

APPENDIX C

Governance

Our governance structure supporting the H&WBB is fully operational through an overarching Joint Commissioning Board and a number of delivery boards covering key themes such as 'Women and Children's' and 'Proactive Care'. Internal reporting mechanisms are operational to ensure each Board has an in depth understanding and ownership of delivery against specified target for which they are responsible. Lincolnshire's over-arching Partnership Framework and the five underpinning BCF S(75) agreements (plus 2 aligned budgets) were signed by 31st March 2015 which effectively 'pooled' £195m for 2015/16. The funding flows into the pooled fund are operational and a pooled fund manager has been appointed.

Performance Reporting

Lincolnshire's internal quarter 4 report presents a positive position with all targets being achieved. In summary 5 out of the 6 measures are ahead of target, and 1 measure is yet to be populated as we wait for the next results of the GP survey. In quarter 4, Lincolnshire achieved 116 fewer non-elective admissions than the target which represents a 4.1% reduction from 2013/14 Q4. In quarter 4, Lincolnshire achieved 1,258 fewer delayed days than the Q4 target, and 40% less than 2013/14 Q4.

Fewer older adults have had access to Reablement /rehabilitation services following a hospital stay over the winter period compared to last year. This is mainly due to reduced capacity in the Reablement home support service. For older adults that did access Reablement/ /rehabilitation support, 79% were at home (with or without support) 91 days after discharge from hospital.

There has been a large reduction in the number of older adults admitted permanently to residential and nursing care. with 940 people having been placed in a care home which is 90 less than target. Furthermore, Statistically significant results from the annual Adult Social Care Survey show that 94% of people receiving social care feel those services help them to have a better quality of life. This compares favourably to the 91% target for 2014/15.

The District Councils have received in-full their DFG funding and we are currently developing a performance information report for quarter one data.

Delivery of Schemes

Good progress is being made to embed our schemes to continue delivering against the BCF targets and to provide quality local care. There is a focus on establishing Neighbourhood Teams and new models of Intermediate Care. Adult Social Care have fully embedded the contractual arrangements supported by the BCF funds for reablement, seven day working, provider of last resort and have secured additional agency staff to support effective hospital practices at 4 acute hospital sites leading to a better mix of permanent and agency staff. These schemes are at the heart of keeping adults at home and avoiding unnecessary admissions to acute hospital care. In addition and since the BCF submission Lincolnshire has been identified as one of 9 demonstrator sites by NHSE for integrated personal commissioning which was also detailed within the submission, this indicates a level of progress towards this element.

Childrens services have contractual agreement for health and social care CAMHS through a S(75) with the NHS provider of care the Childrens' Promoting Independence project is proceeding as planned with 11 people working across the county in Special Schools, Colleges and within the Promoting Employment team to take forward the priorities within the Promoting Independence Strategy developed by the Steering group and the training of an additional 20 staff in Systematic Instruction is now translating into tangible evidence of young people demonstrating the ability to carry out work skills and daily living skills with a greater degree of independence.

Financial Risk

There is a robust financial risk agreement in place. However, since the BCF submission in February 2015 the CCGs financial forecasts and independent advice indicated a need to re-balance the financial risk. Accordingly the CCGs and the County Council agreed to add an extra financial risk to £1m of the £20m allocated to protect adult care so that there is now a pay for performance regime in operation for that sum.

Cover and Basic Details

Q4 2014/15

Health and Well Being Board Lincolnshire

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contact number: 01476 406578 (NHS) and 01522 554003 (LCC)

Who has signed off the report on behalf of the Health and Well Being Board: Councillor Woolley

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Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Lincolnshire

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?

Yes

If the answer to the above is 'No' please indicate when this will happen

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

Yes

If the answer to the above is 'No' please indicate when this will happen

Selected Health and Well Being Board:

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National Conditions

The Spending Round established six national conditions for access to the Fund. Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan. Further details on the conditions are specified below. If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Table with 3 columns: Condition, Please Select (Yes, No or No - In Progress), and Comment. It lists six national conditions and their current status.

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14.

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning.

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