



TO:	Health and Wellbeing Board
FROM:	Claire Jackson, Programme Director Integrated Commissioning
DATE:	29 th September 2015

SUBJECT: Better Care Fund and Joint Commissioning Programme Update including Commissioning Intentions

1. PURPOSE
 The purpose of this report is to:

- Provide an update on the delivery of the Joint Commissioning Programme across the Local Authority and CCG between June and September 2015
- Provide Health and Wellbeing Board members with an overview of Better Care Fund (BCF) performance reporting for quarter 1 (April to June 2015) including progress in relation to delivery of the plan since the previous report to Board members in June
- Provide an outline of Joint and CCG commissioning intentions for 2016/17

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF quarter 1 submission and progress made against delivering the BCF plan
- Note the joint and CCG commissioning intentions for 2016/17
- Accept at the next meeting of the Board in December 2015 a report outlining feedback on progress and quarter 2 submission updates in relation to the BCF
- Accept at the next meeting of the Board in December 2015 a report outlining the key priorities, work programme and progress update of the Executive Joint Commissioning Group (Exec JCG) including Transforming Care Fast Track Plan

3. BACKGROUND

The Blackburn with Darwen Better Care Fund plan submission was made on behalf of the Health and Wellbeing Board on 19th September 2015. The full plan was circulated to Health and Wellbeing Board members in December 2014 and an update provided at the March Board meeting. Quarterly updates have been provided to Health and Wellbeing Board members to outline delivery progress to date and next steps.

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management and delivery of the BCF plan is undertaken by the Exec JCG.

The Exec JCG also ensure implementation of the vision and direction for the commissioning of wider integrated care as set out by the Health and Wellbeing Board, CCG Governing Body and Council Executive Board including the development and implementation of commissioning intentions. The priorities and work programme of the Exec JCG reflect the themes identified within the Health and Wellbeing Board Strategy. Key work programmes for the Exec JCG include:

- **Start Well**- integration of Children and Young People's service offer across health and care
- **Live Well**- integration of services for those affected by poor mental health and wellbeing, Learning Disabilities and Autism, alignment with the Transforming Lives Programme
- **Age Well**- including integration of health and care services to meet the needs for over 65's, with a particular focus on frail elderly and those affected by multiple Long Term Conditions

The Exec JCG members focus on the review and agreement of nationally required submissions prior to sign off by the Health and Wellbeing Board.

4. RATIONALE

The case for integrated care as an approach, particularly to meet the needs of the ageing population, is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides compelling arguments for greater collaboration across health, care and the voluntary sector. Additionally, the integration of health and social care services, allied to co-production with the community, potentially offers further means of supporting people with complex health and social care needs to live independently.

The Better Care Fund provides an opportunity through pooled budget arrangements to transform local services so that people are provided with better integrated care and support. The BCF brings together NHS and Local Government resources, and provides a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings at scale and pace.

The Better Care Fund plan is based on the shared vision to deliver effective, efficient, high quality, safe integrated care to enable the residents of Blackburn with Darwen to Live Longer and Live Better.

The initial phase for local transformation within the Better Care Fund has focused on frail elderly, which is delivered alongside wider integrated care developments including Transforming Lives and Early Help.

Commissioning intentions

Commissioning intentions form part of the annual NHS planning cycle which aim to indicate to current and potential providers how services will be shaped to meet the needs of local population. Blackburn with Darwen CCG and Local Authority have agreed through the BwD and Pennine Lancashire joint governance arrangements that a transparent & rigorous joint approach to commissioning for improved outcomes is required. This is particularly relevant in times of increasing demand and significant financial challenge across health and care. Intentions have been developed to reflect the Health and Wellbeing Strategy supporting 'Start Well', 'Live Well' and 'Age Well' and Integrated Strategic Needs Assessment. Commissioning intentions also set out year 2 plans to deliver the Blackburn with Darwen Better Care Fund.

5. KEY ISSUES

5.1 Joint Commissioning Programme update

During quarter 2 the Exec JCG members have focussed on the following areas:

- An update on Transforming Care for people with Learning Disabilities which prioritises moving service users from inpatient wards to community settings to improve individual outcomes and promote independence. The Transforming Care Fast Track programme was announced in June 2015 and aims to expedite this programme of transformation. Lancashire and Greater Manchester have been identified as one of five Fast Track areas nationally. A Lancashire wide plan has been developed and submitted for approval on 7th September. It is proposed that an update on the plan and feedback from the assurance process will be provided to Board members in December 2015.
- Development of shared commissioning intentions across CCG and Local Authority
- Pennine Lancashire Transformation programme development and delivery
- Personal Health Budgets. It is proposed that an update on Personal Health Budgets and the proposed Local Offer is presented to Board members in December 2015.
- The tendering of Blackburn with Darwen sexual health services led through Public Health
- Children and Young Peoples commissioning programme update.

5.2 Better Care Fund – quarter 1 2015/16 submission

Health and Wellbeing Board members were informed of changes to Better Care Fund reporting at the June meeting.

The deadline for quarter 1 submission was 27th August 2015. Due to timings of Health and Wellbeing Board, the content of the submission was agreed by Exec JCG members prior to sign off by the chair. The following responses to National Condition requirements were updated within this submission. Timelines were also included for achievement.

- Progress has been made to ensure 7 day services are in place to support patients being discharged and prevent unnecessary admission at weekends. Seven day services are being provided through Intensive Home Support and will be fully delivering by 7th September.
- Social Care Services (not spending) are being protected through the Better Care Fund pooled budget arrangement. There has been no reduction in health funding allocated to jointly supporting reablement, intermediate care services, social work, provision of Information, Advice and Guidance, and support to carers. Some contribution has been made to support the impact of implementing the Care Act as required nationally.
- It is anticipated that NHS Number will be used as the primary identifier for health and care services by March 2016.
- Good progress is being made to develop a joint approach to assessments and care planning. Mechanisms will be fully developed and in place by March 2016.

The submission also required an update on delivery of the plan. Good progress has been made to mobilise the local schemes which include Integration of Locality Teams, Intensive Home Support and the development of an Integrated Discharge Service. A highlight of progress against individual schemes is outlined within appendix 1.

Further submissions will be required on a quarterly basis and will be reported to Health and Wellbeing Board members in December 2015 and March 2016 along with any required updates to plans.

5.3 Better Care Fund – finance and activity

As reported previously the total BCF budget in 2015/16 is £12.038m of which £10.819m relates to revenue, £1.232m relates to capital expenditure. At the end of June the finances are on track to spend against the annual plan. The annual plan also includes £634k Pay for Performance (P4P) which is currently uncommitted to BCF schemes and held as a contingency reserve against non-elective admissions. The first element of the Pay for Performance is anticipated to be released on a phased basis into the pooled budget at the end of quarter 3 if emergency admissions targets are achieved.

The emergency admissions target aligned to Better Care Fund is a reduction of 426. The reduction in emergency admissions for the first 2 quarters of the Pay for Performance (P4P) period was 186. However, in quarter 3 of the reporting period, it is under pressure as non-elective activity is greater than the plan.

Delayed Transfers of Care have reduced between April and June 2015 compared to the same period of the previous year and are lower than the quarter 1 BCF trajectory.

Other BCF metrics, including dementia, admissions to long term residential care and local patient experience measure will be reported to Health and Wellbeing Board in December 2015 once data has been released.

5.4 Commissioning Intentions

A number of joint principles have been set out as part of the commissioning intentions process for 2016/17. They include;

- Deliver programme of integration across BwD, Pennine and Pan Lancashire
- Support service delivery across 4 locality footprints
- Ensure 'parity of esteem' across physical and mental health
- Seek innovative ways to improve quality and outcomes whilst reducing cost and delivering efficiency savings
- Support overall system resilience and reduce unnecessary demand including the delivery of services to support early intervention and prevention, supporting independence and promote self care
- Support 7 day access to services where appropriate
- Involve and engage with public and key stakeholders in development of plans
- Services are provided in cooperation and collaboration with other professionals and co-ordinated across organisations (health, care and voluntary sector) to support a seamless experience by the service user

High level commissioning intentions and principles have been shared and discussed with Health and Wellbeing Board sub group members and feedback received to inform final communication with providers.

They include;

Start Well

- Integration of Early Years services, including Health Visitors, across 4 localities
- Redesign of 5-19 services including School Nursing
- Further integration of the service offer to meet the needs of children and young people with complex needs and disabilities for 0-25s
- Implementation of the Emotional and Mental Wellbeing Transformation Plan across Pan Lancashire
- Reduction in paediatric hospital admissions through the development of an 'assess to admit' model and increased specialist nursing support within the community

Live Well- Learning Disabilities

- Development of integrated health and care model to meet the needs of people with Learning Disabilities
- Implement Transforming Care Fast Track plan to reduce admissions and support discharge
- Review and increase domiciliary packages of care, including carer provision, to support independent living

Live Well- Mental Health

- Continue to review and redesign mental health services in line with Lancashire Mental Health Transformation Programme including;
 - Increasing Access to Psychological Therapies
 - Complex Care and Treatment Teams
 - Single Point of Access (ATT)
 - Rehabilitation Gateway
 - Early Intervention to psychosis
 - Review and redesign dementia services
- Deliver Crisis Care Concordat Plan

Age Well

Deliver year 2 integrated care programme aligned to Better Care Fund plans including the development and delivery of;

- Integrated Nursing Specification
- Integrated Locality Teams service model
- Deliver new reablement patient pathway
- Intensive Home Support model
- Flexible intermediate care model including Discharge to Assess
- Review and redesign dementia services

A number of joint commissioning intentions cut across Live Well and Age Well cohorts, they include;

- Deliver phase 2 Voluntary, Community and Faith sector re-model to increase community capacity including review and integration of externally funded schemes to support locality delivery
- Review residential and nursing services to ensure offer meets identified needs
- Developing a digital approach to accessing information and services across health and care

CCG specific commissioning intentions for 2016/17 include;

- Increase access to Primary Care and further develop the locality offer
- Proactive demand management and improving choice and experience of scheduled care services
- Develop integrated care pathways for Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Ear, Nose and Throat and Stroke services to reduce unscheduled attendances and admissions
- Enhanced and integrated liaison services for vulnerable people

Commissioning intentions have been reviewed against the priorities within the Joint Health and Wellbeing Strategy (JHWS) which shows good alignment (appendix 2). This demonstrates how the CCG and Joint Commissioning Group are ensuring they are reflecting the JHWS within joint priorities and how key system issues, particularly those that can be improved by a partnership approach are being supported by the Health and Wellbeing Board. Any gaps or issues identified through this process will be discussed through the relevant sub group of the Health and Wellbeing Board.

It is proposed that progress in relation to the delivery of commissioning intentions will be reported to Health and Wellbeing Board members through Exec JCG quarterly reports.

5.5 Next Steps

High level intentions will be issued, jointly where appropriate, to providers by 30th September 2015. Timescales and process for delivery including business cases, finance and activity impact will be developed and agreed by December 2015.

6. POLICY IMPLICATIONS

Policy implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan. Any further impact due to changes in National policy and relating to integration plans locally will be reported as they arise.

7. FINANCIAL IMPLICATIONS

Financial implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan. Quarter 1 financial position is included within this report. Financial impact of commissioning intentions will be aligned to CCG Quality, Innovation, Prevention and Productivity plans, Better Care Fund requirements and wider system efficiency requirements.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery have been presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams associated with integrated delivery locally.

Legal and contractual implications associated with commissioning intentions will be considered as part of business case development and implementation. Any issues identified will be reported to Exec JCG and escalated to Health and Wellbeing Board if required.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and Health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission the plan. Equality and Impact of individual commissioning intentions will be undertaken as part of business case development and scheme implementation.

11. CONSULTATION AND ENGAGEMENT

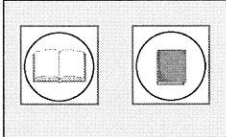
The details of engagement and consultation with service providers, patients, service users and the public has been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Full details of engagement can be found within the narrative submission.

Health and Wellbeing Board sub groups Start Well, Live Well and Age Well have been presented with commissioning intentions for 2016-17. Discussion has also taken place with Families Health and Wellbeing Consortium members and Healthwatch leads. Commissioning intentions have been shared across Pennine Lancashire stakeholders including East Lancashire CCG to ensure alignment where appropriate.

Engagement with service users through patient participation groups, Learning Disability Partnership Board and wider forums is ongoing.

VERSION:	2.0
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BACKGROUND PAPER:	Previous BCF update reports to Health and Wellbeing Board



Appendix 1- Better Care Fund scheme delivery update

Scheme	Progress
Dementia services	Dementia co-ordinator continues to support the dementia friendly agenda, with a particular focus in the coming months on GPs and businesses. Dementia awareness training have been arranged for GP Practice staff and workshops are due to take place for businesses. Awareness raising is also being coordinated for sheltered housing and care homes. One Voice are supporting engagement with BME members of the community. At the end of June 2015, 1102 dementia friends had been created in Blackburn with Darwen along with 65 dementia friends champions.
Voluntary sector	Families Health and Wellbeing consortia delivering model of Information, Advice and Guidance services across BwD and promotion of the model taking place with the GPs in October and November; Age UK 'Here to Help' Integrated Care Programme commenced in 4 localities in July 2015. Engagement work with GPs is underway. To date over 70 people have been referred to the programme. Agreement of the scope for the next phase of the voluntary sector redesign is due to take place in September to inform the new service offer which is expected to commence in April 2016.
Integrated offer for carers	An integrated service specification is in place and existing organisations are working to improve coordination of service delivery. Services for carers are anticipated to be in scope of phase 2 of the voluntary sector redesign. Future service offer will be informed by the feedback received at the carers engagement event on 23 rd September.
Integrated Locality Teams (ILTs)	<p>4 Integrated Health and Social Care teams (with links to Specialist, Mental Health and VCF services) have been established across Blackburn with Darwen.</p> <p>Service users with multiple Long Term Conditions and in need of additional health and care support are identified and care plans developed to meet their needs. People with unplanned hospital admissions will also be considered to identify if additional care planning is required to avoid further unplanned admissions.</p> <p>A case management model has been developed and will be tested in the East Locality between September and December 2015. Work is underway to align this to the sider system activity and develop a joint care planning process and single/trusted assessment model.</p> <p>In the first 6 months of 2015, 1878 people have been identified by GP Practices for discussion with the Integrated Health and Social Care team, including voluntary sector representatives. Of these people 797 have been part of case management discussion in weekly locality meetings across 4 localities.</p>

<p>Directory of Services (DoS) and Care Navigation Hub</p>	<p>The DoS and Care Navigation Hub was launched December 2014, the service provides a single contact point to support Health and Social Care services across Pennine Lancashire. The DoS has information for more than 800 services across Blackburn with Darwen. The Care Navigation Hub has become the referral point for Intensive Home Support and has developed key links with the Integrated Health and Social Care Teams across all 4 localities.</p>
<p>Intensive Home Support</p>	<p>The Intensive Home Support (IHS) Service delivers a community based, medically-led multidisciplinary team approach that focused on the highest need patients at risk of a hospital admission or requiring intensive support following a hospital admission.</p> <p>Phase 1 commenced with 3 IHS beds at Springfield Nursing Home offering additional GP medical oversight and nursing capacity to avoid unnecessary hospital admissions. Phase 2 of the service went live in June 2015 and offers 14 intensive home support beds in both community beds and the patient's own home.</p>
<p>Intermediate Care and integrated discharge</p>	<p>Pennine Lancashire Integrated Discharge Service commenced operation on 7th September 2015. Plans to develop an integrated offer for intermediate care, including the principle that no decision about long term care should be made in a hospital bed, are progressing.</p>

Commissioning intentions alignment with Joint Health and Wellbeing Strategy activities 2015-2018

COMMISSIONING INTENTIONS	START WELL	LIVE WELL	AGE WELL	CROSS CUTTING
<ul style="list-style-type: none"> Integrated locality Early Years service Integrated service offer across health, education and care for special educational needs and disabilities CAMHS – single Pan Lancashire specification and model and delivery of local Transformation Plan Reduce hospital admissions: <ul style="list-style-type: none"> Development of assessment to admit model Advanced Nurse Practitioner model in community 	<ul style="list-style-type: none"> ✓ ✓ ✓ x x x 			<ul style="list-style-type: none"> IP&EI PMH&WB
<ul style="list-style-type: none"> Issue joint Learning Disability specification across health and care Implement Fast Track plan to reduce admissions and support discharge (LD) Review and increase domiciliary packages of care, including carer provision, to support independent living (LD) Review and redesign: <ul style="list-style-type: none"> Increasing access to psychological therapies Complex care and treatment teams Single point of access (ATT) Rehabilitation gateway Early intervention of psychosis Deliver Crisis Care Concordat action plan Enhanced and integrated liaison services for vulnerable people 		<ul style="list-style-type: none"> x x x ✓ ✓ ✓ ✓ ✓ ✓ ✓ 		<ul style="list-style-type: none"> IP&EI IP&EI PMH&WB PMH&WB PMH&WB PMH&WB PMH&WB PMH&WB PMH&WB PMH&WB IP&EI
<ul style="list-style-type: none"> Integrated nursing specification Integrated locality teams service model New reablement patient pathway (BCF) Intensive home support model (BCF) Flexible intermediate care model including discharge to assess Review and redesign dementia services Deliver phase 2 VCF re-model to increase community capacity including review and integration of externally funded schemes to support locality delivery Review residential and nursing services to ensure offer meets identified needs (BCF) Developing a digital approach to accessing information and services across health and care 		<ul style="list-style-type: none"> ✓ x ✓ 	<ul style="list-style-type: none"> ✓ ✓ x ✓ x ✓ ✓ x ✓ 	<ul style="list-style-type: none"> IP&EI IP&EI IP&EI PMH&WB IP&EI

Key: ✓- reflected in Health and Wellbeing Strategy; x - not currently fully reflected within Health and Wellbeing Strategy; **IP&EI** – Identification, prevention & early intervention; **PMH&WB** – Positive mental health and wellbeing; **P&FI** – Poverty and financial inclusion