformation Plan work programmes. The BCF will continue to be a core part of the move to greater integration and as part of the work within the BCF plan in 2016/17 lay the ground for a plan for integration of Health and Social Care.

The BCF plan 2016/17 sees significant strengthening of the input of the City and Borough Councils and Voluntary sector that will bring a whole new set of skills and resources into delivering its priorities and schemes. Built into the plan is the early refresh of delivery plans for schemes and this will reflect that wider view of who can contribute and the prospect of greater coordination /integration.

The financial requirements for the plan have changed little. The total Lancashire BCF pooled fund in 2016/17 will be £91,419,000 compared to £89,219,000.

The centrally prescribed format of the BCF plan for 2016/17 has been slimmed down to a high level narrative, which refers to supporting documents, and a spreadsheet template submission of management information and financial plan detail.

Recommendation/s

As the Lancashire Better Care Fund accountable body the Health and Wellbeing Board is recommended to:

- Endorse the approach taken in developing the Lancashire Better Care Fund plan 2016/17
- Approve the Lancashire Better Care Fund Plan 2016/17 and its submission to NHS England
- Agree a BCF reporting schedule to the board based upon that required by NHS England

Background

It was confirmed in the Comprehensive Spending Review (November 2015) that the Better Care Fund (BCF) would continue into 2016/17.

NHS planning guidance set the scene for 2016/17 to be a period of stability and consolidation for Better Care Funds with clear emphasis upon addressing the issues around hospital admission avoidance and safe, timely discharge. This was reinforced in further guidance as requirements for plans were slimmed down to a high level narrative and a spreadsheet template submission of management information and financial plan detail.

Development work carried out late in 2015, including that within a Health and Wellbeing Board workshop, produced a number of new priorities for the Lancashire BCF:

1. Residential and Nursing Home care
2. Children and Adolescent Mental Health Services.
3. Transforming Care (Learning Disability)
4. Public Health /Prevention

The acceleration of the Heathier Lancashire programme and the introduction of the Sustainability and Transformation Plans has changed the planning environment and enabled these to become distinct work streams within those. For 1 and 4, especially, there is much potential for BCF scheme delivery to now have crossover benefits and early gains. These will be explored in the early stages of 2016/17 as part of review of delivery and impact. This will reinforce the view of the BCF role as an enabler that can be utilised as all programmes develop.

Against this background, and in a continuing position of financial uncertainty and high system pressures, all BCF partners agreed that the best approach was to replicate the BCF plan of 2015/16 in terms of schemes and investment in the pooled fund.

The plan therefore includes all schemes of the 2015/16 plan, with some minor name changes, along with an additional scheme of Carer support in Fylde and Wyre.

Format of the Plan

NHS England has taken a lighter touch in requirements for the format of the plan in 2016/7. While this is now a “high level” narrative plan and a spreadsheet template submission of management information and financial plan detail there is a requirement in the plan assurance process for a detailed response to a significant number of key lines of enquiry (KLOES), *see appendix A (BCF Planning 2016-17, Approach to regional assurance of Better Care Fund plans)*.

In addition the narrative plan refers to source documents. This approach is part of demonstrating that the BCF is an enabler in a wider health and social care planning system and connects into “business as usual”.

National conditions

The requirements for the BCF plan 2016/17 include 2 new national conditions.

These are:

Requiring local areas to agree to fund NHS commissioned out of hospital services. This follows the removal of the pay for performance element of the BCF pooled fund.

Agreement on local action plan to reduce Delayed Transfers of Care (DTOC)

Both of these are covered in the plan. DTOC is specifically referred to below.

Delayed Transfers of Care (DTOC)

A DTOC plan and target is required for inclusion in the plan. The approach taken in Lancashire and agreed by the Lancashire and South Cumbria Urgent and Emergency Care Network is for plans to be developed at System Resilience Group (SRG) level i.e. focussed around the acute health care providers. The creation of these plans will be staged with stage 1 plans ready for the time of plan submission and a 12 month programme of further development. The plans will recognise and include existing planning activity and integrate with that. Three of the plans will be developed and

agreed with partners outside the Lancashire boundaries i.e. Blackpool, Blackburn with Darwen and Sefton.

Target setting

There are four prescribed national metrics within the plan:

1. Non elective admissions
2. Delayed Transfers of Care
3. Permanent admissions to Residential and Nursing Care
4. Effectiveness of Reablement

Target setting for these is directly linked to the targets set in CCG and Lancashire County Council operating plans. The approach taken is in line with national guidelines, reflects a joint approach to sustainability of NHS providers, and being within a “credible ask” while retaining some stretch based upon past performance and analysis of trajectories and annual profiles.

Finance

The financial arrangements for the Better Care Fund are based around a centrally defined level of minimum contributions that CCGs will make to the BCF pooled fund. In addition Lancashire County Council contributes against agreed schemes. Also added to the pooled fund is an amount for the provision of Disabled Facilities Grants which is then distributed to City and Borough Councils so that they can fulfil their statutory duties. This is £11,476,00 in 2016/17.

The total BCF pooled fund for 2016/17 is £91,419,000. The detailed allocation of this is set out in the BCF plan.

The agreement to pool these funds is set out in a Section 75 agreement between Lancashire County Council and all Lancashire CCGs. Lancashire County Council has agreed to host the pooled fund and manages the financial processes required.

Reporting requirements

NHS England has set out a quarterly reporting schedule for all Better Care Fund Plans for 2016/17. It is recommended that the board receives reports on the same schedule subject to meeting timings.

BCF Partners and governance

Lancashire County Council and the Lancashire CCGs are the formal partners to the Better Care Fund. The Lancashire Health and Wellbeing Board is the accountable body for the BCF and plan. There is in place a robust BCF governance structure based around a steering group and programme managers group.

The governance arrangements have recently been significantly strengthened by the addition of voluntary sector and district council senior officer representation. This is a major step in taking the BCF to the next level as it will, in 2016/17, explore and take opportunities to tap into what each of these sectors can offer especially around prevention and supporting independence in peoples’ own communities.

It will also lay the ground for some of the wider conversations that need to happen in Healthier Lancashire programmes and delivery of the Sustainability and Transformation Plans. Joint work is already taking place across boundaries in the BCF. Most notably, now, that is around Delayed Transfers of Care but as relationships grow that will expand to other areas of mutual benefit.

NHS England BCF plan assurance

Following approval by the Health and Wellbeing Board the Lancashire Better Care Fund Plan will be submitted to NHS England for assurance the detail of which is set out in Appendix A. The result of that assurance process will be communicated to the board at the earliest opportunity.

NHS England has committed resources to the support of BCF planning through regional BCF managers and also through allocation of some funds for use of BCFs for specific development work. Lancashire BCF has recently received £24,000 to assist in developing evaluation tools and an additional £37,000 to be used to develop DTOC planning across the STP footprint.