Application form for graduation from the Better Care Fund (BCF) v1.1 14 December 2016

Q1. Who is making the application and is the application approved by all signatories to the BCF Plan? (Eligibility criterion reference b)

Which Better Care Fund partnership is applying? Please include the names and contact details of a single person able to field queries about the application. Also confirm approval to the application from BCF plan signatories.

The bid is on behalf of the health and social care 'system leaders' in Lincolnshire, and the BCF co-signatories. Much of the detail contained in this application is also reflected in the STP for Lincolnshire. The contact officer is:
Glen Garrod, Executive Director of Adult Care and Community Wellbeing, Lincolnshire County Council
glen.garrod@lincolnshire.gov.uk
01522 550808 or 07799 478985

The bid for graduation status has been extensively discussed across the Lincolnshire health and social care community. All parties are supportive of the application, and fully engaged in the opportunities that may present themselves as part of a national programme of 'Graduation Pilots'.

The proposals:-

- Have been discussed and approved by the Lincolnshire Health and Wellbeing Board and has the personal support of Cllr Sue Woolley who chairs the Board.

- Have been discussed and approved at the Lincolnshire Joint Commissioning Board, and by the four Lincolnshire CCGs.
  Lincolnshire East CCG – Chief Officer Gary James
  South West Lincolnshire CCG – Chief Officer Allan Kitt
  South Lincolnshire CCG – Chief Officer John Turner
  West Lincolnshire CCG – Chief Officer Dr Sunil Hindocha

- Been discussed and agreed with the BCF Regional Manager Wendy Hoult.

- Also discussed and agreed at the Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCG's, the Chief Executives of the three main health providers United Lincolnshire (United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS), the chair of the local Medical Committee and the County Council in the form of both the Chief Executive and the Executive Director as above.

- Internally at officer and member level within Lincolnshire County Council, including the Executive, Adult Scrutiny Committee and the Council's Corporate Management Board

In addition, we are eager to expand the interpretation of what integration might mean by ensuring that Children's Services, Public Health and Housing (despite being a two-tier area) are part of the nucleus for building an effective and outcomes focused integration platform against which the needs of our local communities can be better met. We recognise the vital contributions a 'housing for independence' programme can make and to this end have engaged with all 7 District Councils within Lincolnshire during 2016. We also see considerable opportunities to expand the preventative 'offer' from public health led services and so it is encouraging to note the long term and active engagement of the Director for Public Health on our integration journey.

We would also like to refer to the support of the Lincolnshire Care Association (LINCA) which is a strategic partner in the application representing the interests of care providers within the independent and voluntary sector in Lincolnshire.

Q2. What are you trying to achieve through graduation from the BCF and what plans/systems do you have in place to support delivery? (Eligibility criterion reference a)

Please set out your mature system of health and social care with evidence of:

i. A strong shared local political, clinical, commissioner and community leadership.
ii. An agreed system-wide strategy for improving health and wellbeing through health and social care integration to 2020. The government supports a range of models of health and social care integration, as set out in the Integration Models section. You should reference your integration strategy or action plans and their links to wider health and local government strategies.
iii. A robust approach to managing risk, including adequate financial risk management arrangements proportionate to the level of risk in the system, for example, if any CCG is subject to financial directions, a clear plan of mitigation.

Lincolnshire has for a number of years recognised the value of closer working to secure better outcomes which includes integration. As such our approach has been pragmatic: we develop our journey together building integration where there is a clear business case. We believe this is likely to deliver more sustained improvements through integration that better wins the hearts and minds of those who will operationalise our collective ambition. In 2013 local stakeholders across the public, private and not-for-profit sectors devised the Lincolnshire Health and Care Programme (or LHAC). This commenced with an analysis (involving PWC) of the future funding, pressures and quality considerations with respect to health and social care. This local initiative helped inform the Better Care Fund submission for 2015/16 and 2016/17. Indeed, the level of public engagement and analysis undertaken in LHAC was also extensively utilised by NHS colleagues in their production of the STP for Lincolnshire in December 2016.

Building on earlier successes our BCF submission has for the previous two submissions represented one of the top 5 pooled BCF budget amounts nationally – in excess of £196m covering such areas as learning disability, mental health, community equipment, residential placements; and we continue to build. We recognise that pooled funds are not, in themselves sufficient and in both learning disability and mental health there are also integrated teams and management. We are eager to build out from these areas of success, notably in evolving our integrated Neighbourhood Team model.

Three very different examples are identified below:

1. Integration of Children's Services

<u>0-19 Children's Health Services</u>

As an example, through a single management structure across four locality teams, it is believed that practitioners can better support families through the resources that are available, match need to available skills and expertise and put the needs of children first. One of the recent Ofsted inspections found that "the co-location of 0–19 teams has improved communication and promoted integrated practice. Inspectors saw many examples of highly effective early help practice which prevented escalation to statutory services".

Lincolnshire's Children's Service's aspiration is defined as: "PUTTING CHILDREN FIRST: Working together with families to enhance children's present and future lives". This statement sets out clearly the Council's ambition to work in a collaborative way with families, where children are placed at the heart of everything that we do to enhance their present and future lives.

The Council is also further investing a number of services that will have a strong interface with integrated locality teams - online counselling for young people and a new emotional wellbeing service will offer fast access to counselling support where young people do not meet thresholds for services

such as CAMHS (see later Qu.6) but still need support with emotional wellbeing concerns. The Council is also integrating sexual health services for young people aged 13+ with services for those under age 13. The total investment in all of these services is c£11.5m p/a.

2. Housing for Independence Programme

We recognise that appropriate housing is a key factor in determining whether an individual can maximise their independence in the community and avoid the need for, or reduce the length of stays in residential and/or hospital settings.

Our proposals are currently intended to be a crucial component helping to make improved use of the much expanded Disabled Facilities Grant (DFG) funding available in future years. The proposal is though much more than DFG focused and aims to integrate such funding into a wider programme.

Building on what we have already achieved during the course of the next three years we expect further integration around Occupational therapy, Integrated Equipment and Disabled Facilities Grants; a substantial expansion of the IPC programme in line with NHSE ambitions, the integration of commissioning budgets that will grow the overall pooling to in-excess of £300m and, the evolution of our Neighbourhood Team model.

3. Integrated Personal Commissioning (IPC)

Lincolnshire was selected as one of the lead demonstrator sites for the delivery of Integrated Personal Commissioning (IPC) a joint transformation programme across Health and Social Care. We have made excellent progress in agreeing the local core offer for Personal Health Budgets (PHB'S), continue to achieve programme targets and have ambitious growth targets for 2017-18 and following years. The local IPC Board and (PHB) Boards have now been amalgamated, therefore integrated programme governance and delivery arrangements which includes a plan for the further development of related care and assessment infrastructure.

4. Risk

Both financial and performance metrics are regularly reported to the Joint Commissioning Board. A risk contingency fund was established for each of the 2015/16 and 2016/17 financial years, specifically around the potential non-achievement of Non-Elective Admissions targets. The current year's (2016/17) contingency is £3.6m, and reports are regularly provided to the JCB and are discussed in advance at the S75 Finance Group. In 2016/17 the contingency will be released in full to CCGs to compensate for lack of delivery against NEA targets.

Q3. Is your performance against the Better Care Fund metrics on a positive trajectory? If not, are you taking measures to address this? (Please describe your current performance levels, approach to improving performance and your expectations for accelerated improvement post-graduation). (Eligibility criterion reference c).

BCF targets are listed below:

1. Total non-elective admissions in to hospital (general and acute) CCG baseline performance in Lincolnshire is considered in the upper-quartile and so starts from a good position. The BCF plan committed CCGs to a 2.7% reduction in each quarter of the year for 2016/17. In the month of April 2016 the target reduction was achieved, for the rest of quarters 1 and 2 performance is improving but has not reached the target reduction levels, ranging from a reduction of 0.56% to 2.2% per month. The number of non-elective admissions has been fairly consistent throughout the first six months (6122 in April and 6112 for September). Performance has improved against previous years outturns with 18,781 admissions in Q2 2015 compared to 18,501 in Q2 2016, against an increasingly growing older population.

2. Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii).From April to September, there have been 579 permanent admissions to care homes for older people, which is 88 more than target at this point in the year. When compared to other authorities within the CIPFA group, Lincolnshire is ranked ninth out of 16 for this indicator in 2015/16. A shift of policy within Adult Care to reducing extended 'short-stays' has had a considerable impact on this figure and during 2017/18 further work will be underway to seek to reduce un-necessary residential placements.

3. % people (65+) at home 91 days after discharge from hospital into reablement (ASCOF 2B part 1).During the sample period April to June the proportion of patients at home, with or without support, on the 91st day was 73.4% against a target of 80%. This is lower than the 2015/16 year end figure of 76% reported as an ASCOF measure. Whist the target has not been reached part 2 of this indicator measures the % of people who are offered reablement services following discharge from hospital (ASCOF 2B part 2) The outturn for 2015/16 for Lincolnshire was 4.2%, ranking Lincolnshire's performance second out of sixteen and within the top quartile. This demonstrates that Lincolnshire has a broad offer of reablement and supports greater numbers of people with reablement service

In November 2015 the local authority recommissioned its reablement service to increase capacity and improve service delivery. The service went through a period of transition and is now beginning to deliver consistent levels of service. It is anticipated that the final year end position will show an improvement on this indicator for 2016/17. The service has a number of KPI's that are showing significant improvement e.g. The number of visits completed by the service provider increased from 14,206 in April 2016 to 17,117 in Sept 2016, with an increase in face to face contact hours from 7,360 in April 2016 to 10,737 in October 2016. In Q2 100% of people reported that they were extremely or very satisfied with the care and support provided.

4. Delayed transfers of care (delayed days) from hospital for adults aged 18+, per 100,000 population

There were a total of 3,347 delayed days for patients in October, 872 higher than the target of 2,475 days, therefore not achieving target. For the third consecutive month, the proportion of non-acute delays has fallen, and now makes up 42% of total delayed days. Social care delays have dropped to 18%.

Whilst not achieving the target performance has improved on the same period last month with the rate per 100,000 of 559.1 for October 2016, compared to 593.8 for the same month in 2015. Compared to the national position Lincolnshire is showing an improved position on DTOC. Nationally delayed days in October 2016 compared to October 2015 shows that there has been a 25% increase in total delayed days, whereas in Lincolnshire, delayed days in the month of October are 5% lower than the same time last year. Nationally delayed days in the month of October 2016, social care delays at a national level accounted for 34.9% of total delayed days. In Lincolnshire, social care delays have been coming down since 2015/16 and in the month of October, accounted for 18% of delays.

Q4. Do you agree to pool or align the commissioning of an amount greater than the minimum levels of BCF including NHS contributions to adult social care and investment in out-of-hospital services on an agreed footprint of HWB, STP or combined authority arrangements? (Eligibility criterion reference d). Please provide details:

In summary – yes. Our approach to the BCF in the preceding 2 years indicates not only our overall commitment to going beyond the minimum but provides a significantly higher baseline than the national minimum requirements. In the 2016/17 financial year Lincolnshire's approved BCF Plan provided for investment of £193.8m. This has now been extended to a pooled fund in

the current year of £196.5m and comprises services described within 6 Sect 75 agreements and two aligned Mental Health budgets.
The 2017/18 plan will be based on the same principles as that applying in 2016/17, which should enable a Pooled Fund of circa £200m to be available. A review of scheme investments is currently taking place and this should help ensure that this significant sum is invested in services that the Health and Wellbeing Board and the five commissioning organisations believe is most appropriate to the needs of Lincolnshire and helps support improvement in the key areas targeted by national and local BCF funding.

Funding and service issues are discussed in a number of fora including:

- HWB, CCG and LCC Board/Committee meetings
- SET and the JCB
- At the STP Financial Bridge Working Group and at the S75 Finance Group
- The JCB has reviewed each S75 during the course of 2016/17 as part of overall governance. An example (covering the S75 for CAMHS) is shown in the attached link

The longer term plan envisages the range of services within the BCF Plan to be extended to include:

- A broader range of Children's Services
- Continuing Health Care
- Broadening the Pro-active S75 and linking this more closely to Wellbeing Service commissioning, to bring certain functions together under the Wellbeing umbrella e.g. HART, Care Navigation

and hence ensure wider integration of service provision across both Children's and Adults Services**.**

Q5. Do health partners in your area agree to continue to maintain social care contributions and NHS commissioned out of hospital services in line with inflation? (Eligibility criterion reference e). Please provide details:

In summary – yes. In both 2015/16 and 2016/17 the 4 CCGs have invested a significantly higher BCF sum in Adult Social Care than was prescribed nationally as the minimum requirement. These investments have led to additional Adult Care funding of approximately £6m over the two BCF years 2015/16 and 2016/17 and has been used to support a range of services including Intermediate Care, Reablement, 7-day services, home care, etc. Whilst it is difficult to determine the full benefit of any one investment, all schemes have been reviewed on an annual basis and only receive ongoing funding if the benefits are clear. For the 2016/17 BCF submission, the review was completed using the national review tools made available.

In the last 12 months the financial state of the NHS both nationally and locally has become clear and represents a significant deficit. Additionally, future BCF funding is being split and additional sums for the protection of adult care is being routed from central government direct to Councils (though still part of the BCF pool locally). NHSE Regional Directors now instruct CCGs to apportion only the minimum sums required and as such CCGs have less discretion – should they choose to use it – to allocate sums over and above the mandated minimum.

Taking account of all the above, it is currently proposed that the CCGs will fund Adult Care in 2017/18, in line with the minimum requirement, including any inflationary increase required. This proposal currently has the support of the four CCGs and the Executive of the County Council.

It is important to note that the County Council will be subject to local elections in May 2017 though there is broad support amongst the political groups for the work to integrate health and

social care building on the approach taken in previous years that provides a degree of reassurance that better outcomes and more effective services are the result.

The focus of both the minimum BCF investment and the entire 2016/17 BCF pooled funding of £196.5m is around social care and community health provision. There are no investments that are solely into the acute sector. This focus will continue into 2017/18 as part of a broader strategy of building up primary and community resources. On this basis Lincolnshire expects to continue to invest extensively in NHS commissioned out of hospital services, and will be boosting investment in line with inflation. This is in line with the STP's focus around community provision and the planned reductions in acute sector spend.

Q6. We expect that first wave graduates will work with national partners to develop and share practice. Are you committed to 'a sector led improvement' approach and to participate in peer-led activity to support other areas looking to graduate? (Eligibility criterion reference f). Please confirm your commitment to this activity and set out your views on how you could support other areas wishing to graduate from the BCF.

Lincolnshire is fully committed to a 'sector-led improvement' approach and to participating in peer-led activity. Peer-led activity within the County Council in recent months has included a peer review of Adult Social Care Services focusing on key lines of enquiry within (a) Adult Frailty and Long Term Conditions (b) Adult Safeguarding. Indeed the independent Chair of the Safeguarding Board has agreed to pilot in February a Peer Review of Boards with the LGA as an initiative that may develop into a national programme.

The Health and Wellbeing Board used the LGA Integration and Self-Assessment Toolkit at a meeting in November 2016 and will return with recommendations for agreement in March 2017.

- In addition a number of colleagues have been involved in peer reviews covering: Glen Garrod – Lead DASS and Peer Reviewer for Warwickshire and Derbyshire, Pete Sidgwick – Derby City (July 2016),Emma Scarth – Leicestershire County Council (April 2016),Carolyn Nice – Leicester City (March 2016),and David Laws visited Northamptonshire County Council to assist with their BCF preparations

On a broader regional basis:

- Glen Garrod, Rob Croot (Chief Financial Officer at Lincolnshire West CCG) and David Laws (BCF Manager) presented a half day seminar at a Regional event in August 2016 in Leicester entitled 'The Lincolnshire Experience'

- Glen Garrod and Allan Kitt (Chief Operation Officer at South West Lincolnshire CCG) have already co-presented at an East Midlands integration event in January 2017

- The graduation bid has been discussed with regional/national BCF representatives: Wendy Hoult (Better Care Implementation Manager for the East Midlands), Matthew West (National Better Care Fund Support Team).

We are also keen to share our learning and learn from others in such areas as:

1. CAMHS

The Children's and Adolescent Mental Health Service (CAMHS) is funded by Lincolnshire County Council (LCC) and the four Clinical Commissioning Groups (CCGs). LCC Children's Services has the

delegated lead commissioning responsibility from the CCG's which is agreed in the form of a Section 75 Agreement. All parties have shown commitment to this service by putting in place a revised S75 agreement which covers funding until 31st March 2019. The current funding for CAMHS in Lincolnshire is £7,009,164. This is made up of £6,284,575 (CCG's), and £724,589 (LCC).

To ensure a coordinated, holistic and integrative approach to supporting children and young people's mental health, the service works closely with and provides support to universal services. This includes GPs, Community Paediatricians, A&E, Health Visitors, Schools, School Nurses, Colleges, further education and third sector agencies.

A joint bid was successful in securing transformation funding which resulted in a new service model commencing 1st April 2016 and which included a number of core changes that are based on national drivers, local need and service user feedback e.g. transitioned to a tier-less service to reduce perceived stigma for the service user of moving between tiers; streamlined the referral process by implementing a single point of access; Implemented an out of hours, crisis and home treatment service which is reducing A&E admissions and Tier 4 in-patients and to improve outcomes for young people in crisis; reduction in waits from 12 to 6 weeks.

2. Co-responders

This scheme uses the Councils Fire Brigade to work alongside the Regional Ambulance service in responding to tier 1 and 2 emergency calls. The scheme builds on the availability of fire services in our rural county and enhances the ambulance service responsiveness. The scheme is funded from BCF resources and in 2015/16 took over 4,500 calls.

3. IPC/Occupational Therapy and Community Equipment

We are particularly keen to support further learning given our strong position with respect to the Integrated Personal Commissioning programme as a first tranche national 'demonstrator site' and to work in two-tier areas in pursuing better outcomes from a more collective endeavour entailing Occupational therapy, Community Equipment and DFG resources – most notably how these can be better combined into a whole-systems approach to reducing acute pressures (e.g. fast-track discharge) and preventative/demand management.

4. Intelligence and Analytics

Our approach to demand management and 'flow', we believe, presents opportunities for wider learning building on our current work to develop our understanding of flow through acute and community systems. We believe this provides an opportunity to consider what strategic investments can be made to better reduce or ameliorate demand. The approach being taken to map such activity in Lincolnshire has already been agreed as a priority for the East Midlands region in 2017/18 and we would wish to see this expand further within the national support programme.

This page is intentionally left blank