

Overview**Note on entering information into this template**

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist ([click to go to Checklist, included in the Cover sheet](#))

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover ([click to go to sheet](#))

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income ([click to go to sheet](#))

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution.
4. If you are pooling any funding carried over from 2021-22 (i.e. **underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand

- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
<https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704>
- Technical definitions for the guidance can be found here:
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2--enhancing-quality-of-life-for-people-with-long-term-conditions-not/2.3-i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:

- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 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".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board: Lincolnshire

Completed by: Nikita Lord, BCF Programme Manager

E-mail: Nikita.Lord@lincolnshire.gov.uk

Contact number: 07557 309100

Has this plan been signed off by the HWB (or delegated authority) at the time of submission? No

If no please indicate when the HWB is expected to sign off the plan: Tue 27/09/2022 << Please enter using the format, DD/MM/YYYY

If using a delegated authority, please state who is signing off the BCF plan: Lincolnshire Health and Wellbeing Board Chair

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: Chair of the Health and Wellbeing Board
Name: Cllr Mrs Sue Woolley

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	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Sue	Woolley	CllrS.Woolley@lincolnshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	John	Turner	John.Turner19@nhs.net
	Additional ICB(s) contacts if relevant	Mr	Matt	Gaunt	M.Gaunt@nhs.net
	Local Authority Chief Executive	Mrs	Debbie	Barnes	Debbie.Barnes@lincolnshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Glen	Garrod	Glen.Garrod@lincolnshire.gov.uk

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 -->

Better Care Fund Lead Official	Mrs	Pam	Clipson	Pam.Clipson@Lincolnshire.gov.uk
LA Section 151 Officer	Mr	Andrew	Crookham	Andrew.Crookham@lincolnshire.gov.uk

Question Completion - When all questions have been answered and the validation boxes below have turned green, 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.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

Lincolnshire

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£6,976,486	£6,976,486	£0
Minimum NHS Contribution	£61,799,812	£61,799,812	£0
iBCF	£34,256,698	£34,256,698	£0
Additional LA Contribution	£91,104,846	£91,104,846	£0
Additional ICB Contribution	£84,918,000	£84,918,000	£0
Total	£279,055,842	£279,055,842	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£17,664,919
Planned spend	£25,755,774

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£21,370,697
Planned spend	£40,063,669

Scheme Types

Assistive Technologies and Equipment	£6,577,188	(2.4%)
Care Act Implementation Related Duties	£33,540,990	(12.0%)
Carers Services	£1,171,000	(0.4%)
Community Based Schemes	£7,942,235	(2.8%)
DFG Related Schemes	£7,076,486	(2.5%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of C	£5,459,891	(2.0%)
Home Care or Domiciliary Care	£179,000	(0.1%)
Housing Related Schemes	£146,000	(0.1%)
Integrated Care Planning and Navigation	£208,608,201	(74.8%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£5,936,461	(2.1%)
Personalised Budgeting and Commissioning	£1,461,390	(0.5%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£837,000	(0.3%)
Residential Placements	£0	(0.0%)
Other	£120,000	(0.0%)
Total	£279,055,842	

[Metrics >>](#)

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)			

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	433	503

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.7%

[Planning Requirements >>](#)

Theme	Code	Response
	PR1	Yes

NC1: Jointly agreed plan	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board:

Lincolnshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Lincolnshire	£6,976,486
DFG breakdown for two-tier areas only (where applicable)	
Boston	£632,715
East Lindsey	£2,039,523
Lincoln	£851,990
North Kesteven	£910,537
South Holland	£772,382
South Kesteven	£975,298
West Lindsey	£794,041
Total Minimum LA Contribution (exc iBCF)	£6,976,486

iBCF Contribution	Contribution
Lincolnshire	£34,256,698
Total iBCF Contribution	£34,256,698

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Lincolnshire	£91,104,846	Funding for additional LCC section 75 schemes
Total Additional Local Authority Contribution	£91,104,846	

NHS Minimum Contribution	Contribution
NHS Lincolnshire ICB	£61,799,812
Total NHS Minimum Contribution	£61,799,812

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes
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Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Lincolnshire ICB	£84,918,000	NHS Lincolnshire ICB contribution to additional
Total Additional NHS Contribution	£84,918,000	
Total NHS Contribution	£146,717,812	

	2021-22
Total BCF Pooled Budget	£279,055,842

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board:

Lincolnshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£6,976,486	£6,976,486	£0
Minimum NHS Contribution	£61,799,812	£61,799,812	£0
iBCF	£34,256,698	£34,256,698	£0
Additional LA Contribution	£91,104,846	£91,104,846	£0
Additional NHS Contribution	£84,918,000	£84,918,000	£0
Total	£279,055,842	£279,055,842	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£17,664,919	£25,755,774	£0
Adult Social Care services spend from the minimum ICB allocations	£21,370,697	£40,063,669	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Sheet complete

Planned Expenditure

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Intermediate Care	Ongoing intermediate care and reablement services	Community Based Schemes	Other	Intermediate Care Services	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£6,441,000	Existing
2	Transitional Care	Delivery of personal health budgets function	Personalised Budgeting and Commissioning			Social Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1,361,390	Existing
3	Neighbourhood Team	Increase in health staff resources	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£6,587,000	Existing
3	Neighbourhood Team	Increase in health staff resources	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Additional LA Contribution	£20,000,000	Existing
4	Equipment and adaptations - DFG	DFG capital funding, passed to the District Councils in Full	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£6,976,486	Existing
5	Reablement	Support for the reablement service	Reablement in a persons own home	Reablement service accepting community and		Social Care		CCG			Private Sector	Minimum NHS Contribution	£2,526,584	Existing
6	Community Integrated Reablement	To support the continuation of the integrated reablement	Reablement in a persons own home	Reablement service accepting community and		Social Care		CCG			Private Sector	Minimum NHS Contribution	£1,606,517	Existing

7	Residential Market Rate	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	Minimum NHS Contribution	£4,048,992	Existing
8	AF<C Inflation and NLW	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£12,864,000	Existing
9	7 day working	Providing 7 day service to increase support into hospitals	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Private Sector	Minimum NHS Contribution	£758,701	Existing
10	AF<C Demographic growth	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	Minimum NHS Contribution	£3,058,085	Existing
11	Trusted Assessors	trusted assessors based in hospitals who work on behalf of care homes	High Impact Change Model for Managing Transfer	Trusted Assessment		Social Care		LA			Private Sector	iBCF	£100,000	Existing
12	Dementia Family Friends	To enable more short breaks for high risk dementia carer groups	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Private Sector	iBCF	£420,000	Existing
13	Neighbourhood Team development	To support / facilitate joint working across teams	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£60,000	Existing
14	Housing for Independence	Increased capacity to assess for and provide DFG housing adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	iBCF	£100,000	Existing
15	Making Every Contact Count	Programme to develop behaviour change approaches	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Private Sector	iBCF	£42,000	Existing
16	Market stabilisation	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£3,943,218	Existing
17	Staffing	Increased staffing for front line adult care staff	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA			Local Authority	iBCF	£1,001,235	Existing
18	Quick response service / reablement	Development of a provider of last resort, increased reablement	Reablement in a persons own home	Reablement service accepting community and		Community Health		LA			Private Sector	iBCF	£1,803,360	Existing
19	Enhanced Health (Care) in Care Home programme	Support for providers to adopt enhanced health in care	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Community Health		LA			Private Sector	iBCF	£200,000	Existing
20	Carers - Everyone / Outreach / Breaks	Short breaks for high risk carer groups. Particularly high risk of	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	iBCF	£650,000	Existing
21	Programme support costs	The cost of administering the BCF by Lincolnshire County	Other		Programme Infrastructure costs	Social Care		LA			Local Authority	iBCF	£120,000	Existing
22	LD S75 CCG and LCC contributions	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Additional LA Contribution	£51,987,069	Existing
22	LD S75 CCG and LCC contributions	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Minimum NHS Contribution	£19,545,855	Existing
22	LD inflation and growth	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			CCG	iBCF	£7,581,695	Existing

22	LD S75 Historic Pooled Fund	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Minimum NHS Contribution	£7,011,545	Existing
22	LD Existing S256 Adults	Joint working across health, social and community partners to	Housing Related Schemes			Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£146,000	Existing
22	LD S75 Social care costs	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	iBCF	£700,000	Existing
23	Integrated Personalised Commissioning	Funding to support integration accelerator work	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£100,000	Existing
24	Waking nights	Meeting service user costs brought about through the review of	Community Based Schemes	Other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£500,000	Existing
25	LPFT mental health illness prevention fund	The managed care network is a mental illness prevention fund	Prevention / Early Intervention	Social Prescribing		Mental Health		LA			Charity / Voluntary Sector	iBCF	£375,000	Existing
26	CAMHS S75 CCG Contribution	Core CAMHS funding	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£7,233,283	Existing
26	CAMHS S75	Core CAMHS funding	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional LA Contribution	£724,589	Existing
27	Existing S256 Childrens	Provision of a short break residential unit for children and young	Carers Services	respite services		Social Care		LA			Charity / Voluntary Sector	Additional NHS Contribution	£521,000	Existing
28	ICES Original	Community equipment Section 75 between CCG and Lincolnshire County	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Additional NHS Contribution	£3,700,000	Existing
28	ICES Original	Community equipment Section 75 between CCG and Lincolnshire County	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Additional LA Contribution	£2,877,188	Existing
29	Mental Health S75 Agreement (LCC/LPFT)	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional LA Contribution	£14,460,000	Existing
29	Mental Health S75 Agreement (LCC/LPFT)	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional NHS Contribution	£74,519,000	Existing
30	Transitional Beds S75 agreement	ICB contribution to Section 75 for block purchase nursing and	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		CCG			Private Sector	Additional NHS Contribution	£1,750,000	Existing
30	Transitional Beds S75 agreement	Lincolnshire County Council contribution to Section 75 for block	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		LA			Private Sector	Additional LA Contribution	£1,000,000	Existing
31	Winter pressures	Schemes in place to deliver additional capacity aligned to the	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Social Care		LA			Local Authority	iBCF	£1,651,190	Existing
32	Mental health complex cases	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			Local Authority	Minimum NHS Contribution	£1,474,860	Existing
26	CAMHS S75 CCG contribution	CYP Community & Crisis support, 18 to 25 Young Adults support and	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional NHS Contribution	£4,193,000	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Other
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other

5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other
6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other
9	Housing Related Schemes	

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other
11	Bed based intermediate Care Services	<ol style="list-style-type: none"> 1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other
12	Reablement in a persons own home	<ol style="list-style-type: none"> 1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other
13	Personalised Budgeting and Commissioning	
14	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other

15	Prevention / Early Intervention	<ol style="list-style-type: none">1. Social Prescribing2. Risk Stratification3. Choice Policy4. Other
16	Residential Placements	<ol style="list-style-type: none">1. Supported living2. Supported accommodation3. Learning disability4. Extra care5. Care home6. Nursing home7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3)8. Other
18	Other	

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)
Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.

The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.

Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.

A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.

This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.

Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.

Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.

Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

Provides support in your own home to improve your confidence and ability to live as independently as possible

Various person centred approaches to commissioning and budgeting, including direct payments.

Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.

Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.

Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.

Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board:

Lincolnshire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	707	656	722	674		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value						

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	93.3%	93.5%	92.7%	93.4%		
	Numerator	14,939	14,901	14,415	13,684		
	Denominator	16,011	15,942	15,548	14,657		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)						
	Numerator						
	Denominator						

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	432.9	424.9	509.9	503.0	The Lincolnshire Health and Care system have adopted home first principles and additional investment into P1 D2A. This is reducing inappropriate, early admissions into residential care. Strength based approach programmes are also in place to	Using the high impact change model to managing transfers of care. There is a step wise increase in capacity for P1 D2A and a whole system review of intermediate care. There is a joint commissioning intention to invest and improve integrated
	Numerator	789	789	947	950		
	Denominator	182,278	185,707	185,707	188,869		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>