



Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Lincolnshire	
Completed by:	Paul Summers	
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Contact number:	07884 791319	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Tue 05/12/2023	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

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

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3. National Conditions

Selected Health and Wellbeing Board:

Lincolnshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes
Yes
Yes
Yes

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4. Metrics

Selected Health and Wellbeing Board:

Lincolnshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	185.3	171.8	198.0	195.3	191.3	On track to meet target	There is work to now be carried out around modelling for avoidable admissions to identify residual gaps and then we will need to review how to bridge these gaps. Also Admission avoidance pathways need to be	As part of additional monies, we have been successful in a business case to introduce a Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways to help keep their
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.9%	93.9%	93.9%	93.9%	93.83%	On track to meet target	No additional challenges and work being carried out to support continuation of the D2A work via homelink.	Minimise delays for people being discharged from hospital across all pathways by expanding our Transfer of Care Hubs by increasing staff and hours of operation to respond to the growing requirements for
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,717.2	482.8	On track to meet target	No support needs currently as the system falls programme is working well	The system falls programme has established a task and finish group to support the training to care homes which will be proved county wide and will initially focus on integrated community teams including care
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				494		On track to meet target	Data is yearly however currently on track to meet target based on 100,000 population and showing work across the system is going well	Rate of permanent admissions to residential care per 100,000 population (65+) = 84.8. The actual number of permanent admissions in Q1 for clients aged 65+ was 163. The estimated population size for 65+ year olds
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				80.0%		On track to meet target	The data combines Lincolnshire Community Health Data and Adult Social Care Libertas Reablement data. Some people cannot be traced to a case management system (Mosaic) number so these people are then	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services = 87% (813 out of 935 clients) The data combines Lincolnshire

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Lincolnshire

Community	Previous plan					Refreshed capacity surplus:					
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Capacity - Demand (positive is Surplus)											
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	
Urgent Community Response	73	76	45	42	45	73	76	45	42	45	
Reablement & Rehabilitation at home	19	20	12	11	12	19	20	12	11	12	
Reablement & Rehabilitation in a bedded setting	27	33	21	27	37	27	33	21	27	37	
Other short-term social care	0	0	0	0	0	0	0	0	0	0	

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	313	324	324	303	324	313	324	324	303	324
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	87	90	90	84	90	87	90	90	84	90
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	243	251	251	234	251	263	301	301	284	301
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		240	248	279	261	279	240	248	279	261	279
Reablement & Rehabilitation at home		68	70	78	73	78	68	70	78	73	78
Reablement & Rehabilitation in a bedded setting		216	218	230	207	214	236	268	280	257	264
Other short-term social care		0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes