

Appendix 4a



Specification	
Project name:	<i>Lancashire and South Cumbria ICB: BCF Review</i>
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 six Health and Wellbeing Boards in LSC ICB. This will cover a review of the current status of the BCF; predictive modelling for the BCF; leadership, decision, and governance arrangement support; 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</p>
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	<p>services. This will involve designing and delivering a comprehensive, diverse range of support options. Tailoring the support to specific local needs is a particularly vital aspect.</p>
<p>Project requirements including objective(s):</p>	<p>Lancashire and South Cumbria ICB is comprised of four Places and covers six Health and Wellbeing Boards. The Places are Blackburn with Darwen; Blackpool; South Cumbria; and Lancashire, whilst the six Health and Wellbeing Boards are Blackburn with Darwen; Blackpool; Lancashire; North Yorkshire; Cumberland; and Westmorland and Furness.</p> <p>The ICB has identified that, based on the current delivery model, their services will be unaffordable within the next 10 years. They therefore need to review and reform key elements of their system, including the BCF and other related system aspects.</p> <p>The system has identified that they have a need for a common understanding of the different schemes currently funded through BCF, 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. • They currently have a hospital-centric delivery model funded by 60% of their total budget, with the drivers of the budget going in the wrong direction. • They have an increasingly ageing population with an increasing number of over 85s 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. <p>Looking ahead, the BCF needs to align to with the 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 delivering against the nationally mandated performance metrics:</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

	<ul style="list-style-type: none"> Increasing the proportion of older people who remain living independently at home following a period of reablement/rehabilitation after discharge from hospital. <p>The support should look at elements such as Virtual Wards, expansion of Intermediate Care, step up/ step down care, and ‘Jean Bishop’ style centres for MDT treatment of the frail and elderly. There also needs to be a significant focus on developing neighbourhood model, INTs, risk stratification approach in primary care, community health services, and prevention schemes, some of which are currently funded by BCF monies.</p> <p>By considering all these elements and by completing the above outputs, the system will gain a comprehensive understanding of the state of play for its BCF at all levels and have developed organisationally regarding how it governs and implements the BCF moving forwards.</p> <p>The objectives of the review are to:</p> <ul style="list-style-type: none"> Understand - What the six 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. Clarify – The statutory role, responsibilities, governance, and accountabilities for the BCF through the six Health and Wellbeing Boards in the ICB, aligning all of them with national guidance. Transparency – Conducting a joint ICB and LA review of what is jointly funded through BCF and associated funding decisions.
<p>Expected Outcomes and Outputs:</p>	<p>External consultant to deliver:</p> <ul style="list-style-type: none"> Independent assessment of the six BCFs from an ICB, LA and place partners perspective, jointly commissioned between the ICB and LA’s 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
- 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.

In addition, work with the system on other elements of this BCF review and facilitate ICB and LA colleagues to deliver:

- Facilitate session for four places to work through wicked issues and link place-based BCF review to the wider LSC work
- Facilitate discussion and agreement as to what could/should be funded through BCF.
- Facilitate the development of a joint framework to enable consistent application of national governance and demonstrating compliance against delivery of national BCF outcomes.
- 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.
- 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 the Place Directors aligned to schemes of delegation.

To support this work, LSC ICB and local authorities are currently working on the following:

- Current position – Work underway to map BCF spend for each of the four places, 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

	<ul style="list-style-type: none"> • Map schemes, leads, and interfaces at a 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 [REDACTED] + VAT. Please note that this price is inclusive of expenses.
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>
Contract Management Requirements	The contractor will be required to work with system data.
Extension option:	Extension is available at buyer's discretion. Please note 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 feed into appropriate system, Place, and HWB-level governance structures, wherever necessary.