

Appendix 5a Better Care Fund 2016-17

This document brings together the strategic intent and operational planning of how we will deliver Better Care by: integrating reablement and intermediate care; building capacity in the community via the voluntary sector; shifting from a model of dependency and direct provision to supported self-management; co-ordinating care provision, in the community around the care needs and improving mental health and wellbeing for all the people in Blackpool.

Plan Details

Summary of Plan

Local Authority	Blackpool Council
Clinical Commissioning Group	Blackpool CCG
Boundary Differences	Blackpool Council and CCG are co-terminus; however some of the population registered with Blackpool GPs live within Lancashire County Council and vice versa.
Minimum required value of BCF pooled budget 2016/17	£14,577,229
Total agreed value of BCF pooled budget 2016/17	£17,206,738
Date agreed at Health and Wellbeing Board	
Date submitted to NHS England	

Authorisation and signoff

Signed on behalf of Clinical Commissioning Group	Blackpool CCG
By	
Position	
Date	
Signed on behalf of the Council	Blackpool Council
By	
Position	
Date	
Signed on behalf of the Health and Wellbeing Board	Blackpool Health and Wellbeing Board
By Chair of Health and Wellbeing Board	

Date	

1. Local vision for health and social care services

By 2020 we will have created a truly integrated and effective health and social care system that maintains people's health, wellbeing and independence for as long as possible, by providing the highest quality of care.

Our vision is that:

'Together we will have made Blackpool a place where all people can live longer, happier and healthier lives by 2019'

Our vision will be achieved by:

- integrating local health and social care commissioning;
- pooling budgets across organisations;
- creating a neighbourhood/locality model:
 - with co-located, integrated teams;
 - based around groups of GP practices;
 - coordinating out-of-hospital and community health and social care;
- ensuring we have a thriving hospital providing appropriate in-hospital care when needed.

Our vision derives from the bold ambition set out in our [Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2013-15](#), which seeks to make **Blackpool a place where ALL people can live long, happy and healthy lives**. The strategy outlines a process of thinking differently and a framework for the future commissioning of health, social care and broader wellbeing services which will be more focused, better coordinated and provided closer to home. The strategy focuses on three interdependent themes of **healthy lifestyles, health and social care** and **wider determinants of health**. Each theme is comprised of specific priority areas which the Board has determined it can most influence and effect as a partnership. Underpinning the strategy are four cross cutting themes, which reinforce the aims and ambition set out in our BCF plan:

- 1. Safeguards and protects the most vulnerable**
Ensure all agencies work together to prevent harm and to identify and protect children and adults living in abusive and neglectful situations.
- 2. Integrate services**
Maximise opportunities and outcomes by drawing together existing resources and aligning expertise.
- 3. Focuses on prevention, early intervention and self-care**
Help people to live well and prevent illness, by empowering them to take better care of themselves and people they know.
- 4. Increases/improves choice and control**
Put people at the centre of how services are delivered by making sure health and social care services can be accessed easily, in a timely way, and see that they are fair.

The aims and objectives for BCF are shared across Blackpool Council and Blackpool CCG. The Council's [Business Plan 2015-20](#) runs in parallel with the current Joint Health and Wellbeing Strategy and features two priorities:

- 1. The economy – Maximising growth and opportunity across Blackpool.**
- 2. Communities – Creating stronger communities and increasing resilience.**

These priorities have been carefully chosen to ensure that the people of Blackpool live fulfilled happy and safe lives. Each theme is underpinned by a series of objectives and those under **Communities** include **improving health and wellbeing, especially for the most disadvantaged and safeguarding and protecting the most vulnerable**. These documents have been informed by the data contained in [Blackpool's Joint Strategic Needs Assessment](#).

Planning is currently in progress on Blackpool's Five Year Forward Vision in the form of the Lancashire and South Cumbria Sustainability and Transformation Plan – Healthier Lancashire. Blackpool's BCF will support this through good evidence based practice and existing joint initiatives which are underpinned by a focus on maintaining independence and control through personalisation of care. Our aspiration is that in five years' time, we will have:

- Co-ordinated health and social care focused on the needs of the individual, so that people get appropriate help and support when they need it, where they need it;
- Developed co-located integrated teams, with multi-professional leadership, based around clusters of GP practices coordinating primary, community and social care;
- Enabled integrated teams to have rapid access and direct referral to appropriate specialist services;
- Made better use of technology, including Telecare/Telehealth/Telemedicine
- Shared data and relevant patient records, using the NHS number as primary identifier across health and social care as the norm;
- An accountable lead professional where appropriate;
- A single assessment process and coordinated care and support plan;
- A robust risk stratification tool to identify patients at greatest risk of admission, and intensively case managing these patients;
- Efficient and coordinated partnership working with the Voluntary, Community and Faith Sector, maximizing volunteering, befriending schemes and supporting social network interventions;
- Developed and extended the Making Every Contact Count Framework.

By 2019, services in Blackpool will be radically different. Health and social care services will be coordinated around the needs of the patient/service user to maximise efficiency and avoid duplication, with increased emphasis on prevention. Blackpool has already developed some excellent examples of integrated working, which are outlined in our Better Care Fund Plan submitted in September 2014. Alongside these, new models of care are being progressed, facilitated by the BCF.

2. An evidence base supporting the case for change

The key vision shared by health and social care organisations across the Fylde Coast, including Blackpool, is to jointly improve the health and wellbeing of all sections of the population, whilst contributing towards financial stability within the health and social care economy. The Fylde Coast health and social care economy recognises that continuing to deliver more care in its current form will not make the required step change improvements in quality of care provision and clinical outcomes that the local population requires. The five year strategic plans of the various organisations within the Fylde Coast health and social care economy all identify this case for change, with key issues being:

- An increasing population, particularly those aged over 60;
- Significant levels of deprivation;
- Significant health inequalities;
- Low life expectancy;
- High prevalence of long term conditions;
- High prevalence of negative lifestyle choices;
- Significantly high utilisation of urgent and emergency healthcare services (~7% growth in non-elective medical admissions in 2014/15 compared with the previous year).

The stakeholders from the various organisations within the Fylde Coast health and social care economy have established agreement through the Fylde Coast Commissioning Advisory Board to design and implement a range of patient centric models of care which aim to address these key issues. Initially, this was based on evidence from other global health economies, as demonstrated in analysis undertaken by Oliver Wyman, which showed that new models of care could drive improved outcomes and quality through proactive, integrated service provision. The three models of care reviewed in the analysis were Extensivist, Enhanced Primary Care, and Episodic Care. Using examples of the implementation of these models of care in the USA, the Oliver Wyman team identified the possible impact within the Fylde Coast health and social care economy.

The two Fylde Coast Clinical Commissioning Groups (CCGs) – Blackpool and Fylde & Wyre – and Blackpool Teaching Hospitals NHS Foundation Trust worked with the Oliver Wyman team to examine the possible opportunities for implementation across the Fylde Coast, including the possible costs and financial benefits. This resulted in the development of the document '*Delivering Proactive Primary Care Across the Fylde Coast and Lancashire in 2014/15*' (Appendix A) which describes the analysis undertaken and the identification of a new primary care orientated care models. This analysis and identification of the new primary care models has subsequently been used to underpin the development of New Models of Care for the Fylde Coast.

The Fylde Coast is reflective of many health systems in the UK and globally, with a substantial proportion of the healthcare budget used to support relatively few patients, many of whom have multiple long term conditions (LTCs), are elderly or frail, or have complex/negative lifestyle issues. All of these factors result in a high level of demand on health and social care services. The proportion of the population with these factors is predicted to increase further, thus increasing the demand for health and social care services, increasing pressure on budgets and requiring health and social care professionals to consider radically different approaches to delivering effective care.

As shown in Figure 1, 55% of secondary care spend for residents of Blackpool CCG is driven by just 3% (9,700 patients) of the population, of whom 3,700 are aged over 60.

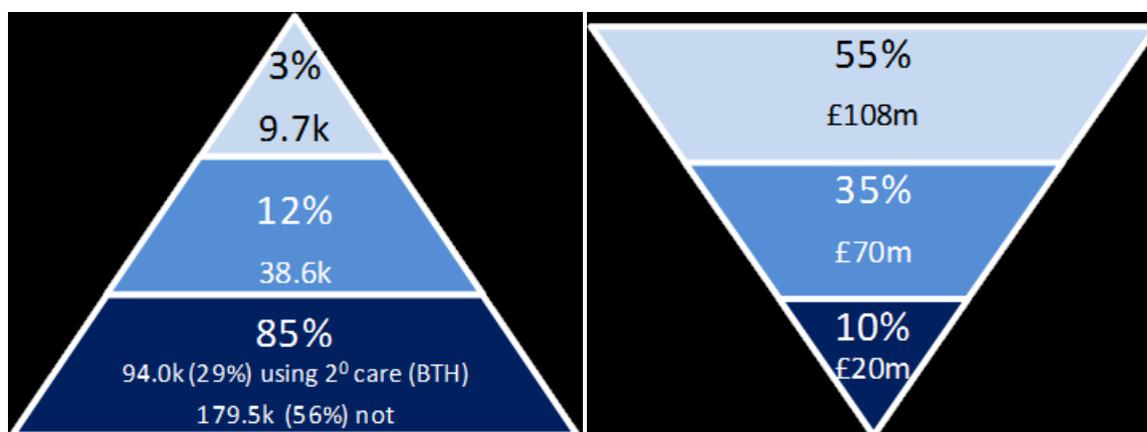


Figure 1: Secondary care spend segmentation for residents of Blackpool CCG

Local stakeholders agree that these proposed new models of care have the potential, when effectively implemented, to have a significant impact on quality of care, clinical outcomes and patient experience, as well as facilitating a reduction in unnecessary demand of urgent and emergency care. Initial analysis suggested that the financial impact of implementing these models of care would be in the range £24m - £30m across the Fylde Coast (for NHS spend), based on the expected reduction in secondary care activity as outlined in Table 1:

	Extensivist	Enhanced Primary Care	Total
Blackpool CCG	£3m to £4m	£10m to 12m	£14m -£16m
Fylde & Wyre CCG	£2m to £3m	£8m to £10m	£10m - £14m
Total	£6m to £8m	£18m to £20m	£24m - £30m

Table 1: Estimated financial impact of implementing new models of care (Oliver Wyman)

3. A co-ordinated and integrated plan of action for delivering that change

Overarching governance and accountability structures

Blackpool CCG led the jointly agreed Fylde Coast Unscheduled Care Strategy (2012) and the Fylde Coast Intermediate Care Review (2013). These included key partners on the commissioning and provider sides with input from external partners. Both identified the need to have better integration of health and social care. From these projects, work is already being delivered in a more co-ordinated and joined up way, providing better care for the citizens of Blackpool.

All key partners are now participating in developing Healthier Lancashire, which will deliver the local STP. Blackpool CCG, Blackpool Council, Fylde & Wyre CCG, Lancashire County Council, Lancashire Care Foundation Trust and Blackpool Teaching Hospitals Trust are working together to ensure transformational change is delivered.

The Health and Wellbeing Board is central to the development and implementation of joined-up health and social care strategies, in particular the Better Care Fund.

Specifics of management and oversight in place to support delivery

The majority of schemes currently within our BCF have been established for some time, and consequently each scheme has its own management and oversight arrangements. For our new models of care, interim processes are in place as set out in *Enhanced Primary Care Service Model Description*.



Enhanced Primary
Care Service Model Bl

We are in the process of setting up a working group to develop our BCF plan over the coming year. The group will be made up of representatives from Blackpool CCG and Blackpool Council, and other services will be invited as and when appropriate. The group will investigate the effectiveness of the schemes within the BCF and monitor expenditure, and will provide regular updates to the Strategic Commissioning Group, which has devolved authority for the HWB. In the event that Project Management activity is required for the BCF, this will be designed by the working group.

Key milestones for delivery in 2016/17

As outlined above, a working group is being established to oversee and develop the BCF project. The group will formulate an action plan and key milestones which will cover ongoing projects, new models of care, effectiveness of the schemes within the BCF and expenditure. A refreshed risk log will also be developed, which will include the existing risks as set out below:

Risk log

No	Description of Risk	Gross Risk Score			Controls and Mitigation	Net Risk Score		
		I ¹	L ²	GS		I	L	NS
1	Pressure on Council and CCG budgets reduces effectiveness of BCF	4	4	16	The section 75 agreement will require both partners to approve expenditure	4	3	12
2	Operational pressures may restrict community health and social care workforce to deliver transformation	4	4	16	Workforce planning will be part of BCF project management	4	3	12
3	Recruitment and retention of specialised health professionals	5	3	15	We are working with partners and external agencies to attract potential employees with the appropriate skills to deliver BCF	4	3	12
4	Successful diversion of activity away from the acute trust will reduce their income faster than they can shed their costs	5	4	20	Contingency will need to be made available by the CCG for double running costs etc.	5	2	10
5	The BCF schemes fail to divert adequate activity away from acute trust	5	4	20	Discussions on-going with our main provider as to how this risk will be mitigated within the contract negotiation	5	3	15
6	Additional cost pressures following implementation of Care Act	4	4	16	Implications of Care Act duties are evaluated on ongoing basis	4	3	12
7	Ongoing capacity to maintain day to day integrity of the business, safely, whilst delivering change and new models of working	5	3	15	Both organisations will utilise their existing capacity to support the proposed transformation and where possible will identify dedicated resources to oversee, manage and deliver	5	2	10
8	Inadequate level of commissioning support to deliver the agenda	4	3	12	The CCG is working closely to understand the change in resource requirements to deliver the BCF agenda	4	2	8

¹ I = Impact (5=Catastrophic; 4=Major; 3=Moderate; 2=Minor; 1=Insignificant)

² L=Likelihood (5=Almost Certain; 4=Likely; 3=More Than Even; 2=Less Than Even; 1=Improbable)

4. Meeting the national conditions

a) Plans to be jointly agreed:

The contents of the 2016/17 BCF have been developed in partnership between Blackpool CCG and Blackpool Council. The plan has been refreshed as follows:

- All of the Community Contract, excluding a small element for Children's Services has been included;
- An agreed uplift of 1.1% has been applied to all Blackpool CCG funded schemes based on 2015/16 actuals.
- Blackpool Council has increased its BCF contributions relating to specific part funded schemes to enable better monitoring and transparency. We are looking to increase our pooled funds even further to reflect the ambition to become fully integrated by 2020.
- Blackpool Council's contribution has been uplifted in line with the increased DFG grant.

The pooled budget total for 2016/17 is £17,206,738, which exceeds the specified minimum.

Any amendments to the original BCF plan have been presented to the Strategic Commissioning Board for agreement on behalf of the HWB. The final submission will be circulated to membership of the SCG and will be presented to the HWB at its meeting on 20th April 2016. This will ensure that agreement is obtained to enable sign off prior to the final submission date.

A programme of engagement was undertaken with patients, service users, the public and local health and social care providers during preparations to write our original BCF Plan. Full details are set out in section 8 of the original BCF. As there have been no significant changes made during this refresh, this process has not been repeated. However, if decisions are made in-year which affect the content or delivery of the BCF, a full consultation exercise will be undertaken.

Blackpool Council and Blackpool Coastal Housing have signed a joint protocol with health providers. This sets out integrated working pathways and aims to achieve improved outcomes.

b) Maintain provision of social care services

In line with the Care Act 2014, Blackpool Council provides adult social care and support to individuals who are unable to achieve two or more specified outcomes, and whose wellbeing is significantly impacted by being unable to do so. Support is also provided to carers who are unable to achieve one or more specified outcomes, to enable them to continue in their caring role. Blackpool Council also has a duty to provide, where appropriate, care and support to those who have been, or are at risk of being, exposed to abuse and/or neglect. The implementation of the Care Act 2014 has seen an increase in the number of assessments and carers assessments, and subsequently reviews, being undertaken by Blackpool Council. With the focus on maintaining people's independence and maximising their wellbeing, Blackpool Council also has a duty to promote prevention and to reduce and/or delay the need for formal care and support services. As well as being an inherent element of the assessment, review and Safeguarding Adults processes, the universal information and advice service required by the Care Act 2014 is enabling those who can to maintain their own independence and wellbeing.

It has been agreed that those social care services that are evidence-based, that meet the BCF vision and deliver the improved outcomes set out in our original BCF plan, will be protected. These schemes are restricted to and listed as expenditure schemes in the 2016/17 planning template. The schemes and details of finances within this plan are built on the principles of integration and joint working. While Blackpool Council continues to face unprecedented reductions in its funding, there will also need to be savings to CCG budgets to facilitate the necessary investment. The BCF offers the opportunity to develop existing programmes of joint

working, and to foster integration between health, adult social care and other partners including housing. The joint commissioners recognise that there are risks and challenges attached to the BCF, and this plan recognises that these risks are shared.

Disabled Facilities Grant – this element of the BCF will be used to fund technologies to support people in their own homes, and to facilitate a joined-up approach to improving outcomes across health, social care and housing. The council is liaising with Housing authority representatives to develop the DFG spend plan for 2016-17 incorporating the increased allocation, once agreed this will be approved as part of the Better Care Fund pooled budget with other partners at the Health & Wellbeing Board.

Carers (including Care Act 2014 monies) – We currently fund £300,000 for day care for people living with dementia, to provide respite for their carers. Additional funding in this year's BCF plan of £126,000 covers:

- Flexible breaks for carers, e.g. joining a gym, pamper sessions, taking up a hobby or training course, going on holiday.
- Support for carers to ensure that their caring role is appropriate and sustainable.
- Support for carers in their own right to maintain their health and maximise their wellbeing.

Supporting carers contribute to reducing non elective admissions to hospital, and long term admissions to residential settings. Our aim is to ensure that their caring role is sustainable and that the person they care for can remain living in the community. It can also be expected that supporting carers will contribute to the reduction in delayed transfers of care.

Reablement – Elements of the BCF will maintain current reablement capacity and community health services through services aimed at enabling people to regain their independence.

Blackpool Council and Blackpool CCG have several existing integrated care pathways, aligned to a focus on promoting independence and supporting people in the community, rather than in hospital or residential care settings. Our multi-disciplinary Rapid Response Teams will continue to provide 7 day services to prevent admission where possible, and to facilitate timely discharge where this has been unavoidable. Similarly the Hospital Discharge Teams ensure that discharges are effectively planned to promote a successful return to the community. These schemes are being further developed under the BCF alongside the Extensive and Enhanced Primary Care models, which will place adult social care within multi-disciplinary neighbourhood teams delivering person-centred, preventative care and support to those people most at risk of losing their independence.

c) 7-day services

A number of services have already been established to support this commitment such as the Rapid Response Nursing Service and Rapid Response Plus. Both have direct access to Council funded short term intensive domiciliary support 7 days per week. Other services such as our residential intermediate care facilities are already 7-day services. Partners are committed to developing integrated 7-day services which support people to be discharged and prevent unnecessary admissions to hospital at weekends. The intention is to establish integrated working practices across health and social care by further widening direct access by health professionals, as part of the integrated model of case management, to the full range of social care services which prevent admissions and support discharge. This will improve patient experience by reducing the number of hand-overs and will create efficiencies by eliminating duplication of assessments. There will also be work with providers of services such as

reablement, rehabilitation beds and recuperation beds to ensure their readiness to accept referrals 7 days per week.

Services will be improved to provide more responsive and patient-centred delivery seven days a week. We are collecting data about the potential to increase in deflections to primary care and increase deflections to 20% during the hours that an additional nurse is on duty. Patients will be diverted away from the emergency floor by offering clinical triage and treatment alternatives, providing better patient experience and care closer to home.

d) Data sharing

Blackpool Council participates regularly in the Lancashire and Cumbria Information Sharing Gateway Group that includes representatives from across the NHS, Police and Local Authorities. The group has actively been involved in developing a system to improve processes around the creation and sign off of information sharing agreements. This will be enhanced by the rollout of the Lancashire and Cumbria Information Sharing Gateway Portal which will provide secure, online information sharing agreements that have agreed assurance between the organisations, have been reviewed by the SIRO and Caldicott guardian, and have agreed review periods electronically implemented. All Social Care Staff have access to an e-learning course specifically designed for social care information sharing, and all complete the mandatory courses on Data Protection and ICT Security. The Council is fully compliant with PSN Code of Connection and IG toolkit working towards Level3.

Adult social care teams follow the principles of Caldicott and Caldicott 2, and the majority of their policies unique to their area of the business contain controls to reinforce this. We recognise that there are some areas for improvement and we are working to facilitate this. This is reflected in our IG Toolkit submission. At the point at which we obtain data from our clients we endeavour to ensure they understand how their data is being used. We do this via leaflets, personal explanations, open policies published on our website, when appropriate we raise awareness through campaigns.

We currently have about 95% coverage on NHS numbers for open cases and we are in the process of including NHS numbers on standard documentation within our Social System. The NHS number is currently populated via the batch tracing service. Health personnel already use the NHS number as their primary identifier, and social care teams are being encouraged to use it in all communication with health.

We are pursuing open API and are currently exploring how we can link our Corelogic Social Care System with LPRES (Lancashire Patient Records Exchange) through an infinity domain

We are currently exploring how both health and social care informatics teams can work together to improve Business Intelligence and informatics for risk stratification and predicative analysis.

e) Joint assessment and accountable lead professional

Blackpool already uses a locally developed and tested risk stratification tool based on health and social care using a joint process to assess risk, plan care and allocate a lead professional. This cohort are then reviewed with their lead clinician and a care plan is completed which can be referred to at any time in or out of hours. The care plans are available to the out of hours triage service and the acute trust. The responsible GP will identify a lead accountable professional in each case.

There is a risk stratification tool (Combined predictive model) available to all NHS Blackpool practices to identify all patients at high risk of admission (vulnerable elderly and those with complex needs). At CCG level (Sept 14), there are 8,500 individuals identified as being at high and very high risk of admission:

Very high risk (0-0.5%) = 863
High risk (0.55%-5%) = 7699.

Fylde Coast Medical Services provide the care co-ordination (single point of access) for patients identified in the top 2% with a care plan – 1505 (17.5%) in place.

There is a national enhanced service in place to support GP's in risk stratification and proactive care designed to improve quality of care for frail elderly and other patients with complex needs (includes dementia and Mental Health). 2% of the registered list will be enrolled onto proactive care plans. In addition, there is a local GP+ scheme which focusses outcomes for individuals with COPD, end of life and risk of admission between 2-5%. Practices are also supported with tools to identify individuals with risk factors who may require management review to optimise treatment. The GP plus scheme also provides indicative outcomes to increase care plans for COPD patients. The national enhanced service also includes people with mental health conditions.

In response to the National Dementia Strategy, CCGs across Lancashire have jointly commissioned Lancashire Care NHS Foundation Trust to provide a dedicated 'dementia gap team' to address the diagnostic gap. The team use GP clinical systems to gather information and record their findings.

f) Consequential impact of changes

A full programme of engagement was undertaken during the planning for Blackpool's 15/16 BCF plan, including discussions with providers who may be affected by the plans. As there have been no significant changes to Blackpool's BCF plan for 2016/17, this exercise has not been repeated. However, it is the intention of Blackpool Council and Blackpool CCG to engage full with all partners, including providers, in the development of our BCF during 2016. This will include providers of services to people with physical disabilities and mental health conditions, as well as the public, patients and service users.

The BCF 2016/17 is aligned with CCG operating plans and provider plans.

g) Investment in NHS commissioned out of hospital services

Several schemes within our Better Care Fund schedule are NHS commissioned out of hospital services, which continue to limit non-elective admissions. As outlined in 5) below, there is local agreement that we will not introduce a risk sharing agreement in relation to these.

h) Local action plan to reduce delayed transfers of care

Blackpool's ongoing action plans for DTOC are attached.

 
BCCG Delayed Transfers of Care acti
LCFT Remedial Action Plan Version 2.docx

5) Financial risk sharing and contingency

This has been discussed locally, and it has been agreed not to introduce a risk sharing agreement into the 2016/17 BCF. The current section 75 agreement allows commissioners to manage any over and underspends of schemes internally. These will continue to be raised to the Strategic Commissioning Group as part of monthly/quarterly monitoring, to ensure that all parties are aware of their impact, and enable informed decisions on correct action, if appropriate. For jointly commissioned services the % split is as outlined on the expenditure plan.

The expected outcomes and benefits of the BCF investment will be measured and performance monitored against the BCF metrics outlined in the Part 2 of the 2016/17 Planning Template.

DRAFT