

Specification	
Project name:	Lancashire and South Cumbria ICB: BCF Review
Brief Project description:	The aim of this project is to maximise joint funding across the ICB and Local Authorities by performing a comprehensive system-wide review of the BCF across the four places and four of the six Health and Wellbeing Boards that fall within the Lancashire and South Cumbria ICB footprint. This will cover a review of the current status of the BCF, a predictive modelling tool and support in relation to BCF leadership, decision making, governance arrangements and financial modelling.

Introduction and background	<p>The Local Government Association and Association of Directors of Adult Social Services are Partners in Care and Health (PCH) working with well-respected organisations.</p> <p>PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.</p> <p>The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support, and building connections. It is funded by Government and offered to councils without charge.</p> <p>The Better Care Fund (BCF) programme supports Local Systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.</p> <p>It represents a unique collaboration between:</p> <ul style="list-style-type: none"> • The Department of Health and Social Care • The Department for Levelling Up, Housing and Communities • NHS England • The Local Government Association <p>The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.</p> <p>The LGA has been commissioned to provide a comprehensive BCF programme, during 2023-2025, of Health, Housing and Social Care integration support that is tailored to a diverse range of Local System needs and designed to help systems deliver person centred integrated services. This will involve designing and delivering a comprehensive,</p>
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	diverse range of support options. Tailoring the support to specific local needs is a particularly vital aspect.
Project requirements including objective(s):	<p>LSC ICB has identified that, based on the current delivery model, many services will be unaffordable within the next 10 years. Added to this, Adult Social Care and Local Authorities continue to face significant financial challenges, resulting in a number of local authorities issuing a Local Government Finance Act 1988 section 114 notice. We therefore need to urgently review and reform a number of key elements of the health and care system.</p> <p>Partners have expressed the need for a common understanding of the different schemes currently funded through BCF pooled budgets across LSC and the similarities and differences between them, and that:</p> <ul style="list-style-type: none"> • They need a consistent approach that enables economies of scale and can be tailored to meet the specific needs and inequalities prevalent in each Place – without detriment to any place or population. • The current delivery model is often hospital-centric, with 60% of the ICBs total budget allocated to acute services and many of the drivers of this spend going in the wrong direction. • They have an increasingly ageing population with an increasing number of over 85's with multiple long-term conditions. • They are still tackling the impacts of long Covid and treatment backlogs due to Covid. • Persistent and high levels of poverty and inequalities are present in the patch. • There is increased pressure and demand for both adult and children's social care services. • There is a need to ensure we are maximising value for money and recognise the vital role our VCFSE partners play. <p>Looking ahead, the BCF needs to align to with the integrated care system's ambitions around deeper integration of health and care. This may involve de-prioritising some schemes that no longer align with this direction of travel, balanced with ensuring delivery against the nationally mandated core principles, performance metrics and where appropriate, some of the wider grant requirements:</p> <ul style="list-style-type: none"> • Reducing unplanned admissions for people with long term ambulatory conditions • Increasing the percentage of people discharged from hospital to their ordinary place of residence • Reducing permanent admissions into long term residential care • Increasing the proportion of older people who remain living independently at home following a period of reablement/rehabilitation after discharge from hospital.

The support should look at elements such as Virtual Wards, expansion of Enhanced Care at Home, step up/step down care and a multi-disciplinary team approach to support the frail and elderly to maintain health and independence for as long as possible.

The review should recognise that BCF arrangements support and fund some core health and social care services which are integral to health and social care delivery. These are in-scope to be reviewed as part of this process.

There needs to be a significant focus on developing neighbourhood services through Integrated Neighbourhood Teams, a risk stratification approach in primary care, community health services, and prevention schemes, some of which are currently funded by BCF monies.

The review must complement and be cognisant of the developing community model, and the associated assumptions in relation to the New Hospitals Programme. There is a joint commitment from all councils and the LSC ICB to support and progress this work. The review should also align with and be mindful of any place-based and/or wider system reviews that are underway or planned.

By considering all of these elements and completing the above outputs, the system will gain a comprehensive understanding of the state of play for its BCF at all levels, and will develop organisationally, regarding how it governs and implements the BCF moving forwards.

The objectives of the review are to:

- **Understand** - What the four, in-scope, BCFs currently fund in each of the four Places.
- **Assure** – Value for money and maximum impact against BCF metrics and objectives, ensuring spend in right places, return on investment, realisation of benefits, and reduction of double funding across health and social care schemes.
- **Align** - Identify where schemes are aligned across the four Places and where there are opportunities for a consistent approach across the four Places, as outlined within the system's Place Integration Deal. For the BCF, this would mean a framework, consistently applied against national governance, and demonstrating compliance with investment in schemes in order to deliver national BCF outcomes. Whilst recognising local governance requirements and needs of the local population.
- **Clarify** – The statutory roles, responsibilities, governance, and accountabilities for the BCF through the Health and Wellbeing Boards within Lancashire and South Cumbria is recognised, understood, aligned to national guidance and supportive of

	<p>delegation to follow; including recommendations of how this might need to be tailored for each of the four places.</p> <ul style="list-style-type: none"> • Transparency – Conducting a joint ICB and LA review of what is jointly funded through BCF and associated funding decisions.
<p>The geography</p>	<p>Lancashire and South Cumbria ICB is comprised of four Places; Blackburn with Darwen, Blackpool, South Cumbria and Lancashire. These place-based partnerships work closely with the corresponding BCFs managed through the Health and Wellbeing Boards (HWBBs).</p> <p>The place boundaries for Lancashire, Blackburn with Darwen and Blackpool are coterminous with their upper tier/unitary local authorities and BCFs. The South Cumbria geography is more complex as its place footprint incorporates Westmorland and Furness Council, Cumberland Council and North Yorkshire Council. LSC ICB contribute to the three corresponding BCFs, managed by three separate HWBBs.</p> <p>For the purposes of this review, it has been agreed that the activities of Cumberland BCF and North Yorkshire BCF are out of scope. The Westmorland and Furness BCF will be included in its entirety, including the district of Eden which sits outside of the South Cumbria place and the LSC ICB boundary as part of North East and North Cumbria ICB.</p> <p>In order to overcome the geographical complexities of South Cumbria, a number of principles have been developed, with all partners which are detailed below. These will be predicated on the development of a bespoke method of collating information related to the in-scope schemes funded by the four BCFs taking part in this review – Blackpool, Blackburn with Darwen, Lancashire and Westmorland and Furness.</p> <ul style="list-style-type: none"> • Methodology developed to collate BCF funded schemes to be shared with Cumberland Council and North Yorkshire council upon request to enable this work to feed into any similar BCF review they may wish to undertake at a future date. • Methodology developed to collate BCF funded schemes to be shared with Humber & North Yorkshire ICB upon request to enable this work to feed into any similar BCF review they may wish to undertake at a future date. • Data specific to the district of Eden shared with North East & North Cumbria ICB, in addition to the methodology developed to collate BCF funded schemes. • North East & North Cumbria ICB have agreed to accept the read-out of this review for the parts of Westmorland and Furness within their footprint i.e., Eden to enable the review to report on the whole of the Westmorland and Furness BCF footprint, in line with the sovereignty of this Health and Wellbeing Board.

	<ul style="list-style-type: none"> • Should a similar review be undertaken on Cumberland and/or North Yorkshire footprints, LSC ICB will accept the read outs of these reviews.
<p>Expected Outcomes and Outputs:</p>	<p>External consultant to deliver:</p> <ul style="list-style-type: none"> • Independent assessment of the four in-scope, BCFs from an ICB, LA and place partners perspective, jointly between the ICB and Local Authorities around the core requirements of the BCF. • Analysis of what is working well, where, and how. • Zero base budget review. • Desktop review of other BCF frameworks and what is working well elsewhere. • Develop a predictive modelling tool that can be used to assess the scale and growth of the BCF in future years considering local, systemwide, and national drivers. Data related to Eden will need to be separated out from LSC-wide predictive modelling and the old districts of Barrow-in-Furness and South Lakeland used to model on the WM&F footprint. • Develop a recommended BCF framework for LSC aligned to longer-term strategy of deeper integration between health and care organisation. Consider both LA-centric and NHS-centric approach to develop the optimal model that can be tailored to the needs of each place for implementation. <p>In addition, work with the system on other elements of this BCF review and facilitate ICB and LA colleagues to deliver:</p> <ul style="list-style-type: none"> • Facilitate session for four places to work through wicked issues. • Facilitate discussion and agreement as to what could/should be funded through BCF. • Facilitate the development of a joint framework across the ICS, to enable consistent application of national governance and demonstrate compliance against delivery of national BCF outcomes. This will need to be aligned with Place and local HWBB governance arrangements. • Facilitate the development of shared finance principles and arrangements (to minimise any perception of cost shunting and enable an open and transparent culture). • Facilitate the development of shared decision-making arrangements at LA, ICB and place level, to reflect local requirements, including readiness assessments, and approach to conflict management. • Facilitate the development of other opportunities for further collaboration, pooled budgets, joint working risk/gain share etc. across LSC. • Facilitate the development of a 'safe transition' process from where we are to where we want to be, with implementation/delivery through places.

	<ul style="list-style-type: none"> • What do we need to keep and what do we need to do differently to deliver the optimal model. • Agree next steps and recommendations for how we deliver, with implementation through our place-based partnerships. <p>Recommendations generated through this work will be fed back into each HWBB through locally agreed governance routes.</p> <p>To support this work, LSC ICB and local authorities are currently working on the following:</p> <ul style="list-style-type: none"> • Current position – Work underway to map BCF spend for each of the four places on Health and Wellbeing Board footprints, led at place. • Overview of national conditions for planning, and performance metrics, with LSC performance mapped against metrics for each BCF and by each scheme within them, building in local improvement trajectories. • Mapping of schemes, leads, and interfaces at a HWBB/place level. • Start, stop, continue review of BCF funded schemes aligned to longer-term strategy of deeper integration across health and care.
Project Budget	The maximum budget for this work is ████████ + VAT. Please note that this price is inclusive of expenses. (To be funded by the ICB).
Project timescales	The work will begin once the contract has been awarded. The final outputs from the project should be completed by the end of six months.
Risks	<p>Risk 1: Scale and scope of work Mitigation: The contractor should be clear of the scale and scope of the work, understanding what activities must be completed independently and which must be done in tandem with the system itself.</p> <p>Risk 2: Availability of key stakeholders Mitigation: The contractor should be aware of the flexibility they will need to exhibit, as well as meeting with the BCF Support Programme Adviser team to update on progress.</p> <p>Risk 3: Complexities of South Cumbria place geography and working across three BCFs Mitigation: Development of principles for sharing information with neighbouring ICBs and/or Local Authorities. Plus, a bespoke methodology for reviewing schemes funded by BCFs that can be shared with neighbouring ICBs/HWBBs.</p>

Contract Management Requirements	The contractor will be required to work with system data. Data used and presented will be agreed by ICB and Local Authorities
Extension option:	Extension is available at buyer's discretion. Please not extension is not bound by geographical location.
Constraints:	The contractor should be prepared to work closely with system colleagues, particularly on elements the system is already undertaking.
Quality assurance mechanisms	The contractor should liaise with both the BCF Support Programme lead Adviser and Local Authority BCF leads and feed into as appropriate to Place, and HWBB level governance structures, wherever necessary.