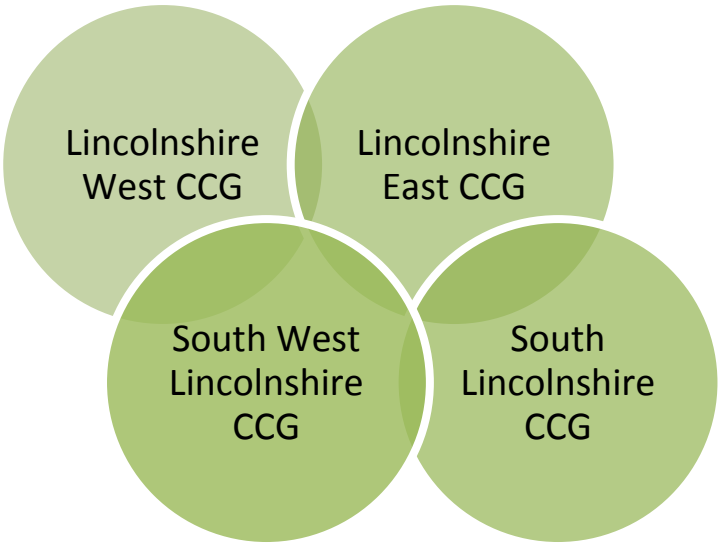
Lincolnshire Integration and Better Care Fund

Narrative Plan 2017/19

September 2017



Lincolnshire COUNTY COUNCIL
Working for a better future

List of Abbreviations

ASC	Adult Social Care
BCF	Better Care Fund
CA	Carers Association
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CHTA	Care Home Trusted Assessors
DASS	Director of Adult Social Services
DCLG	Department of Communities and Local Government
DFG	Disabled Facility Grants
DTOC	Delayed Transfers of Care
H&WBB	Health and Wellbeing Board
HHCDG	Housing Health and Care Delivery Group
iBCF	Improved Better Care Fund
INCT	Integrated Neighbourhood Care Team
IPC	Integrated Personal Commissioning
JCB	Joint Commissioning Board
LCC	Lincolnshire County Council
LCHS	Lincolnshire Community Health Services NHS Trust
LD	Learning Disabilities
LGA	Local Government Association
LHAC	Lincolnshire Health and Care
LinCA	Lincolnshire Carers Association
LPFT	Lincolnshire Partnership Foundation Trust
MDT	Multi-Disciplinary Team
NKDC	North Kesteven District Council
NT's	Neighbourhood Teams
PHBs	Personal Health Budgets
PWC	Price Waterhouse Cooper
RAG	Red, Amber, Green
S75	Section 75
SKDC	South Kesteven District Council

SET	System Executive Team
STP	Sustainability and Transformation Plan
UEC	Urgent Emergency Care
ULHT	United Lincolnshire Hospitals NHS Trust

Appendices

Appendices	
Appendix A	Graduation Plan
Appendix B	• BCF Corporate Risk Register • BCF Proactive Care Delivery Board • BCF Specialist Adult Services Delivery Board Risk Register • BCF Women's and Children's Delivery Board Risk Register • BCF Integrated Community Equipment Delivery Board Risk Register
Appendix C	SALT Diagram
Appendix D	BCF Governance Arrangements
Appendix E	DToC Improvement Plan

Table of Contents

Introduction/Foreword

Lincolnshire's Better Care Fund (BCF) Plan is submitted on behalf of the health and social care 'system leaders' in Lincolnshire. Much of the detail within the Plan is also reflected in the STP and links effectively with the Joint Health and Wellbeing Strategy for Lincolnshire, for which the Engagement Plan for the next Strategy has recently been approved by our Health and Wellbeing Board.

Lincolnshire's BCF for 2017/18 totals £226m making it one of the largest pooled budgets across the health and social care community in England. The fund comprises a mix of CCG and LCC funding in addition to the DFG funding coming from DCLG:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
NHS Lincolnshire East CCG	£16,319,341	£16,611,457	£16,927,074
NHS Lincolnshire West CCG	£14,453,218	£14,711,931	£14,991,458
NHS South West Lincolnshire CCG	£8,012,544	£8,155,969	£8,310,932
NHS South Lincolnshire CCG	£9,869,455	£10,046,119	£10,236,995
Lincolnshire County Council - iBCF	-	£17,371,326	£23,857,616
Disabled Facilities Grant funds	£4,884,203	£5,291,137	£5,698,071
Additional CCG Contribution	£63,000,000	£75,139,617	£76,453,132
Additional LCC Contribution	£77,257,376	£78,939,743	£78,939,743
Total	**£193,796,137**	**£226,267,298**	**£235,415,021**

These funds will be invested in the following key areas:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£69,011,000	£85,862,650	£87,135,165
Community Health	£26,818.558	£32,265,031	£28,920,450
Social Care	£97,966,579	£108,139,617	£119,359,406
Total	**£193,796,137**	**£226,267,298**	**£235,415,021**

Of which the BCF expenditure from the CCG Minimum contribution comprises:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£6,011,000	£6,011,000	£6,011,000
Community Health	£25,818,588	£26,384,475	£26,998,894
Social Care	£16,825,000	£17,130,000	£17,456,565
Total	**£48,654,558**	**£49,525,475**	**£50,466,459**

The proposals have also:-

- Been discussed and approved by the Lincolnshire Health and Wellbeing Board and has the personal support of Cllr Sue Woolley who chairs the Board. Cllr Woolley approved the Plan on 11 September 2017 prior to its submission to NHSE

- Discussed and approved at the Lincolnshire Joint Commissioning Board

- Discussed and approved by:-
    - Lincolnshire East CCG – Chief Officer Gary James
    - South West Lincolnshire CCG – Chief Officer John Turner
    - South Lincolnshire CCG – Chief Officer John Turner
    - Lincolnshire West CCG – Chief Officer Dr Sunil Hindocha

- Also discussed and agreed at the Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCGs, 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. We are fully aware of the financial and service challenges to NHS colleagues, notably at ULHT which the Lincolnshire STP seeks to address. We also intend that the initiatives described in our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

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

The plan builds on our Graduation submission, which has been short-listed for graduation status.

The plan has also been shared with and is supported by the Lincolnshire Care Association (LinCA) which is a strategic partner representing the interests of Social Care and many housing providers within the independent and voluntary sector in Lincolnshire.

What is the local vision and approach for health and social care integration?

Lincolnshire Health and Care Vision

Lincolnshire's H&WBB, in collaboration with its broader health and social care community, are committed to delivering the following vision:

Lincolnshire Health and Care Vision

A sustainable and safe health and social care economy for Lincolnshire

Lincolnshire residents will have access to safe, sustainable and good quality services, which focus on keeping them as well as possible to reduce the need for unnecessary hospital care or long term residential services. This will mean a shift in the balance towards delivering more care in the community.

The Lincolnshire BCF submission aligns with the preceding and overarching vision for health and social care in Lincolnshire, LHAC. This is consistent with the approach taken for the BCF in both of the previous two years

Key Principles

The key principles to deliver this vision are:

- People are engaged and informed (building resilience to facilitate self-care).
- Services move from fragmentation to integration.
- A focus on proactive care rather than reactive care, which will include a focus on prevention.
- Shared decision-making with decisions based on evidence.
- Continuous quality improvement.

Links to STP and Services in 2019/20

There is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders within the Lincolnshire Sustainability and Transformation Partnership. There is shared acceptance that the "status quo" is neither safe nor sustainable which is the driver behind creating our vision. This has been developed by all organisations, drawn from engagement with over 18,000 people as part of our engagement programme and underpinned by proposals developed in our clinical expert reference groups with input from hundreds of clinicians.

STP Vision: To achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation.

By 2019/20, our vision will have enabled Lincolnshire to:

- Be on trajectory to a stable and financially sustainable position.
- Deliver integrated, personalised proactive care through multi-disciplinary Neighbourhood Teams.

- Focus on outcomes, safety, quality and experience.
- Deliver measurable results.
- Develop innovative roles to attract staff and address recruitment issues.

How will it be different for patients?

- Residents will take more responsibility for their own health, both in managing long term conditions and in making healthy lifestyle choices to keep fit and well.
- They will be able to access their records via the Care Portal to assist them with caring for themselves if they have self-limiting or long-term conditions.
- They will know who their GP is but are likely to have initial consultations with a range of primary care and community based health and care staff, often via phone or using telemedicine.
- They will find they don't need to explain their health and care issues in detail or repeatedly.
- For ongoing health and care issues, their main contact may well be their GP.
- They can expect that most diagnostic tests and specialist consultations will be undertaken locally.
- If they need specialist emergency or planned care, they may need to travel to an acute hospital but will be able to return to their own community very quickly.
- They will find that all those caring for them are well trained and motivated, working effectively with their colleagues, and that their care is delivered in comfortable surroundings.
- They will be able to access the right service first time and will consistently receive good quality, safe care wherever they live in the county.

The plan also sets out how on a practical level, Lincolnshire will deliver the five year forward view with the development of multi-specialty community providers, a different relationship between commissioning and the acute sector based on an alliance type model.

The plan outlines a very different future than at present for Lincolnshire with primary care and community services playing an increasingly central part in the system with greater integration between health and social care and services which are built around patients and citizens rather than services that they have to fit into.

The figure below summarises the Lincolnshire Sustainability and Transformation Plan on a Page.

The STP Financial strategy inclusive of the Better Care Fund recognises the Better Care Fund has supported service delivery and financial balance in social care over the last four financial years; and any review for the use of the targeted funding will be carefully considered to ensure that a sustainable service can continue to be delivered until 2020/21.

Lincolnshire Sustainability and Transformation Plan on a Page

Our Vision

To achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation

Our Objectives

Develop Multi-speciality Community Providers alongside integrated strategic commissioning arrangements	System financial plans achieved annually and financial balance is achieved by 2021	High quality and effective services	Keeping people well and healthy	Change the relationship between the individual and the care system
Develop a network of community hospitals and primary care hubs supporting Neighbourhood Teams	Move care from acute hospitals to neighbourhood networks providing care closer to home	Simplified pathways for specific diseases based on what works well with fewer people travelling out of county	A smaller but more resilient acute hospital sector providing emergency and planned care	Develop resilient specialist mental health inpatient facilities in county

Clinical and financial performance and outcome improvement

2016/17

Drive delivery of 16/17 recovery plans for NHS
Constitutional Standards, Quality Innovation Productivity and Prevention Programmes and Cost Improvement Programmes

2017/18

Deliver further financial improvement
- Realise benefits of Operational Efficiency and Commissioning Priorities /RightCare projects in 2017/18
- From 2018 onwards, realise further benefits in reduction in variation and demand plus deliver improved outcomes

Engage and consult with the public, finalise clinical redesign and start to implement

2018/19

Promote prevention and early intervention and implement primary care strategy
- Build equitable mental health and emotional wellbeing capacity
- Achieve fully integrated health and care neighbourhood networks
- Reduce bed stock
- Establish Multispecialty Community Providers by 2020

2019/20

Deliver a smaller but more resilient acute hospital sector
- Centralisation of fragile services and specialties to achieve critical mass and resilience

2020/21

Clinical and financial sustainability secured
- Improvements in health and patient experience outcomes demonstrated
- Staff engagement results will be in top quartile by 2019
- 300 lives saved from mortality that is preventable by 2021.
- Non elective admissions are reduced by 10% by 2021

Better Care Fund and Proactive Care

The Better Care Fund supports delivery of the proactive care work stream within the STP (in particular Neighbourhood Networks and Neighbourhood Teams).

The vision for good proactive care comprises the identification and coordinated proactive management of people to prevent illness where possible, manage ill health and long term conditions, and avoid unnecessary crises. Core components of this include:

- Activating patients, their carers to look after themselves and their own care needs - building resilient communities
- Genuine cross-professional cross-organisational working, including primary care, community nursing, mental health practitioners, social care professionals, hospital based expertise and diagnostics, third sector and others – focussed on the needs of the populations
- Sharing of information around needs, up to date care plans, interventions and carer responsibilities.

The Proactive Care Workstream is building on a well-established programme of work focused on delivering a full population based, preventative, pro-active approach which enables a strong sense of community and that emphasises 'self-care'. However when more intensive care and support is required it will be excellent, responsive and wherever safe to do so delivered in, or as close to, people's own home as possible.

The Better Care fund will support delivery of the following key metrics within the STP.

Key Health and Wellbeing Indicator	STP (Current)	National Benchmarking	Target 2021
Delayed transfers of care attributable to NHS and Social Care per 100,000 population	16.8	12.3	Top Quartile
A&E attendances	358414	N/A	-27.5%
Emergency admissions for urgent care sensitive conditions per 100,000 population	CCG Range: 1,871 to 2,395	2609.20	1,800
Management of long term conditions per 100,000 population	688.6	806	Remain top quartile
Emergency bed days per 1,000 population	CCG range: 0.54 to 0.58	0.68	0.52

Better Care Fund and Prevention and Early Intervention

The health and care improvement and sustainability gains possible through effective prevention interventions, delivered at scale, are described in the Lincolnshire STP Prevention Plan. The interventions required (already commissioned or in development) need to be sustainable over timeframes measured in decades rather than in the 5 year window of the STP and the timeframe of this BCF Plan.

For full benefit to occur a system of prevention needs to be in place that addresses both the longer term needs of the population whose behaviour is leading them towards being future consumers of health and care as well as addressing the needs of people already in some difficulty.

The STP Prevention Plan seeks to describe the wider framework to be delivered for Lincolnshire people, clearly identifying those interventions that are in place and those which require investment and development. A summary of this framework is contained in the figure below.

The BCF is playing a pivotal role in delivering this framework for local people in a number of key areas, including:

- Expansion of the capacity and range of interventions available through the 'Making Every Contact Count' (MECC) programme of work. A strong evidence base and track record for this programme means the larger scale delivery of these interventions through the local health and care system will:
-
    - Provide more health and care workers with a framework for having preventatively orientated conversations with service users;

- Enable more service users to reflect, with guidance and support on actions they can take to address wellbeing issues from smoking to loneliness;
- Reduce exacerbations of existing long term conditions and reduce the need for higher cost intervention and support.

- Accelerating the integration between housing, health and care organisations will add a structured set of housing led interventions to support wellbeing as well as addressing the housing barriers to independence. This development is, and will grow more traction through BCF investment in:
-
    - Providing rapid, and eventually 'real time' housing adaptation interventions for local people at risk of losing independence;
    - Integrate housing intervention into prevention, reablement and discharge planning systems in a systemised fashion;
    - Develop new pathways for people with specific needs across the system including programmes for people stuck in mental health services as a result of hoarding and people with complex cardio vascular problems;
    - Develop a capital strategy to inform a building and housing redevelopment programme to be taken forward in partnership with housing authorities, housing providers and health and care organisations.

- Ensuring the shift towards self-care is supported at scale across the visions for both STP and the BCF by developing the pathway of information, support resources and networking of local service delivery necessary for population level change. This will see:

    - Joint directories of services and libraries of information to support people to take well informed actions of their own to address their wellbeing risks;
    - Agreed pathways and approaches to referral to self-care and prescribing of social interventions embedded into the working of neighbourhood teams as they develop and grow;
    - Voluntary sector hubs developing alongside neighbourhood teams to support the voluntary and community sector to organise and respond to social prescribing and support citizens to find the solutions they need.

2. Key Facts and Figures about Lincolnshire

Lincolnshire is one of the largest counties in England, with a land area of 5,937 square kilometres. The county has a diverse geography, comprising large rural and agricultural areas, urban areas and market towns, and a long eastern coastline. The population density in Lincolnshire is approximately 124 persons per square kilometre, less than a third of the average for England and Wales.

2.1 Population

Population Estimates

- The population of Lincolnshire is currently estimated to be 736,700 (based on ONS 2015 Mid-Year Population Estimates), a rise of 0.7% (5,200 persons) on the previous year.
- Over the past ten years Lincolnshire's population increased by 8.8%, which is higher than both the East Midlands (8%) and England (8.3%). Although the rate of Lincolnshire's population growth has increased in recent years, latest figures show it is below the national rate of growth (See Figure 2).

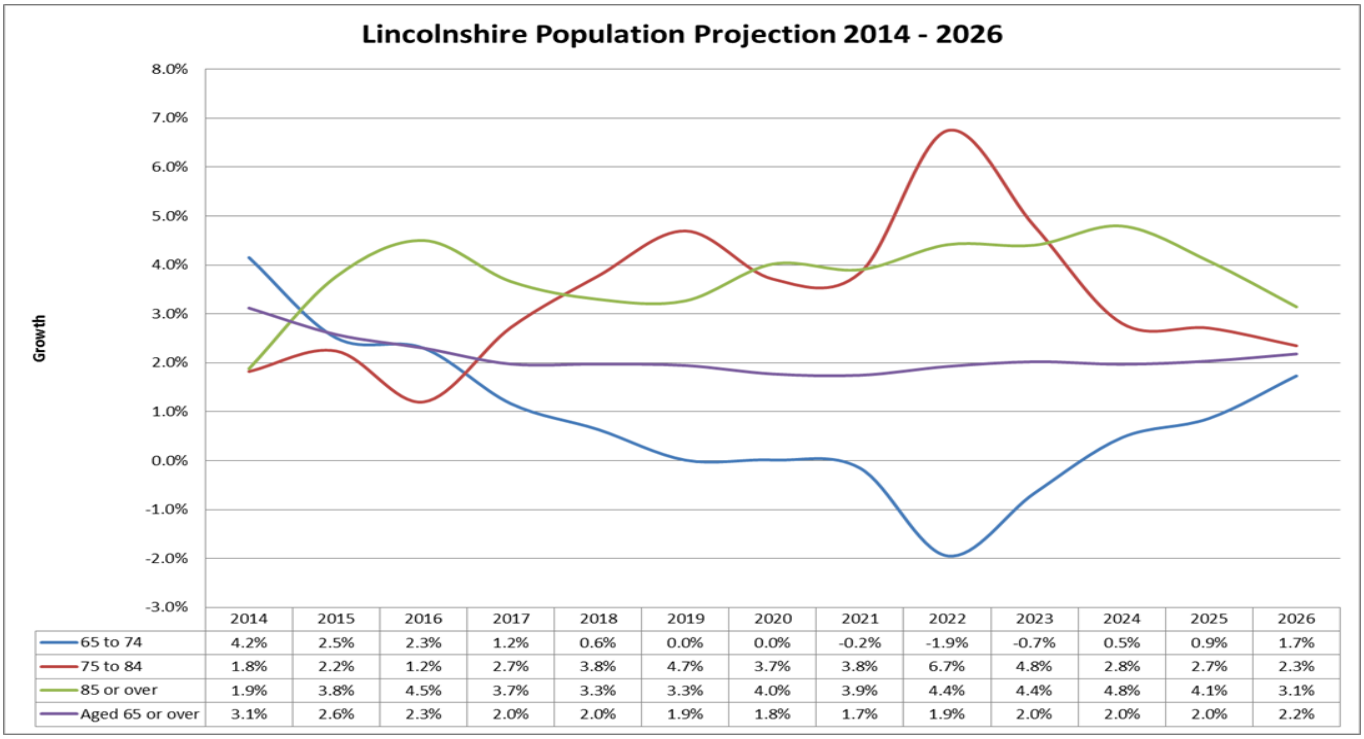
Population Projections

Projections indicate that by 2039 the population growth in Lincolnshire will be 14% which is below the projected national growth rate of 17%; the population in Lincolnshire is projected to increase by approximately 103,000.

The rate of change is not uniform across the county. Between 2014 and 2039 South Kesteven's population is projected to see the largest growth at 18%, followed closely by South Holland (17%). East Lindsey, however, has a much lower predicted growth rate of 10% (See Table 1).

- Projections indicate that by 2039 the population growth in Lincolnshire will be 14% which is below the projected national growth rate of 17%; the population in Lincolnshire is projected to increase by approximately 103,000.

- The trend towards an ageing population profile will continue, with the proportion of people aged 65 and over projected to increase from 22% in 2014 to 30% in 2039.
- Most of the districts will also see a change in the proportion of older people, although figures will vary significantly. Nationally, the number of older people is projected to rise from 18% in 2014 to 24% by 2039. In Boston 21% of the population was aged 65 or over in 2014 and this will rise to 25% in 2039, whilst in West Lindsey 23% of the population was aged 65 or over in 2014, projected to rise dramatically to 32% in 2039.
- The following chart demonstrates the increasing percentage of the population who are/will be 75+ and 85+, the key population ages for our older people services.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
65 to 74	4.2%	2.5%	2.3%	1.2%	0.6%	0.0%	0.0%	-0.2%	-1.9%	-0.7%	0.5%	0.9%	1.7%
75 to 84	1.8%	2.2%	1.2%	2.7%	3.8%	4.7%	3.7%	3.8%	6.7%	4.8%	2.8%	2.7%	2.3%
85 or over	1.9%	3.8%	4.5%	3.7%	3.3%	3.3%	4.0%	3.9%	4.4%	4.4%	4.8%	4.1%	3.1%
Aged 65 or over	3.1%	2.6%	2.3%	2.0%	2.0%	1.9%	1.8%	1.7%	1.9%	2.0%	2.0%	2.0%	2.2%

2.2 Deprivation

- Lincolnshire has areas that are ranked amongst the most deprived in the country, but also has areas that are ranked amongst the least deprived in the country.
- The general pattern of deprivation across Lincolnshire is in line with the national trend, i.e. that urban and coastal areas show higher levels of deprivation than other areas. Areas that are most deprived tend to be, but are not restricted to, Lincoln and other market towns (e.g. Boston, Gainsborough, Grantham, Sleaford and Spalding). The Lincolnshire coastline, particularly the towns of Mablethorpe and Skegness are amongst the most deprived 10% of neighbourhoods in the country.
- A higher proportion of people in Lincolnshire are now officially ranked as living in England's most deprived areas compared to the previous data release in 2010.

2.3 Mortality Rates

- Since 2011 there has been a slight fall in the number of people in Lincolnshire dying from causes considered preventable, the current rate is 179.2 deaths per 100,000. This is better than both the East Midlands and England averages. However, there is a significant variation across the county with the highest rates being in Lincoln (227.7), Boston (209.1) and East Lindsey (203.6), whilst the lowest rate is in North Kesteven at 138.9 deaths per 100,000.

2.4 Disabilities

Physical Disability and Sensory Impairment

- 15% (60,000) of adults aged 18 to 64 living in Lincolnshire have a long term illness or physical disability.

- 38,000 of adults over 65 have a long term illness or disability that significantly limit their day-to-day activities, whilst a further 44,000 people experience a lesser impact on their day-to-day activities.

- And there are 51 people per 1000 working age adults in receipt of DLA higher than both the regional and national average

Learning Disabilities

- It is estimated that there are over 15,000 individuals with a learning disability in Lincolnshire. Over 70% of people registered with a GP as having a learning disability had a health check during the previous year.

- Individuals with a learning disability that may require community supported living services are predicted to rise from 647 in 2015/16 to around 850 by 2020.

Mental Health

- Lincolnshire has an increasing percentage of people with high anxiety levels
- 2 percent of patients with a diagnosis of depression.

Progress to Date

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 future funding requirements and available budgets, service pressures and quality considerations with respect to health and social care. This local initiative helped inform the BCF 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. The heightened pressures on acute care have also added impetus and gravity to the need for significant changes to the local health and care system which this plan is, in part, directed towards.

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 as there now are with 0-19 Children's services. We are eager to build out from these areas of success, notably in evolving our integrated Neighbourhood Team model.

Neighbourhood Teams (Major pump-priming Investment of £4m planned over two years)

The six areas we are now working with are:

- Gainsborough and surrounding area x 5 Practices – 40,000 population
- Lincoln South GP Federation x 6 Practices – 45,000 population
- Boston x 7 Practices – 71,000 population
- Grantham x 13 Practices – 77,000 population
- Spalding x 5 Practices – 67,000 population
- Stamford x 3 Practices – 34,000 population

The evolving Neighbourhood Team work is beginning to see positive results with:-

- The core team are starting to have ‘a different conversation’ with the individuals they support – ‘starting with things that are important to people – these may not be health related’. – ‘there is a greater emphasis on the individual's priorities and recognising they are the expert in understanding their needs.’ (quotes from the team)
- Joint care and support plan that has been coproduced between users and professionals – feedback has been very positive.
- Quicker access to other professionals which has led to joint assessments and the individual only having to tell their story once.
- Co-location and the sharing of technology has really helped to develop relationships between a range of professionals who prior to this would have not known where to go for support, guidance, access to services – they are now using this opportunity to share best practice and learning.
- The extended use of the voluntary sector through developing an infrastructure has made it easier to access the wide range of support that is available in Gainsborough.
- Over the last 3 months there has been an increase in social prescribing activity in the area – this has either been through self-referral or through the core team.

- The core team are moving away from MDT meetings once a week to this is ‘business as usual’ – they are protecting the time that was used for MDT’s to share learning, ideas and suggestions that would improve outcomes for the individuals.

Neighbourhood Team short-term priorities include:-

- Working on and developing a joint assessment
- Medicines management in Care Homes in particular is an area of improvement the team are keen to work on.
- Continuing to have a ‘different conversation’ with individuals
- Sharing the new ways of working with other key providers i.e. EMAS.

As part of the utilisation of the allocated BCF funding each of the sites has been given clear objectives to be achieved:

- An agreed reduction in NEA for each Neighbourhood Locality – the target and trajectories currently being finalised.
- An agreed contribution to the required reduction in Delayed Transfers of Care
- An agreed reduction in A&E attendances for this area

As well as the above each site will be asked to demonstrate:

- How they have worked in a locality to develop the local, integrated team and how they have measured the team’s success.
- How, through integrated working, they have achieved more sustainable primary care.

Appendix C (SALT Poster) is a diagram describing Adult Care overall performance 2016/17.

Evidence base and local priorities to support plan for integration

Our BCF Plan is constantly evolving and a key ambition for 2017/18 is to be selected as one of the initially approved 'graduation' areas. The Graduation Plan (Appendix A) provides a strong evidence base of the ambitions for the Lincolnshire health and social care community. It builds on existing strengths whilst expanding into areas mutually agreed across the community as activities to strongly link within the plan. Examples include the work on Housing for Independence and Neighbourhood Teams referenced elsewhere in the plan and also includes:-

1. Integration of Children's Services 0-19 Children's Health Services

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 in 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 Q.5), 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 £11.5m per annum.

2. Integrated Personal Commissioning (IPC)

Lincolnshire was selected as one of the lead demonstrator sites for the delivery of 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 (PHBs), 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 promoting integrated programme governance and delivery arrangements, which include a plan for the further development of related care and assessment infrastructure.

Building on the success achieved so far we are now mainstreaming the 5 key shifts of the IPC delivery framework that have been developed collaboratively within the national programme, integrating care around the individual and their carers. IPC is playing an integral role within the Lincolnshire Integrated Neighbourhood Care Team (INCT) planning and delivery, putting the individual at the heart of our new model of care. IPC is working with our INCTs to identify and co-ordinate proactive management of people's care needs to prevent illness where possible, manage ill health and long-term conditions, and avoid crises:

- To deliver a population-based preventative programme for a better quality of life with enhanced health and wellbeing.
- To use a proactive approach, which enables a strong sense of community that emphasises 'self-care'

- To be able to direct people to the right services at the right time.
- To ensure that care and support provided is responsive, and wherever safe to do so, delivered in, or close to people's own home.

We are working hard to streamline and improve the pathways for CHC; ensuring health staff are trained and able to offer people a PHB with confidence. We continue to extend the offer for PHB beyond CHC focusing on mental health, learning disabilities and people with long-term conditions. We have been identifying opportunities such as LD health checks where we believe we can improve performance and offer greater choice to individuals.

3. Trusted Assessors

An example of an existing success is the development of the Trusted Assessor scheme which has received national recognition both for what it delivers but also for the strength of the relationship with the independent and third sectors.

LCC support LinCA via a grant agreement to employ Care Home Trusted Assessors (CHTA) who support Care Homes throughout Lincolnshire with hospital discharges to their homes. The CHTA's can support all care home discharges from all ULHT sites and Peterborough / Stamford Hospitals. The CHTA's speed up existing processes to reduce delayed transfers of care.

The care homes trust the CHTA professional assessment ensuring safe and timely discharges. In the two months from 1st April to the 31st May 2017 the CHTA saved 248 days delays for Lincolnshire resident.

4. Other successes and improvements include:-

- Scheme investments have been appropriately reviewed and this has aided significantly the determination of schemes to take forward into 2017/18 and indicatively for 2018/19
- Significant engagement between the commissioners (both CCGs and the County Council) with key health providers. This has helped to better understand where and why performance improvements are being made, and also where performance weaknesses are being experienced
- Similar gains (to the above note) have been made in working relationships with the independent and third sectors
- The Housing for Independence project (of which DFG investment is a key component) continues to be positively received. District Councils are working with commissioners to develop a Housing Sub-Group beneath the Health and Wellbeing Board and this has now commenced its work
- The involvement of the Lincolnshire A&E Delivery Board has commenced and will continue and work has been undertaken to better understand the needs of the Peterborough A&E Delivery Board. This will improve understanding of performance and the resulting financial impact of changes in performance; and will also aid the discussion on the establishment of appropriate stretch targets
- Ongoing improvements in the effectiveness of the performance management reporting (where substantial assurance was given in a recent audit report and where the following performance provides evidence of the performance information being provided across adult care services)

The 2017 - 2019 plans whilst building on earlier plans is significantly enhanced as a result of the additional iBCF funding and the continued expansion of DFG funding through to 2020. New services such as:

	2017/18	2018/19	2019/20
	£000	£000	£000
Trusted Assessors	100	100	100
Dementia Family Friends	420	420	420
Neighbourhood Teams	120	120	120
Carers	415	575	500
Housing for Independence	250	250	250
Making Every Contact Count – Public Health Prevention	42	42	42

mean that the BCF Plan can expand its coverage into areas recognised as important to improvements in the 4 key BCF performance areas as well as seeking to meet local objectives.

In summary, the Lincolnshire BCF is already one of the largest in the country and we wish to build the areas covered (e.g. Children's Services, effects of IPC programme, etc.) whilst also developing an increasing number of best practice schemes. The key focus will remain **delivering** on the four key national performance metrics and ensuring that where local performance targets are set, that they are appropriate are delivered on, and have the required funding to enable delivery to be successfully achieved.

Better Care Fund plan

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 £193m for 2016/17, covering, in addition to core BCF services, 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. The new iBCF funding is enabling us to bring forward pump-priming funding to assist the CCGs and the whole health and social care community to further develop 6 Neighbourhood Teams.

The following table details the analysis of funding for the two years of the current plan and shows this is well in excess of the national allocation.

BCF Funding	2016/17	2017/18	2018/19
	£m	£m	£m
Community Equipment	5,800,000	5,800,000	5,800,000
LCHC Transitional Beds		1,880,556	1,921,556
Learning Disabilities	63,666,153	71,122,884	75,715,833
Proactive Care	50,345,761	59,847,208	64,388,467
CAMHS	5,365,000	12,374,163	12,374,163
Corporate		2,400,000	1,100,000
S75 Funding	**125,176,914**	**153,424,811**	**161,300,019**
Aligned Mental Health Budgets	68,619,223	72,842,487	74,115,002
Total BCF Budgets	**193,796,137**	**226,267,298**	**235,415,021**

Within this, as can be seen above, two 'aligned budgets' for mental health services, supporting integrated teams, have a value of £72.8m in 2017/18. These provide a sound platform – and momentum – on our journey of integration in support of our local vision.

The investments for the two main programme areas of Proactive Care and Specialist Services are listed in the following tables;

ProActive Care	2016/17	2017/18	2018/19
Intermediate Care	£5,700,000	£5,700,000	£5,700,000
Transitional Care		£1,230,000	£1,270,365
Neighbourhood Team	£26,586,558	£26,152,475	£26,766,894
DFG/CAP GRANT	£2,970,000	£5,291,137	£5,698,071
Intermediate Care - Reablement	£2,200,000	£2,200,000	£2,239,600
NHT- Comm int. reablement agency staff	£1,400,000	£1,400,000	£1,425,200
Carers OP	£100,000	£100,000	£100,000
7 day working - provider of last resort	£1,500,000	£1,500,000	£1,527,000
NHT - Co-responders	£150,000	£400,000	£400,000
7 day working - assessments and care	£300,000	£300,000	£305,400
NHT- Demographic growth	£2,125,000	£2,125,000	£2,163,250
Care Act	£2,000,000	£2,000,000	£2,030,825

inflation and NLW			£5,001,574
Demography			£316,710
Trusted Assessors		£100,000	£100,000
Dementia family Friends		£420,000	£420,000
Neighbourhood team dev		£120,000	£120,000
Housing for Independence		£250,000	£250,000
Making every contact count (MECC)		£42,000	£42,000
Market Stabilisation - AF HomeCare		£1,877,970	£2,325,105
Market Stabilisation - AF Direct Payments		£412,367	£225,284
Market Stabilisation - AF Residential Care		£1,124,977	£1,392,829
Staffing		£562,500	£1,500,000
Quick Response Service/Reablement		£1,383,782	£1,803,360
Adult Safeguarding		£490,000	£490,000
Nursing Associates		£50,000	
Enhanced Health (Care) in Care Home programme		£200,000	£200,000
Neighbourhood Teams – iBCF Funding		£4,000,000	
Carers Outreach		£375,000	£500,000
Carers – Everyone		£40,000	£75,000
Contingency Reserve/other	£5,314,203		
Total S75 Proactive Care	**£50,345,761**	**£59,847,208**	**£64,388,467**

Specialties (LD)	**2016/17**	**2017/18**	**2018/19**
Existing S(256) Adults	£646,000	£646,000	£646,000
Existing S(75) LD	£55,970,153	£61,079,154	£61,079,154
Personal Health budget	£100,000	£100,000	£100,000
Carers	£50,000	£50,000	£50,000
Specialist Services - Demographic Growth	£2,125,000	£2,125,000	£2,163,250
Specialist Services - Mental Illness Prevention	£375,000	£375,000	£377,475
Specialist Services - Future Risk Sharing	£4,400,000	£4,400,000	£4,479,200
Market Stabilisation SAS - Direct Payments		£577,730	£910,231
Mental Health Awareness Training		£20,000	
inflation and NLW			£939,714
Demography			£3,470,809
Waking Nights		£1,500,000	£1,500,000
Shared Lives		£250,000	
Total S75 Specialties	**£63,666,153**	**£71,122,884**	**£75,715,833**

The focus of both the minimum BCF investment and the entire current BCF pooled funding for 2016/17 was around social care and community health provision. There were no investments that were solely into the acute sector. This focus continues 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, will be boosting current investments in line with inflation, and utilising a significant sum of the iBCF funding to further expand these areas. This also provides consistency with the STP's focus around community provision and the planned reductions in acute sector spend.

In both 2015/16 and 2016/17 the 4 CCGs invested a significantly higher BCF sum in Adult Social Care than was prescribed nationally as the minimum requirement. These investments led to additional Adult Care funding of approximately £6m and have 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. The reviews are led by the appropriate Joint Delivery Board with overall oversight by the JCB and the H&WBB. The reviews have been completed using the national review tools made available.

For 2017/18 this review process benefitted from the iBCF funding announced in the Chancellor's 2015 budget and enabled all schemes we wished to continue into 2017/18 to be appropriately funded.

The new/additional BCF funding was discussed and approved within the County Council, and also discussed and recommended at the A&E Board, at the S75 Finance Group and was discussed in detail at a number of JCB meetings. Other discussions have also taken place at the SET, with provider groups and with the third sector.

The total allocated DFG funding of £5.291m has been passported to the seven District Councils in Lincolnshire. The funding forms part of enhanced investment in a '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 delay in acute/non-acute hospital settings. Our proposals are currently intended to be a crucial component helping to make improved use of the much expanded DFG funding available in 2017/18 and future years. The proposal is much more than DFG focused and aims to integrate such funding into a wider programme that includes our joint equipment service and the roles of Occupational Therapists, Home Improvement services and District Council 'Design Teams'.

To achieve this ambition the Health and Wellbeing Board has established a Housing, Health and Care Delivery Group chaired by a District Council Member with strong representation from social care and public health. The purpose of the group is shown in the enclosed link.

http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=488&MId=4818&Ver=4

Assessment of Risk and Risk Management

The Risk Registers for Lincolnshire's BCF programme can be found in Appendix B.

- BCF Corporate Risk Register
- BCF Proactive Care Delivery Board
- BCF Specialist Adult Services Delivery Board Risk Register
- BCF Women's and Children's Delivery Board Risk Register
- BCF Integrated Community Equipment Delivery Board Risk Register

The Risk Registers are owned/are the responsibility of:

Corporate Risk Register – Lincolnshire's Joint Commissioning Board

All individual S75 Risk Registers – the appropriate Joint Delivery Board

Each Risk Register is reviewed by the JCB on a quarterly basis, and each Delivery Board is required to review their own Risk Register also on a quarterly basis. All Risk Registers were last presented to and reviewed at the JCB held on 22 August 2017.

The key risks within the 2017/18 BCF Plan are:-

- A risk that we are unable to deliver against the key national metric for Delayed Transfers of Care – specifically due to being unable to reduce Delayed Transfers of Care either in general or within nationally and locally required timeframes. The resulting costs and service impacts would put further pressures on the health sector with consequential impact on adult social care.
- Failure to achieve the required DTOC performance puts at risk both County Council and CCG funding in 2018/19. The iBCF funding is currently fully committed; hence any loss of funding would require the entire BCF programme to be re-assessed.
- A risk that we are unable to deliver against Non Elective Admissions, Reablement and Residential Admissions national metrics; hence the required service performance is not achieved and the cost of services across the health and social care systems is overly expensive and unaffordable.
- There is no financial headroom within the BCF Plan and no contingency provision. Any further pressures could only be funded by a re-assessment of the entire BCF Plan and activity resourced elsewhere.
- The Lincolnshire STP requires major service re-design and substantial financial savings. The impact of the 2017/18 financial pressures across the health and social care economy puts pressure on the system to address immediate/short term pressures set against the need to invest in medium term solutions and transformation set out in the STP.
- The BCF funding currently covers the three years to March 2020. Projects/initiatives supported must have viable exit strategies or viable financial sustainability solutions and this depends heavily on future Government Policy.

Financial risks are specifically reviewed and discussed at a monthly S75 Finance Officers Group comprising of Chief Financial Officers from the CCGs, senior finance officers from the County Council and the Lincolnshire BCF Manager. To help support the ongoing assessment of risk:-

- The Chief Executive and Executive Director of Adult Care and Community Wellbeing attend the weekly SET meeting where the overall approach to health and social care initiatives is the key focus

- BCF performance is regularly reported to Lincolnshire A&E Delivery Board, with a strong focus on DTOC performance
- A DTOC Summit is being arranged for October 2017. This will enable all key partners involved in DTOC performance to meet and develop further understanding of the issues, how to deliver improvements in DTOC performance and how (and where) to best measure DTOC performance
- Risk is a regular element of the reporting to H&WBB

Lincolnshire's approach to risk is pro-actively reviewed from a strategic, tactical and operational perspective at least once per quarter at the JCB and by the Delivery Boards who are seen as the key owners of the risk, and the risk registers in their respective areas. For 2015/16 and 2016/17 a Risk Contingency was established and that funding has now been fully utilised. It has been agreed at the Health and Wellbeing Board, at the JCB, and within the County Council that for 2017/18 no financial risk contingency will be established. The concept going forward is one of designing and investing in schemes that will help mitigate cost pressures across the whole health and social care system, and as such to deliver on BCF targets. Systems are in place (and are being further developed as a consequence of the additional iBCF funding), to ensure ongoing monitoring of all BCF funded schemes and that they are each contributing as required to both national and local BCF targets. The outcomes of these reviews will feed into quarterly reports to the respective Delivery Boards and to the JCB.

The iBCF funding has also created the opportunity to fund new initiatives and seek innovative solutions. The A&E Delivery Board is seen as the appropriate vehicle to review new Business Cases and this is particularly appropriate given the known overall financial pressures on the acute sector in Lincolnshire, and also the service and financial impact of increases in DTOC and Non-Elective Admissions in this business area.

The supplementary iBCF funding has enabled Lincolnshire to invest additional sums in market stability initiatives. Such initiatives comprise 33% of the additional funding and have enabled £5.744m to be available to support measures in this area. The council has a strong commissioning and contracting team who undertake work and share information and ideas across the whole health and social care system and this currently benefiting and will increasingly benefit the whole health and social care community as integration gathers further pace.

The council has in the last two years undertaken major reviews of the homecare and reablement contract areas and has made improvements in each of these key areas. A review of the residential market is being undertaken to enable new contract arrangements to be in place by April 2018. It is expected that this will provide NHS commissioning activity for residential care to be pooled for better effect.

National Conditions 1: A jointly agreed plan

The BCF Plan has been:-

- Discussed and approved by the Lincolnshire Health and Wellbeing Board and has the personal support of Cllr Sue Woolley who chairs the Board. Cllr Woolley approved the Plan on 11 September 2017 prior to its submission to NHSE

- Lincolnshire's HWB has been actively involved throughout the preparation of the BCF Plan for 2017/19 including:-

Health and Wellbeing Meeting Dates	Discussion
6th December 2016 (note 1)	BCF update, Performance update, DFGs, Integration Self-Assessment, Graduation update
7th March 2017	BCF update, Performance update, Integration Self-Assessment update, Graduation update, Internal Audit report on BCF Performance Reporting
20th June 2017	Agreement to the establishment of the Housing, Health and Care Delivery Board and its remit/membership, DFGs, BCF update, update on STP and Integrated Neighbourhood Working,
26th September 2017	BCF update including details of the BCF Plan and Planning Template

Note 1 – the December 2016 meeting also agreed 'that delegation be given to the Executive Director of Adult Care and Community Wellbeing in consultation with the Chairman of the Lincolnshire Health and Wellbeing Board the responsibility to submit the BCF Plan 2017-2019'

- Discussed and approved at the Lincolnshire Joint Commissioning Board

- Discussed and approved by:-
    - Lincolnshire East CCG – Chief Officer Gary James
    - South West Lincolnshire CCG – Chief Officer John Turner
    - South Lincolnshire CCG – Chief Officer John Turner
    - Lincolnshire West CCG – Chief Officer Dr Sunil Hindocha

- Also discussed and agreed at the Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCGs, 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. We are fully aware of the financial and service challenges to NHS colleagues, notably at ULHT which the Lincolnshire STP seeks to address. We also intend that the initiatives described in our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

- At officer and member level within Lincolnshire County Council, including the Executive, Adults Scrutiny Committee and the Council's Corporate Management Board.

Discussed at Lincolnshire's A & E Delivery Board at various recent meetings and to be presented at the Board's next meeting on 19 September. Also to be tabled as early as possible at Peterborough A & E Delivery Board.

The plan builds on our Graduation submission, which has been short-listed for graduation status.

The plan has also been shared with and is supported by the Lincolnshire Care Association (LinCA) which is a strategic partner representing the interests of Social Care and many housing providers within the independent and voluntary sector in Lincolnshire.

The Commercial Team work closely with commissioners across the health and social care market and also with the provider market. An example of good practice is evidenced in the linked paper headed Strategic Market Support Partner Procurement.
http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=550&MId=4887&Ver=4

The paper seeks approval for a change in commissioning arrangements for a range of relatively new services that have been provided through grant funding arrangements for 2+ years. It is considered that the new arrangements will benefit the council, the eventual provider and the Lincolnshire market. Other examples of pro-active thinking are being developed with health commissioners, and will enable better use to be made of available health and social care funding, lead to efficiencies, and to a stronger provider market across Lincolnshire

iBCF Funding
There has been considerable discussion at all the above fora about the opportunities provided by the iBCF funding. The additional funding which provides over £70m over the three years to March 2020 is fully recognised as:

- Meeting adult social care pressures
- Reducing pressures in the NHS
- Ensuring that the local social care sector provider market is supported

There has been considerable discussion with LinCA and the wider provider market on how to use the additional funding. This is particularly important as:

- The council is currently engaged in discussions with the residential sector about the triennial review of fee rates
- The council in 2015 successfully reviewed homecare arrangements re-configuring the provider market. It is important that the opportunities created by the additional funding, provides a further boast to the improvements made in 2015, and that these are sustainable beyond the three year period of the additional iBCF funding.

The Supplementary iBCF funding has in entirety been invested in additional services and additional payment to service providers as the council seeks to stabilise the social care market. The council has specifically resolved not to use any of the new funding to meet existing budget pressures or to address savings targets for the council and/or social care. Over the three years of the overall iBCF funding to March 2020 the funding will be invested in:

	2017/18	2018/19	2019/20
	%	%	%
Meeting adult social care need	23	56	70
Reducing pressures on the NHS	44	17	14
Stabilising the social care market	33	27	16

DFG Funding
The entire DFG funding of £5,291,137 allocated to Lincolnshire by DCLG for 2017/18 was passported to the 7 District Councils in June 2017. The allocation to each District Council is shown below:-

District Council	2017/18 Allocation (£)		District Council	2017/18 Allocation (£)
Boston	481,386		South Holland	585,287
East Lindsey	1,562,286		South Kesteven	733,770
Lincoln	641,018		West Lindsey	602,093
North Kesteven	685,298			

The inclusion of DFG funding within the BCF, and in particular the expansion of such funding, has created the opportunity to make stronger connections between multiple sources of funding to secure improved housing options that address housing, social care and health needs. Lincolnshire has had a developing 'Housing for Independence' agenda for some time and the H&WBB has established a Housing, Health and Care Delivery Group. The H&WBB sought support from amongst others, the District Council Network to help shape and develop the governance arrangements and the Group's terms of reference.

The Group's key responsibilities include:-

- Be responsible for best use of the DFG budget and potentially associated funding from Adult Care and community Wellbeing
- Agree to support and direct the modernisation of DFGs in Lincolnshire
- Take ownership of the performance reporting template to monitor performance and activity related to DFGs across Lincolnshire and report on performance to relevant stakeholders on a regular basis
- Agree priority work streams to address key housing issues impacting on Lincolnshire such as DTOC, etc.
- Explore future pooled funding arrangements to secure best value for 2018/19 which should include the DFG element

The Delivery board has begun to meet and has established the following early actions:-

Action	
The first HHCDG next week, with the first agenda report titled " **DFG Performance and Data update"**	The report is clear and states that the HHCDG will be: • Responsibility for the best use of the Disabled Facilities Grant (DFG) budget, and any other funding potentially associated with it; • Support and direct the modernisation of DFGs in Lincolnshire
The above report seeks to confirm how HHCDG wish to progress with a data performance and expenditure of DFGs, giving them 3 options	• Develop and embed a locally agreed template based on national research from Foundations (who were commissioned by DCLG to provide local support to modernisation of DFGs). • Purchase support from DFG Analytics Service that will, for a cost, work in partnership with Foundations to provide an external service capturing data and provide analytical support. • Continue to develop the local template, with the aim to include it within Mosaic for a go live date of April 2018.
We now have our first agreed policy from NKDC	It includes • Safe and Secure Grants • Hospital Discharge Grants • Adaptations for People with a Learning Disability • Fast – track adaptations
SKDC Work in Progress on a new adaptations policy to support the BCF objectives.	This policy has been drafted and waiting for approval at the next members committee meeting. It is similar to NKDC, but slightly more generous.
Established a firm understanding and working relationship with Procurement Lincolnshire. Active work and participation from 6 DC, SHDC have not engaged following service and staff change.	District Position Statement completed for 6 out of 7 DC. SWOT analysis in relation to different procurement approaches completed. Procurement options appraisal paper for DFGs with rationale. Work in progress Legal support sought in order to put to bed "the individual Council Contract Procedure Rules" We are getting a better understanding of what we can do on a county wide basis to support a smoother more sleek DFG process.
DTOC Proactive work underway to see how the DFG budget can support DTOC cases. The first complex DTOC case which can be supported using the DFG budget is hosting a multi-agency Meeting on the 5th Sept to start the process and capture results.	A topic for concern here is the volume of hoarding cases, and the lack of any understanding to the scale of the problem and long term solutions.
Hospital Housing Link Worker A 12 month pilot has been agreed. The worker will be the link between the hospital, the patient and the housing provider to ensure each work together to enable a smooth and safe discharge and continuation of care to avoid re-admittance to hospital.	Joint co-production of a JD and advert. Interviews will be conducted in partnership with County and DC.

National Conditions 2: NHS contribution to Social Care

Our approach to the BCF in both 2015/16 and 2016/17 indicates not only our overall commitment to going beyond the minimum, but provided a significantly higher baseline than the national minimum requirements. 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 led to additional Adult Care funding of approximately £6m and have 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. The reviews have been 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 (iBCF) for the protection of adult care are being routed from central government direct to Councils (though still part of the BCF pool locally). Agreement has been reached on the level of funding for the Protection for Adult Care Services which **will ensure Lincolnshire complies with national directions for a minimum level of protection set down by NHSE.** This proposal has the support of the four CCGs, the Executive of the Council and the Lincolnshire Health and Wellbeing Board.

The 2016/17 sum was £16.825m and this has been increased to £17.13m for 2017/18, this is an increase of 1.8% and meets the national requirement. For 2018/19 the plan provides for a sum of £17,456,565 an increase of 1.9.% and is in accordance with national requirements.

These figures are summarised in the following table and the detailed investments are shown in the table shown overleaf.

	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£17,126,168	£17,451,565
Planned Social Care Expenditure from the CCGS Minimum	£16,825,000	£17,130,000	£17,456,565
Annual % Uplift Planned		**1.80%**	**1.9%**
Minimum Mandated Uplift % (Based on inflation)		**1.79%**	**1.90%**

The schemes funded from this sum are essentially those which have been ongoing over the last two years and have been subjected to a review using the BCF National Toolkit.

The schemes are:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
Reablement	£2,200,000	£2,200,000	£2,239,600
Community Integrated Reablement Service and Agency Staffing	£1,400,000	£1,400,000	£1,425,200
Provider of Last Resort	£1,500,000	£1,500,000	£1,527,000
7 Day Working	£300,000	£300,000	£305,400
Demographic growth	£2,125,000	£2,125,000	£2,163,250
Transitional Care		£1,230,000	£1,270,365
Care Act	£2,000,000	£1,712,500	£1,743,325
Demographic growth	£2,125,000	£2,125,000	£2,163,250
LPFT Mental Illness Prevention work	£375,000	£137,500	£139,975
Pooled Fund Section 75	£4,400,000	£4,400,000	£4,479,200
Carers Breaks	£150,000		
Co-Responders	£150,000		
Integrated Personal Commissioning	£100,000		
Better Care Funding Total	£16,825,000	£17,130,000	£17,456,565

In an attempt to limit the rising wave of demand and reduce the pressure on Adult Care, investment has been made in well evidenced preventative and short term services, such as reablement, homecare, transitional care and carers. Other schemes more broadly support adult care, though all schemes within the above list have the full support of CCG's and have also been discussed at the Lincolnshire Accident and Emergency Board.

National condition 3: NHS commissioned out-of-hospital services

The detailed spending plan submitted in the BCF Planning Template shows the extent to which the Lincolnshire BCF plan is investing in NHS commissioned services out of hospital with the vast majority of the BCF minimum pool invested in this key area. This includes not only NHS community services and social care services but a range of prevention services such as community equipment, neighbourhood teams, co-responder service, etc**.**

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	**2017/18 Expenditure**	**2018/19 Expenditure**
Mental Health	£6,011,000	£6,011,000
Community Health	£26,384,475	£26,998,894
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£8,480,000	£8,650,865
Other	£0	£0
Total	**£40,875,475**	**£41,660,759**
NHS Commissioned OOH Ring-fence	£14,073,735	£14,341,136

The above table demonstrates the focus of the investments within the plan is away from the acute sector and towards out-of-hospital services.

In fact the overall BCF makes no direct provision for acute sector provision. The additional CCG and County Council investment within the overall £226m funding for 2017/18 is similarly structured and again makes no direct provision for acute sector funding.

The plan does though recognise the significant service and financial difficulties of the acute trust, and the plan with its focus on prevention and improvement in DTOC and Non-Elective Admissions seeks to reduce pressures on the acute sector.

The Plan also makes no specific provision for a Contingency Reserve, with a positive decision taken to invest the available funding in services to prevent/mitigate DTOC and Non-Elective Admissions rather than make funding available to meet additional costs incurred from any increases in these activities.

National Condition 4: Managing Transfers of Care

The national 4-hour target has been challenging to achieve at all three acute hospital A&E departments in Lincolnshire and has not been achieved consistently since 2014. A contracted trajectory was been agreed with the commissioners and Regulators however the system is significantly underperforming against the national standard and is struggling to deliver improvement.
Understanding the capacity and demand of the system's local workforce has become an important issue to quantify. It is especially important when considered alongside:

- Strategic Shift
- Neighbourhood teams
- Understanding the resources available to a patient population- workforce planning.

In summary, there are known workforce challenges across the health and social care system in Lincolnshire, such as labour market challenges in specific areas; there is a high reliance of agency staff to fill rotas, ageing workforce, location of specialised staff etc. In August 2016, a decision was made by United Lincolnshire Hospitals NHS Trust (ULHT), supported by NHS England, NHS Improvement and the local Clinical Commissioning Group, to temporarily close the Grantham Accident & Emergency Department between the hours of 18:30 and 09:00.
This decision was taken in response to a staffing crisis within our A&E departments, primarily at Lincoln County Hospital and the department remains closed overnight to date.
Despite our challenges, the long-term vision is to create an urgent and emergency care system that delivers the right care, first time for the majority of patients through a networked model seven days a week, and which is easy to navigate and understand.

The Lincolnshire system has taken a focused approach to the reduction of Delayed Transfers of Care and the number of patients waiting unnecessarily in hospital during July 2017 was 3.3 % of all occupied beds against a target of 3%. Implementation of Patient Choice; Home First; and Trusted Assessment models have been fundamental to reducing the number of DToC.
The standards are key elements of the Eight High Impact Changes with both the Trusted Assessment model and Discharge to Assess mandated as part of the NHS England Delivery Plan from September 2017.
Approaches are in place to guide short-term improvements, and addressing limitations to effective joint working has been prioritised. A **Patient Choice Policy** has been implemented to support people's timely, effective discharge from an NHS inpatient setting to a setting which meets their needs and is their preferred choice amongst the options available. The Policy applies to all patients, whether or not they need ongoing NHS or social care; based on national guidance.
The **Trusted Assessment** model developed in Lincolnshire has been adopted nationally and is effective in moving patients to through appropriate pathways away from the acute trust, coupled with implementation of **Home First** Principles we are confident that an improvement in DTOC is attributable to community based models of care and support following an acute episode of care.

There is agreement relationships between partners have improved over the past year; partners jointly own delayed transfers of care and collective action is being taken to tackle the issue.

Our plan aims to speed up progress of those needing acute or long-term care services and to reduce the number of people needing services in the first place. Lincolnshire's' home first ethos means the aim will be to return them home or as close to home as possible.

A delayed transfer of care improvement plan is in place and agreed by the system. The plan has been refreshed to reflect progress made by the system and national updates/requirements of UEC. The refreshed plan has been developed by the Urgent Care Working Group and will be signed off formally at A&E Delivery Board in September.

The **joint hubs** are engaged in early discharge planning; the implementation of SAFER and **Red to Green** has enabled further joint planning to take place however the acute trusts implementation plan for SAFER requires refinement to support pace and progress against discharge targets. NHS and ASC discharge teams combine on all sites to fast stream simple discharges led by the wards and complex via the hub's ongoing drive to;

- Effective decision making for patients (safe care)
- Ensure staff are well led and motivated
- Ensure patient has a clear and agreed reason for admission to bed based care – Home First
- Clear pathways of care with milestones and accountabilities – Acute and Transitional care
- Red/Green day operating framework to manage the day and the stay for every patient
- Measurement one version of the truth
- Active in-reach for discharge planning and decision making
- Well led, engaged and motivated workforce
- Individual and team accountability

The Home First principles are embodied in the system and there are agreed Transitional Care Pathways. The Care Home Trusted Assessors continue to build strong and positive relationships between; health, ASC and Independent providers The 'Pride and Joy' system to monitor patient flow and improve performance, will be fully in place by March 2018 currently the system is operational on one site within the acute trust and plans are in place to extend its use. Within some areas we have 7 day working patterns. **Access to 7 day services** is arranged in some areas with established access to a range of services however not all discharge services are available on a 7 days basis. Seven day working will be implemented fully by March 2018. The system exercises the patient choice policy across all discharge pathways and is working to establish a single programme of work to enhance care home support.
Our main focus and drivers are;

- Effective decision making for patients (safe care)
- Ensure staff are well led and motivated
- Ensure patient has a clear and agreed reason for admission to bed based care – Home First
- Clear pathways of care with milestones and accountabilities – Acute and Transitional care
- Red/Green day operating framework to manage the day and the stay for every patient
- Measurement one version of the truth
- Active in-reach for discharge planning and decision making
- Well led, engaged and motivated workforce
- Individual and team accountability

Overview of funding contributions

Lincolnshire's BCF totals £226.267m for 2017/18 and £235.415m for 2018/19. Both the County Council and the 4 CCGs make significant additional (non-statutory) contributions to the fund, continuing the approach to integration and the BCF demonstrated in recent years. The additional contributions reflect:-

- the high level of integration of health and social care in Lincolnshire
- the historic extent of S75 agreements, particularly around Learning Disabilities, but also Community Equipment, CAMHS, etc.
- the extent of aligned budgets and joint work in the provision of Mental Health services
- the ambition for Neighbourhood Teams development

In particular the funding for 2017/18 and 2018/19 has been positively influenced by:-

- The discussions that have taken place at
    - Health and Wellbeing Board
    - At each and every Joint Commissioning Board
    - At the various Joint Delivery Boards
    - At the A&E Delivery Board. Noting that the Lincolnshire A&E Board is used as the initial vehicle for the assessing of the VfM of new Business Cases seeking iBCF funding and/or links to the funding streams within the BCF Plan
    - Both within Lincolnshire County Council and at the 4 CCGs
    - The weekly SET meetings where the whole system of health and social care integration (and improvement) comes together

- Key deliberations have included:-
    - The importance of housing to the overall agenda – this contributed to the establishment of the Housing, Health and Care Delivery Board. Extensive discussions have taken place with the 7 District Councils across Lincolnshire on the establishment of this group, its membership and terms of reference, and how DFG funding and other related funding can be best invested. The Council has also committed £0.5m per annum for DFG investment and is funding the cost of additional staff to support the new Delivery Group and the Housing for Independence agenda
    - Neighbourhood Teams – the creation of the £4m fund for Neighbourhood Teams including a focus on how these will improve all key performance metrics but particularly DTOC
    - Prevention – pages 11-12 of the Plan describe how the plan links to prevention and in particular to the STP Prevention Plan
    - Market Stabilisation – significant iBCF funding is invested in market stabilisation and LinCA in particular has been heavily involved in the planned additional investment in the residential and home care market
    - Reablement – with Allied Healthcare involved in the discussions on how to improve the Reablement service and where to make best use of additional iBCF investment
    - Carers – significant additional iBCF funding is being invested in Carers and the carers sector, including providers, have been involved in the plan for the use of the additional iBCF funding and how to make better use of existing funding streams
    - Reference to the JSNA and how population number and their movement require:

- The investment in funds to meet the rising numbers of the over 75 and over 85 population – iBCF funding has been invested to meet the increasing demand for residential and home care services, for reablement services, direct payments, etc
- A strong focus on Prevention with funding made available eg for Making Every Contact Count
- Housing Need

The Lincolnshire Accident and Emergency Delivery Board has received a BCF update report in all recent months and will continue to do so. The Board:-

- Has made recommendations on the targets to be set for all performance metrics but particularly for DTOC and NEAs
- Has received and will continue to receive regular (monthly) BCF performance monitoring reports
- Is responsible for recommending to the JCB all new iBCF investments developed through fully assessed Business Cases
- Will receive the BCF Narrative Plan 2017 -2019 at its meeting on 19 September 2017

The funding sources are summarised in the following table:

	2016/17 Gross Contribution	**2017/18 Gross Contribution**	**2018/19 Gross Contribution**
Total Local Authority Contribution exc iBCF	£82,141,579	£84,230,880	£84,637,814
Total iBCF Contribution		£17,371,326	£23,857,616
Total Minimum CCG Contribution	£48,654,558	£49,525,475	£50,466,459
Total Additional CCG Contribution	£63,000,000	£75,139,617	£76,453,132
Total BCF pooled budget	**£193,796,137**	**£226,267,298**	**£235,415,021**

The Plan Is also based on local agreement that **all** the components of the Better Care Fund pool that are earmarked for a specific purpose are being planned to be used for that purpose and that this has been agreed with the relevant stakeholders. The BCF Planning Template plan therefore confirms that:-

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?	Yes	Yes
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

In particular it should be noted that:-

- Care Act funding of £2m has been agreed within the Plan for 2017/18 and £2.03m for 2018/19
- Carers have always been appropriately supported within BCF funding, but the opportunity provided by iBCF funding means that a further £415k is available to support careers initiatives in 2017/18. Extensive discussions with the carers sector and our strategic provider 'Carers First' has taken place to ensure best use is made of this additional funding and a business case to indicate how the proposed funding benefits (BCF and other funding) and outcomes, has been prepared

Programme Governance

Lincolnshire has a long history of health and social care integration activity and has well-developed governance arrangements. Having an overall pooled budget of circa £226m means we have a wide range of long-standing arrangements in place, which have built on earlier arrangements which already supported large scale and value S75 agreements.

Appendix D provides a summary of BCF Governance. Key to the governance are:-

- Health and Wellbeing Board (H&WBB) – the Board receives regular updates on the BCF to both develop policy principles and to review and monitor activity. As examples the June H&WBB received two separate reports http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=488&MId=4818&Ver=4 which;
    - Established a Health, Housing and Care Sub-Group to respond to the ever expanding link between the housing agenda and the needs of the health and social care sectors. This builds on earlier Housing for Independence work and also on the expanding funding made available through DFGs. Note the sub-group will include senior member or officer representation from each District Council in Lincolnshire and also a number of health representatives
    - A general update report advising the H&WBB on progress with H&WBB matters including the development of the plans for 2017/18

- Joint Commissioning Board (JCB) – the JCB meets monthly and more frequently if required. It comprises the Accountable Officers and Chief Finance Officers of the 4 CCGs, senior officers including the Director of Adult Care and Community Wellbeing, and Director of Children's Services and the BCF Manager.
- Joint Delivery Boards are in place for each programme area and a S75 agreement is in place for each area. These meet either monthly or as required. They are required to report at least annually to the JCB on the effectiveness of governance and progress within their respective S75's. They are also required to update the JCB quarterly on their assessment of key risks.
- Section 75 Finance Group – this group comprises the Chief Finance Officers of the 4 CCG's, finance representatives of the County Council and the BCF Manager. This group reviews both financial and performance issues and provides advice to the JCB.
- Accident and Emergency Delivery Board receives regular updates on the BCF with a special focus on
    - DTOC performance and also wider performance matters
    - BCF funding and the allocation of resources
    - Receiving and advising the JCB on Business Cases from any sector (including third sector), which develop proposals that address the key BCF performance areas or which meet wider BCF ambitions

  (Note information is also provided to the Peterborough A&E Delivery Board).

In addition to these groups strong linkage exists to the:

- Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCGs, 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 of Adult Care and Community Wellbeing
- The STP Financial Bridge Working Group which includes the finance directors of the 4 CCG's, the 3 main health providers, the County Council and supported by the PMO leading the Lincolnshire STP.

The breadth of these groups helps ensure that health and social care are part of one overall system. It also ensures that the County Council has full understanding of the STP work, of service and financial issues across the health sector and especially at United Lincolnshire Hospital Trust (ULHT); and that all parties are working to a common agenda. The inclusion of District Housing Authorities in the Sub-Group of the H&WWB demonstrates the understanding that housing is a key part in the wider ambitions of our BCF agenda.

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 a Peer Review of Boards with the LGA, as an initiative that may develop into a national programme; and on behalf of the East Midlands Region SAB Chairs Network has co-ordinated a national audit of the impact of Safeguarding Adult Boards with a peer to peer approach.

The Health and Wellbeing Board used the LGA Integration and Self-Assessment Toolkit at a meeting in November 2016, and at the March 2017 meeting received detailed feedback from partners and agreed to focus activities on (a) promoting closer integration between health, care and housing and (b) progressing with the ProActive care agenda, that includes Neighbourhood Team development.

In addition a number of officer colleagues have been involved in peer reviews including: Glen Garrod – Lead DASS and Peer Reviewer for Warwickshire and Derbyshire, Pete Sidgwick – Derby City (July 2016), Emma Scarth – Leicestershire County Council (April 2016) and Rutland Council (March 2017), Carolyn Nice – Leicester City (March 2016),and David Laws visited Northamptonshire County Council to assist with their BCF preparations, On a broader regional basis we have engaged regularly with opportunities to share and learn from each other:

- 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 (now former Chief Operation Officer at South West Lincolnshire CCG) co-presented at an East Midlands integration event in January 2017

At member level, Cllr Sue Woolley, Chairman of the HWB, is also actively involved **at a national level** in a wide range of Peer Challenges. Since June 2016 these have included:-

- Gloucester – Delivering Prevention and Health Inequalities
- Bracknell Forest – Health and Wellbeing Peer Challenge
- North Somerset – Delivery Prevention and Health Inequalities
- West Berkshire – Preventions Matters Training
- Hertfordshire – Public Health and Prevention
- Coventry / Warwickshire – System wide care and Health Peer Challenge Pilot
- Bath / Somerset – Prevention Matters
- Litchfield – Prevention Matters

Governance is also aided by regular audits by Internal Audit teams of the CCGs and the County Council. In 2016/17 audit reports included:-

- A PWC (CCG Internal Audit) led review of the BCF governance and in particular the effectiveness of the JCB
- A Council led review of performance reporting

In 2017/18 an audit has already commenced which will review:-

- The governance process for agreeing expenditure from the pooled fund
- The quality of documentation in place to support expenditure incurred
- The level of financial reporting received by each CCG to assess whether this provides sufficient detail to enable each Governing Body to understand how the funding has been spent and to hold the JCB to account for decisions made

National Metrics

HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	**18,330**	**18,446**	**18,717**	**18,520**	**18,520**	**18,638**	**18,916**	**18,728**	**74,014**	**74,802**

Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan
	Annual rate	**613.7**	**574.4**	**648.7**	**648.8**
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Numerator	**1,029**	**982**	**1129**	**1150**
	Denominator	**167,671**	**170,955**	**174,043**	**177,258**

Reablement

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	**76.0%**	**82.0%**	**80.0%**	**80.0%**
	Numerator	**728**	**820**	**800**	**800**
	Denominator	**958**	**1,000**	**1,000**	**1,000**

Delayed Transfers of Care

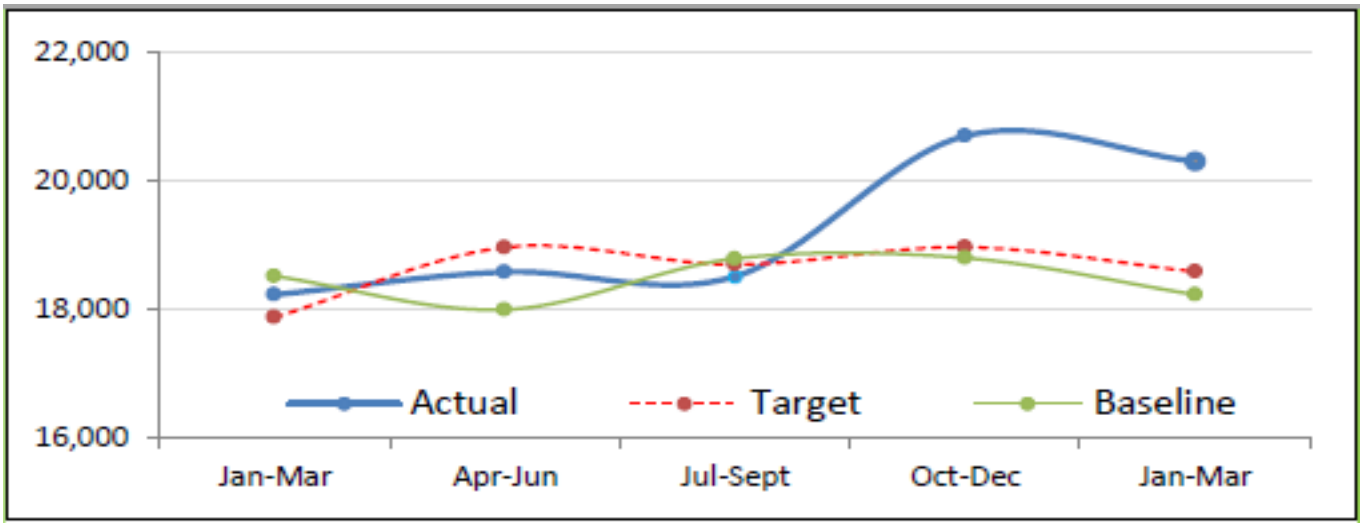
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)

	16-17 Actuals	**17-18 plans**				**18-19 plans**			
	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Quarterly rate	1383.5	1235.1	1076.5	840.6	823.2	835.5	823.2	835.5	818.6
Numerator (total)	8,341	7,446	6,490	5,068	4,993	5,068	4,993	5,068	4,993
Denominator	602,877	602,877	602,877	602,877	606,565	606,565	606,565	606,565	609,933

Non-elective Admissions

Our ambitions for NEA performance were not met other than in the first quarter of the BCF performance period through 2016/17.

The planned reductions for last year were 2.7% in each quarter of the year. A total of 20,299 admissions were made during Q4, which is 1722 more than the original CCG plans. Only the South CCG have consistently experienced monthly admission rates lower than the planned reduction, saving 29 admissions in the area this quarter; an 0.8% reduction. All CCGs except the South saw an increase in admissions against plan within the last quarter of the year.



This chart shows Lincolnshire performance on NEAs from Q4 2015/16 to Q4 2016/17. The baseline shows the previous year's performance

In Quarter 4, the volume of non-elective admissions to hospital was 11% higher than the same time last year, and 1,722 admissions higher than the target for the quarter. Performance is variable across the county with South Lincolnshire CCG having achieved the target in 11 of the 12 months. Other CCGs have not been so successful and discussions are ongoing to understand how to achieve best practice.

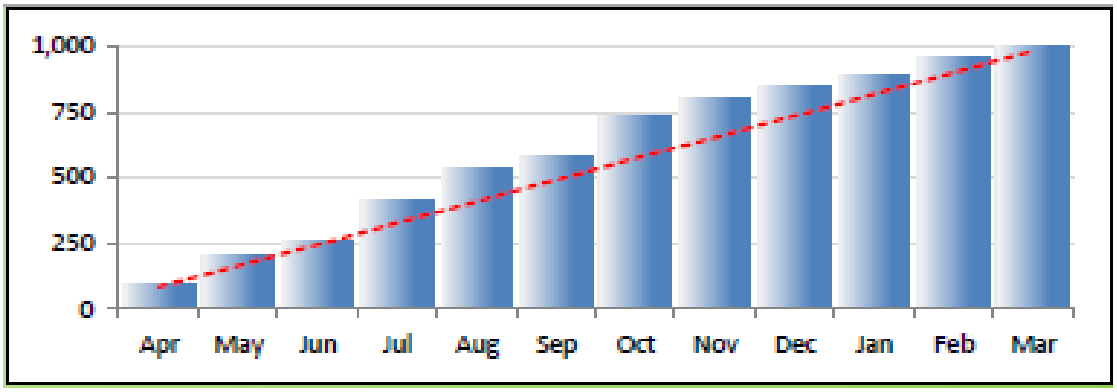
For 2017-19 the targets have been retained at the CCG agreed levels – with no stretch being set.

BCF schemes planned for 2017/19 to support Non-elective admissions include;

- Reablement
- Neighbourhood Teams
- Making every contact count
- Co-responders
- Community equipment

Admissions to residential care homes: How will you reduce these admissions?

Increased demand for residential care has resulted in 85 more permanent placements than planned in 2016/17, which is just less than a 10% deviation from the target. Towards the end of the year, the rate of admissions to residential care slowed. It is believed that all of the placements were appropriate and required in meeting citizen's needs and the Council's statutory requirements. Alternatives are always explored and placements approved on a case-by-case basis, and it appears that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. Over the last 2 years, the ratio of people in residential care to community has been static at 1:2, suggesting we are consistently placing people as appropriate.



Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, actual numbers – 2016/17

The targets for 2017/18 and 2018/19 have been set based on our current understanding of demand for social care in Lincolnshire. We believe that the rise in demand experienced last year, will continue into 2017/18 and 2018/19. There are a number of BCF schemes planned for investment which will mitigate this rise in demand to some extent – therefore enabling a level rate of permanent admissions.

These are

- Investment in community based services through Market stabilisation schemes for homecare, direct payments and reablement.
- Increased capacity in social care assessment teams - increasing time for assessments and creative support planning
- Investment in the housing for independence agenda and renewed DFG commitment

Additionally the Council intends to work with District Councils and housing providers during the next three years to increase Extra Care housing provision, in high demand areas of the County. To support this programme the Council has allocated £8m capital. This programme is also referenced on the leading political groups manifesto.

(Note: research evidence supports an expansion of extra care as an alternative to residential care).

The targets set for 17-19 anticipate a slight increase in residential admission numbers – this is expected to achieve a consistent annual rate of admissions based on population levels

	14/15	15/16	16/17	Planned 17/18	Planned 18/19
Annual rate	584	611	599	649	649
Numerator	960	1029	1031	1129	1150
Denominator	164,314	168,468	172,133	174,043	177,258

Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Our 2016/17 SALT data shows that only 3% (796) of new requests for support result in a permanent admission to residential or nursing care. A much greater proportion of new requests are dealt with through access to universal services and signposting (55%), short term support (13%), ongoing low level support (11%) or long term community support (6%).

Effectiveness of re-ablement: How will you increase re-ablement?

The performance of the Lincolnshire Reablement Service, commissioned by the Council, is key to ensuring that people are still at home 91 days after discharge. In 2016/17, two thirds of all people who were offered reablement or intermediate care after a hospital visit received the service provided by Allied healthcare. The remaining third were offered a range of intermediate care services provided through the NHS community health provider.

This service (Allied), commissioned by the Council, is also a major factor in enabling people with a social care need to leave hospital promptly. The performance of this service is felt to be one of the reasons that delayed transfer of care due to social care is much lower than the national average. The service helps people stay at home through visits to provide support to regain skills following a crisis, illness or injury. Allied Healthcare took over this service in November 2015 and has increased its capacity to take on referrals since then. Currently the service makes 560 visits a day and over 300 new people a month receive this service.

	14/15	15/16	16/17	Planned 17/18	Planned 18/19
Annual %	78.8	76.0%	75.4%	80%	80%
Numerator	650	728	504	800	800
Denominator	825	958	668	1000	1000

In Lincolnshire, the reablement service is commissioned by the Council and provided by Allied healthcare, with Intermediate care provided by Lincolnshire Community Health Services. The end of the 2016/17 year provides an opportunity to determine the effectiveness of the providers in terms of people being at home 91 days after their reablement or intermediate care. An analysis of the data has shown that people who received reablement were much more likely to be at home 91 days later than those who had intermediate care.

2016/17 91 day indicator – effectiveness during 3 month sample window

Provider	Number of people receiving the service	Number still at home after 91 days	Percentage
ALL	668	504	75.4%
Allied Healthcare	450	383	85.1%
NHS LCHS	218	121	55.5%

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services

The intention is to increase the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital based on both growth in reablement capacity and improved outcomes (notably in the performance of LCHS). The targets set for 17-19 are consistent in the intention to achieve 80% in both years. This is felt to be a realistic target – with a focus on improving performance and the NHS provider from current levels to the 80% through

a combination of further investment in the capacity of the service through BCF schemes and improved performance.

The availability of iBCF funding has enabled us to significantly expand the reablement service. Additional funding is available:

- 2017/18 - £1,383,782
- 2018/19 - £1,803,360
- 2019/20 - £1,803,360

Meaning that approximately £5m is available over the three years of the iBCF. The funding:-

- Is available to support additional Reablement
- Is also to fund expansion/development of the Quickstart and HART services and link to the expansion of the KAYDER software development
- Is being planned in consultation with Allied, the Council's provider of the Reablement service

Delayed transfers of care

The DToC Improvement Plan for Lincolnshire is shown as Appendix E. The plan has been agreed and signed off by the Urgent Care Working Group and signed off by all system leaders at A&E Delivery Board on 20 June. It is important to note the plan has been signed off and is owned by both Commissioners and Providers, and has the support of the County Council and the four CCGs.

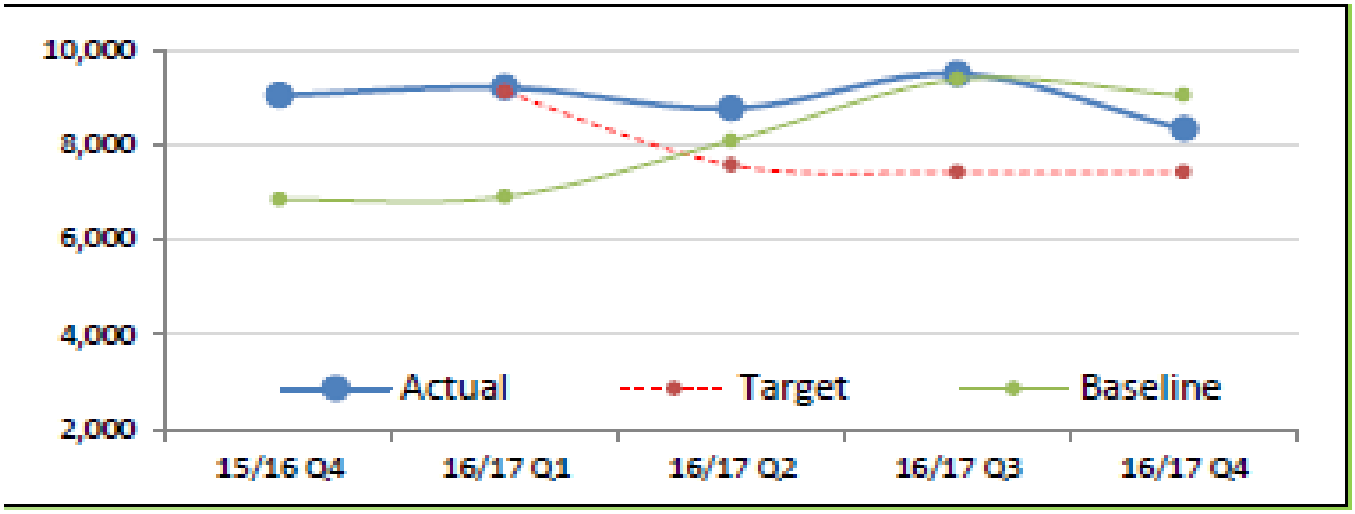
The ongoing focus in making improvements in DToC performance include the:

- Consistent Implementation of the HUB model
- Alignment of processes internal to providers
- Right sizing capacity
- Avoidance of adding further interim beds
- Delivery of admission avoidance actions
- BCF – impact of investment to social care support within the trusts and reductions to domiciliary services
- PACE of development and delivery within other aspects of the STP plans

Over the past year, the planned reductions in delayed transfers of care in the County have not been met. The pattern in 2016/17 was that the target was met in the first month of the year, but was not achieved in the following months. There were a total of 8,341 delayed days for patients in Q4, 916 higher than the target of 7,425 days. The trend throughout the year is linear and consistent, compared to 2015/16 where delayed days showed a more pronounced increase throughout the year.

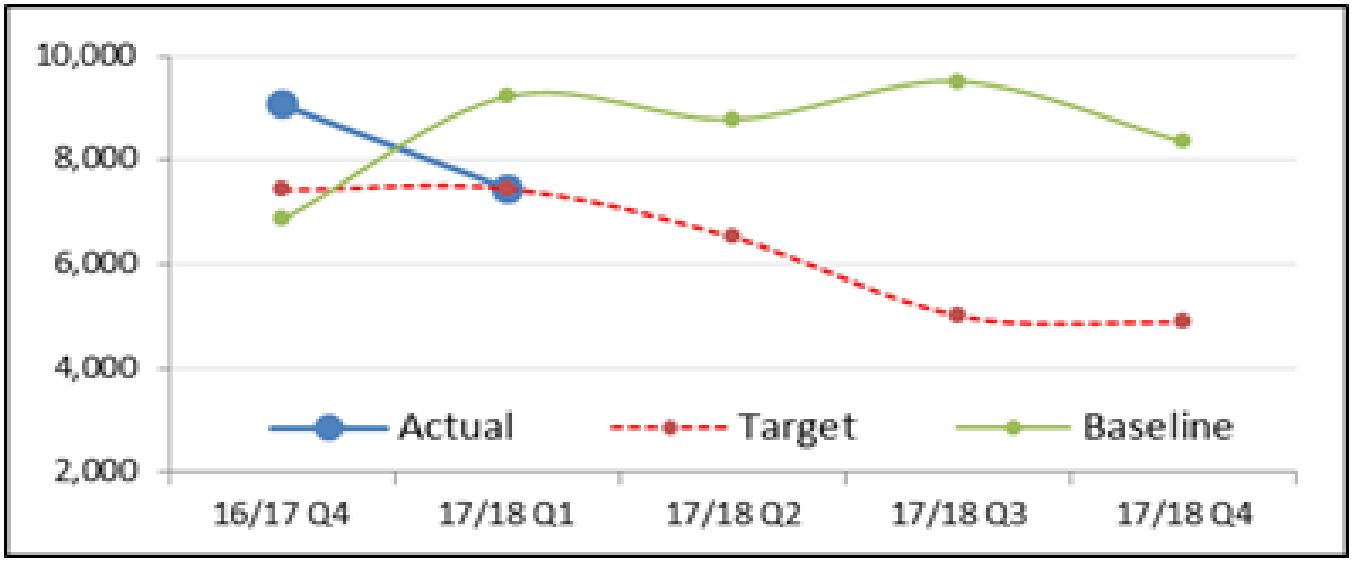
The proportion of non-acute delays has continued to fall and is now 35% of total delayed days. Social Care delays account for 23%, higher than figures reported throughout Q3, but lower than reported in January (25%). NHS delays account for 71% of delayed days, up from January, but lower that the figures reported in Q3. Latest DToC data (June 2017) show that delays attributed to Social Care are now 15% and those attributable to the NHS are now 71%. The overall figure for delayed days at the end of June 2017 is 900 days lower than Q4 2016/17 at a total of 7,446 which continues the trajectory towards the November expected target.

In terms of delay reasons, 68% of delayed days relate to waiting for further non-acute care, residential or packages in the persons home. The proportion of delays attributed to these reasons is broadly consistent with Q3. Housing delays are higher than expected and the proportion of delays attributed to housing has increased steadily throughout the year, peaking within Q3 and now dropping to 4% of delay reasons.



Delayed transfers of care (delayed days) performance Q4 2015-16 to Q4 2016/17

Targets for 2017/19 have been set to achieve the National expectations in NHS DToC by November 2017, and then sustain a reduction over the period. The total DToC target for November contains a stretch target for Social Care attributable delays. The performance in Quarter 1 of 2017/18 has been positive, with a reduction in line with our planned target for the period. Targets set have been determined and agreed jointly with NHS and Council involvement.



This chart shows improved performance in Q4 2016/17 and Q1 of 2017/18

Schemes planned for 2017/19 will target a reduction in DTOCs, these specifically include;

- Housing for independence and funding for DFGs
- Market stabilisation for homecare, reablement and residential care
- Trusted assessor posts based in acute hospitals to speed up discharges when patients are transferred to residential or nursing care

Approval

Signed for on behalf of: **LINCOLNSHIRE COUNTY COUNCIL**

By Glen Garrod……...

On …….

Director of Adult Social Services, Lincolnshire County Council

_____

Signed for on behalf of: **LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP**

By Gary James ……..

On…….

Accountable Officer Lincolnshire East CCG

_____

Signed for on behalf of: **LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP**

By Sunil Hindocha ……

On…….

Accountable Officer Lincolnshire West CCG

_____

Signed for on behalf of: **SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

By John Turner ……..

On…….

Accountable Officer South Lincolnshire CCG

_____

Signed for on behalf of: **SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

By John Turner ……..

On…….

Accountable Officer South West Lincolnshire CCG

_____