

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director – Adult Care and Community Wellbeing

Report to	Lincolnshire Health and Wellbeing Board
Date:	06 December 2022
Subject:	The 'Discharge Fund' and update on the Lincolnshire Better Care Fund

Summary:

Following all necessary approvals within Lincolnshire the Lincolnshire Better Care Fund (BCF) Plan for 2022/23 was submitted on 26th September 2022 as required. At the time of writing this report we are still awaiting final endorsement from the government.

In addition officers from the Integrated Care Board (ICB) and Lincolnshire County Council have been working on the development of a set of metrics for regular reporting to the Lincolnshire Health and Wellbeing Board (HWB) that capture the key elements of the BCF Plan. Whilst not exhaustive they are intended to be a guide to many of the key metrics that will help inform members of the Board.

The Department of Health and Social Care (DaSC) announced the Discharge Fund Allocation for Lincolnshire on 21st November 2022 as part of their £500m 'Plan for Patients'. The submission date of a locally agreed plan back to government is 16 December

Actions Required:

1. The HWB is asked to note the update provided on the assurance of the Lincolnshire BCF Plan.
2. The HWB is asked to approve the BCF Reporting Template and to approve receiving BCF reporting every quarter going forward.
3. The HWB is asked to approve the Discharge Fund Plan for both the Integrated Care Board and Lincolnshire County Council ahead of submission on 16th December 2022.

1. Background

Update on the Lincolnshire BCF Plan

The Lincolnshire BCF Plan for 2022/23 was submitted on 26th September following approval from the Lincolnshire HWB. We do know that the Lincolnshire plan has been recommended for approval by the East Midlands BCF Assurance Panel and the National Cross Regional Calibration meeting on 1st November. We are now waiting for final endorsement and a date is still to be confirmed for this. It has been confirmed that Section 75 agreements will be in place by end of January 2023, as opposed to the end of December 2022.

National guidance for the BCF required additional metrics to be contained within the submission for 2022-23, particularly with regards to capacity and demand for intermediate care. As a result, the BCF Reporting Template, Appendix A, has been reviewed and updated. It is recommended that BCF performance is regularly received by the Health and Wellbeing Board as an information item.

The Discharge Fund

On 22nd September, the Department for Health and Social Care announced the Plan for Patients which detailed £500m fund to support discharge from hospital and support the social care workforce.

Given a number of changes within government in the intervening period, confirmation of and detailed funding allocations were not announced until 21st November alongside guidance and conditions, including reporting requirements. Money is allocated to ICBs (60%) and LAs (40%) in two tranches in December and January. The use of the funding must be agreed locally and pooled into the BCF under a Section 75 agreement, which as mentioned above now need to be signed off by end of January.

The guidance and conditions give a very clear message on expenditure being used to support discharge from hospital with a home first focus and not avoidable admissions. Funding can be used towards domiciliary care, reablement, step down and including mental health inpatient settings. The funding can also be used towards supporting workforce capacity in the social care sector through recruitment and retention activity.

For Lincolnshire, the County Council allocation has been confirmed at £2,806,625 and the ICB allocation is confirmed at £2,095,442. Two templates have been released which will detail how the funding is being used, one for the County Council and one for the ICB. The schemes identified include a requirement to include estimates of number of packages/beneficiaries to evidence impact. Additional narrative may be required again to evidence impact, particularly where individual metrics are not capturing this.

There is a strict timeline for submission of both planned spend and metrics for the duration of the funding, until end of March 2023.

The County Council and the Lincolnshire ICB must work together to provide:

- a plan for spending the funding, which will be an addition to existing BCF plans and submitted on 16th December 2022. This should outline how the Council's plans to increase expenditure on discharge in comparison to their BCF plan.
- fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan. The first activity report should be submitted on 30th December 2022; and
- a final spending report provided to the government alongside the wider end of year BCF reports by 2nd May 2023.

The monitoring conditions have been outlined as follows:

- the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected via a new template);
- the number of people discharged to their usual place of residence (existing BCF metric);
- the absolute number of people 'not meeting criteria to reside' (and who have not been discharged);
- the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep); and
- the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust

In addition, the data on length of stay will be monitored regionally and nationally and will continue to be available on the Better Care Exchange.

As noted above, the funding is released in two tranches with 40% released in December and 60% released in January. The second funding tranche is dependent on meeting conditions including completion of all templates and reporting. A further condition of funding is that all Councils, ICBs and Acute Trusts will be required to engage in a review in January 2023.

Financial Information

For Lincolnshire, the grant allocation has been confirmed at £2,806,625 and the ICB allocation is confirmed at £2,095,442, giving a total allocation of £4,902,067. The below table sets out proposals on how both the LA and ICB wish to allocate the funding.

	LA Funding Allocation	ICB Funding Allocation
Sustaining the Workforce	£2,200,000	£645,000
ASC & OT Waiting List	£250,000	
Home & Health Care at Home Packages	£300,000	£500,000
Intermediate Care Infrastructure	£30,000	£30,000
Active Recovery Beds Part 2		£650,000
Improvement to Pathway 0 Discharge		£250,000
Grant Administration (1% max)	£26,625	£20,442
Total Funding Allocation	£2,806,625	£2,095,442

Appendix B shows the ASC Discharge Funding Template which will be populated with the relevant schemes, setting, spend type and Commissioner upon approval of the proposed spend. The estimated number of packages/beneficiaries will also be included; this is an estimate for the duration of the Fund.

Appendix C shows the ICB Discharge Funding Template for Lincolnshire which details the ICB allocation to Lincolnshire HWB.

At the time of submission of this report, it is not yet known when formal approval of the funding plan will be received, it is anticipated that further detail will be confirmed by the government in due course.

2. Conclusion

That the Health and Wellbeing Board note the update provided on the Lincolnshire BCF Plan.

It is recommended that the Health and Wellbeing Board approve the BCF Performance Report Template and that the BCF Performance Report is regularly received at Health and Wellbeing Board as an information item.

It is recommended that the Health and Wellbeing Board approve the Discharge Funding Plan and ICB Discharge Funding Plan for Lincolnshire shown within the report, ahead of formal submission and population of the templates on 16th December 2022.

3. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The BCF schemes within the plan, directly contribute to addressing health inequalities and the joint health and wellbeing strategy.

4. Consultation

None required.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Performance Report Template 2022-23
Appendix B	Lincolnshire ASC Discharge Funding Plan Template
Appendix C	Lincolnshire ICB Discharge Funding Plan Template

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Nikita Lord, Programme Manager for the Better Care Fund, who can be contacted on Nikita.lord@lincolnshire.gov.uk

Better Care Fund - 2022/23

Performance Report

Month -

Produced -

Highlights

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-
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-
-
-
-
-
-

Performance Alerts for main Health & wellbeing Board measures only

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

Total Health & Wellbeing Board measures

Achieved	
Not achieved	
Improving but not achieved	
Not reported in period	

Produced by Lincolnshire County Council, Adult Care Performance & Intelligence Team

ASC_Performance@lincolnshire.gov.uk

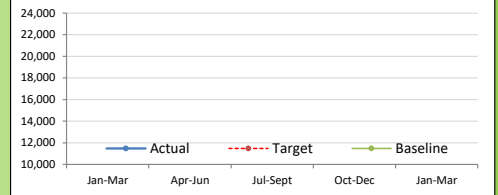
Health and Wellbeing Board Measures

1: Total non-elective admissions in to hospital (general and acute)

Definition: The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.

Frequency / Reporting Basis: Monthly / Cumulative within quarter only

Source: MAR data (Monthly NHS England published hospital episode statistics)



Prior Year	2021/2022											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
In Month												
In Quarter (cumulative)												

Month -	2022/2023											
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
In Month												
In Quarter												
HWB NEA Plan - Target												
Actual reduction (negative indicates an increase)	number											
	%											
Performance												

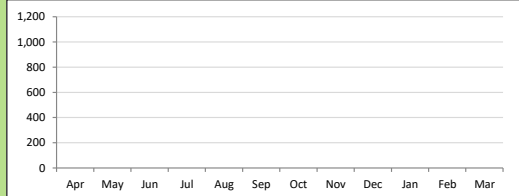
2: Admissions to residential / nursing care homes - aged 65+ (ASCOF 2A part ii)

Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)

Frequency / Reporting Basis: Monthly / Cumulative YTD

Source: Mosaic data: Local Adult Care Monitoring (LTC admissions report & SALT return).

Note: Figure reported cumulatively



Prior Year	2021/2022											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
In Quarter												
Cumulative YTD												

Current Year	22/23	2022/2023										
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
In Quarter												
Cumulative YTD												
Target (admissions)												
Performance												

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1) UPDATED YEARLY - Includes NHS and Social Care service

Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.

Frequency / Reporting Basis: Yearly - ASCOF 2B part 1

Source: Mosaic Reablement data and LCH data for Q3

	22/23	2022/2023										
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Numerator												
Denominator												
Value												
Target												
Performance												

3a: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - SOCIAL CARE REABLEMENT SERVICE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital. Q1 data will be clients discharged between January-March, Q2 will be clients discharged between April-June etc.
Frequency / Reporting Basis: Quarterly
Source: Mosaic data: Reablement

	22/23 Social Care Only	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator													
Denominator													
Value													
Target													
Performance													

3b: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - COMMUNITY REHAB SERVICE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital. Q1 data will be clients discharged between January-March, Q2 will be clients discharged between April-June etc.
Frequency / Reporting Basis: Quarterly
Source: Hospital

	22/23 Social Care Only	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator													
Denominator													
Value													
Target													
Performance													

3c: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - OFFER RATE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital. Q1 data will be clients discharged between January-March, Q2 will be clients discharged between April-June etc.
Frequency / Reporting Basis: Quarterly

	22/23 Social Care Only	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Actual													
Target													
Performance													

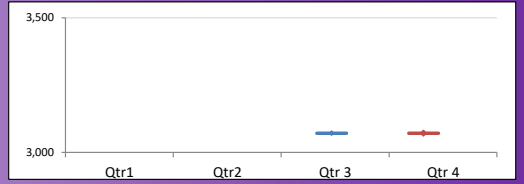
iBCF Measures

4: Number of Home Care packages provided in the reporting year

Definition: Cumulative YTD number of all clients who have received a permanent home care package during the year

Frequency / Reporting Basis: Monthly / Cumulative within quarter only

Source: Brokerage weekly service returns



Prior Year	2021/2022												
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Clients in receipt of homecare (YTD)													

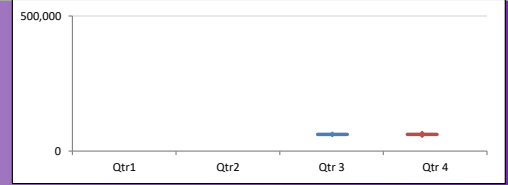
Current Year	2022/2023												
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Clients in receipt of homecare (YTD)													

5: Total number of paid hours of Home Care provided in the quarter

Definition: Cumulative YTD number of all paid hours of homecare delivered

Frequency / Reporting Basis: Monthly / Cumulative within quarter only

Source: Brokerage weekly service returns



Prior Year	2021/2022												
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Hours Delivered													

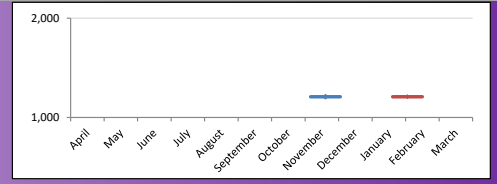
Current Year	2022/2023												
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Hours Delivered													

6: Number of funded care home placement at the end of the period

Definition: Number of clients that are in a social care wholly or part funded care home placement at the end of the period.

Frequency / Reporting Basis: Monthly / Snapshot

Source: BO Report - Long Term Care (Summary)



Prior Year	2021/2022												
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Care Home Placements (YTD)													

Current Year	2022/2023												
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Care Home Placements (YTD)													

please note numbers in red may have increased due to data cleansing.

7: Number of newly funded clients with LD

Definition: Number of LD starters that have started a new service within each quarter.

Frequency / Reporting Basis: Monthly

Source: Finance Team - Adult Care & Community Wellbeing

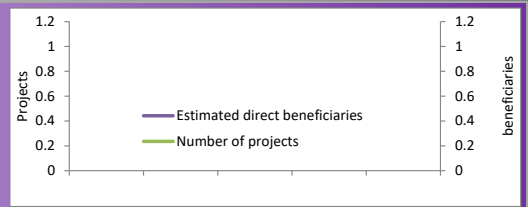
by Age Group	2022/2023												
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
18-25													
26-40													
41-64													
65+													
In month													
In Quarter (cumulative)													

8: Number of new managed care networks projects

Definition: Number of projects supported by the managed care network and estimated direct beneficiaries.

Frequency / Reporting Basis:

Source: LPFT, Managed Care Network Administrator



Contract End	Sep-17	Sep-18	Sep-19	Sep-20	Sep-21	Sep-22
Number of projects						
New Projects						
Estimated direct beneficiaries						

Local Measures

9. Number of Reablement Hours Delivered in the period
Definition: Total number of face to face contact hours delivered
Frequency / Reporting Basis: Monthly
Source: Reablement Provider Contract KPI's

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Hours delivered (in month)													
Hours delivered (in quarter)													
Hours delivered (YTD)													

10. Reablement: % of people reabled to no service, or a lower service (ASCOF 2D)
Definition: % of concluded episodes of reablement for NEW clients where the sequel to reablement is no support or support of a lower level
Frequency / Reporting Basis: Quarterly / Cumulative YTD
Source: Short & Long Term Return (SALT STS002a)/ (CBP 124)

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator													
Denominator													
Actual													
Target													
Performance													

11. 7 Day Services: % of hospital discharges to Social Care which occur at the weekend
Definition: Of the total number of patients discharged from hospital to a Social Care hospital team, the % that were discharged at the weekend
Frequency / Reporting Basis: Monthly
Source: BO Report - Hospital Discharges

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator													
Denominator													
Actual													

12. Hospital Discharges With Social Care Team Involvement
Number of discharges
Definition: Discharged clients where social care teams help facilitate the discharge
Frequency / Reporting Basis: Monthly
Source: BO Report: Hospital Discharges

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
18-64													
65+													
Unknown													
Total Number													
% of 65+													
Target													
Performance													

13. Discharges into planned pathway routes
Definition: The pathway that a client has been discharged from hospital into. Pathway definitions are Pathway 0- : simple discharge, no input from health / social care, Pathway 1-:support to recover at home; able to return home with support from health and/or social care,Pathway 2: Rehabilitation in a bedded setting
Frequency / Reporting Basis: Monthly

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Discharges into Pathway-0													
Discharges into Pathway-1													
Discharges into Pathway-2													

14. Capacity of planned pathway routes
Definition: The expected capacity to be discharged into the pathways vs the actual pathway route. Pathway definitions are Pathway 0-: simple discharge, no input from health / social care, Pathway 1-: support to recover at home; able to return home with support from health and/or social care, Pathway 2-: Rehabilitation in a bedded setting
Frequency / Reporting Basis: Monthly

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Expected Capacity into Pathway- 0													
Actual Capacity into Pathway- 0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Expected Capacity into Pathway- 1													
Actual Capacity into Pathway- 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Expected Capacity into Pathway- 2													
Actual Capacity into Pathway- 2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

15. Carers Supported by Carers Service and Adult Care
Definition: The total number of Carers Supported by Lincolnshire County Council in the last 12 months
Frequency / Reporting Basis: Quarterly / Rolling 12 month period
Source: Council Business Plan (Carers Strategy) (SALT LTS003 total)

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator													
Denominator													
Actual													
Target													
Performance													

16. Trusted Assessors: Hospital Bed Days Saved
Definition: The number of assessments completed by workers, actual discharges that have taken place and total bed days saved by workers
Frequency / Reporting Basis: Quarterly
Source: Lincolnshire Care Association

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Completed Assessments													
Actual Discharges													
Bed Days Saved (in quarter)													
Bed Days Saved (YTD)													

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Discharge fund 2022-23 Funding Template

2. Cover

Version 1.0.0



HM Government



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached to this funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners).

Health and Wellbeing Board:	Lincolnshire
Completed by:	Nikita Lord
E-mail:	nikita.lord@lincolnshire.gov.uk
Contact number:	07775 642894

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Executive Director
Name:	Glen Garrod

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Sue	Wooley	
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off				
	Local Authority Chief Executive				

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

LA Section 151 Officer				

No
Yes
Yes
Yes

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

See next sheet for Scheme Type (and Sub Type) descriptions

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board:

Lincolnshire

Source of funding		Amount pooled	Planned spend
LA allocation		£2,806,625	£0
ICB allocation	NHS Lincolnshire ICB	Please enter amount pooled from ICB	£0
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
 - a grant to local government - (40% of the fund)
 - an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
 Home Care or Domiciliary Care
 Bed Based Intermediate Care Services
 Reablement in a Person's Own Home
 Residential Placements

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Telecare 2. Community based equipment 3. Other 	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other 	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	<ol style="list-style-type: none"> 1. Step down (discharge to assess pathway 2) 2. Other 	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	<ol style="list-style-type: none"> 1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 	You should include an expected number of	

	3. Other	beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

Adult Social Care Discharge Fund - ICB distribution template

Guidance

60% of the Adult Social Care Discharge Fund has been allocated to ICBs. The funding must be pooled into Better Care Fund plans and it's use agreed with local authority partners. It is for systems to agree how to distribute this funding at HWB level, based on their assessment of need.

Separate spending plans, covering the detailed use of the funding (both ICB allocated and grants paid to local authorities) should be completed for each HWB and returned by 16 December. This form is for ICBs to confirm the distribution of ICB allocated funding across HWBs within their footprint

Yellow sections indicate required input

ICB name	NHS Lincolnshire ICB
Total allocation	£2,095,442.36
Name of person completing this form	
Contact email	
ICB lead for improving discharge data collection (optional)	

HWB	Funding
Lincolnshire	
Total (Must equal allocation)	£0.00

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