Lancashire Better Care Fund Plan

2016 – 2017

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 Lancashire North Clinical Commissioning Group

NHS West Lancashire Clinical Commissioning Group

Lancashire County Council

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1. Summary

Health and Wellbeing Board	**Lancashire**
Local Authority	**Lancashire County Council**
Clinical Commissioning Groups	**Chorley and South Ribble** **Greater Preston** **Lancashire North** **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**

Minimum required value of Better Care Fund pooled fund:	**£91,419,000**
Total agreed value of Better Care Fund pooled fund:	**£91,419,000**
Date agreed at Health and Well Being Board:	**28th April 2016**
Date submitted:	**29th April 2016**

2. Authorisation and sign off

Signed on behalf of **Lancashire Health and Wellbeing Board**	
By	
Position	
Date	

Signed on behalf of **East Lancashire Clinical Commissioning Group**	
By	
Position	
Date	

Signed on behalf of **Fylde and Wyre Clinical Commissioning Group**	
By	
Position	
Date	

Signed on behalf of **Greater Preston Clinical Commissioning Group and Chorley and South Ribble Clinical Commissioning Group**	
By	
Position	
Date	

Signed on behalf of **Lancashire North Clinical Commissioning Group**	
By	
Position	
Date	

Signed on behalf of **West Lancashire Clinical Commissioning Group**	
By	
Position	
Date	

Signed on behalf of **Lancashire County Council**	
By	
Position	
Date	

3. Introduction

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. However the lessons learned in the year will be applied to ensure that, they will be better set up in terms of measurable outcomes, formal review and demonstrable impact upon the metrics.

The plan reflects the growth in engagement with partners, shared ambitions and common goals.

The Lancashire BCF has proved to be a significant enabler across the health and social care environment. It has supported the change in approach to working together across Lancashire and is now placed as a key element in taking forward the Healthier Lancashire programme and contributing to the development and delivery of the Lancashire and South Cumbria Sustainability and Transformation Plan. Within this it will provide the building blocks for the development of an Integration Plan to be in place by March 2017 and enable the move towards the integration of health and social care by 2020.

4. Vision

The Lancashire vision for health and social care services keeps at its core the aims expressed in the 2015/16 plan:

That in 3-5 years Health and Social Care will have created a fully person centred approach, with seamless integrated services and pathways and that there will be emphasis on the key themes of:

- Out of hospital care with integrated neighbourhood teams
- Re-ablement services
- Intermediate care services – community based 24x7 step up & step down
- Supporting carers
- Integrated care shaped around individuals and delivered in care settings close to home.

This vision has been further enhanced by the development of a set of guiding principles that grew out of the desire of the Lancashire Health and Wellbeing Board, a multi partner BCF workshop and ongoing multi partner conversations to deepen the impact of the BCF.

- Using the Better Care Fund as a tool to move towards achieving integration by 2020 including:

        - Underpinning further integration of operational teams and joint posts to achieve new care delivery models.
        - Pooling resources to maximise value and efficiencies
        - Facilitating joined up care outside hospital across sectors and, importantly, including the 3rd sector and City and Borough Councils.
- The reduction of the number of BCF schemes to a smaller number of clear priority areas having BCF wide targets and work streams to allow for local variation.
- Aligning with and supporting the Healthier Lancashire programme
- Aligning with and supporting the development and delivery of the Sustainability and Transformation Plan (STP), adopting the appropriate planning footprint at the right time and working cooperatively across boundaries.
- Using the Better Care Fund pragmatically pooling funds in areas of joint activity that would benefit but don't immediately fit with the priorities of reducing avoidable hospital admissions and facilitating early discharge.
- Developing an emphasis on prevention and how the BCF can help the Start Well agenda.
- Being clear on the outcomes that are expected and building in measurement and evaluation from the start.

As can be seen there is a growing emphasis on the role that BCF will play in the development of the Lancashire and South Cumbria STP. Its role as an enabler has been recognised as it is included as a distinct work-stream within the Healthier Lancashire/ Lancashire and South Cumbria STP collaborative schemes. See *appendices A and B*.

While not all elements of the principles will be applied in BCF 2016/17 they will feed into the longer term planning processes for integration and STP.

BCF development work carried out in December 2015 encouraged participants to be ambitious in their expectations of what the BCF could be used to achieve. Along with existing priorities around supporting independence, prevention, admission avoidance and safe and timely discharge additional priorities for further consideration were identified:

1. Residential and Nursing Home care… Continuing Health Care, Quality, Safety, Managing the market
2. Children and Adolescent Mental Health Services...using the BCF Pooled fund arrangement to support integration
3. Transforming Care (Learning Disability) … using the BCF Pooled fund arrangement to support integration
4. Public Health /Prevention… Identify across existing Lancashire County Council and CCG spend on prevention and wellbeing areas of congruence and potential for improved outcomes and greater efficiency.

As the planning environment has changed it has enabled these to become distinct work streams within the accelerating Healthier Lancashire and Lancashire and South Cumbria Sustainability and Transformation plan programmes. For 1 and 4, however, 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.

A strong message that the BCF vision seeks to promote is that health and social care alone will not achieve the best outcomes around integration but need the wider involvement of the voluntary sector and district councils and the special and local knowledge, skills and resources that they can bring.

This BCF plan includes a commitment to use the coming 12 months to explore and pilot new models of shared delivery in support of the BCF outcomes. This initial 12 month commitment is a first step in a broader commitment that will see the Voluntary sector in Lancashire as a co-production and delivery partner in Lancashire by 2021. This will see:

- A positive shift in relationships and networks which will bring the BCF network and key strategic voluntary sectors together
- A joint understanding and shared commitment to progressing key priorities for BCF
- Market testing of the viability and robustness of the voluntary sector to deliver BCF priorities
- Insight and learning from 12 months of joint activity to inform work to achieve our 5 year commitment to work with the voluntary sector. This will align and then merge with the drive for integration and the Healthier Lancashire and STP programmes.

A statement from the voluntary sector setting out the intent to engage with the BCF is included at *appendix C*.

Similarly the 2016/17 BCF plan will introduce a programme of closer working with City and District Councils so as to have, in year, aspects of BCF plan delivery having strong district council input.

“In Lancashire we have seen that the Better Care Fund has started conversations that needed to happen - conversations that increasingly see housing as an essential part of health and care planning. BCF has provided a platform for meaningful engagement and partnership working between our District Councils, Lancashire County Council (Public Health and Social Care) and Clinical Commissioning Groups.”

See *appendix D* for full statement.

5. The Case for Change

The full case for change set out in the 2015/16 plan remains as relevant.

- The financial position across Health and social care partners has become increasingly challenging and is likely to worsen. Recent work carried out under the Healthier Lancashire programme identified a potential £800m financial gap by 2020 across the NHS and social care in Lancashire.
- The demographic pressures remain with the older population continuing to increase. Lancashire is showing higher populations than the England average in all age bands over 60 by 2021.
- Although Life expectancy overall is increasing there are still health inequalities across Lancashire, with areas within all districts were ill health is experienced at an earlier age and outcomes are worse than more affluent areas.
- Pressures on health and care systems have increased as more people with greater complexity of needs enter those systems challenging capacity and sustainability.
- The care sector across Lancashire requires support to improve quality, consistency, safety and capacity. There is a challenge to ensure that the right care is available at the right place at the right time.
- No one organisation is able to respond effectively, or even health and social care together. A full system approach is required which this plan seeks to enable.
- The BCF metrics in 2015/16 have shown some aspects of improvement but not achieved target for either Delayed Transfers of Care or Non- elective admissions.

6. Governance

There remain strong Lancashire BCF governance structure and processes that were put in place for BCF15-16. Details of these, including a structure and accountability diagram are within schedules 2, 3, 4 and 5 of the Lancashire BCF 2015/17 S75 agreement. See *appendix E.*

The terms of reference to both the Lancashire BCF Steering group and Programme managers group are attached at *appendices F and G*. Membership of these groups has been strengthened for 2016-17 by the recruitment of senior representatives of the voluntary sector and of the City and Borough councils within the county.

The Lancashire Health and Wellbeing board has taken the BCF as a priority within its work plan. It receives regular reports and takes a robust approach to the scrutiny of delivery. See *appendices H and I*.

So as to better manage the development and delivery of the BCF in Lancashire the BCF partners jointly funded a Senior Programme Manager post, hosted by Midlands and Lancashire CSU. The post-holder reports into the steering group, chairs the programme managers group and supports the partners' commitment to joint and coordinated working across the county and with neighbours in Blackburn with Darwen and Blackpool. See appendix J.

7. National Conditions

a. Plans to be jointly agreed

The final version of the BCF plan 2106/17 will be jointly agreed and signed off by the Health and Wellbeing board.

Providers of both health and social care have been involved with BCF workshops and fed into the process through the Health and Wellbeing board. *See appendices K and L.*

Providers are involved in all individual improvement areas e.g. all acute providers are key partners in the development of the DTOC plans and targets.

The CCG and Local Authority have as part of their wider planning and commissioning processes informed and engaged providers on the impact and expected outcomes of the use of the BCF.

b. Disabled Facilities Grant

There is an increasing level of involvement of districts councils in the BCF. Initially focussed on the mechanics of allocating DFG monies it is growing into a meaningful input into the wider plan development. District councils were significantly involved in the BCF development workshop and are now formally involved in the BCF governance structure at senior officer and housing policy level. *See appendix M.*

Lancashire County Council is leading the specific engagement of districts around DFGs. That arrangement has had success in redesigning pathways, improving consistency and piloting new shared assessment /working methods. It is focussing on the potential of more creative uses of DFGs especially in the initial stages of the assessment process.

c. Supporting Adult Social Care Services

The BCF plan will continue to support social care services as it did in 15/16. This is seen in the commitment to fund the same services, at the same level, as set out in the submission template. This includes a commitment to supporting the continued delivery of the Care Act requirements.

Continued contribution to Care support services is in line with the Lancashire Multi Agency Carers Strategy. This details the priorities for carers between 2016 and 2018. *See appendix N.*

The balance achieved in 15/16 in supporting financially challenged social care services while avoiding over stretching CCG support will continue. CCG operating plans reflect this approach.

The approach has to be seen in the context of the response of Lancashire County Council to the continuing challenges. The council has begun a programme of transformation under the banner of “Passport to Independence” working in partnership with the Newton Europe consultancy. This work is likely to result in radical changes in how social care services are delivered that will reshape the need for support.

The health transfer to social care revenue amount of £ 26.852m has been allocated to protect social care services within the BCF during 20161/7. £3.173m of this transfer is to continue to support delivery against Care Act duties. This is in line with the 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14.

The developing shared view of the desire to support social care can be seen in the approach to the allocation of the original S256 monies and an acceptance of there being benefit to the system that doesn’t necessarily sit in the originating CCG.

d. 7 Day Services

While 2015/16 saw the early form of a Lancashire wide 7 day delivery plan the approach taken in 2016/17 has been to enable that planning to take place at CCG and acute provider level so as best to reflect local and organisational circumstances**.**

CCG operating plans reflect this intent and how it will be overseen by the local SRGs so that the wider partnership elements of 7 day service delivery can be actively explored, and implemented. In turn the intent is to work to the Lancashire and South Cumbria Urgent and Emergency Care Network (UECN) so as to best address issues affecting achieving the four key 7DS standards such as workforce development. Resources available through the NHS Improving Quality Team, Health Education England are supporting this activity.

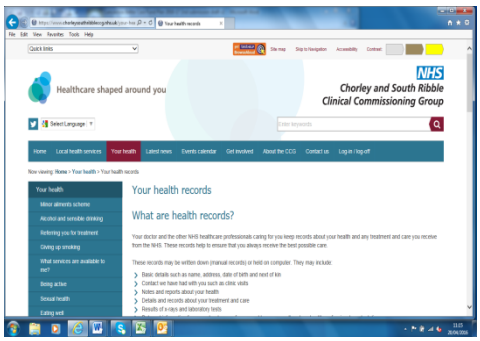
The BCF plan incorporates and supports this local and Pan- Lancashire activity.

e. Better Data Sharing

The plan for better data sharing is based around the Lancashire Digital Health Roadmap, (Enabling Work streams Chapter 7) *See appendix O.* A revised deployment plan for this is currently under development.

The roadmap and deployment plan cover the development of open APIs but not specifically the use of the NHS number. This is being managed under a separate programme by Lancashire County Council that has commissioned its IT support providers, BTLS, to complete the final stages of enabling the NHS number to be populated into all social care records. Once this is complete the Local Person

Record Exchange Service (LPRES) will be enabled and effective sharing of the right level of data in place.



Robust Information Governance arrangements are in place in all BCF partner organisations. All have in place clear processes and procedures that ensure patients, service users and the wider population are clear about how data about them is collected and used. These are proactive processes informing at the point of collection and accessible through the full range of channels. (Leaflets, web sites, posters, face to face etc.) Information is also provided across organisational boundaries i.e. covering health and social care in a single source.

f. Joint approach to assessments

There are joint developments of Integrated Neighbourhood Teams / Care Teams in slightly different guises in each CCG area across the county. Their importance to integration is reflected in their inclusion in this plan. All are developing joint assessment processes across health and social care, some creating trusted assessor roles and care coordinators.

This applies equally to people living with dementia, but there is also a different specific pathway for dementia is available with dementia advisers operating across the county working closely with integrated mental health teams. This approach is to continue and strengthen in 2016/17.

Each CCG uses Risk Stratification tools within overall population analyses to target its resources within the community and specifically in the emerging Integrated Neighbourhood Teams (INTs). Five of the CCGs use a risk stratification tool based on the Combined Predictive Model available through the *Aristotle* system provide by Midlands and Lancashire Commissioning Support Unit.

Use of the tool varies from identification of the top 2% high risk patients for case finding to stratification of the whole population to support needs assessment and service design (e.g. the Fylde Coast Vanguard). Whatever approach taken risk stratification tools are used to identify levels of support required including case management.

As a minimum 2% is maintained across all CCGs as the proportion of the population that will be receiving case management and named care coordinator. A more sophisticated approach will be articulated in a delivery plan, to be developed through BCF programme management group, early in the BCF plan 2016/17, setting out milestones and targets.

This will include such activity as the planned implementation of a trusted assessor model across the county to access Intermediate Care, Reablement and Community beds negating the need for social work assessment to gain access to these services. This has been built into contracts with social care providers as integral to access processes.

The BCF plan will coordinate with the work programme of the NHS England Lancashire Primary Care Transformation Team. Initial scoping has been carried out and synergies identified. Joint programmes and activity will be defined early in 2016/17. The resources of the team will be invaluable in work across all CCGs including building support for GPs and achieving consistency/ quality. *See appendix P*

g. Consequential impact of the changes

The consequential impact of the BCF on providers has been considered in deciding to retain the schemes from the 2015/16 plan.

Each CCG in its operational planning and contract management has, both internally and in dialogue with providers, confirmed that the planned levels of emergency activity are feasible and sustainable, minimising risk to commissioners and providers. These activity level targets, expressed both in the Operational Plans and the BCF plan, are ambitious, in that context.

As part of contractual arrangements and their own business sustainability model each provider actively monitors changes in activity and has in place risk management process and the ability to implement action plans.

The health economy level system resilience groups (SRG), centred on the providers of acute health care in Lancashire, provide the local forums for multi-agency oversight of activity and actions on local priorities. Along with the overarching Lancashire and South Cumbria Urgent Care Network these SRGs are the points of increasing inclusion of Lancashire BCF plan activity and that of the neighbouring authorities.

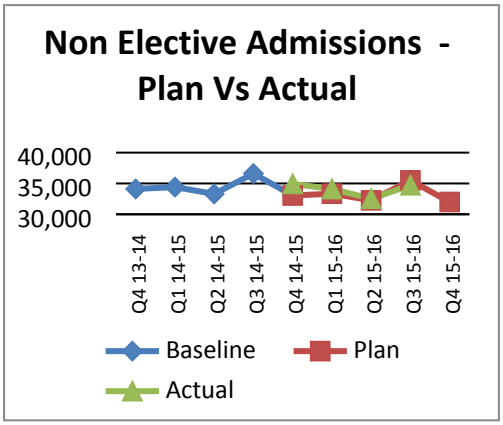
The recently submitted Lancashire and South Cumbria Urgent and Emergency Care Network delivery plan shows how the BCF will contribute to delivering the Urgent and Emergency Care priorities in each Network, and enable planning at a local SRG level. *See appendix Q*

h. Agreement to invest in NHS commissioned out of hospital services

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

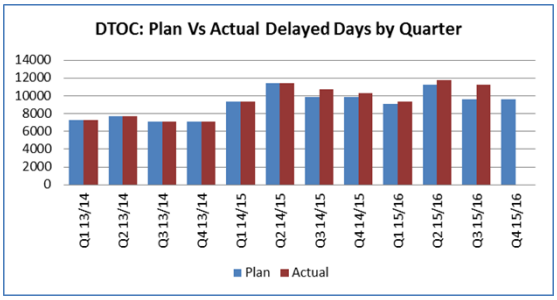
The approach to risk in operation of the BCF pooled budget in 2015/16 was one of individual organisations managing that around their own contribution and local performance against the metrics. This allowed for significant local differences, demographic, provider, geographic and historical performance to be safely managed across a complex planning footprint.

Performance in 2015/16 did not achieve planned levels in Lancashire. However the level of underperformance in both Non Elective Admissions and Delayed Transfers of Care metrics was relatively low and with some local variations against a backdrop of sustained high and complex demand.



Non elective admissions at Q3 2015/16 were 2.9% less against the 2015/16 reduction target of 3.1% from baseline.

Delayed Transfers of Care – 1.2% higher than same period during 2014/15.



All CCGs are in agreement that continuation in the "self-management" approach to risk should continue given the narrow gap. It is acknowledged that the "gap" needs to be closely and jointly monitored throughout the life of the BCF plan and management plans initiated as required. High quality and timely data is provided to the BCF steering and programme manager groups in the form of a *dashboard* that provides monthly performance and trend analysis. *See appendix R*

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

CCG commissioned services:

East Lancashire
• Services through its partnership with the voluntary sector to focussed on building community assets to provide tailored information and signposting.
• A primary care base model of Dementia Diagnosis including pre and post diagnostic support.
• Redesigned intermediate care services supported by an integrated discharge function.

• Intensive Home Support
Fylde and Wyre

• Intermediate Care redesign to include 4 components
  ○ Residential Recuperation and Rehabilitation
  ○ Rehabilitation Beds
  ○ Recuperation Beds
  ○ Dementia Residential Rehabilitation

Greater Preston and Chorley and South Ribble
• Community Beds / Intermediate Care • Effective Discharge
Lancashire North

A sub set of the *Better Care Together* Transformation programme
• Intermediate Care Services supporting a Care Coordinating Centre
• Self-Care… Self-care Lancashire North
• Specialist Community Services…within an out of hospital model
  ○ Provide specialist support to core teams in planned management of patients
  ○ Provide fast access to support if a patient's condition deteriorates to stabilise their heath and prevent avoidable admissions

West Lancashire
Within the Building the Future Together initiative • Single point of access • Integrated Neighbourhood teams • Integrated Out of hospital Urgent Care services • Improved community management of ambulatory care sensitive conditions • Extended treatment room services

All are retained at the same level of investment as 2015/16. P4P performance in 2015/16 was such that there was no significant release of funds to support any change in funding levels.

i. Delayed Transfers of Care (DTOC)

The Lancashire and Cumbria Urgent Care Network has supported the approach to develop SRG foot print based plans that will then be drawn together into a Lancashire compendium of plans for DTOC. At Lancashire level commonalities will be highlighted and best practice shared. This will include plans operating across local authority boundaries, working collaboratively with Blackpool and Blackburn with Darwen, and cover such additional issues as managing transfers of care from centralised specialist provision.

Delayed Transfers of Care are currently the focus of a number of improvement collaborative workshops across Lancashire based around the acute providers. There are also a number of existing work-streams and programmes considering DTOC led by a range of partners and with differing priorities. All of these are being

mapped so that each SRG can draw activity together under the BCF DTOC plan umbrella with consistent aims and coordinated activity.

In addition BCF DTOC plans will create links and identify synergies with a parallel piece of work now underway to create a collaborative approach to managing DTOC in mental health settings in Lancashire.

Targets for DTOC have been set within CCG operating plans and are the basis for the BCF targets. The level of stretch agreed within the BCF reflects the opportunities offered by improved planning and coordination across patient flows but also reflects the profile of quarterly performance in the last 2 years so as to be realistic.

All SRG level stage 1 DTOC plans are complete and incorporate local short term action plans based upon analysis of local circumstances, capacity and effective experience. *See appendices S,T,U,V,W.*

A further 12 month period of development will now follow. Subject to confirmation this will be "owned" by the Lancashire and Cumbria Urgent Care Network supported by the BCF programme.

April 2016	**Stage 1 SRG level DTOC plans in place**
May 2016	Lancashire and South Cumbria "compendium of plans in place
June /July 2016	UECN review of all DTOC plans and effectiveness of local actions
July 2016	Lancashire and South Cumbria DTOC planning events / workshops to develop sustainable models
August to October 2016	Support to all SRGs to further develop plans and delivery
December 2016	Stage 2 SRG level DTOC plans in place
January to March 2017	Ongoing review of plans including peer review
March 2017	Lancashire and South Cumbria DTOC planning event
April 2017	Stage 3 (Final) SRG level DTOC plans in place with final Lancashire and South
April 2017	Ongoing development process to be agreed

8. Scheme planning and delivery

All schemes as set out in the Lancashire BCF plan 2015/16 are to be retained for the plan 2016/17.

The rationale for this approach is that they are the priority activities for each partner that offer the most impact upon the BCF outcomes and metrics, they offer further opportunities for development and refinement and provide the stability for commissioners and providers.

The opportunity will then exist to review all against good outcome measures using tools such as Logic Modelling.

Part of the review(s) will be to look at the potential to streamline the number of schemes on the basis that they provide the same or very similar services and have similar aims. Combining schemes, where local considerations allow, may ease administrative and planning burdens and be real examples of how joint working and integration can progress. The plan will be flexible to allow “shadow” combination of schemes to happen in year.

The schemes are seen as the basis and test bed for greater integration and so help the BCF plan 16/17 be a step towards the overall integration plan.

Delivery of schemes will remain the responsibility of the identified lead organisation that will also be responsible for leading reviews, reporting on performance and sharing learning and good practice.

9. Scheme level spending plan

Each scheme is set out in terms of planned spend and individual CCG and /or LCC contribution in the submission template and sections 12. and13. of this plan.

Each scheme has in place an existing detailed plan for its delivery. See Lancashire BCF plan 2015/16. These plans will be reviewed and new plans put in place early in the first quarter of the 2016/17.

Where possible plans will be aligned as part of the streamlining described above.

The CCG operating plans make appropriate reference to the new BCF plans.

10. National metrics

a. Non elective admissions

The target has been set through direct reference to CCG operating plan targets. No additional performance has been associated with BCF as to go beyond a “credible ask” would represent a non- viable approach.

This ask reflects consideration of performance during 2015/16 which while improving year on year did not achieve planned target and so underlined the need to avoid any overstretching.

The target is set in the context of delivering while maintain provider sustainability.

b. Admissions to Residential and Nursing Care Homes

The plan for 2016/17 is a 3% reduction on the forecast 2015/16 outturn i.e. from716.4 to 682.7 admissions per 100,000 population over 65 years.

The target has been set so as to be achievable within a period of challenging finances, structural changes in social care and high system pressures while still seeking to move toward the England average. It is also based upon a continuing downward trajectory seen over the last two years but tempered by the recognition that the demographic factors set out in the case for change will see an increase in upward pressures.

The analysis done, to define the target, indicated that recent significant improvements would be difficult to maintain year on year due to pressures in the system linked to demographic changes and the ‘credible ask’ being requested for individual CCG planning.

c. Effectiveness of Reablement

The 2016/17 target has been set at 2015/16 levels i.e. 82% (Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services).

Setting of this target has been done against a background of a great increase in demand for the service and overall throughput. While this is in itself a success it also represents greater numbers of people with more complex needs going through the service with a differing, less positive, set of likely outcomes than previous cohorts.

d. Delayed Transfers of Care

The final quarterly plan will be confirmed once all data for 15/16 becomes available. Q3 15/16 showed a significant worsening and system feedback indicated that Q4 would show an at least equal challenge.

The 16/17 plan reflects the trajectory seen in 15/16 and profile across the year. It refers back to CCG operating plans and is expressed at SRG level in the DTOC plans.

11. Funding Contributions

The planning return template sets out the allocation of the minimum contributions for 2016/17. This has been signed off by all parties.

The application of the Relative Needs Formula has resulted in some shifts, in 2016/17, from 2015/16 CCG minimum contributions as set out below.

	£
Chorley and South Ribble and Greater Preston CCGs	+ 503,000
Fylde and Wyre CCG	- 68,000
East Lancashire CCG	- 46,000
Lancashire North CCG	+ 64,000
West Lancashire CCG	- 5,000

These changes have been managed within the individual CCG planning process and are reflected in the planned BCF scheme spends.

The £11,476,000 Disabled Facilities Grant (DFG) funding is being distributed as required across the 12 district councils, within Lancashire, with the financial process for this well established. In 2016/17 the allocations will be directed towards delivery through the DFG process. However District Councils are actively considering, through the health leads group and BCF steering and programme manager group involvement, the potential for more flexible approaches that can have more immediate impact upon such issues as safe hospital discharge. It is anticipated that this will come together as a DFG/BCF action plan during the life of this plan.

Care Act, former Carers Break and Reablement monies have been clearly identified within the template submission.

There are to be no additional contributions to the pooled budget in 2016/17 by Lancashire County Council or any of the 6 CCGs.

Each CCG has proportionally* contributed an increased amount to the support of Care Act delivery based upon the “ready reckoner” indicative amount. (* based upon total minimum contributions).

12. Lancashire Better Care Fund Schemes 2016/17

		£ ,000s
Scheme	**East Lancashire CCG**	
BCF01	• Transforming Lives, Strengthening communities - Building capacity in the voluntary sector	204
BCF02	• Re-design of Dementia Services East Lancashire	1,588
	• Redesigned Intermediate Care supported by	
BCF03	○ Integrated Discharge Function,	
BCF04	○ Intensive Home Support,	
BCF05	○ Navigation Hub/Directory of Services	13,883
	Fylde and Wyre CCG	
BCF06	• Intermediate Care Redesign	1,935
BCF07	• Admissions Avoidance	3,714
	Greater Preston, Chorley and South Ribble CCG	
BCF08	• Lancashire health economy whole system urgent care transformation programme – Community Beds / Intermediate Care	5,972
BCF09	• Lancashire health economy whole system urgent care transformation programme – Effective Discharge	446
	Lancashire County Council	
BCF10	• Development of Extra Care Schemes (Housing) (No additional funding in 2016/17 but scheme remains within BCF to end of planned development)	0
	Lancashire wide	
BCF11	• Integrated Offer for Carers – Support and Respite	7,511
BCF12	• Reablement	6,444
BCF13	• Transforming Community Equipment Services	9,768
	Lancashire County Council	
BCF14	• Telecare services Lancashire CC	548
BCF15	• Care Act	3,173
BCF16	• Disabled Facilities Grant	11,478
	Lancashire North CCG	
BCF17	• Intermediate Care Services to support Care Coordination Centre	3,845
BCF18	• Self-care Lancashire North	43
BCF19	• Specialist community services Lancashire North	2,766
	Lancashire wide	
BCF20	• Integrated Neighbourhood / Care Teams Lancashire-wide	13,134
	West Lancashire CCG	
BCF21	• Building the future together West Lancashire	4,967
	Total	91,419

13. Lancashire BCF scheme CCG and Lancashire County Council breakdown

£ ,000s

BCF scheme	Total	EL	F&W	CSR/GP	LN	WL	LCC
1.	204	204					
2.	1,588	1,588					
3. – 5.	13,883	13,883					
6.	1,935		1,935				
7.	3,714		3,714				
8.	5,972			5,972			
9.	446			446			
10.	0						0
11.	7,511	2,536	1,012	2,366	925	672	
12.	6,444	1,741	1,059	2,454	487	703	
13.	9,768	3,619	805	3,589	1,221	534	
14.	548	254	115		103	76	
15.	3,173	1,024	461	966	415	307	
16.	11,478						11,478
17.	3,845				3,845		
18.	43				43		
19.	2,766				2,766		
20.	13,134	1,200	1,791	9,267	720	156	
21.	4,967					4,967	
Total	91,419	26,049	10,892	25,060	10,525	7,415	11,478

14. Appendices

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9	A	Lancashire Collaborative Programmes
9	B	STP Submission
10	C	Voluntary sector statement
10	D	City and Borough Council Statement
11	E	Section 75 agreement
11	F	BCF Steering Group Terms of Reference
11	G	BCF Programme Managers Group Terms of Reference
11	H	Lancashire Health and Wellbeing Board Agenda 22nd February 2016
11	I	Lancashire Health and Wellbeing Board Action Planning
12	J	Senior Programme Manager Job Description
13	K	BCF workshop programme
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16	Q	Lancashire and South Cumbria Urgent and Emergency Care Network delivery plan
17	R	Lancashire BCF Performance Dashboard
19	S	Stage 1 DTOC Plan East Lancashire
19	T	Stage 1 DTOC Plan Fylde Coast
19	U	Stage 1 DTOC Plan, Greater Preston and Chorley and South Ribble
19	V	Stage 1 DTOC Plan Lancashire North
19	W	Stage 1 DTOC Plan West Lancashire