Lincolnshire COUNTY COUNCIL
Working for a better future

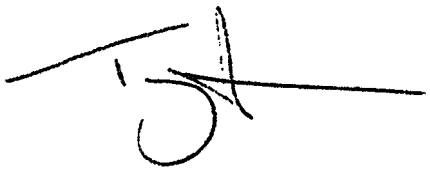
County Offices
Newland
Lincoln
LN1 1YL

22 September 2014

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 30 September 2014 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln LN1 1YL.

Yours sincerely



Tony McArdle
Chief Executive

MEMBERS OF THE BOARD (*)

Lincolnshire County Council: Councillors: Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement) (Chairman), Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services), C N Worth (Executive Councillor for Libraries, Heritage, Culture), D Brailsford, J P Churchill, B W Keimach, C R Oxby and S M Tweedale

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Director of Adult Care) and Dr Tony Hill (Executive Director of Community Wellbeing and Public Health)

District Council: Councillor Marion Brighton OBE

GP Commissioning Group: Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Simon Lowe (Lincolnshire East CCG)

Healthwatch Lincolnshire: Mr Malcolm Swinburn

NHS England: Mr Andy Leary

(*) Permanent Membership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 30 SEPTEMBER 2014

Item	Title	Pages	Estimated Time
1	**Apologies for Absence/Replacement Members**		
2	**Declarations of Members' Interest**		
3	**Minutes of meetings of the Lincolnshire Health and wellbeing Board**		
	3a Minutes of the meeting held on 10 June 2014	5 - 16	
	3b Minutes of the Extraordinary meeting held on 11 September 2014	17 - 20	
4	**Action Updates from the previous meeting** *(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)*	21 - 24	
5	**Chairman's Announcements**		
6	**Decision/Authorisation Items**		
	6a Lincolnshire Health and Wellbeing Board Development Assessment Action Plan *(To receive a report from Alison Christie, Health and Wellbeing Board Business Manager, which asks the Board to approve the Development Assessment Action Plan)*	25 - 32	
	6b Joint Health and Wellbeing Strategy Assurance Report 2014 *(To receive a report from Alison Christie, Health and Wellbeing Board Business Manager, which updates the Board on the progress being made to deliver the outcomes defined in the Joint Health and Wellbeing Strategy)*	33 - 56	
	6c Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire *(To receive a report from Alison Christie, Health and Wellbeing Business Manager, which asks the Board to approve a protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire)*	57 - 70	

Item	Title	Pages	Estimated Time
6d	**Protocol Between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board** *(To receive a report from Debbie Barnes, Executive Director Children's Services, which requests the Board to review and agree a protocol setting out the working relationship between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board)*	71 - 78	
6e	**Lincolnshire Pharmaceutical Needs Assessment (Draft)** *(To receive a report from Chris Weston, Consultant Public Health, which requests the Board to consider and agree the draft Pharmaceutical Needs Assessment and to agree the consultation plan of the draft Pharmaceutical Needs Assessment)*	79 - 148	
7	**Discussion/Debate Items**		
7a	**Lincolnshire Health and Care** *(To receive a verbal update from Annette Laban, Programme Director for Lincolnshire Health and Care on the progress with the Lincolnshire Health and Care proposals)*	Verbal Report	
8	**Information Items**		
8a	**An Action Log of Previous Decisions** *(For the Lincolnshire Health and Wellbeing Board to note decisions taken since 11 June 2013)*	149 - 158	
8b	**Assuring Transformation: Meeting the Winterbourne View Concordat Commitments, Lincolnshire's Current Position on Inpatient Care for Adult with a Learning Disability** *(To receive a report from Glen Garrod, Director Adult Care, which provides the Board with an update on the requirements of Local Authorities and Clinical Commissioning Groups in response to the Winterbourne View Review and Concordat)*	159 - 164	
8c	**Lincolnshire Health and Wellbeing Board - Forward Plan** *(This item provides the Board with an opportunity to discuss potential agenda items for future meetings which will subsequently be included on*	165 - 168	

Item	Title	Pages	Estimated Time
	the Forward Plan. Alison Christie, Health and Wellbeing Business Manager to lead on this item)		

Democratic Services Officer Contact Details

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.
All papers for council meetings are available on:
www.lincolnshire.gov.uk/committeerecords

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
10 JUNE 2014

PRESENT:

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services), C N Worth (Executive Councillor for Libraries, Heritage, Culture), D Brailsford, J P Churchill, B W Keimach, C R Oxby, S M Tweedale and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement).

Lincolnshire County Council Officers: Glen Garrod (Director of Adult Care) and Dr Tony Hill (Executive Director of Community Wellbeing and Public Health).

District Council: Councillor Mike Gallagher (District Council).

GP Commissioning Group: Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Simon Lowe (Lincolnshire East CCG).

Healthwatch Lincolnshire: Mr Malcolm Swinburn (Healthwatch Lincolnshire).

NHS England: Mr Andy Leary (NHS England).

Officers In Attendance: : Stuart Carlton (Assistant Director - Early Help), Katrina Cope (Team Leader, Democratic and Civic Services), Martin Wilson (Health and Wellbeing Board Advisor), Alison Christie (Programme Manager, Health and Wellbeing Board), Jan Gunter (Designated Safeguarding Nurse, South West Lincolnshire CCG) and Sharon Robson (Executive Nurse, South West Lincolnshire CCG).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2014/2015.

COUNCILLOR MRS S WOOLLEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2014/15.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Debbie Barnes (Executive Director of Children's Services) and Councillor Mrs M Brighton OBE (District Council Representative).

It was noted that Stuart Carlton (Assistant Director – Early Help) and Councillor Mike Gallagher (District Council Representative) had replaced Debbie Barnes (Executive Director of Children's Services) and Councillor Mrs M Brighton OBE (District Council Representative) respectively, for this meeting only.

4 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of members' interests declared at this stage of the meeting.

5 MINUTES OF MEETINGS OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD

(a) Minutes of the meeting held on 25 March 2014

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 25 March 2014, be confirmed and signed by the Chairman as a correct record.

(b) Minutes of the Extraordinary meeting held on 9 May 2014

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 9 May 2014, be confirmed and signed by the Chairman as a correct record.

6 ACTIONS UPDATES FROM THE PREVIOUS MEETING

The Board were advised that with regard to minute number 62 from the 9 May 2014 meeting, officers were still looking into the assurance process; and that no dates for the formal decision making process for the Lincolnshire Health and Care had yet been agreed.

The Chairman advised that she had met with the Independent Chairman of the Lincolnshire Safeguarding Children's Board (LSCB), to discuss how the Health and Wellbeing Board and the (LSCB) could work more closely. As a result of this meeting, a report was going to be prepared outlining a joint protocol, which would be presented to a future meeting of the Board for consideration.

RESOLVED

That the completed actions as detailed be noted.

7 CHAIRMAN'S ANNOUNCEMENTS

A position statement from the Chairman was circulated at the meeting which provided an update on the Board's achievements over the last year.

The Chairman advised the Board that Martin Wilson, Health and Wellbeing Board Advisor was due to retire shortly. As this was his last meeting supporting the Board, the Chairman thanked Martin all his help and support and extended the Boards very best wishes for the future.

The Board were advised further that Alison Christie had been appointed to the role, and would be supporting the Board from this meeting onwards.

8 DECISION/AUTHORISATION ITEMS

(a) Terms of Reference and Procedural Rules, Board Members Roles and Responsibilities

Pursuant to minute 23(2), from the meeting held on 10 September 2013, consideration was given to a report from the Health and Wellbeing Board Advisor, which presented to the Board its Terms of Reference and Procedure Rules and Members Roles and Responsibilities for review.

During consideration of the Terms of Reference as detailed at Appendix A to the report, the following points were raised:-

- Board Membership – the District Council representative highlighted that the Districts were concerned about the District Council membership on the Board and they were not happy with just having one representative for all the seven areas. It was felt that there was no geographical balance and East Lindsey District Council and Lincoln City in particular thought that they were being short changed, as there was no Councillor on the Board representing their areas. It was highlighted further that the District were prepared to take their membership concerns to ministerial level if required. The District Council representative also highlighted that the Districts had noted that some of the County Councillors did not always stop to the end of the meeting.

The District Council representative was advised that currently there were four Clinical Commissioning Groups (CCGs) on the Board, one of which represented the East Lindsey area.

It was highlighted that each Health and Wellbeing Board in the East Midlands operated differently, and that the Lincolnshire Health and Wellbeing Board was considered by people outside of the County to be one of the best developed and the most effective.

It was also noted that a lot of the County Councillors present were dual hatters. It was stressed that it was important to ensure that the Board did not become too big and unmanageable. It was therefore suggested that the Districts should form a sub-committee and then feed their comments in to the Board.

The Health and Wellbeing Board Advisor highlighted that each member on the Board had Roles and Responsibilities and that these were clearly defined in Appendix B to the report.

It was reported that all the Districts were invited to attend any informal meetings of the Board, this was done to keep them informed of developments and to give them an opportunity to raise any issues.

A suggestion was made by a Board member whether the agenda should have a standing item on it, to allow the District Council's to feed in their views and comments.

- The District representative also enquired whether paragraph 2.3 on page 26 the word 'encourage' could be replaced with a stronger word. The Director of Community Wellbeing and Public Health advised that the quote was directly from the guidance information and therefore felt that the word should remain unchanged, this was supported by the Board;

- The District Council representative further enquired whether paragraph 5.4 on page 28 could be amended to read 'encouraged'. The Chairman advised that there was a mechanism currently in place where the District representative fed comments of other district into the Board. It was highlighted also, as mentioned earlier; all Districts had been invited to attend the informal meeting on 9 May 2014, to which only one elected member from the seven districts attended.

  It was also highlighted that any representative from a District Council could attend and observe a formal meeting of the Board.

  Also, it was also noted that all Districts had all been invited to present their Health and Wellbeing Strategy to the Board, and so far only three had taken up that invitation;

- It was highlighted that Lincolnshire Partnership Foundation Trust (LPFT) would be sending a formal letter to the Chairman, regarding having a representative on the Board;

- Paragraph 12, page 31, the Healthwatch representative advised that he did not feel that Healthwatch should have a voting right, and that Healthwatch would not be voting on any issues. The Board were advised that statute provided for a Healthwatch representative on the Board, and also provided them with a vote; and

- Some concern was expressed as to whether the Board was operating correctly and that a legal opinion should be sought. The Chairman reassured that the Board was operating correctly.

RESOLVED

That the Terms of Reference and Procedure Rules, and Members Roles and Responsibilities be agreed.

(The District Council representative wished it to be noted that he had abstained from voting).

(b) Draft Direct Commissioning Operational Plan 2014 - 16 & Emerging Strategy Update

The Board gave consideration to a report from the Leicestershire and Lincolnshire Area Team (LAT), which set out the proposed plans for services commissioned by NHS England's Leicestershire and Lincolnshire Team. A copy of the Draft Operational Plan 2014/16 and Emerging Strategy Update from NHS England was detailed at Appendix A to the report.

The plan set out which services were commissioned, which communities the plan served, and how the plans complimented the plans and work of other bodies that were responsible for related health and social care services. The plan also provided an overview of relevant aspects of the communities' health needs, and the current state of health care services. Section four of the Appendix provided financial, performance and delivery information. As the document was very comprehensive, the Board's attention was brought to page 127/128, which provided a 'Primary Strategic Plan to a Page' and the LAT's vision for high quality care for all, now and future generations.

During discussion, a comment was raised as to the Fluenz programme for schools, it was highlighted that in Lincolnshire the vaccine would be offered to children in year 7/8 in secondary schools, and that pupil's would not receive it again neither would the next cohort. It was highlighted further that the vaccine would not be ready for general use until 2017. Some concern was expressed that Lincolnshire had not been involved with this decision.

Another comment raised was that the Primary Care Plan document did not appear to take into consideration the current recruitment crisis.

The Board also highlighted that the plan did not reflect the needs for Lincolnshire.

The NHS England representative agreed to look into the issues raised.

RESOLVED

That the Lincolnshire Health and Wellbeing Board noted the scope of the operational plans for Direct Commissioning for:-

Primary Care – Leicestershire and Lincolnshire;
Public Health – Leicestershire and Lincolnshire; and
Specialised Commissioning – East Midlands.

9 DISCUSSION/DEBATE ITEMS

(a) Lincolnshire Health and Wellbeing Board Development Toolkit - Current Position

Consideration was given to a report from the Health and Wellbeing Board Advisor, which provided a position statement as to where the Board was against certain statements, how mature the Board was in delivering improved outcomes for the population of Lincolnshire and any agreed celebration of activities and action plan for improvements.

Accompanying the report were the following Appendices:-

- Appendix A provided the Board with information pertaining to the Health and Wellbeing System Improvement Programme Tool (September 2013);
- Appendix B identified the Board's development position as at October 2013;
- Appendix C identified the Board's development position as at June 2014; and
- Appendix D provided progress information towards the Board being a mature Health and Wellbeing Board.

In October 2013, the six month stocktake had found that the Board could only evidence 17 of the statements and was 46% compliant against being designated as 'young' (Appendix B.)

In June 2014, the Board was able to fully evidence 22 of the statements and was now 60% compliant against being designated 'young' and overall 26% towards becoming mature (Appendix C).

It was reported that the Board had shown considerable improvement across all areas as organisations had become aware of the statutory roles of the Board around compliance with Health and Wellbeing Strategy outcomes.

In order to move forward, the Board was asked to consider the setting up of a small Task and Finish Group to work with the Health and Wellbeing Board Advisor to develop an Action Plan for consideration by the Board at its next formal meeting in September.

The Health and Wellbeing Board Advisor advised members of the Board that she would be contacting them after the meeting.

Councillor N Worth advised that he would like to volunteer to be a member of the Task and Finish Group.

RESOLVED

1. That a small Task and Finish Group be formed to help develop an Action Plan; and that expressions of interest should be sent to the Health and Wellbeing Board Advisor.

2. That the Action Plan as mentioned in recommendation (1) be presented as a 'Decision Item' at the September formal Board meeting.

(b) Update on Lincolnshire Health and Care

The Chairman of the Lincolnshire Health and Care Programme Board, Dr Tony Hill, provided an update for the Board which made reference to the following:-

- That some of the work had been done by the Clinical Design Group; and that the Expert Reference had been involved in this process as well, and that they were still holding meetings;
- The enablers which involved workforce, transport and IT etc., were holding meetings, the outputs from which would be fed into the proposal;
- As early implementers four Neighbourhood Teams were being set up at Skegness, Sleaford, Lincoln City South and Stamford and District. It was reported that the teams were going to start at the beginning of August and that there was a lot work ongoing to get them ready. The whole point of the neighbourhood team was a bottom up approach, to make sure that the patients' needs were met;
- Everything was processing through the assurance process, NHS England, Health and Gateway Reviews and the Clinical Senate; and
- It was reported that the Lincolnshire programme was the first one to go through the process; and it had become apparent that the process was evolving, which was making it more time consuming for the Programme Team.

During discussion, the Healthwatch representative expressed concerns with regard to finances, as the true picture of the figures involved had not yet been disclosed; and whether the consultation process was going to involve everyone in Lincolnshire.

It was reported that there had already been a lot of pre-consultation, especially over the last three/four months, which had involved thousands of the general public. So far throughout the process comments had been taken on board and had been

expressed in the process. The CCGs had also done surveys on the public, which had also been fed into the project so far some 500/600 responses had been received. There was also large numbers of staff engaged in the process. The whole purpose of the consultation was to contact as many people as possible.

It was highlighted that the web-site for Lincolnshire Health and Care was up and running and the Chairman invited members of the Board to act as ambassadors for Lincolnshire Health and Care and encourage members of the public to put comments on the website.

Reassurance was given that everything with regard to the proposal was out in the public domain, and the whole process was being dealt with in a more open manner, than it would have be dealt with previously.

RESOLVED

That the verbal updated be received.

(c) The CQC Review of Health Services for Children Looked After and Safeguarding in Lincolnshire

Consideration was given to a report from the Designated Safeguarding Nurse, South West Lincolnshire Clinical Commissioning Group, which informed the Board of the Care Quality Commission (CQC) Review of Health Services for Children Looked After and Safeguarding in Lincolnshire and the associated Action Plan submitted to the CQC, in response to the recommendations of the report.

Appended at Appendix A to the report was a copy of the CQC Review of Health Services for Children Looked After and Safeguarding in Lincolnshire, and Appendix B provided a copy of the proposed Action Plan in response to the CQC recommendations.

The review had been undertaken in November 2013, which had included a site visit for one week by two inspectors. The review also identified areas of good practice, specifically around the interface between CAMHS and adult mental health services and the screening tools and vulnerability risk assessments utilised in the community services. The review had also identified good partnership working and professional challenge. It was noted that the review did not identify any issues that were unknown to commissioning and provider services.

A joint presentation was received from the Executive Nurse, South West Lincolnshire CCG and the Designated Safeguarding Nurse, South West Lincolnshire CCG, which made reference to the following issues:-

- The Safeguarding role;
- The makeup of the governance arrangements;
- The area the CQC looked at;
- What the CQC said about the CCG's;

- Areas working well;
- Areas not working so well; and
- Key Health Priorities.

The Action Plan detailed at Appendix B provided 45 strategic actions planned to address the recommendations. It was noted that the Action Plan was being co-ordinated through the Federated Safeguarding Service Team.

Members were assured that everything was on track.

It was reported that the service specification proposed that initial Health Assessments for children under five years would be completed by Paediatric Consultants and that for children over five these would be done by suitably skilled medical practioners, which could incorporate GP's who had a special interest, or paediatricians and for Review Health Assessments to become a nurse led service.

The Board were advised that the Section 75 arrangements were being reviewed and that the success was dependent on collaboration and receipt of data from CAMHS current Section 75 arrangements.

Some concern was expressed by some of the Board as to the timescale for moving things on, and it was felt that it would have been nice to have seen a lot more of the timescales complete.

The Board were advised that there had been some ongoing problems, which had been identified by the Corporate Parenting Panel with regard to the level of need which had caused some delay with regard to the specification.

During debate, the Board raised the following issues:-

- That more effort needed to be made to reduce the number of children placed out of County;
- Provision of Carers support;
- Ensuring all professionals work together;
- Review of the Health Assessment;
- Re launch of the Blue Book with regard to Looked After Children; and
- That a further report should be presented to the Board in six months' time.

RESOLVED

That the report be noted.

10 INFORMATION ITEMS

(a) An Action Log of Previous Decisions

RESOLVED

That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.

(b) Lincolnshire Health and Wellbeing Board - Forward Plan

The Health and Wellbeing Board Advisor presented the Boards current Forward Plan for consideration.

It was agreed for the 30 September 2014 meeting that an Action Plan would be submitted in relation to the Lincolnshire Health and Wellbeing Board Development Toolkit.

The Board were asked to note the following forthcoming dates for informal meetings:-

- 11 September 2014
- 28 October 2014
- 26 November
- 24 February 2014

It was highlighted that the next informal meeting was scheduled for the 11 September 2014, at which the Joint Health and Wellbeing Strategy Assurance Process would be discussed and that there would be an update on the Lincolnshire Health and Care.

A future agenda item was put forward which was entitled the 'Care Act and the implications for Lincolnshire'.

RESOLVED

1. That the forward plan for formal and informal meetings as presented, be agreed subject to the inclusion of the items listed above.

2. That the item 'Care Act and the implications for Lincolnshire' be included as a future agenda item.

(c) Future Scheduled Meeting Dates

RESOLVED

That the following scheduled meeting dates for the remainder of 2014 and for 2015 be noted.

30 September 2014
9 December 2014
24 March 2015
9 June 2015
29 September 2015
8 December 2015

(All the above meetings commence at 2.00pm).

The meeting closed at 4.30 am

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
11 SEPTEMBER 2014

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors C N Worth (Executive Councillor for Libraries, Heritage, Culture), D Brailsford, J P Churchill, B W Keimach and C R Oxby.

Lincolnshire County Council Officers: Glen Garrod (Director of Adult Care), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) and Sally Savage (Chief Commissioning Officer).

District Council: Councillor Marion Brighton OBE.

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Simon Lowe (Lincolnshire East CCG).

Healthwatch Lincolnshire: Mr Malcolm Swinburn.

Officers in Attendance: Alison Christie (Programme Manager - Health and Wellbeing Board) and Katrina Cope (Team Leader Democratic and Civic Services).

Councillors Mrs J M Renshaw and Mrs N J Smith attended the meeting as observers.

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor Adult Care and Health Services, Children's Services), and S M Tweedale, Debbie Barnes (Executive Director of Children's Services), Dr Vindi Bhandal (South West Lincolnshire Clinical Commissioning Group) and Mr Andy Leary (NHS England).

It was noted that Sally Savage (Chief Commissioning Officer) had replaced Debbie Barnes (Executive Director of Children's Services) for this meeting only.

12 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interests declared at this stage of the meeting.

13 BETTER CARE FUND FINAL RE-SUBMISSION

Consideration was given to a report from the Director of Adult Care, which sought the Boards views on the Better Care Fund (BCF) re-submission to represent the

combined and shared ambition across the health and social care community in Lincolnshire.

The Board were reminded that the previous submission document (BCF Part 1 and 2) had been approved by them at their meeting on 25 March 2014 (detailed at Appendix A) along with the agreed allocations in 2014/15, which were also detailed for the Board at their meeting on 10 December 2013.

However, since then the policy direction nationally for 2015/16 was changed in direct consequence of NHS concerns relating to the allocation of funding (notably the NHS element of the £3.8bn) and whether this would deliver improvements and efficiencies required, notably in the acute sector. As a result of this CCGs were contacted direct by NHS England on 4 June requiring them to resubmit their 2 year plans, by 27 June, in light of concerns raised.

As a result of this, Ministers had not been prepared to sign off BCF submissions in June. Revised guidance was then issued on 25 July. On 28 July the Government had then advised Health and Wellbeing Boards that they were required to re-approve and re-submit BCF documents against a substantially changed BCF template by 19 September 2014. It was highlighted that the new deadline was expected to coincide with Ministers' need to sign off agreed submissions by early October 2014.

The new document shifted the emphasis from pooled budget arrangements towards service developments which would deliver a substantial reduction in emergency (non-elective) admissions at acute hospital sites. The performance element had also been changed from 'avoidable' emergency admissions to emergency admissions. The new template also requires a section to be completed by the Chief Executive (CEO) of the local Acute NHS (ULHT) Trust to say that they recognised and agreed the expectations and performance targets set out in the BCF submission. It was highlighted whilst the Acute Trust CEO was required to complete a section of the BCF it was the four CCGs and the County Council that remained the signatories along with the Chairman of the Lincolnshire Health and Wellbeing Board. It was noted that officers had also approached providers offering them the opportunity to comment and contribute to the submission.

The Director also highlighted that there were also additional risks with the revised approach. Not least of these was that failure to achieve the desired performance against emergency admissions (a 3.5% reduction in 2105/16) ran the risk of up to £3.7m of the £48m for Lincolnshire potentially being redirected towards the acute sector. Also, failure to meet the £9m savings target which is the gap between the level of pooled budget available and the current spend by the end of 2015/16 would also require consensus on how this specific risk will be managed across health and social care organisations.

The Board were also advised that currently there was no clarity about the longevity of the BCF and what the financial envelope and expectations would be in 2016/17. The expectation was that following the national elections in May 2015, further guidance would be provided.

The Board also noted that the LGA and other national bodies had been opposed to the changes as had numerous Health and Wellbeing Boards

The Director advised that as the deadline for BCF submissions was 19 September and given the timetabling of Lincolnshire Health and Wellbeing Board meetings, the Board were being asked to delegate to the BCF Task Group any final iterations between the meeting today and 19 September 2014.

Dr Simon Lowe joined the meeting at 1.45pm.

During discussion, the Board raised the following issues:-

- Whether the Council would be penalised or rewarded if they over achieved. Officers clarified that the Council would not be penalised and that no extra money would be received. However, there would be savings as there would be a reduction in emergency admissions;
- That the baseline figures used in the re-submission were less favourable for Lincolnshire;
- Clarity was given that if Lincolnshire failed to perform then the £3.7m would be redirected to acute services;
- Some concern was raised with regard to the response for ULHT and whether this would have an effect on the re-submission. The Board were advised that NHS England was looking for a degree of coherence. It was felt that it would be in the Trust's interest to reduce the number of admissions by 3.5% and therefore there was no reason for them not to agree; and
- Disabled Facility Grant allocation to District Councils. The District Council representative extended thanks to officers for addressing the issue. The Director for Adult Social Services highlighted that there needed to be a degree of caution as the national settlement was not due until November. It was highlighted further that no-one knows what will happen after April 2016.

In addition to the above the Director advised that the Council had been approached to participate as an early implementer in a national pilot scheme for personal health budgets (a project supported through the earlier BCF process). The Board were asked if they agreed to an expression of interest being made as this was an area the health and social care community would be required to progress and that there was an expectation of CCG's to deliver. The Board agreed in principle to support an expression of interest being made to participate in the national pilot scheme for personal health budgets.

RESOLVED

1. That the report and attached final BCF final submission: Part 1 and Part 2 (Appendix B) be noted.

2. That the BCF Task Group be delegated to make any final iterations to the aforementioned submission between this meeting and 19 September 2014.

3. That agreement be given to the document as attached for submission to NHS England for 19 September 2014.

4. That agreement in principle be given to an expression of interest being made for the Council to participate in the national pilot scheme for personal health budgets.

The meeting closed at 2.05 pm

Lincolnshire Health and Wellbeing Board – Actions from the previous meeting

Meeting Date	Minute No	Agenda Item & Action Required	Action by
11.06.2013	1 and 2	**Election of Chairman** – Records to be updated Councillor Mrs S Woolley elected as Chairman and Dr Sunil Hindocha elected as Vice-Chairman.	Katrina Cope
	7	**Chairman's Announcements** – The Chairman to send a response on behalf of Board with regard to the Letter from Norman Lamb MP Minister of State for Care and Support – Delivery of the Winterbourne View Concordat and review commitments.	Dr Tony Hill
	8	**Health & Wellbeing Boards Terms of reference and operating procedures -** The Health & Wellbeing Board Advisor to present membership information of other Health & Wellbeing Boards to the September meeting of the Board.	Martin Wilson
	9	**Disabled Children's Charter** The Disabled Children's Charter for Health was agreed subject to the wording of the Charter being Amended to read 'engaged with'.	Martin Wilson/ Sheridan Dodsworth
	10	**Health & Wellbeing Board – Development Tool** The Health & Wellbeing Board Advisor to have a discussion with Andrew Leary concerning functions discharged at a local level and that this information should be presented to the next meeting of the Board.	Martin Wilson
	13	**Letter inviting expressions of interest for Health and Social Care Integration 'Pioneers'** – Expression of interest to be made by the Executive Director of Public Health.	Dr Tony Hill
	14	**Lincolnshire Health & Safety Wellbeing Board – forward plan Items** – That the items raised at the minute numbers 8 and 10, and those detailed above be included on the work programme for the Lincolnshire Health and Wellbeing Board	Martin Wilson/Katrina Cope
10.09.2013	21	**Chairman's Announcements** Communications – All members to forward a photograph to the generic email address HWB@lincolnshire.gov.uk for the attention of the Health and Wellbeing Board Advisor, Martin Wilson Substitute Members - Members who had not provided the name of a designated substitute were asked to forward the name of their substitute to the generic email address (As above). Membership of other Boards – The Health and Wellbeing Board Advisor to send a copy of the regional board information to members following the meeting.	All Members All Members Martin Wilson
	23	**Terms of Reference** The Health and Wellbeing Board Advisor to amend the Roles and Responsibilities of NHS England following the meeting.	Martin Wilson

		That this item should be included on the forward plan for review at the June 2014 meeting.	Martin Wilson
	24	**Joint Health and Wellbeing Board Statement of Intent** That this item should be included on the Forward Plan for review at the June 2014 meeting.	
	26	**Lincolnshire Sustainability Review** That this Item needed including on the Forward Plan for future meetings.	Martin Wilson
	27	**Social Care and Health Funding** That this item needed including on the forward plan for the 10 December 2013 meeting.	Martin Wilson
10.12.2013		**No Actions**	
28.01.2014	44	**Better Care Fund Submission Document 'First-Cut'** That a copy of any subsequent amendments should be emailed to all members prior to the documents submission to NHS England.	Katrina Cope
25.03.2014	47(a)(b)	**Minutes of the meetings held on 10 December 2013 and 28 January 2014** That the minute template would be amended to read 'NHS England'.	Katrina Cope
	54	**The Lincolnshire Safeguarding Children's Board** The Chairman to have a meeting with the Independent Chairman of the LSCB outside of the meeting.	Cllr Mrs S Woolley
	59	**Lincolnshire Health and Wellbeing Board – Forward Plan** For officers to identify future dates for formal meeting for the Board for January and March 2015. That the National specialised Plan from the NHS be added to the agenda for the 10 June 2014 meeting.	Martin Wilson
09.05.2014	62	**Lincolnshire health and Care (Formerly known as the Lincolnshire Sustainable Services Review)** Officers agreed to look into the assurance process. Officers agreed to revisit the dates for the formal decision making process for July 2014.	David O'Connor David O'Connor
10.06.2014	9(1)	**Lincolnshire Health and wellbeing Board Development Toolkit – Current Position** That a small Task and Finish Group should be formed to help develop an Action Plan; and that expressions of interest should be sent to Alison	All Board members/ Alison Christie

		Christie, the Health and Wellbeing Board's Advisor	

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Alison Christie, Health and Wellbeing Board Business Manager

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**30 September 2014**
Subject:	**Lincolnshire Health and Wellbeing Board Development Assessment Action Plan**

Summary:
At the meeting in June the Board received a report on the Health and Wellbeing Development Toolkit which provided a position statement as to how mature the Board was in delivering improved outcomes for the population of Lincolnshire. The Board has made considerable progress since becoming a formal committee of the County Council; however the self-assessment highlighted a number of areas for improvement. The Board agreed to the formation of a small Task and Finish Group to help develop an Action Plan and asked for the Action Plan to be presented as a decision item at the September formal Board meeting.

Actions Required:
1. That the Board notes the report.

2. That the draft Development Assessment Action Plan be approved.

3. That progress against the Development Assessment Action Plan be reported to the Board as part of future annual Assurance updates.

1. Background

The Department of Communities and Local Government has, with the help from council and health representatives, created a toolkit for Health and Wellbeing Board to assure themselves that they are 'maturing' and are able to recognise where they are performing well and also where they feel they should look to improve. The toolkit is split into six different dimensions: Vision; Strategy; Leadership, Needs assessment and management

of priorities; Governance, risk sharing and assurance of outcomes, and Information and intelligence. Each of the dimensions has a number of characteristics/statements attributed split across four levels of 'maturity' – Young, Established, Mature and Exemplar.

At the formal Board meeting in June consideration was given to a report by the Health and Wellbeing Board Advisor on the Board's current position following a self assessment exercise. The outcome suggested the Board was able to fully evidence 22 of the statements and was now 60% compliant against being designated 'young' and overall 26% towards becoming 'mature'. It was noted that the Board has made some significant strides since becoming a formal committee of the County Council however the assessment highlighted a number of areas where improvements were needed to enable the Board to reach 'maturity' by June 2015. In order to move forward, the Board agreed to set up of a small Task and Finish Group to work with the Health and Wellbeing Business Manager to develop an Action Plan for consideration by the Board at September formal Board meeting.

To validate the findings of the self-assessment, the Health and Wellbeing Business Manager met with a number of Board Members to identify any specific areas of concern. The key themes to emerge are:

- Lack of clarity about the wider governance structures and frameworks supporting the Board, specifically:
    - what are the key dependencies and how does the Board interact with them;
    - what are the delivery mechanisms and wider infrastructure to support the delivery of the Joint Health and Wellbeing Strategy as this is not fully developed or embedded across all the Themes;
    - what is the role of the Board Sponsors, how do they support the Themes and add value;
    - how is the Board assuring itself that the Joint Health and Wellbeing Strategy is being delivered and how does it use new evidence and intelligence to refine and revise the Strategy;
    - what are the processes and procedures to support how the Board 'does its business'.

- Engagement and communication with wider partners, stakeholders and the public needs to improve, specifically:
    - how does the Board promote and celebrate the successes;
    - how does the Board engage with wider partners and stakeholders including working together to join up communication and engagement;
    - how is patient, service user and public feedback and intelligence informing the work of the Board.

A small Task and Finish Group, consisting of Cllr Mrs Woolley, Cllr Worth and the Health and Wellbeing Business Manager, met in July to draft a Development Assessment Action Plan for the Board, attached in Appendix A. The Action Plan shows the areas for improvement identified by the Board and the proposed actions to be taken in response. Immediate requirements include:

- Developing a role description for Board Sponsor setting out their key roles and responsibilities.

- Mapping the delivery mechanisms and infrastructure to identify linkages and key working relationships to help partners and stakeholders understand how they support the delivery of the JHWS.
- Developing an Engagement and Communication Strategy to encourage shared activities with partners and ensure a systematic approach to how the Board receives and uses information and intelligence to refresh and refine the JSNA and JHWS.
- Developing protocols and processes clarifying how the Board will interact with other key bodies such as the Health Scrutiny Board for Lincolnshire or Safeguarding Boards.

2. Conclusion

The Board has made some significant strides since becoming a formal committee of the County Council in April 2013 and the Board has an aspiration to be 'mature' by June 2015. However, the self assessment exercise highlighted a number of areas for improvement. The Development Assessment Action Plan proposes a list of actions to clarify the wider governance structure supporting the Board including the key linkages and dependencies. The development of protocols and processes with key bodies will strengthen working relationships and a more defined approach to engagement and communication will help partners and stakeholders to share in the vision for improved health and wellbeing for the people of Lincolnshire.

3. Consultation

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health and Wellbeing Development Assessment Action Plan

5. 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 Alison Christie, who can be contacted on 01522 552322 or Alison.christie@lincolnshire.gov.uk

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LINCONSHIRE HEALTH AND WELLBEING DEVELOPMENT ASSESSMENT ACTION PLAN

Characteristic	Areas for improvement identified by the Board	Actions	Progress
1. Vision	No defined systematic approach to stakeholder engagement and management which is meaningful and supports delivery of the Vision/JHWS.	1.1 Complete a Stakeholder Analysis Exercise	
	Further work needed to ensure wider stakeholders and partners understand & share the Vision/JHWS by referring it in their strategies and commissioning plans. Work is also needed local communities, citizens, service providers and service users 'get' the vision and feel they have shared ownership.	1.2 Develop an Engagement and Communication Strategy for the HWB which encompasses the JSNA/JHWS and aligns with key dependencies such as LHAC	
	Need for wider engagement and promotion of the HWB to clarify its role in the local health and care system, and demonstrate the added value.	1.3 Establish a Communication Network with CCGs & partners to enable a more joined up approach to communication and engagement	
2 Strategy	The infrastructure and delivery mechanisms to support the delivery of the JHWS are not fully developed / embedded.	2.1 Map delivery mechanisms under each theme to provide a visual to share with Board Sponsors and partners.	
		2.2 Work with Board Sponsors/PH Leads to establish & embed appropriate delivery mechanisms.	
	There is no mechanism for the HWB to describe what it has achieved, the changes it has made for local people and the value the Board is adding – i.e. can the community describe what differences have been made.	2.3 Produce an Annual Report to share with partners & key stakeholders. (To be linked to the annual assurance report on the JHWS).	
		2.4 Develop a series of case studies that 'tell the story'.	

Characteristic	Areas for improvement identified by the Board	Actions	Progress
	There is a need to formalise the process for refining/refreshing the JHWS in light of feedback and new intelligence.	2.5 Formalise the process for reviewing the JSNA & JHWS.	
	Links and dependencies with other relevant strategies, plans and Boards need to be clarified.	2.6 Work with partners and stakeholder to map relevant strategies and plans to the JHWS to identify links and interdependencies.	
		2.7 Establish list of lead officers for each key strategy/dependency and ensure appropriate communication & engagement mechanisms are put in place.	
3 Leadership	Lack of clarity about the role and responsibility of Board Sponsors – need to understand what is expected of them and how they add value.	3.1 Produce Role Descriptor for Board Sponsors.	
	Not all Themes have Lead PH Officers or delivery mechanisms for Board Sponsors to engage with, making it difficult for them to act as the 'Theme Champion'.	3.2 Ensure each Theme has a designated PH Lead and Officer support	
		3.3 Agree 'offer of support' for Board Sponsors.	
		3.4 'Theme Updates' to be a standing item on the HWB Agenda to enable Board	
		3.5 Sponsors to raise issues by exception	
		3.6 Develop a standard template for Board Sponsors to use to raise issues by exception.	
	The agenda is too big making it difficult to have any meaningful debate. The Board needs to be clear about its role – strategic vs. operational	3.7 Change format of 'Previous Action' list to show outcome of activity.	
		3.8 Review agenda management approach.	

Characteristic	Areas for improvement identified by the Board	Actions	Progress
4 Needs Assessment & Management of Priorities	HWB needs to be assured that the evidence in the JSNA & feedback from service users, patients and the public still supports the themes/priorities in the JHWS.	4.1 Undertake full review of the JSNA (scheduled for 2015) to inform JHWS refresh.	
	HWB needs assurance that the JSNA is being used as a shared evidence base and is being embedded in the plans of partners and providers.	4.2 Undertake a Joint Strategic Asset Assessment, to augment with the JSNA, which recognises values and maximises the collective resources that exist in a community to help sustain independence & improve people's quality of life.	
5 Governance, Risk Sharing & Assurance of outcomes	Improve engagement with all District and other key partners/stakeholders	5.1 Develop wider engagement mechanisms with District HWB Partnerships & Lead Officers/Cllrs	
		5.2 'District Update' to be a standing item on the HWB Agenda to enable the District Representative to raise any issue by exception.	
		5.3 Make better use of Informal Board Meetings; having them as workshops and inviting wider partners to attend i.e. all districts, NHS Providers, Third Sector, Housing sector.	
	Need to clarify the role of the HWB with the overall governance structure – how does it link with other committee/boards/ groups, where does the accountability lie and who is responsible for what. Specifically need to clarify relationship with: • Health Scrutiny Committee for Lincolnshire • Adult and Children's Safeguarding Boards	5.4 Map the wider governance structure to identify linkages & key relationships.	
		5.5 Develop a three way Protocol between HWB, Healthwatch Lincolnshire and Health Scrutiny Committee for Lincolnshire – this will include the process for sharing intelligence and avoiding duplication of effort.	Protocol presented to HWB 30 September for approval. To be presented to HSC on 22nd October.
		5.6 Agree protocol with Children's and Adults Safeguarding Boards.	Expected to be presented to HWB at December 2014 meeting.

Characteristic	Areas for improvement identified by the Board	Actions	Progress
	Need to use Informal Board meetings more effectively – the style of these meetings needs to promote more debate and discussion.	5.7 Informal meetings to be less formal and conducted in a manner which encourages and prompts constructive debate.	Proposal agreed by Chairman. Less formal approaches to be used for informal HWB meetings.
6 Information & Intelligence	Need to agree a mechanism for the HWB to receive views of local people, feedback obtained from the community and evaluation of citizen experience.	6.1 As part of reviewing the JSNA/JHWS develop approach and mechanisms for the HWB to receive views and feedback.	

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Dr Tony Hill, Executive Director of Community Wellbeing and Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**30 September 2014**
Subject:	**Joint Health and Wellbeing Strategy Assurance Report 2014**

Summary:
There is a legal duty of the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy. The purpose of the strategy is to set out the strategic commissioning direction to achieve an improvement in the health of the population of Lincolnshire. The Joint Health and Wellbeing Strategy for Lincolnshire 2013-18 was developed as result of the Joint Strategic Needs Assessment and agreed by the Shadow Health and Wellbeing Board in September 2012. This report updates the Board on the progress being made to deliver the outcomes defined in the Joint Health and Wellbeing Strategy.

Actions Required:

1. That the Board considers the report and agrees the Theme Dashboards shown in Appendices A – E.

2. That the Board asks each Theme to review the suite of indicators being used to monitor the outcomes and priorities to ensure they are appropriate, and to identify additional actions that can be taken by the Theme.

3. That the Board agrees to review the current Board Sponsor roles and support mechanisms.

4. That the Board agrees to a full review of the Joint Strategic Needs Assessment during 2015/16 to inform the development of a new Joint Health and Wellbeing Strategy which will be in place for 2018, and that proposals for undertaking this work be brought to a future Board meeting.

1. Background

Under the Health and Social Care Act 2012 Health and Wellbeing Boards are required to produce a Joint Health and Wellbeing Strategy (JHWS). The purpose of the JHWS is to set out the strategic commissioning direction for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

The JHWS for Lincolnshire 2013 – 2018 was agreed by the Shadow Health and Wellbeing Board in September 2012. The JHWS is based on the priorities identified in the Joint Strategic Needs Assessment (JSNA) for Lincolnshire and reflects the feedback from extensive consultation undertaken with communities and partners as part of the strategy's development.

As part of agreeing the Lincolnshire Joint Health and Wellbeing Strategy 2013-2018 (JHWS) the Lincolnshire Health and Wellbeing Board agreed that board members would "hold each other to account for ensuring that their commissioning and decommissioning decisions are in line with this strategy and deliver the outcomes which are included in each of the five thematic sections". Therefore one of the Board's ongoing roles is to assure itself, the Council and the Health Scrutiny Committee that progress is being made to deliver the outcomes defined in the JHWS.

In September 2013, the Board agreed to allocate Board Sponsors to work in conjunction with Public Health Lead Officers to take forward the outcomes within the five themes. In addition, key operating/delivery groups would be identified for each Theme.

The Board has held two informal workshops, in May 2014 and September 2014 to review the current position and consider what progress is being made since the Strategy was implemented in April 2013. The output from these sessions have been consolidated and summarised in the Theme Dashboard attached in Appendices A to E.

Each Dashboard includes:

- the theme priorities;
- 'what we said we would do' – taken from the JHWS;
- 'what is working well' to deliver the outcomes;
- challenges, threats and opportunities which may prevent or aid delivery;
- high level summary of the outcome indicators.

The general consensus amongst Theme Sponsors is that the priorities identified in the JHWS are still valid and that the Board needs to ensure future commissioning plans continue to take account of and align to the JHWS. The Dashboards highlight the range of activities that have taken place over the past 18 months and the Board is comfortable that progress is being made given that we are only in year two of a five year strategy.

However, to continue to drive the JHWS forward a number of issues were identified by the Board at the workshop in September, in particular:

- the indicators and measures need to be reviewed to ensure the Board is monitoring the right things to enable it to demonstrate that the outcomes in the JHWS are being met.

- each Theme needs to identify key activities that will take delivery beyond this current year to 2018.
- further work is needed to ensure appropriate support mechanisms are in place to engage wider partners and identify how their activities support the delivery of the JHWS.
- the role of the Board Sponsor and support mechanisms needs to be reviewed.

Since developing and agreeing the JHWS in 2012/2013 the Board has been involved in agreeing the Better Care Fund and overseeing Lincolnshire Health and Care, neither of which are reflected in the current JHWS. These and other developments will require the Board to review and refresh the JHWS at some point. However, prior to any refresh of the strategy a fundamental review of the JSNA needs to be undertaken. Proposals on how this work will be progressed are currently being drafted and will be presented to the Board at a future meeting. It is expected that the review of the JSNA will happen during 2015/16 to inform the development of a new JHWS which will be in place for 2018.

2. Conclusion

The Board has a duty to develop a Joint Health and Wellbeing Strategy which sets out the priorities for improving the health and wellbeing of the people of Lincolnshire and to monitor it progress. This report provides details on the current position and identifies a number of challenges, threats and opportunities which may impact on future deliver. The Board is asked to agree a number of short term improvements to ensure the momentum continues. Longer term, the Board is asked to agree to a full review of the JSNA during 2015/16 to inform the development of a new JHWS for 2018.

3. Consultation

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Promoting Healthier Lifestyles Theme Dashboard
Appendix B	Improve the Health and Wellbeing of Older People Them Dashboard
Appendix C	Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability Theme Dashboard
Appendix D	Improve Health and Social Outcomes for Children and Reduce Inequalities Theme Dashboard
Appendix E	Tackling the Social Determinants of Health Theme Dashboard

5. 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 Alison Christie, Health and Wellbeing Board Business Manager, who can be contacted on 01522 552322 or Alison.christie@lincolnshire.gov.uk

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Theme: Promoting Healthier Lifestyles

Appendix A

Outcome: People are supported to lead healthier lives

We want to make sure people have all the information and support they need to make healthier choices.

Priorities:
Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments.
Reduce the number of adults who are overweight or obese.
Support people to be more active more often.
Support people to drink alcohol sensibly.
Improve people's sense of mental wellbeing.

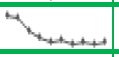
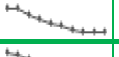
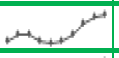
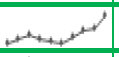
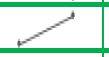
What we said we would do:
Develop and deliver a 5 year Tobacco Control Plan which incorporates a broad partnership approach to tackle Tobacco Control issues.
Continue to work with partners to address adult obesity including the commissioning of effective weight management services for those that need additional support.
Continue to commission evidence based lifestyle services and review existing healthy lifestyle services in order to address any gaps in provision.
Develop and deliver a multi-agency Mental Health Promotion Strategy for Lincolnshire.
Develop a Community Health Champion programme for Lincolnshire building on current good practice that will enable people to volunteer to offer help and support to other members of their community in leading healthier lives.
Identify someone with lead responsibility for reducing the harmful effects of alcohol consumption through the development and delivery of an Alcohol Plan as part of a review of substance misuse in Lincolnshire.
Roll out the 'Making Every Contact Count' programme across Lincolnshire to ensure frontline staff are able to support people who want to develop a healthier life style.

What is working well (examples):
Lincolnshire's Tobacco Control Strategy 2013-18 was approved in December 2013 and is now live. The Tobacco Control Alliance continues to support the delivery of this work.
Dedicated smoking cessation work has supported over 5,800 people to quit, including pregnant women who smoke and people with long-term health conditions.
Smoke Free Homes & Cars Programme are piloting activities in the St Giles area of Lincoln. The lessons from this will inform the rollout of future work across the county.
In 2013-14, 265 learners took the British Institute of Innkeeping Award Body exam in smoking awareness, with 255 passing. Interest in the course continues to grow with new providers offering life skills courses expressing an interest in delivering the award.
Commissioned a new adult weight management service for people aged 16 years and over.
Public Health commissioned programmes (Exercise referral, Health Walks, Vitality) have

contributed to over 9,000 people being more active more often (2013/14).
GP Exercise Referral Programme is in place across every district. 4,302 people were referred in 2013/2014, with a 74% completion rate, of which 47% had a BMI 30+.
15,818 people have engaged with healthy eating and cooking community events, including 2,820 participating in dedicated cooking courses.
Health Trainers continue to work with people to assess their health and lifestyle risks, helping them to build their motivation to change. Health Trainers supported 4,580 people in 2013/14, of which 350 had a BMI 30+.
Lincolnshire's volunteer programme for community health champions (Live Well Champions) has trained and placed 30 volunteers after delivering only 3 training courses. 10 of the 30 have now registered for the accredited RSPH Level 2 in Understanding Health Improvement and continue to volunteer locally.
The Police & Crime Commissioner has been appointed lead officer for Alcohol and Substance Misuse.
Alcohol Health Needs Assessment underway and an Alcohol & Substance Misuse Strategy produced.
The Blue Light project is working with Alcohol Concern to reduce the impact of those misusing emergency services and to encourage them to enter treatment.
Make Every Contact Count (MECC) now part of core delivery contract for the 3 NHS Trusts. 3 out of 7 district councils now signed the MECC Memorandum of Understanding (ELDC, WLDC & BBC), the others have submitted papers to their management teams.
118 staff in Community Pharmacies trained in MECC.

Challenges, Threats and Opportunities:
Mental Wellbeing – Activity going on but needs to be joined up, e.g. development of Mental Health Promotion Strategy with NHS work on a Mental Health Service Strategy.
Dementia – Addressing the physical impacts of dementia through health improvement work and early identification/diagnosis and referral to appropriate services.
Evidence of effectiveness – measuring the impact of prevention and quantifying its effect on all parts of the health and care system. Will the financial landscape allow sufficient time for prevention to have an effect?
Interdependencies – the way in which the different themes are inter-related and how this informs prioritisation around future planning.
Alcohol – Greater partnership working required to move the agenda towards a population level change agenda from a community safety/crime and disorder/treatment service focus.
Obesity – Gap in these services for young people aged between 11 and 15.
Population vs Individual – current services support individuals to make changes rather than promoting communities and populations to do so.
Expectations – how to manage expectation whilst being aspirational enough to bring about real improvements in health and wellbeing

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Reduce the number of people who smoke	Smoking prevalence			
	Smoking prevalence - routine & manual			
	Smoking status at time of delivery			
	Under 75 mortality rate from respiratory disease			
	Under 75 mortality rate from respiratory disease (Male)			
	Under 75 mortality rate from respiratory disease (Female)			
	Under 75 mortality rate from respiratory disease considered preventable			
	Under 75 mortality rate from respiratory disease considered preventable (Male)			
	Under 75 mortality rate from respiratory disease considered preventable (Female)			
Reduce the number of adults who are overweight or obese	Diet: comparison with national dietary targets and guidelines			
	Excess weight in adults			
	Under 75 mortality rate from all cardiovascular diseases			
	Under 75 mortality rate from all cardiovascular diseases			
	Under 75 mortality rate from all cardiovascular diseases			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
Support people to be more active more often	Utilisation of green space for exercise/health reasons			
	Percentage of physically active and inactive adults - active adults			
	Percentage of active and inactive adults - inactive adults			
Support people to drink alcohol sensibly	Alcohol-related admissions to hospital			
	Under 75 mortality rate from liver disease			
	Under 75 mortality rate from liver disease (Male)			
	Under 75 mortality rate from liver disease (Female)			
	Under 75 mortality rate from liver disease considered preventable			
	Under 75 mortality rate from liver disease considered preventable (Male)			
	Under 75 mortality rate from liver disease considered preventable (Female)			
Improve people's sense of mental wellbeing	Self-reported well-being - people with a low satisfaction score			
	Self-reported well-being - people with a low worthwhile score			
	Self-reported well-being - people with a low happiness score			
	Self-reported well-being - people with a high anxiety score			
	Carer reported quality of life			
	Carer reported quality of life (18-64)			
	Carer reported quality of life (65+)			
	People who use services who have control over their daily life			
	People who use services who have control over their daily life (18-64)			
	People who use services who have control over their daily life (65+)			

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Theme: Improve the health and wellbeing of older people

Appendix B

Outcome: Older people are able to live life to the full and feel part of their community

We want to make sure older people have more choice and control, receive the help they need and are valued and respected within their communities.

Priorities:
Spend a greater proportion of our money on helping older people to stay safe and well at home.
Develop a network of services to help older people lead a more healthy and active life and cope with frailty.
Increase respect and support for older people within their communities.

What we said we would do:
Move £1 of every £100 we spend on adult health and social care, every year for the next 5 years, to deliver 'wellbeing' support and community health services for older people in Lincolnshire.
Develop a network of 'wellbeing' services aimed at supporting older people to live healthier, happier and independent lives and feel part of their community.
Ensure services for older people (including those who are frail or suffering from dementia) are locally based, cost effective and sustainable.
Work across public, private and voluntary and community organisations and groups to provide co-ordinated low level preventive services.

What is working well (examples):

I want to be active:

- Vitality Classes for over 65s – 42 classes per week with an average of 500 attendees (including in nursing homes and 1:1 sessions in people's own homes).
- Excellent Ageing / Lincolnshire Sports Partnership linked into the East Midlands Later Life Forum / Age Action Alliance to deliver local actions arising from recently published AVONet report '*Promoting physical activity in older adults; a guide for local decision makers'.*

I want to be healthy:

- Support for older people is being delivered through the Managed Care Network. The Mental Health Promotion Strategy plans to increase the number of services for older people and deliver the recommendations from the NICE review of mental health needs of people in care homes.
- Nutrition / food standards – One in ten older people are malnourished and 93% of them are in the community. Exploring how work already completed with Schools around the Catering Mark could be rolled out to residential care / hospitals, with wider promotion & awareness of good eating / balanced diets.

I want to put something back into the community;

- Senior Fora – 5 groups in operation – Louth & District, Welland, Holbeach, North Kesteven and Lincoln. The Association of Lincolnshire Senior Fora (ALSF) was re-established in April 2014.
- Excellent Ageing & ALSF attend and influence the DWP funded East Midlands Later Life Forum (EMLLF) and national Age Action Alliance.

I want to be able to afford my life and understand my options:

- Anti-Poverty Action Plan (City of Lincoln Council) produced to improve the quality of life for the estimated 1 in 3 older people in the city living in poverty.
- Public Health has re-commissioned the Income Maximisation Project, which supports people to claim the benefits they are entitled to.

I want to feel safe:

- Operation REPEAT (Reinforcing Elderly Person's Education at All Times) is a Police / Trading Standards / Community Lincs partnership instigated by the Think Jessica Campaign. Over 200 people have received talks and training on issues such as doorstep crime and scams, and the initiative has won regional awards.
- Work with Lincoln Prison to improve the safety, health and wellbeing of prison population of which a small, but continuous rolling number are aged over 50 years.

I want to have relationships and not be lonely:

- Ageing Better – East Lindsey have successful secured funding from the Big Lottery to address social isolation and loneliness in older people.
- Campaign to End Loneliness – a conference was held to raise awareness of the impact of loneliness and to develop our local JSNA.

I want to be able to get around easily:

- Dementia Friendly Environments / communities are being developed in Bourne and Lincoln City.
- National review of Scooters/Powered Wheelchairs – local Senior Fora & Road Safety Partnership has produced a leaflet on safe use of this transport.

I want the right help when I need it from people I trust:

- Books on Prescription – Reading well campaign. GPs can recommend relevant books and provide patients with a 'books prescription' for the library service.
- My Choice My Care provides an online resource including the Good Life Guide, Care Directory and Carers Information Packs.

I want to live at home for longer:

- Wellbeing Service went live in April 2014. It can provide up to 6 weeks support according to needs and on-ward referral for fitting telecare, telehealth, equipment and minor adaptions.

I want to end my life with dignity:

- Planning My Future Care Booklet / e-form - updated for relaunch in Autumn 2014.
- Bereavement Leaflet – is being revised in conjunction with Carers Connect / Macmillan Palliative Carers Support Worker.

Challenges, Threats and Opportunities:

- Growing ageing population
- Welfare and pension changes
- Access to and ability to use IT
- Volunteer recruitment and retention
- Funding available for prevention programmes
- Housing standards to help older people:
    - design that meets older people's needs
    - asset release for cash poor.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Spend more of our money on helping older people to stay safe and well at home.	Injuries due to falls in people aged 65 and over (Persons)			
	Injuries due to falls in people aged 65 and over (Male)			
	Injuries due to falls in people aged 65 and over (Female)			
	Injuries due to falls in people aged 65 and over - aged 65-79			
	Injuries due to falls in people aged 65 and over - aged 80+			
	Permanent admissions of younger adults (18-64) to resid. & nursing homes, per 100k population			
	Permanent admissions of older people (65+) to resid. & nursing homes, per 100k population			
	Older people still at home 91 days after discharge from hospital			
	Older people still at home 91 days after discharge from hospital (65-74)			
	Older people still at home 91 days after discharge from hospital (75-84)			
	Older people still at home 91 days after discharge from hospital (85+)			
Develop a network of services to help older people lead a more healthy and	Enhancing quality of life for people with dementia.			
	Effectiveness of prevention/preventative services.			
	Health related quality of life for older people.			
Increase respect and support for older people within their communities.	Social Isolation: % of adult social care users who have as much social contact as they would like			
	Loneliness and Isolation in adult carers			
	Older people's perception of community safety - safe in local area during the day			
	Older people's perception of community safety - safe in local area after dark			
	Older people's perception of community safety - safe in own home at night			
	People who use services who say those services make them feel safe and secure.			
	People who use services who say those services make them feel safe and secure (18-64)			
	People who use services who say those services make them feel safe and secure (65+)			

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Theme: Delivering high quality systematic care for major causes of ill health and disability.

Outcome: People are prevented from developing long term health conditions, have them identified early if they do develop them and are supported effectively to manage them.

We want to make sure people have all the information and support they need to make healthier choices.

Priorities:
Improve the diagnosis and care for people with Diabetes.
Reduce unplanned hospital admissions and mortality for people with Chronic Obstructive Pulmonary Disease.
Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.
Improve the speed and effectiveness of care provided to people who suffer a Stroke.
Reduce mortality rates from Cancer and improve take up of screening programmes.
Minimise the impact of long term health conditions on people's mental health.

What we said we would do:
Assess Lincolnshire's performance on Diabetes against quality standards.
Review the performance of each general practice in the county against relevant indicators within the Quality and Outcomes Framework and agree with Clinical Commissioning Groups plans to improve performance.
Develop a Cancer Strategy for Lincolnshire and extend the Early Presentation of Cancer (EPOC) initiative.
Develop and implement a plan for delivering improvements in the contribution of primary care to the management of long term health conditions.
Ensure, through working with the 'Promoting Healthier Lifestyles' theme, that effective evidence based preventive measures are commissioned to reduce the prevalence of major causes of ill health and to minimise the impacts of long term health conditions on peoples mental health.
Review the evidence in relation to long term neurological conditions as part of the Joint Strategic Needs Assessment for Lincolnshire.

What is working well (examples):
CCGs are planning for the recommissioning of diabetes services.
Some CCGs are using Commissioning for Value Right Care Deep Dives to develop intelligence and plans on various long term conditions, for example, diabetes, CHD, stroke and cancer.
The Lincolnshire Health and Care (LHAC) developments support this work, particularly the developments in relation to the proactive and urgent care design groups. The Blue Print refers to the high disease prevalence for nearly all LTCs across all four CCGs.

CCG Strategic and Operational Plans support the delivery of Theme 3. For example, the inclusion of Quality Premium Local Priorities relevant to CHD, stroke and cancer.
The commissioning of cardiology and stroke services at ULHT by CCGs has improved the service provision for people requiring these specialist services.
Work is taking place across Lincolnshire to scope cancer services to ensure full implementation of the cancer reform strategy.
A draft cancer strategy for Lincolnshire has been developed.
The Early Presentation of Cancer programme (EPOC) is working within CCG areas.
An initiative to increase cervical screening uptake is taking place in CCGs.
A mental health promotion strategy and a mental illness health needs assessment are in development.

Challenges, Threats and Opportunities:
• Need to review the indicators to determine if they accurately assess the progress against the Theme outcomes.
• Need to reframe the priorities to be more proactive / positive.
• The full impact of mental health on Theme 3 priorities needs to be assessed.
• The role of self-help / care is essential to this Theme.
• Need to understand the influence Theme / Board has over commissioned services / providers.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Improve the diagnosis and care for people with Diabetes.	Proportion of people feeling supported to manage their condition.			
	Number of QOF-recorded cases of diabetes per 100 patients registered with GP practices (17 years			
Reduce unplanned hospital admissions for people with Chronic Obstructive Pulmonary Disease.	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.			
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s			
	Age-standardised mortality rate from respiratory diseases for persons aged under 75.			
	Age-standardised mortality rate from respiratory diseases for persons aged under 75 (Males).			
	Age-standardised mortality rate from respiratory diseases for persons aged under 75 (Females).			
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years).			
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years - Males).			
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years - Females).			
	Chronic Obstructive Pulmonary Disease - Disease Prevalence			
Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years).			
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years - M			
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years - F			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
	Under 75 mortality rate from cardiovascular diseases considered preventable (Males)			
	Under 75 mortality rate from cardiovascular diseases considered preventable (Females)			
	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check			
	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NI			
	Cumulative % of the eligible population aged 40-74 who received an NHS Health check			
	Coronary Heart Disease - Disease Prevalence			
	Heart Failure - Disease Prevalence			
Improve the speed and effectiveness of care provided	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Sca			
	Stroke and Transient Ischaemic Attack (TIA).			
Reduce mortality rates from Cancer and improve take up of screening programmes.	Survival from Cancer: Colorectal (1st year).			
	Survival from Cancer: Colorectal (5th year).			
	Survival from Cancer: Lung (1st year).			
	Survival from Cancer: Lung (5th year).			
	Survival from Cancer: Breast (1st year).			
	Survival from Cancer: Breast (5th year).			
	Deaths from all Cancers <75 (DASR)			
	Cancer diagnosed at early stage (Experimental Statistics)			
	The percentage of women in a population eligible for breast screening at a given point in time who we			
	The percentage of women in a population eligible for cervical screening at a given point in time who w			
	Age-standardised mortality rate from all cancers for persons aged under 75.			
	Age-standardised mortality rate from all cancers for persons aged under 75 (Males).			
	Age-standardised mortality rate from all cancers for persons aged under 75 (Females).			
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less tha			
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less tha			
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less tha			
	Cancer - Prevalence			

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Theme: Improve health and social outcomes for children and reduce inequalities

Outcome: Ensure all children get the best possible start in life and achieve their potential

We want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years.

Priorities:
Ensure all children have the best start in life by: • Improving educational attainment for all children • Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer
Reduce childhood obesity
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged

What we said we would do:
Agencies will demonstrate how they will work together to deliver the Child Poverty Strategy for Lincolnshire.
Ensure services are available to provide families with advice and support about benefits of immunisation, antenatal and new born screening and lifestyle or social influences (e.g. stop smoking services, benefits maximisation and housing) on their health and that of their children.
Ensure more young people have access to appropriate sex and relationship information and to contraception and genitourinary medicine services.
Through the Lincolnshire Childhood Obesity Partnership Group, develop and implement a Childhood Obesity Strategy for Lincolnshire.
Strengthen the existing joint commissioning board on Emotional and Mental Health Wellbeing to support the recommendations from the National Mental Health Strategy.
Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas and agencies to impact on the Emotional and Mental Health Wellbeing of children and young people in Lincolnshire.
Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special education needs, teenage parents or children whose parents have mental health conditions including post natal depression.
Continue to invest in an integrated early help offer, delivered through Children's Centres so families have access to the support they need in their locality.
Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive.

What is working well (examples):
The school nursing service is commissioned to provide 'clinic in a box' in participating secondary schools, including chlamydia testing; pregnancy testing, c card and emergency contraception. The chlamydia screening programme for 15-24 year olds is proactive across Lincolnshire in both healthcare and non-healthcare settings as well as awareness raising sessions being commissioned. The teenage pregnancy team provide a countywide 'c card' scheme and engage with schools in terms of SRE
The design and delivery of specialist training programmes to multi agency professionals from statutory and voluntary organisations across Lincolnshire to enable them to support young people, parents and teenage parents to make positive informed choices.
Development and implementation of teenage pregnancy pathway for all professionals working with young people to support early identification and ensure access to services.
Child Poverty Strategy Action Plan and scorecard developed. Strategy to be reviewed in light of national CP Strategy for 2014-17. Update and progress reported through the CYPSP with decision taken to report the impact of child poverty to LCC Executive. Plans to include impact on CP as part of LCC corporate Equality Impact analysis framework.
A full commissioning review of CAMHS is currently in progress which has included: • the development of a substantial dataset to inform how outcomes for C&YP can be enhanced through an improved commissioning model. • working with NHS England to look at developing a model for T3+ services to reduce the number of T4 placements. • undertaking a CAMHS needs assessment snapshot concerning mental health and psychological wellbeing from the Child and Maternal Health Intelligence Network knowledge hub and a Mental Illness Health Needs Assessment being undertaken by Public Health. • over 50 consultation meetings with groups including C&YP, Schools, Social Care, CCG's, Provider, Health Visitors, School Nurses, Paediatricians.
Hot school meal uptake has increased dramatically due to the introduction of the Universal Free Infant School Meal Offer (UIFSM). It is envisaged that this will have a positive impact on the overall health of Lincolnshire's children. The UIFSM offer has dramatically changed the landscape of meal provision in Lincolnshire and a focused piece of work will be taking place to develop a new food in schools strategy, which will supersede the current childhood obesity strategy.
The National Child Measurement Programme (NCMP) data in Lincolnshire gives us increasingly robust intelligence. The proportion of Lincolnshire's children who are overweight has increased since 2006/07 amongst children in Reception and in Year 6. However, these proportions have remained reasonably stable since 2009/10, so although there is no sign yet of a decrease in excess weight in children, there is evidence here that the rate of increase has slowed.
Established partnerships continue to work together on a range of projects aimed at narrowing the gap in terms of social, education and health outcomes for vulnerable children and young people, including action research, improving teaching and learning, developing leadership, developing peer review - which are supported and promoted by Education Advisers. Working party has been set up by Director of Children's Services to develop sector led model.
Analysis of national pupil database to examine characteristics of schools and compare and challenge. Pupil premium reviews offered to schools at both ends of the PP spectrum – compare and contrast identify best practice. Identify common successful approaches to tackling PP issue. Develop new cross phase literacy intervention programme. Research links developed with Lincoln University to develop accreditation for practitioners
Examples of support for high quality teaching include The Developing Teacher Programme, English Literacy Specialist Teacher Programme (EnLiST).Teachers training in main stream

schools are encouraged to visit a Special School during their training. Outstanding Lead schools are helping to train new teachers for those schools who cannot recruit. Three days of SEND training is provided by a specialist for all trainees. All trainees must present evidence against the Teachers' Standards at the end of their course, including a SEND Task, Safeguarding Task and an EAL task.

Challenges, Threats and Opportunities:
• **Childhood Obesity:** need to do more to tackle this problem – needs to build on the 'life course' approach.
• **Sexual Health:** unwanted conceptions are higher than national average so need to do more target work with schools / young people to get across the key health messages.
• **Vaccinations:** better awareness and more assurance around public protection.
• **Self-harm & suicide:** more work needs to be done in this area
• **Accidental injury:** possible new area to focus on.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Ensure all children have the best start in life.	Low-birth weight of term live births.			
	Breastfeeding initiation.			
	Breastfeeding prevalence at 6-8 weeks after birth.			
	Infant mortality.			
	Women's experience of maternity services.			
	School Readiness: The percentage of children achieving a good level of development at the end of reception			
	School Readiness: The percentage of children with free school meal status achieving a good level of develo			
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening ch			
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected leve			
	Children in poverty (all dependent children under 20)			
	Children in poverty (under 16s)			
	Smoking at time of delivery			
	HIV coverage: The proportion of pregnant women eligible for infectious disease screening who are tested for			
	Syphilis, hepatitis B and susceptibility to rubella uptake: The proportion of women booked for antenatal care,			
	The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a c			
	The proportion of babies registered within the area both at birth and at the time of report who are eligible for r			
	Proportion of babies eligible for newborn hearing screening for whom the screening process is complete wit			
	The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of bi			
	The proportion of those offered screening for diabetic retinopathy who attend a digital screening event.			
	Foundation: Achievement gap between pupils eligible for free school meals and their peers.			
	KS2: Achievement gap between pupils eligible for free school meals and their peers.			
	KS4: Achievement gap between pupils eligible for free school meals and their peers.			
	Foundation: Achievement gap between pupils with SEN provision and their peers.			
	KS2: Achievement gap between pupils with SEN provision and their peers.			
	KS4: Achievement gap between pupils with SEN provision and their peers.			
Reduce childhood obesity.	Proportion of children aged 4-5 classified as overweight or obese.			
	Proportion of children aged 10-11 classified as overweight or obese.			
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.	School Readiness: The percentage of children achieving a good level of development at the end of reception			
	School Readiness: The percentage of children with free school meal status achieving a good level of develo			
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening ch			
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected leve			
	Emotional wellbeing of looked after children.			
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Persons)			
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Male)			
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Female)			
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)			
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)			
	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)			
	Under 18 conception rate.			
	Under 18 conceptions: conceptions in those aged under 16			
	Hepatitis B vaccination coverage (one year olds).			
	Hepatitis B vaccination coverage (two year olds).			
	BCG vaccination coverage (1-16 year olds)			
	DTaP/IPV/Hib vaccination coverage (one year olds).			
	DTaP/IPV/Hib vaccination coverage (two year olds).			
	MenC vaccination coverage (one, two and five year olds).			
	PCV vaccination coverage (one, two and five year olds).			
	Hib/MenC booster vaccination coverage (two year olds).			
	Hib/MenC booster vaccination coverage (five year olds).			
	PCV booster vaccination coverage (two and five year olds).			
	MMR vaccination coverage for one dose (two year olds).			
	MMR vaccination coverage for one dose (five year olds).			
	MMR vaccination coverage for two doses (five year olds).			
	Td/IPV booster vaccination coverage (13-18 year olds)			
	HPV vaccination coverage (females 12-17 year olds).			
	PPV vaccination coverage (over 65s).			
	Flu vaccination coverage (over 65s).			
	Flu vaccination coverage (at risk individuals aged over six months).			

Theme: Tackling the social determinants of health

Outcome: People's health and well-being is improved through addressing wider determining factors of health that affect the whole community

We want to ensure that people in Lincolnshire have access to good quality housing and work and have adequate income in order to improve their health and wellbeing.

Priorities:
Support more vulnerable people in good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions).
Ensure public sector policies on getting value for money include clear reference and judgement criteria about local social impact, with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing.
Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.

What we said we would do:
Worklessness as a social determinant of health:
Develop a Lincolnshire Alliance for Employment Support made up of all the commissioners and deliverers of support into employment.
Develop a Memorandum of Understanding between agencies to improve targeting of resources to support vulnerable people into meaningful, sustainable work and other work related activities.
Ensure public procurement policies include explicit reference to local procurement and 'social gain' criteria in public sector procurement.
Housing as a social determinant of health:
Work with local housing and planning authorities to ensure that due consideration is given in Strategic Housing Market Assessments, Local Development Frameworks and Local Housing Strategies to address the underlying housing conditions that contribute to health inequalities.
Work with local housing authorities to increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard.
Work with local housing authorities to deliver the countywide Homelessness Strategy with a particular focus on preventing homelessness and addressing the needs of homeless people with complex health related needs, particularly mental health.
Review the countywide Supported Housing Strategy to ensure that the housing related support needs of vulnerable people and vulnerable groups are addressed.
Work with the 'Home Energy Lincs Partnership' to deliver an Affordable Warmth Strategy to address fuel poverty.
Review the Lincolnshire Housing Strategy to reflect the new National Strategy for Housing ('*Laying the Foundations; A Housing Strategy for England')* and to identify local area actions required by district councils and their partners to respond to the housing needs in their community.

What is working well (examples):
The Prince's Trust supports just under 200 young people on a number of Prince's Trust programmes in Lincolnshire.
Under the development of Local Support service Framework a County wide Welfare Reforms group meets on a regular basis which could be developed further to explore the wider vision of Theme 5 of the JHWS
Lincolnshire is one of only 11 areas to be confirmed as a trial for the introduction of universal credits, with a target to support 2,000 claimants who are assessed in the vulnerable group.
Lincolnshire has a well developed Financial Inclusion Partnership (FIP) with an excellent wide range of committed stakeholders. The FIP have created a Working group who have been exploring possible funding opportunities from GLLEP (Greater Lincolnshire Local Enterprise Partnership). This group is looking at the areas people need most help with in Lincolnshire to avoid financial exclusion and the types of initiatives that could support them.
Joint working groups including district and county representatives from education, planning, public health, housing strategy and transport have been established to develop themes of the Central Lincolnshire Local Plan (Local Development Framework).
There are well established strategic groups bringing together a range of providers and enablers to maintain a strategic oversight of new affordable housing provision (Lincolnshire Affordable Housing Group), and meeting the Government's Decent Homes Standard in the public sector (Districts Housing Network) and private sector (Lincolnshire Private Sector Housing Group). Significant programmes of new build council owned homes are being developed by some districts. Opportunities for funding from the GLLEP to invest in private sector homes are being explored and a stock conditions modelling exercise has recently been commissioned. Partnership with DASH Services (Decent and Safe Homes) continues to develop.
The third Lincolnshire Homelessness Strategy was produced by the Group of that name to cover the period 2012-2016 and adopted by all districts. The group continues to be well attended by a wide range of statutory and voluntary stakeholder agencies working in the field and employs a dedicated support officer.
The County Council, district councils and community organisations work together on the 'Home Energy Lincs Partnership' (HELP) to coordinate energy advice and schemes across Lincolnshire. The Partnership operates under a Memorandum of Understanding. Recent achievements include supporting development of the LGA collective energy switching framework and introduction of a local branded scheme. The Affordable Warmth Strategy is to be refreshed in light of the new fuel poverty definition and recently commenced re-write of the UK Fuel Poverty Strategy.

Challenges, Threats and Opportunities:
• Welfare reforms – a policy issue that could potentially change next year. What do we plan for, and what do we keep a watching brief on?
• Social prescribing is critical; providing support, advice and signposting/referring people to the help they need.
• This theme is too broad and too ambitious. Using the evidence base it needs to be reviewed to hone down on a small number of key areas where a real difference can be made – so what are the things that will happen anyway and what needs a partnership approach.
• In light of the above, the suite of indicators needs to be reviewed to ensure they are to monitor progress against the outcomes.
• Need to make closer links with the Greater Lincolnshire Economic Partnership

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Support more vulnerable people into good quality work.	16 - 18 year olds not in education, employment or training.			
	Proportion of working age adults in contact with social services in paid employment.			
	Proportion of working age adults in contact with social services in paid employment - Male			
	Proportion of working age adults in contact with social services in paid employment - Female			
	Gap between the employment rate for those with a long-term health condition and the overall employm			
	Gap between the employment rate for those with a learning difficulty/disability and the overall employm			
	Gap between the employment rate for those with a mental illness and the overall employment rate.			
Ensure public sector policies on getting best value for money include clear reference and	Percentage of employees who had at least one day off sick in the previous week.			
	Number of working days lost due to sickness absence.			
	Rate of fit notes issued per quarter (TBC).			
Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.	Homelessness acceptances (per thousand households).			
	Households in temporary accommodation (per thousand households).			
	Fuel poverty.			
	Adults with a learning disability who live in stable and appropriate accommodation			
	Adults in contact with secondary mental health services who live in stable and appropriate accommod			
	Proportion of adults with learning disabilities who live in their own home or with their family			
	Proportion of adults with learning disabilities who live in their own home or with their family - Male			
	Proportion of adults with learning disabilities who live in their own home or with their family - Female			
	Proportion of adults in contact with secondary mental health services living independently, with or witho			
	Proportion of adults in contact with secondary mental health services living independently, with or witho			
	Proportion of adults in contact with secondary mental health services living independently, with or witho			

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Alison Christie, Health and Wellbeing Business Manager

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**30 September 2014**
Subject:	**Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire**

Summary:
The Health and Care Act 2012 set out the roles and responsibilities of Health and Wellbeing Boards and the local Healthwatch. It also modified the responsibilities of Health Scrutiny. This report contains a protocol setting out the respective roles and responsibilities of these bodies, and the framework to facilitate effective working relationships.

Actions Required:

1. That the draft protocol shown in Appendix A be approved;

2. That the draft protocol be referred to Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire for consideration and approval; and

3. That authority be delegated to the Health and Wellbeing Business Manager, in consultation with the Chairman, to make any necessary alterations following consideration by Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire that do not fundamental affect the intentions of the protocol.

1. Background

Lincolnshire Health and Wellbeing Board and Healthwatch Lincolnshire were established in response to the Health and Social Care Act 2012. The Act also amended the responsibilities of Health Scrutiny Committee for Lincolnshire. Each body has a role to play in reviewing and making recommendations about the way local health and care services are planned and delivered, and all share a common goal to improve the health and wellbeing of the people of Lincolnshire. However, there is the potential for duplication and a lack of clarity about how the three bodies interact.

The draft protocol, attached in Appendix A, aims to clarify the working relationship between Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and Health Scrutiny Committee for Lincolnshire. The document acknowledges the respective roles and responsibilities and is intended to formalise arrangements to ensure transparency and accountability by establishing mechanisms to:

- exchange information, intelligence and work programmes;
- recognise issues of mutual concern/interest and ensure they are dealt with in a spirit of co-operation;
- avoid duplication of effort;
- provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.

The protocol has been prepared by officers supporting the Health and Wellbeing Board and Health Scrutiny Committee for Lincolnshire and has been shared informally with Healthwatch Lincolnshire and the Chairman of the Board and Health Scrutiny Committee for Lincolnshire. The protocol covers the following elements;

- Roles and responsibilities of the respective bodies;
- Working principles and commitments;
- What this will mean in practice – a number of scenarios detailing how the three functions can complement rather than duplicate each other's work;
- Referral mechanism and process.

It is anticipated, over time, that changes will need to be made to the protocol to reflect changes in the health and care system. It is therefore proposed that the protocol is reviewed a year after the agreement is made and bi-annually thereafter or in response to any new national guidance issued in relation to Health and Wellbeing Boards, Health Scrutiny or Healthwatch.

2. Conclusion

The agreement will help clarify and distinguish the role of the Health and Wellbeing Board from that of the Health Scrutiny Committee for Lincolnshire, and the role of Healthwatch Lincolnshire, which has statutory relationships with the Board and Health Scrutiny. By sharing work plans, this will help reduce duplication and also ensure that officers supporting the Board, Health Scrutiny and Healthwatch Lincolnshire are aware of each other's priorities in a timely manner. The protocol also sets out the potential for either Health Scrutiny or Healthwatch to undertake particular pieces of work (subject to available resources) which the Board has identified as a priority.

3. Consultation

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire.

5. 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 Alison Christie, who can be contacted on 01522 552322 or Alison.christie@lincolnshire.gov.uk

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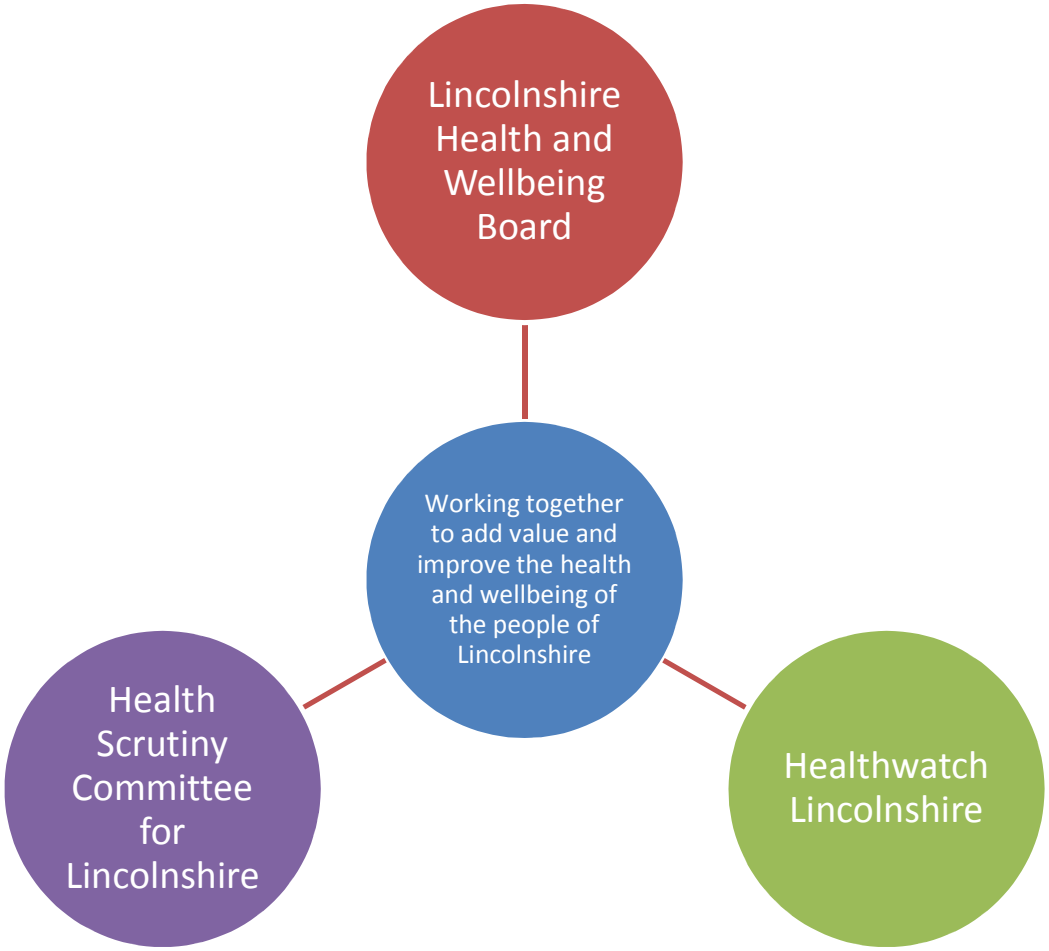
Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire



1. Purpose of the Protocol

This protocol aims to clarify the working relationship between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire. It acknowledges the respective roles and responsibilities of each body and is intended to be a formal agreement to ensure transparency and accountability in order to help deliver the shared vision of improved health and wellbeing for the people of Lincolnshire.

The following document ensures appropriate mechanisms are in place:

- to exchange information, intelligence and work programmes;
- to recognise issues of mutual concern/interest at an early stage and ensure they are dealt with in a spirit of co-operation;
- to avoid any duplication of effort;
- to provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.

2. Roles and Responsibilities

2.1 Lincolnshire Health and Wellbeing Board

Lincolnshire Health and Wellbeing Board (the Board) was established in response to the Health and Social Care Act 2012 to act as a forum for key leaders from the health and care system to work together to improve the health and wellbeing of the people of Lincolnshire and to promote the integration of services. The Board became a formal committee of the County Council in April 2013. The main functions of the Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012.

This means the Board has a:

- Duty to encourage integrated health and social working arrangements and to provide advice and guidance to support such arrangements.
- Duty to oversee the development of the Joint Strategic Needs Assessment (JSNA) which provides a comprehensive picture of the health and wellbeing needs of Lincolnshire.
- Duty to produce a Joint Health and Wellbeing Strategy (JHWS) covering social care, health care and public health.
- Duty to develop the Pharmaceutical Needs Assessment.
- Right to be consulted by each Clinical Commissioning Group (CCG) on their commissioning plan and to give an opinion whether each CCG's commissioning plan takes proper account of the JHWS.

For more information about the role and function of the Board please visit http://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/health-and-wellbeing-board/

2.2 Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire (Health Scrutiny) is the key committee for the purposes of fulfilling the roles outlined in the Health Scrutiny Functions Regulations 2013.

This means the Health Scrutiny Committee has:

- The right to be consulted by any local commissioner on any proposed substantial variation or development in health care provision and (subject to County Council decision[1]) power to refer to the Secretary of State if not satisfied with the commissioner's proposals.
- Power to scrutinise any provider or commissioner of health services, including the independent sector; to require attendance at meetings and the provision of information.
- Power to make recommendations to commissioners and providers of health services (effectively following in-depth scrutiny review activity).
- Power to scrutinise the effectiveness of the Health and Wellbeing Board and to make reports and recommendations to the Board.
- Power to make statements on the annual Quality Account of local health providers and to engage with providers on the development of their priorities for improvement.
- A duty to receive reports submitted by Healthwatch Lincolnshire.

For more information on the role and function of the Health Scrutiny Committee for Lincolnshire please visit http://www.lincolnshire.gov.uk/local-democracy/how-the-council-works/overview-and-scrutiny/the-scrutiny-committees/the-health-scrutiny-committee-for-lincolnshire/56546.article

2.3 Healthwatch Lincolnshire

Healthwatch Lincolnshire is an independent consumer champion for both health and social care. Providing a Healthwatch is a statutory requirement for all local authorities to enable patients and carers to have a safe, secure environment within which they can share their health and care concerns and experiences. The Healthwatch network was established as part of the Health and Social Care Act 2012 and is regulated under this and many other Acts.

The aim of Healthwatch Lincolnshire is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the locality. In addition, Healthwatch Lincolnshire provides, or signposts, people to information to help them make choices about health and care services.

[1] Subject to possible change – a proposal to delegate this power to Health Scrutiny Committee for Lincolnshire is due to considered by Full Council on 26th September 2014.

This means Healthwatch Lincolnshire will:

- enable people to share their views and concerns about their local health and social care services and understands that their contribution will help build a picture of where services are doing well and where they can be improved;
- alert Healthwatch England, Care Quality Commission (CQC), the Board and/or council scrutiny committees where appropriate, to concerns about specific care providers, health or social care matters;
- provide people with information about their choices and what to do when things go wrong, as well as signposting people to how they can access services;
- give authoritative, evidence based feedback to organisations responsible for commissioning or delivering local health and social care services.

For more information about the role and function of Healthwatch Lincolnshire please visit http://www.healthwatchlincolnshire.co.uk/

3 Working Principles and Commitments

Given that the shared aims of the Board, Healthwatch Lincolnshire and Health Scrutiny are to improve the health and wellbeing of the people of Lincolnshire through the commissioning and delivery of high quality services, each undertakes to:

- have a shared understanding of respective roles, responsibilities, priorities and different perspectives;
- work in a climate of mutual respect, courtesy and transparency;
- engage in early discussions on issues of common interest to ensure a joined up approach;
- promote and foster an open relationship where issues of common interest are shared and challenged in a constructive way;
- share work programmes, agendas, reports, minutes, information and data to avoid the unnecessary duplication of effort.

In order to foster closer working arrangements and to avoid duplication of effort, the following commitments will apply:

Lincolnshire Health and Wellbeing Board will:

- Share its work programme with Health Scrutiny and Healthwatch Lincolnshire.
- Provide Health Scrutiny and Healthwatch Lincolnshire with a copy of its Annual report. (*First Annual Report due Autumn 2014).*
- Update Health Scrutiny on its progress with the JSNA and provide assurance that progress is being made to deliver the outcomes in the JHWS.
- Be subject to scrutiny by Health Scrutiny and provide information and attend meetings as requested to assist in their scrutiny work.

- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) undertakes a particular piece of work within its remit (Health Scrutiny may choose not to do so).
- Ensure Healthwatch Lincolnshire is a core member of the Board and involved in the preparation of the JSNA and JHWS.
- Request (subject to available resource) Healthwatch Lincolnshire undertakes a particular piece of work in order to inform the Board of public opinion and experiences of services to inform refreshes of the JSNA and JHWS (Healthwatch Lincolnshire may choose not to do so).
- By exception, receive reports and information from Healthwatch Lincolnshire on any key themes or trends identified through engagement with patients, service users, carers and the public which impact on the delivery of the outcomes in the JHWS.

Health Scrutiny Committee will:

- Share its work programme with the Board and Healthwatch Lincolnshire.
- Seek views from the Board when formulating Health Scrutiny work programme by means of regular liaison meetings between the Chairmen and supporting officers.
- Seeks the views of Healthwatch Lincolnshire when formulating Health Scrutiny work programme by means of regular liaison meetings with Healthwatch Lincolnshire's Chief Executive Officer.
- Hold the Board to account for its work to improve the health and wellbeing of the people of Lincolnshire, including its responsibilities in relation to the JSNA and JHWS.
- Make reports and recommendations to the Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.
- Request Healthwatch Lincolnshire (subject to available resource) submits relevant intelligence and information to support scrutiny work.
- Invite representatives from Healthwatch Lincolnshire to attend and, at the Chairman's discretion, speak at Health Scrutiny meetings.
- Request Healthwatch Lincolnshire (subject to available resource) undertakes a particular piece of work to inform Health Scrutiny activity. In exceptional circumstances this may include asking Healthwatch Lincolnshire to use its 'Enter and View' powers (Healthwatch Lincolnshire may choose not to do so).
- Take account of and respond to the views and recommendations of the Board and Healthwatch Lincolnshire.
- Refer relevant issues to Healthwatch Lincolnshire in line with the process detailed in Section 5 of this agreement.

- Acknowledge and respond to referrals from Healthwatch Lincolnshire in line with the process detailed in Section 5 of this agreement.
- Consider Healthwatch Lincolnshire's annual report.

Healthwatch Lincolnshire will:

- Appoint one person (and a nominated substitute) to represent Healthwatch Lincolnshire on the Board.
- Provide the Board and Health Scrutiny with a copy of its Annual Report.
- Provide relevant public opinions and experiences about services to support the work of the Board and the development of the JSNA/JHWS.
- As a member of the Board, provide information and challenge from the perspective of the public, service users and carers as well as an appropriate intelligence on any strategic and/or commissioning concerns.
- Provide Health Scrutiny with a copy of any report that responds to a consultation exercise undertaken by Healthwatch Lincolnshire on behalf of local health or social care commissioners and providers or of its own volition.
- Highlight concerns about services to Health Scrutiny and, where appropriate make a referral in line with the process set out in Section 5 of this agreement.
- Work with the Board and Health Scrutiny to provide information and comments as the public champion.
- Regularly inform Health Scrutiny of current issues and, in exceptional circumstances, request Health Scrutiny consider whether a formal referral to the Secretary of State for Health is required.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services.
- Acknowledge and respond to referrals from Health Scrutiny in line with the process detailed in Section 5 of this agreement.

4 What will this mean in practice

The following scenarios are examples of how the three functions can complement rather than duplicate each other's work.

4.1 Developing the Joint Strategic Needs Assessment & Joint Health and Wellbeing Strategy:

The Board has the legal duty to develop the JSNA & JHWS. To do this the Board will engage with Healthwatch Lincolnshire and Health Scrutiny, initially to set out draft proposals and then at a later stage to review the final draft. As a member of the Board, Healthwatch Lincolnshire will be invited to collect and contribute views from the public to both the JSNA & JHWS. Health Scrutiny will review progress to achieving the priorities and outcomes identified in the JHWS and make recommendations on areas for improvement.

4.2 Commissioning and Decommissioning of Services:

The Board, through the JHWS, sets the strategic direction for the commissioning of services. It will review the commissioning plans for the Clinical Commissioning Groups and the County Council to ensure they address the needs identified in the JSNA and support the delivery of the outcomes in the JHWS. Changing commissioning plans may result in some services being decommissioned or being delivered differently. As a member of the Board, Healthwatch Lincolnshire will be active in assessing resident's and patient's views on the proposals. The Health Scrutiny will hold the Board, the Council or the CCGs to account for commissioning and decommissioning decisions.

4.3 Significant Changes and Variations to Services:

Providers have proposed significant changes or variations to existing services as a way of improving outcomes and make better use of resources. The Board assesses whether the plans fit with the JHWS and takes a strategic view on the outcomes and engagement with the CCGs. As a member of the Board, Healthwatch Lincolnshire undertakes a comprehensive exercise to gather views from the public and patients, and checks whether the consultation reflects what is known about best practice. Healthwatch Lincolnshire presents the findings of this exercise to the Board and to Health Scrutiny during the formal consultation process.

Health Scrutiny agrees the proposals are a substantial/significant variation, and engages in early discussions with the commissioners/providers regarding policy, plans and consultations. It also engages during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of Lincolnshire.

If Health Scrutiny concludes the proposals are not in the best interest of Lincolnshire it can recommend that the County Council[2] refers the matter to the Secretary of State for Health.

4.4 Quality and Inspection:

The Board will take a strategic lead on ensuring effective quality services are commissioned by reviewing the commissioning plans of the CCGs and County Council and ensuring alignment with the JHWS. Healthwatch Lincolnshire will develop intelligence on patient and user experiences, using it's enter and view powers where appropriate. Where significant issues are identified, Healthwatch Lincolnshire will refer the matters to the Board, CCG or County Council as appropriate. In exceptional circumstances, the Board may make a referral to Health Scrutiny asking them to undertake an investigation.

Both Healthwatch Lincolnshire and Health Scrutiny will monitor reports from national inspection bodies and where problems are identified, undertake an examination of the issues. Health Scrutiny will schedule agenda items where appropriate and request the attendance of appropriate officers from provider organisations. It may

[2] Please refer to Footnote 1.

also wish to hold a meeting with representatives from the Care Quality Commission (CQC). Healthwatch Lincolnshire may also seek a meeting with CQC therefore there may be occasions when joint meetings with CQC should be considered as the best means of resolving a significant issue.

Healthwatch Lincolnshire has a statutory power to refer matters to Healthwatch England who can then recommend that the CQC take action.

4.5 Safeguarding:

The Board will receive the annual reports of the Lincolnshire Safeguarding Children's Board and Safeguarding Adult's Board. Where significant issues are raised in the documents, it may request further detailed reports as it deems appropriate or make a referral to Health Scrutiny asking them to investigate.

Healthwatch Lincolnshire will use patient complaints, advocacy and other intelligence to identify safeguarding issues. Health Scrutiny will assess whether appropriate responses are being undertaken to any issues identified.

5. Referral Mechanism

5.1 Referrals from Healthwatch Lincolnshire to Health Scrutiny:

If, during the course of its work Healthwatch Lincolnshire identifies an issue which it feels warrants further exploration, it can make a referral to Health Scrutiny. The referral needs to be made in writing to the Chairman of Lincolnshire Health Scrutiny Committee via the Scrutiny Officer. The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. Healthwatch Lincolnshire will be informed of the outcome of this consideration and if the request is supported, details of how the matter will be taken forward. If Health Scrutiny decides not to act on the referral it will provide reasons for not doing so.

5.2 Referrals to Healthwatch Lincolnshire:

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Lincolnshire it can make a referral. Referrals should be made in writing to the Healthwatch Lincolnshire Chief Executive Officer. The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Lincolnshire decided not to act on a referral it will provide reasons why to Health Scrutiny.

Any information or intelligence resulting from an investigation will be used to refresh JSNA and inform future updates to the JHWS.

5.3 Referrals from Lincolnshire Health and Wellbeing Board:

If, during the course of its work Lincolnshire Health and Wellbeing Board identifies an issue which could have a significant impact on delivering the outcomes identified in the JHWS it can in exceptional circumstances refer the matter to Health Scrutiny or Healthwatch Lincolnshire. The mechanism for referring matters is the same as Sections 5.2 and 5.3.

6 Review of this Protocol

This protocol will be reviewed a year after its agreement and bi-annually thereafter or in response to any new national guidance issued in relation to Health and Wellbeing Board, Health Scrutiny or Healthwatch.

Where there is concern that this protocol is not succeeding, resolution will be sought through communication between the Chairs.

7 Signatures

……Date
Chairman, Lincolnshire Health and Wellbeing Board

.....Date
Chairman, Lincolnshire Health Scrutiny Committee

……Date
Chairman, Healthwatch Lincolnshire

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Debbie Barnes, Executive Director Children's Services, Lincolnshire County Council

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**30 September 2014**
Subject:	**Protocol between Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Children Board**

Summary:

This paper presents a proposed framework and protocol to ensure effective joint working between the Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Children Board. The protocol sets out the distinct roles and responsibilities of the Boards, the interrelationships between them in terms of safeguarding and wellbeing and the means by which they will work together to secure effective coordination and coherence between the Boards.

Actions Required:

1. That the draft protocol shown in Appendix A be approved;

2. That authority be delegated to the Health and Wellbeing Business Manager, in consultation with the Chairman, to make any necessary alterations following consideration by Lincolnshire Safeguarding Children Board that do not fundamental affect the intentions of the protocol.

1. Background

Safeguarding is everyone's business and not the sole responsibility of any one agency or organisation. Whilst 'Working Together to Safeguard Children (2013)' guidance does not formalise the relationship between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board, there is an expectation that the two Boards will work together to ensure effective safeguarding arrangements are in place to protect and promote the welfare of children and young people.

The protocol included in Appendix A aims to create a formal interface between the two Boards. It details the complementary but distinct roles that Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Children Board have in safeguarding and promoting the welfare of the children and young people in Lincolnshire. As well as providing a mechanism to ensure effective safeguarding arrangements are in place to maximise the opportunities this presents which includes:

- Ensuring comprehensive safeguarding data analysis is included in the Joint Strategic Needs Assessment.
- Ensuring Lincolnshire Health and Wellbeing Board receives a copy of the Lincolnshire Safeguarding Children Board's Annual Report and uses it to inform reviews of the Joint Health and Wellbeing Strategy.
- Providing timely opportunities for the Lincolnshire Safeguarding Children Board to influence and inform the decisions of commissioners and evaluate the impact of the Health and Wellbeing Strategy on safeguarding outcomes and of safeguarding on the wider determinants of health outcomes.
- Promoting safeguarding and ensuring it is 'everyone's business'.

The protocol has been prepared by officers supporting the Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Children Board and has been shared with the Chairman of the Lincolnshire Safeguarding Children Board. The protocol covers the following elements;

- Roles and responsibilities of the respective bodies;
- Principles and commitments to ensure coordination between the Boards;
- Operational arrangements;
- Resolution process.

It is anticipated, over time, that changes will need to be made to the protocol to reflect any national guidance or local changes. It is therefore proposed that the protocol is reviewed a year after the agreement is made and bi-annually thereafter or in response to any new national guidance issued in relation to Health and Wellbeing Boards or Local Safeguarding Children Boards.

2. Conclusion

The Health and Wellbeing Board is asked to agree to a formal working agreement with the Lincolnshire Safeguarding Children Board to ensure that opportunities to strengthen local safeguarding practice are identified and secured.

3. Consultation

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Protocol between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board

5. 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 Alison Christie, Health and Wellbeing Board Business Manager, who can be contacted on 01522 552322 or Alison.christie@lincolnshire.gov.uk

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Appendix A

Protocol between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board

1. AIM

The aim of this Protocol is to define how the Lincolnshire Health and Wellbeing Board (LHWB) and the Lincolnshire Safeguarding Children Board (LSCB) will work together in the pursuit of safeguarding and promoting the welfare of children, young people in Lincolnshire.

2. PURPOSE OF THE BOARDS

2.1 Lincolnshire Safeguarding Children Board (LSCB)

The primary function of the LSCB is to ensure that relevant partnership organisations in Lincolnshire work together to safeguard and promote the welfare of children and young people in the county. Their role is to scrutinise and challenge the work of agencies both individually and collectively.

The key objectives of the LSCB as set out in 'Working Together to Safeguard Children, are to:

- co-ordinate local work to safeguard and promote the well-being of children;
- ensure the effectiveness of that work

The LSCB will publish each year a Strategic Plan and an Annual Report.

2.2 Lincolnshire Health and Wellbeing Board (LHWB)

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the health and care system work together to improve the health and wellbeing of their local population and to promote integrated services. The LHWB became a formal committee of the County Council in April 2013. The main functions of the Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012.

This means the Board has a:

- Duty to encourage integrated health and social working arrangements and to provide advice and guidance to support such arrangements.
- Duty to oversee the development of the Joint Strategic Needs Assessment (JSNA) which provides a comprehensive picture of the health and wellbeing needs of Lincolnshire.

- Duty to produce a Joint Health and Wellbeing Strategy (JHWS) covering social care, health care and public health.
- Duty to develop the Pharmaceutical Needs Assessment.
- Right to be consulted by each Clinical Commissioning Group (CCG) on their commissioning plan and to give an opinion whether each CCG's commissioning plan takes proper account of the JHWS.

3. PRINCIPLES AND COMMITMENTS TO ENSURE CO-ORDINATION BETWEEN THE BOARDS

All bodies have a responsibility to ensure vulnerable children are properly safeguarded so that safeguarding is not the sole responsibility of any single agency or partnership. As such, all key strategic plans whether they are formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme. This is to ensure that existing strategies and service delivery, as well as emerging plans for change and improvement, include effective safeguarding arrangements that ensure that all children people and in Lincolnshire are safe and their well-being is protected.

The Joint Health and Wellbeing Strategy sets out the commissioning direction and five year priorities to improve the health and wellbeing of the people of Lincolnshire. The LHWB will hold partners to account to ensure commissioning and decommissioning decisions align to the JHWS and deliver the shared outcomes. It is critical that in drawing up, delivering and evaluating the strategy there is effective interchange between the LHWB and LSCB. Therefore each Board undertakes to:

- Identify a named individual/post to act as contact point to ensure co-ordination of relevant activities.
- Ensure messages and information about keeping children safe is disseminated within partner organisations, including collaborating on stakeholder events.
- Ensure action taken by one body does not duplicate that taken by another.
- Where appropriate ensure that there is cross-board representation to facilitate coordination and prevent duplication of activity.

In order to foster a closer working relationship and ensure effective safeguarding arrangements are in place the following commitments will be apply:

The Lincolnshire Safeguarding Children's Board will:

- Formally sharing its annual plan with LHWB during the formulation stage to enable coordination and coherence where there are business overlaps.
- Provide assurance to the LHWBB that satisfactory arrangements are in place for Safeguarding Children. Where appropriate arrangements are not in place the LSCB will highlight concerns to the LHWB.

- Ensure comprehensive safeguarding data analysis is fed into the JSNA to inform strategic planning and priority setting.
- Provide support, scrutiny and challenge to the commissioning and quality assurance arrangements across health and social care to ensure that they adequately reflect Safeguarding.
- Formally present its Annual Report to the LHWB.

The Lincolnshire Health and Wellbeing Board will:

- Regularly sharing its work programme and Forward Plan to enable co-ordination and coherence where there are business overlaps.
- As required, provide information in respect of Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment to the LSCB.
- Provide a formal response to LSCB's Annual Report.
- Provide LSCB with a copy of the LHWB's Annual Report (*first report due Autumn 2014).*

4. OPERATIONAL ARRANGEMENTS

The LSCB is not directly accountable to the LHWB, so their role in relation to it would be one of equal partners underpinned by this protocol. This would facilitate the LSCB's responsibility to scrutinise and highlight any safeguarding concerns they may have relating to the work of the LHWB or its member organisations.

This Protocol will be reviewed a year after its agreement and bi-annually thereafter or when national guidance affecting one of the Boards is revised or introduced.

5. RESOLUTION PROCESS

Where there is concern that this protocol is not succeeding in ensuring strong partnership working to keep children safe and healthy, resolution should be sought through communication between the Chairs of the Boards, the Lead Members and the Directors of Children's Services and Public Health.

6. SIGNATURES:

…….. Date
Chairman, Lincolnshire Health and Wellbeing Board

…… Date
Independent Chairman, Lincolnshire Safeguarding Children Board

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Lincolnshire COUNTY COUNCIL
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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Dr Tony Hill, Executive Director of Community Wellbeing and Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**30 September 2014**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment (Draft)**

Summary:

The provision of pharmaceutical services falls under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB).

The PNA Steering Group has been leading the development of the PNA on behalf of the HWB and the draft PNA for Lincolnshire is attached at Appendix A to this report.

The regulations stipulate that the HWB must undertake a consultation on the contents of the PNA, who must be consulted and that the consultation must be a minimum period of 60 days. It is proposed that the 60 day consultation period for Lincolnshire's PNA runs from Monday 6th October 2014 until Thursday 4th December 2014. A copy of the proposed consultation plan for the draft PNA is also attached to this report at Appendix B.

Actions Required:

Lincolnshire Health and Wellbeing Board is asked to:

1. Agree the draft Pharmaceutical Needs Assessment.
2. Agree the consultation plan on the draft Pharmaceutical Needs Assessment.

1. Background

National Context

The provision of pharmaceutical services falls under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA), the application and decision making process for opening pharmacies and also details the terms of services for pharmacies, dispensing appliance contractors and dispensing doctors.

The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB) with NHS England having responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision making process however NHS England ultimately have responsibility for approving or rejecting an application.

The regulations state that HWBs are required to publish their first PNA by **1 April 2015**.

Subsequently to this the HWB is required to publish a revised assessment within three years of the first assessment.

If the HWB identifies a significant change to the availability of pharmaceutical services since the publication of its PNA then it will be required to publish a revised assessment as soon as is reasonably practical.

However, if the HWB is satisfied that making a revised assessment would be a disproportionate response to those changes then it can, instead, issue a supplementary statement to its PNA detailing the changes which have occurred and specifying their decision that this change did not warrant a full revision of the PNA. Supplementary statements are a statement of fact which cover information about availability of services (not needs). Once issued a supplementary statement becomes a part of the PNA.

Relationship to JSNA

The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform specific commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups. As a separate statutory requirement, the PNA cannot, therefore, be subsumed as part of these other documents but can be annexed to them.

Local Context

Historically the PCT in Lincolnshire established a PNA Steering Group to manage the process of developing, consulting upon and publishing the PNA. The PCT Board was responsible for signing off the PNA and Lincolnshire's PNA was first published in 2011.

Since the first PNA was produced the Steering Group has continued to meet in order to ensure that the PNA is up to date and that any supplementary statements to the main PNA are produced and published in a timely manner.

The PNA Steering Group, chaired by the Public Health Consultant with lead responsibility for health needs assessments, has been leading on the development of the PNA on behalf of the HWB and includes the following membership:

- Public health intelligence (Lincolnshire County Council Public Health)
- Contract management (NHS England, Leicestershire and Lincolnshire Area Team)
- Prescribing (Greater East Midlands Commissioning Support Unit, Prescribing and Medicines Optimisation Service)

2. Conclusion

The draft PNA for Lincolnshire is attached at Appendix A to this report.

3. Consultation

The regulations stipulate that the HWB must undertake a consultation on the contents of the PNA. They detail who must be consulted with by the HWB as part of producing the PNA and that the consultation must allow a minimum period of 60 days for consultation responses.

It is proposed that the 60 day consultation period runs from Monday 6th October 2014 until Thursday 4th December 2014.

A copy of the proposed consultation plan for the draft PNA is also attached to this report at Appendix B.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Pharmaceutical Needs Assessment – 2015 (DRAFT)
Appendix B	Consultation Plan – Lincolnshire Pharmaceutical Needs Assessment – 2015

5. 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 David Stacey, who can be contacted on (01522 554017) or (david.stacey@lincolnshire.gov.uk)

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Lincolnshire Pharmaceutical Needs Assessment (DRAFT)

Lincolnshire Health and Wellbeing Board

September 2014

Foreword

Our pharmacies provide people in Lincolnshire with vital supportive health services in ways which are accessible and timely. With over 3.5 million prescribed items being dispensed in Lincolnshire's pharmacies every year the public is provided with easy access to the supply of medicines and appliances that they need as vital part of the local healthcare system

Communicating health messages to people who are sick, but also reassurance, advice and guidance to people who are well is another key strength of the work that pharmacies deliver and one which we need to make the most of, and build upon.

We also need to ensure that pharmacies are able to play a stronger role in out-of-hospital care, the management of long term conditions and signposting residents to useful health & wellbeing, social care and voluntary sector services, in partnership with other health professionals.

I therefore welcome this Pharmaceutical Needs Assessment, which considers the need for pharmaceutical services, describes the current services available to the county, and makes recommendations for the future provision of pharmaceutical services.

I trust that NHS England and others will find this assessment informative and useful in their commissioning of pharmaceutical services.

Sue Woolley

Cllr Sue Woolley
Chairman of the Lincolnshire Health and Wellbeing Board

Acknowledgements

With many thanks to the many people who have contributed to the production of this Pharmaceutical Needs Assessment.

Particular thanks to the significant contribution made by the members of the Pharmaceutical Needs Assessment Steering Group in the development and writing of the assessment.

Table of Contents

List of Tables

List of Figures

List of Maps

Glossary

C-Card	Scheme providing free condoms and lubricants to teenagers along with safe-sex information and signposting to other services.
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DH	Department of Health
DRUM	Dispensing Review of Use of Medicines
DSQS	Dispensing Services Quality Payment Scheme
EHC	Emergency Hormonal Contraception
GOR	Government Office Region
GP	General Practitioner
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
LA	Local Authority
LMC	Lincolnshire Medical Committee
LPC	Lincolnshire Pharmaceutical Committee
LSOA	Lower Super Output Area
MUR	Medicines Use Reviews
NHS	National Health Service
NMS	New Medicines Service
NSP	Needle and Syringe Programmes
ONS	Office of National Statistics
OOH	Out Of Hours
PBEvP	EHC via patient group direction provided from a community pharmacy
PBNEX	Pharmacy Based Needle Exchange
PBSAP	Pharmacy Based Supervised Administration Service
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework

Executive summary

The purpose of the Lincolnshire Pharmaceutical Needs Assessment (PNA) is to review existing pharmaceutical service provision in Lincolnshire and to identify any gaps or deficiencies that need to be addressed. Proposed changes may seek to increase service provision, improve access to services or broaden the range of services available for Lincolnshire patients with the ultimate goal of improving their health and wellbeing.

Methods

The data included in this review was compiled by members of the Public Health informatics (PHI) team at Lincolnshire County Council. Interpretation and presentation of the data has been the responsibility of the Pharmaceutical Needs Assessment Steering Group comprised of staff from NHS England, GEM Commissioning Support Unit and Public Health

The document reviews the prescribed process that must be followed to produce a PNA; it also considers both the health needs and the pharmaceutical needs of the Lincolnshire population. Health needs have been reviewed down to the level of each district council area and/or CCG boundary dependent on the data. Within each of these localities we have reviewed existing pharmaceutical service provision with a view to identifying geographical gaps in services (i.e. localities in which pharmaceutical service provision may be inadequate). Unmet health need in the provision of community pharmacy provided enhanced services and lack of coordination between local medical and pharmaceutical services have also been considered.

Lincolnshire

Lincolnshire is one of the largest counties in England. However, the population density in the county is less than a third of the average. Despite lower than average deprivation compared to the UK as a whole there is considerable variation in deprivation across the county. Similarly, reported health also varies greatly across the county with smoking, excess weight, diabetes, cardiovascular disease and COPD all more prevalent in Lincolnshire than in the rest of the UK.

Changes in the population structure resulting from an ageing population in conjunction with a projected increase in obesity rates is likely to have a negative effect on general health and increase associated disease prevalence in county.

Current Pharmaceutical provision

Maps included within the document illustrate the distribution of pharmacies and dispensing practices across the county as well as the provision of advanced community pharmacy services such as Medicines Use Reviews (MUR) and the New Medicines Service (NMS). Further to this, tables show the availability of NHS England commissioned pharmaceutical services such as Saturday opening, 100 hour pharmacies, LCC commissioned pharmaceutical services and the presence of dispensing and non-dispensing GP surgeries. . These tables and maps show that most places within Lincolnshire have at least one reasonably accessible provider of dispensing services, either a dispensing practice or a community pharmacy or

sometimes both. The map of community pharmacy provision illustrates that some of the essential and advanced pharmaceutical services only available through community pharmacies (e.g. help with self-care, over-the counter medicines. Medicines Use Reviews and the New Medicines Service) are not consistently available across the whole of the county to all Lincolnshire residents.

The PNA steering group committee has identified several gaps in service provision and makes recommendations on future actions to address this:

Conclusions and Recommendations

- Residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. However, ongoing change in many localities linked to population growth will necessitate frequent review of this position.

- Patient access to self-care through the provision of healthcare advice and supply of over-the-counter medicines is only available from community pharmacies. There are many rural areas of the county where dispensing services are available, but patients have no access to self-care, over-the-counter medicines or community pharmacy advanced services such as Medicines Use Reviews and the New Medicines Service. Gaps in current provision are identified as follows:

    - Lincolnshire West CCG – Caenby Corner area bordered by Gainsborough, Hibaldstow, Kirton Lindsey, Caistor, Market Rasen, Welton and Saxilby.

    - South West Lincolnshire CCG – Fulbeck area bordered by Newark, Navenby, Sleaford and Grantham.

    - South West Lincolnshire CCG – Rippingale area bordered by Grantham, Sleaford, Donington and Bourne.

    - Lincolnshire East CCG – Sibsey area bordered by Coningsby, Spilsby, Wainfleet and Boston.

    - Lincolnshire East CCG – Binbrook area bordered by Market Rasen, Louth, Spilsby, Horncastle and Bardney.

    - Lincolnshire East CCG – North Somercotes area bordered by Holton-le-Clay, the North Sea, Mablethorpe and Louth.

- Having reviewed the evidence for the provision of a wide range of locally commissioned services through community pharmacy, the PNA Steering Group concluded that further expansion and wider availability of the range of services currently provided through community pharmacies would benefit the Lincolnshire population subject to local need, patient demand, clear evidence of benefit and value for money and improved health outcomes. This should be done with existing community pharmacies as establishing new pharmacies

could lead to an over provision of Essential Services and may destabilise current provision.

- The PNA Steering Group is supportive of patients exercising their right to choose where they access their pharmaceutical services. Patient choice is likely to be further enabled by the wider implementation of electronic prescribing across the county.

- As required by regulations the PNA Steering Group intend to continue to review pharmaceutical need and local service provision and to publish regular updates and supplementary statements where circumstances change.

1. Introduction

1.1 Legal Framework

The provision of pharmaceutical services falls under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA), the application and decision making process for opening pharmacies and also details the terms of services for pharmacies, dispensing appliance contractors and dispensing doctors. New to the regulations was the inclusion of performance sanctions which NHS England can use where contractors are not meeting their terms of service.

The regulations also cover the dispensing of medication to patients by doctors; Lincolnshire has 65 dispensing GP practices. There are strict criteria as to who can and cannot be dispensed to. Generally dispensing status is reserved for patients who:

- Live more than 1 mile (1.6 km) from a pharmacy, or
- May consider they have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy and must evidence serious difficulty by reason of distance or inadequate means of communication.

This is generally defined as patients that require regular repeat prescriptions not having personal transport to travel to the chemist and/or having a chronic condition that severely impedes the ability to travel. This status must be granted by NHS England.

The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB) with NHS England having responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision making process however NHS England ultimately have responsibility for approving or rejecting an application.

1.1.1 Pharmaceutical needs assessment

The regulations cover what constitutes a pharmaceutical service for the purposes of conducting a PNA, how the PNA is to be produced, by when and what information is to be contained within them as well as matters for consideration when making an assessment.

Matters for consideration

Part 2 of the regulations detail matters for consideration in making an assessment. These cover the demographic profile of the HWB's area, choice in obtaining pharmaceutical services, any differences in need within the area, services provided in neighbouring HWB areas which may affect the needs within the HWB area. Finally the PNA must consider any likely future needs in order to make a proper assessment of the matters above.

Information to be contained in PNA

Schedule 1 of the regulations set out the information to be contained within the PNA. These cover provision and gaps in pharmaceutical services, improvement in access regarding gaps in provision, how the assessment was carried out and maps detailing the provision of services.

1.1.2 Commissioning of pharmaceutical provision

The regulations set out the types of applications that can be made with these fall into two categories of 'Routine' and 'Excepted' applications.

'Routine' applications

'Routine' applications must meet the market entry test which is that an application may be granted if NHS England is satisfied that:

- it is necessary to grant the application in order to meet a need in its area for all or some of the services specified in the application, or
- to grant the application would secure improvements or better access to pharmaceutical services in its area

The types of 'Routine' application are:

- Current Needs (Identified in PNA)
- Future Needs (Identified in PNA)
- Improvements or better access to services (Identified in PNA)
- Future Improvements or better access to services (Identified in PNA)
- Unforeseen benefits (Something which has not been identified in the PNA this could be examples of new and innovative types of service delivery)

'Excepted' applications

'Excepted' applications do not have to meet the market entry test and are not dependent on needs or improvements identified in the PNA. The types of 'Excepted' applications are:

- Relocations that do not result in significant change
- Distance selling premises
- Changes of ownership
- Combined changes of ownership and relocations that do not result in significant change
- Applications for temporary listings arising out of suspensions
- Applications from persons exercising a right of return to a pharmaceutical list

- Applications relating to emergencies requiring the flexible provision of pharmaceutical services

- Application offering to provide additional directed services

The changes to the NHS from the 1st April 2013 have led to changes with the commissioning of enhanced services from community pharmacies. Previously Primary Care Trusts would commission all services however now NHS England is the only organisation that can commission Enhanced Services.

CCGs and Local Authorities can commission services from pharmacies with these now being referred to as Locally Commissioned Services. These do not fall under the definition of pharmaceutical service for the PNA and will not be taken into consideration for applications. Within this PNA, these services have occasionally been referenced in order to demonstrate the wider impact they have on meeting health needs. Any such inclusions have been clearly identified as not being in the formal definition of pharmaceutical services for the purpose of producing the PNA.

1.2 Production of the PNA

The regulations specify that the PNA must include information relating to the process of how it was carried out. This includes the requirement to explain how the localities referred to were determined, how it has taken account of differences in needs between the different localities and how the consultation on the PNA is carried out.

The production of this PNA for Lincolnshire has been led by a PNA Steering Group made up of representatives from NHS England, Greater East Midlands Commissioning Support Unit and Public Health within Lincolnshire County Council.

1.2.1 Determination of localities

Localities used within this PNA have been determined by the Steering Group to align to the Clinical Commissioning Group (CCG) boundaries in Lincolnshire. In relation to health needs it is not always possible to report this data at these levels and so where CCG level data has not been available the administrative boundaries of local authorities (districts) have been used instead. In reviewing the evidence the PNA Steering Group have also referenced smaller areas within CCGs that appear from the maps to show gaps in pharmaceutical provision.

1.2.2 Assessment of difference in needs within Lincolnshire

The assessment of needs within this PNA has reviewed how Lincolnshire compares to other areas (such as East Midlands and England) and has also included analysis of how these needs vary within the county. Where possible this has reflected differences at the CCG level, as set out above, and local authorities. The analysis of data on and about population and needs has been undertaken up to 31st March 2014 to ensure a consistent approach to this section of the PNA.

The regulations governing the production of the PNA require an explanation of how the needs of people who share one of these 'protected characteristics' have been considered as part of the overall assessment of needs. Where data is available sections relating to need have also considered protected characteristics.

1.2.3 Consultation

The Regulations stipulate who must be consulted by the HWB as part of producing the PNA. Additionally to this the Regulations set out that those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version and that there is a minimum period of 60 days for consultation responses.

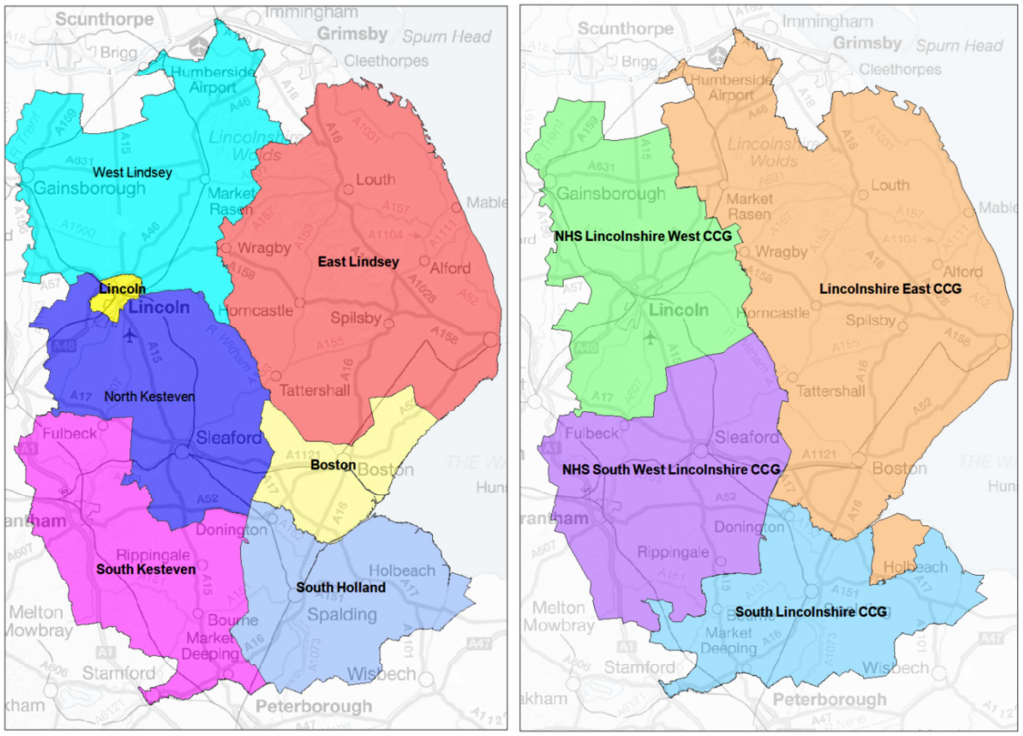
A full report on the consultation that has been undertaken must be published as part of the PNA and this will be produced and published at Appendix A following the consultation.

2. Lincolnshire Population and Socio-economic Context

2.1 Geography of Lincolnshire

Lincolnshire is one of the largest counties in England, with a land area of over 3,600 square miles and an estimated population of 718,800 in 2012. The county has a diverse geography with large rural and agricultural areas, urban areas and market towns and a long Eastern coastline. The population density in the county is just 121 persons per square kilometre (less than a third of the average for England and Wales) [1].

Figure 1: Location of Lincolnshire's district council and clinical commissioning group areas



2.2 Population

The population mid-year estimates for the area covered by Lincolnshire County Council in June 2012 was 718,800. The rate of increase in Lincolnshire's population has slowed in recent years with latest figures showing that it is below the national rate of growth. The annual percentage change between 2011 and 2012 shows the increase in the population of Lincolnshire (0.6 per cent) was lower than the national figure (0.7 per cent). Lincolnshire's population is projected to increase by approximately 82,000 people by 2021 (Table 1) a growth rate of 11 per cent compared to 9 per cent nationally.

Table 1: Summary of Lincolnshire's demographic and socio-economic characteristics

	Population (1)	**Proportion of 65+** (2)	**Projected increase by 2021**(3)	**People in deprivation** (4)	**Unemployment** (5)	**Youth unemployment** (6)
Boston	64,800	20.5%	17.0%	19.5%	2.4%	4.5%
East Lindsey	136,600	27.1%	11.4%	22.3%	3.3%	6.5%
Lincoln	94,600	14.5%	1.4%	28.4%	4.1%	4.3%
North Kesteven	109,300	21.7%	11.3%	0.0%	1.6%	3.8%
South Holland	88,500	23.2%	15.4%	0.0%	2.2%	4.0%
South Kesteven	135,000	20.1%	9.9%	3.3%	2.0%	3.6%
West Lindsey	90,000	21.9%	11.6%	10.6%	3.3%	6.8%
Lincolnshire	**718,800**	**21.6%**	**10.8%**	**11.7%**	**2.7%**	**4.7%**

Key to Table 1:

(1) ONS, 2012 mid-year population estimate

(2) Proportion of the 2012 population aged 65 or over; ONS 2012 mid-year population estimate

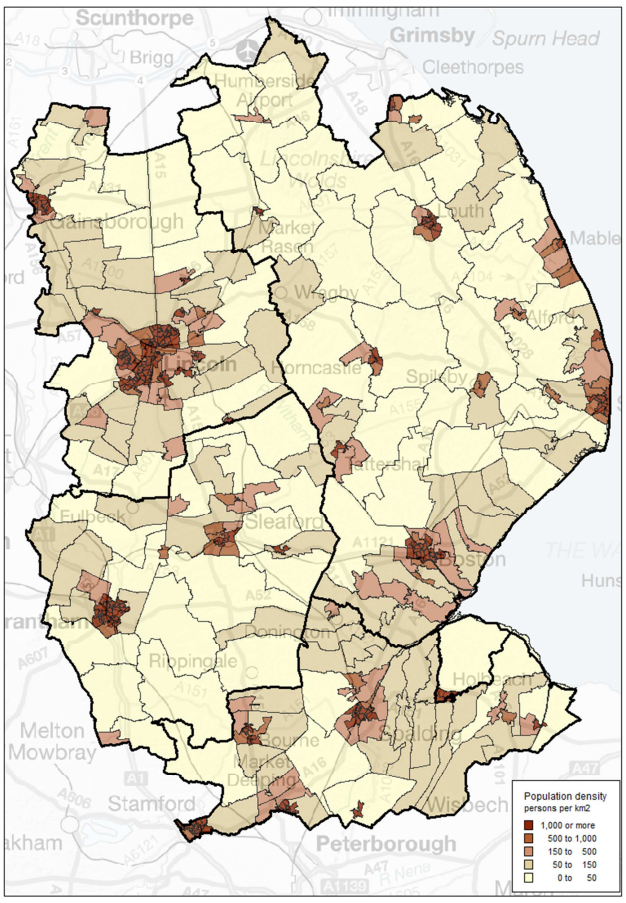
(3) Total population increase based on the difference between 2012 mid-year estimates and the 2021 projected population estimates; ONS

(4) Percentage of population living in 20% most deprived areas in England, based on 2012 population estimates and 2010 IMD scores.

(5) Claimant count as proportion of working age population, November 2013

(6) Claimant count for ages 18-24, November 2013

Figure 2: Population density in Lincolnshire

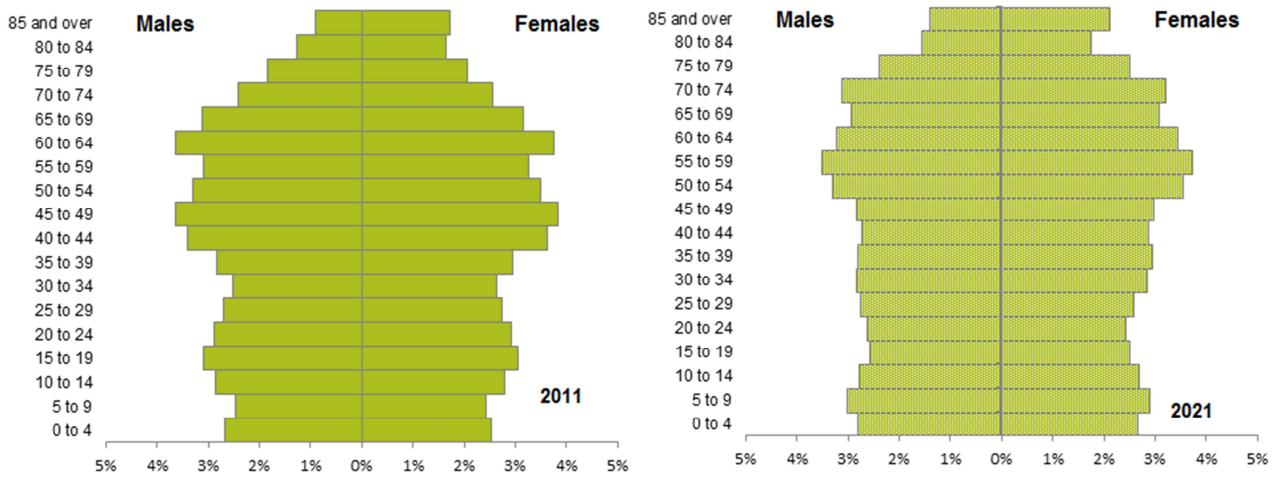


Source: Office for National Statistics (ONS)

2.2.2 Age structure

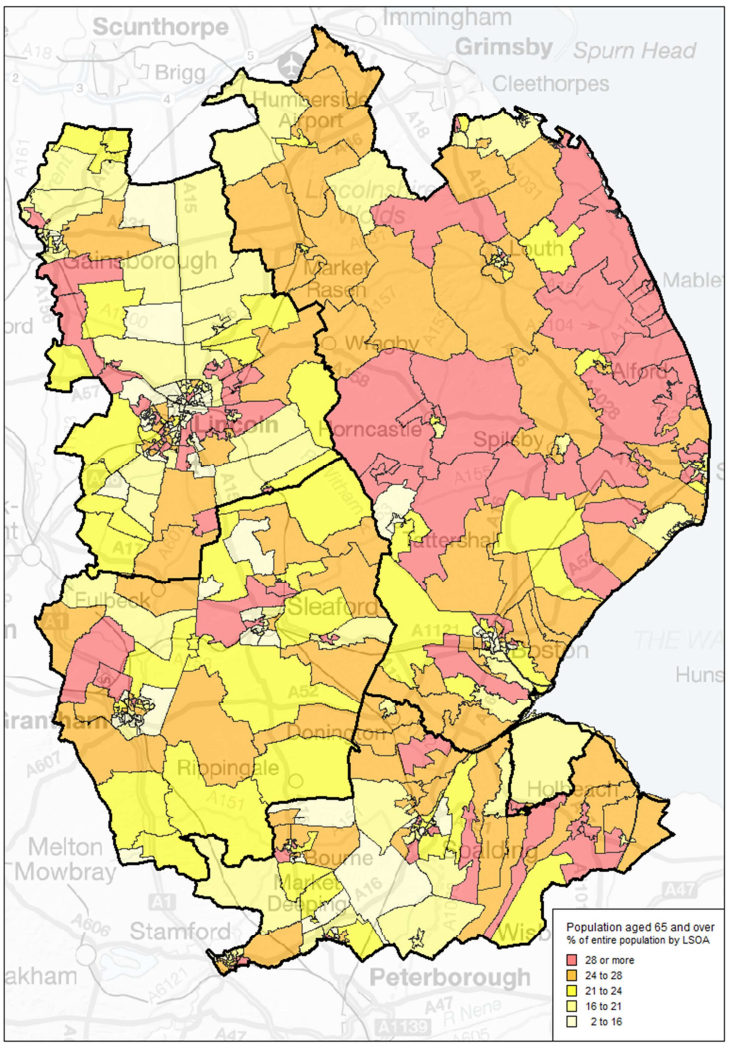
The proportion of young people in Lincolnshire (aged 0-19) has fallen from approximately 24 per cent of the total population in 2002 to 22 per cent in 2012. In contrast to this, and during the same time period, the population of those aged 65 and over has increased in the county by 3 per cent to approximately 22 per cent Over this period, whilst the proportion of people aged 65+ in Lincolnshire has increased by 3 percentage points, nationally it has increased by only 1 percentage point, to 17 per cent. All local authority district areas of Lincolnshire are projected to experience a decrease in the working age population by 2021. Although the decrease is relatively small in percentage terms, when considered alongside the increasingly ageing population, it will present a challenge in respect of a declining tax paying population at a time when the need for services for an ageing population will be rising. [2]

Figure 3: Age structure of the Lincolnshire population, 2011 (on the left) and 2021 (on the right)



Source: ONS, 2011 Population Census; ONS Population Projections

Figure 4: Proportion of the population aged 65 and over

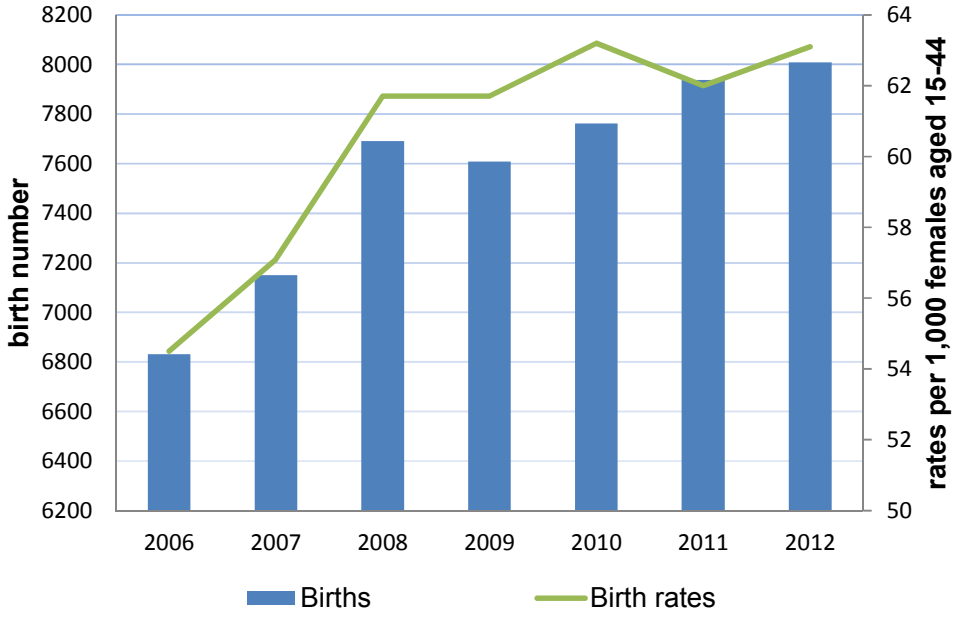


Source: Office for National Statistics (ONS)

2.2.3 Births, mortality and life expectancy

Lincolnshire has experienced an increase in the annual number of births in recent years. Despite of this increase, birth rates in 2012 were still below national rates: 63.1 per 1,000 females aged 15-44 in Lincolnshire compared to 64.8 in England and Wales. [3]

Figure 5: Number of live births and birth rates in Lincolnshire in 2006-2012



Source: Office for National Statistics (ONS)

Infant mortality in Lincolnshire was 4.1 per 1,000 live births in 2010-2012 which is at the average national level.

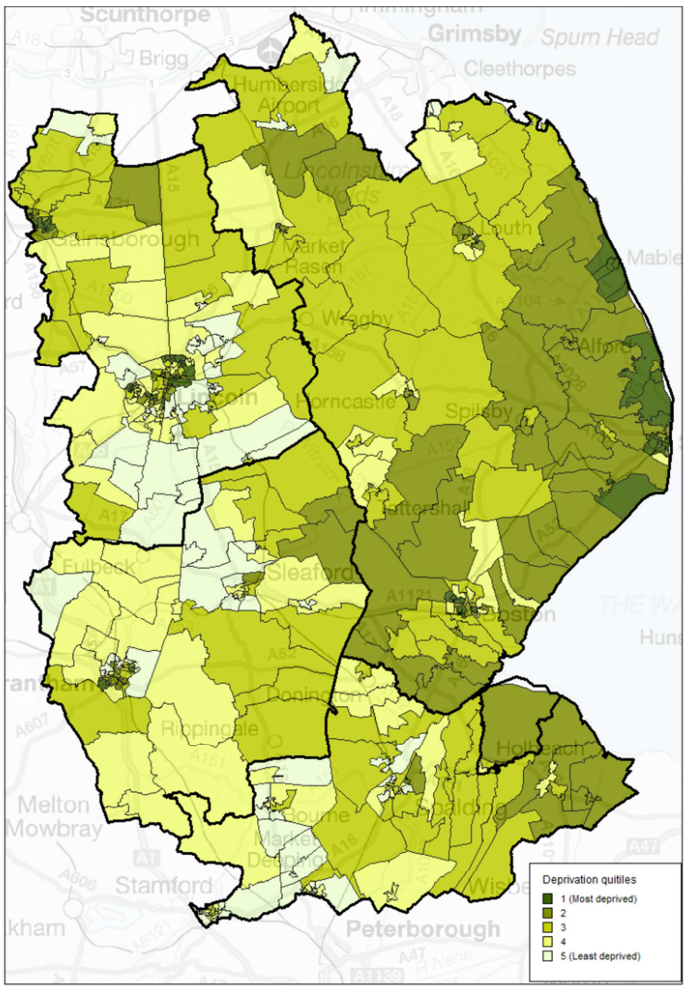
Life Expectancy at birth was 82.9 years for females and 79.1 years for males which is just at the England's average level. Healthy life expectancy (years a person would expect to live in good health based on mortality rates and self-reported good health) is 64.6 for both genders and is not significantly different to national or regional figures.

Mortality rates from leading causes like cancers cardiovascular diseases and respiratory conditions are generally lower or similar to national figures. [16]

2.3 Deprivation

Across the county, 12% of Lincolnshire residents live within areas classified as the 20% most deprived in England. However, although this 'average' deprivation is lower than nationally, there are differences across the county. In Lincoln City 28.4% of people live within this national quintile of deprivation, followed by 22.3% in East Lindsey and 19.5% in Boston Borough [4] [2]. Nationally, deprivation tends to be associated with pockets of urban areas, which in Lincolnshire can be found in the areas of Lincoln, Gainsborough and Boston for example, however with relatively poor transport and broadband infrastructure the county also suffers from wide areas of rural deprivation.

Figure 6: Deprivation - National quintile of deprivation by LSOA

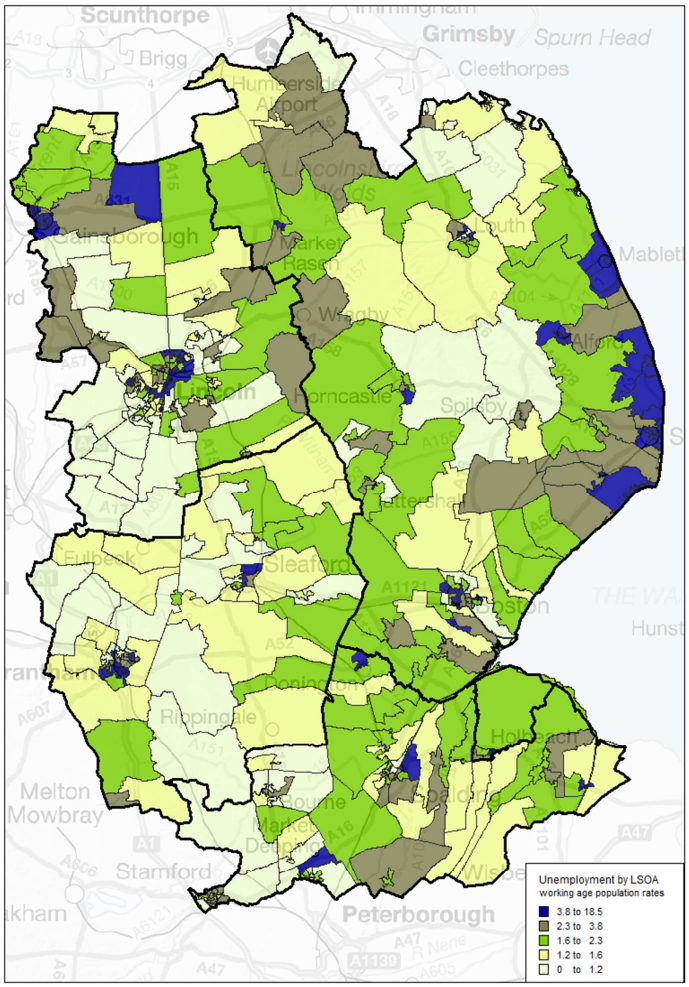


Source: Department for Communities and Local Government (DCLG)

2.4 Employment and Skills

Average unemployment is lower than nationally, however there are pockets of long term unemployment as well as seasonal employment and unemployment in the major industries of agriculture and tourism. Unemployment among the younger population (aged 24 and below) is higher than the national average [5]. The predominantly low-wage and low-skilled economy encourages the outflow of more highly educated residents and the general levels of education among adults are below the national and regional levels according to the ONS [6].

Figure 7: Unemployment - Claimant rate as a proportion of working age population, December 2013



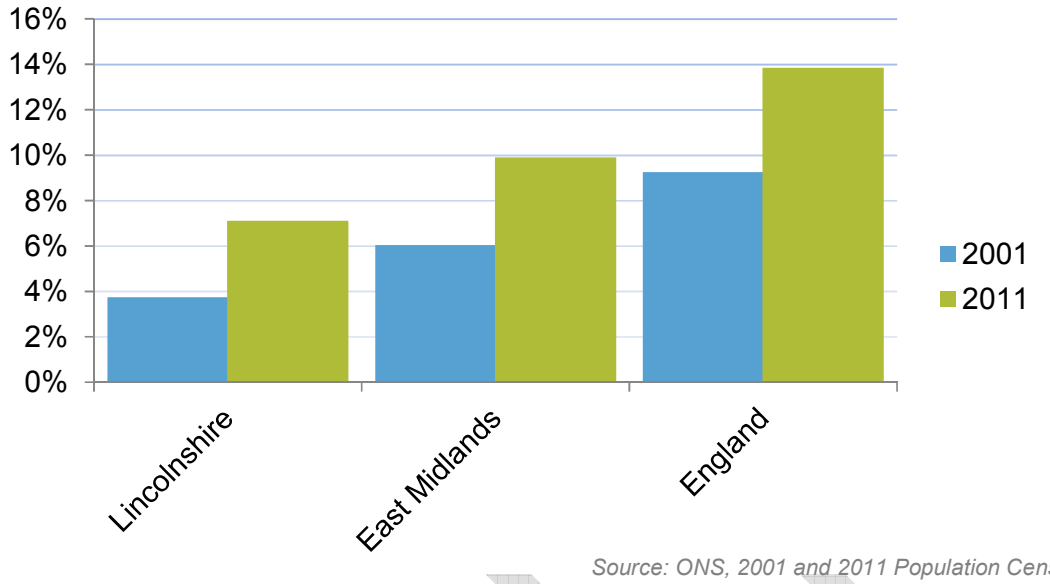
Source: Office for National Statistics (ONS)

2.5 Ethnicity and Country of Birth

At the 2011 census, the non-white population made up 2.4% of Lincolnshire residents compared to 1.4% in 2001. Despite the increase, the rate remains lower than the national non-white population of 14%.

Between 2001 and 2011 the number of Lincolnshire residents who were born outside the UK more than doubled. According to the ONS 2011 population census, the proportion of foreign-born residents in Lincolnshire stood at 7.1% (compared to 13.8% nationally). The majority of recently arrived international migrants came from Eastern and Central Europe and tended to be younger and more economically active than the UK-born residents of Lincolnshire [7].

Figure 8: Proportion of residents born outside of the UK



Source: ONS, 2001 and 2011 Population Census

3. Health Needs in Lincolnshire

3.1 General Health

Based on the 2011 census, the proportion of people who declared having bad or very bad health was slightly higher in Lincolnshire than in England (5.9% compared to 5.5%). The data from the census shows a link between poor health and an ageing population, and also suggests a link between poor health and deprivation (although IMD scores themselves do include aspects of health). East Lindsey district had the highest proportion of self-reported poor health among the Lincolnshire districts across the entire adult population. The proportion of people of all ages whose day-to-day activities are limited is also greater in Lincolnshire than in England (20.4% compared to 17.6%). [8]

3.2 Health and Lifestyle

3.2.1 Smoking

The Lincolnshire Tobacco Control Profile (2012) reports that diseases and deaths attributable to smoking are parallel with the England average and representative of the health inequalities historically and currently within the county, e.g. Lincoln having the highest disease and deaths rates attributable to smoking.[9]

The smoking prevalence during 2012 for Lincolnshire was given as 20.9% in the Public Health Outcomes Framework (indicator – 2.14). This is above the percentages for the East Midlands (19.9%), and England (19.5%). [9]

For routine and manual workers this percentage was 35.6%, which is higher than the East Midlands (29.4%), and England (29.7%). These percentages are taken from the Public Health Outcomes Framework (indicator – 2.14). [10]

Approximately 1,200 people die each year in Lincolnshire from smoking related diseases. [11] In terms of deaths attributable to smoking, with the exception of Lincoln City, there is an east/west split across Lincolnshire, with the higher rates in East Lindsey and Boston, and the lower rates in North and South Kesteven.

The percentage of women giving birth who were current smokers at time of delivery (of all maternities where smoking in pregnancy status is recorded) in 2011/2012 for Lincolnshire was 18.4%, which compares unfavourably with the East Midlands region (15.84%) and England average (13.31%). [11]

3.2.2 Alcohol (adults)

Alcohol treatment data is reliable, however the minimum data set is small therefore insight into population trends is limited. In 2010/11 the numbers of people entering specialist alcohol treatment services dropped by 19% (a total of 892 people were in treatment at the end of March 2011) after having increased by 71% between 2008/09 and 2009/10. [12]

Within Lincolnshire there is a clear divide between male and female alcohol attributable mortality. Across all districts, male mortality rates are higher than female mortality rates. The highest rates for males are in East Lindsey and Lincoln, which are higher than the East Midlands and England rates. For females, the highest rates are in East Lindsey and Boston. However, the highest rates for females seen in the county and lower than the East Midlands and England rates. [13]

Table 2: Alcohol specific mortality by Lincolnshire district - Male and female (2010-2012)

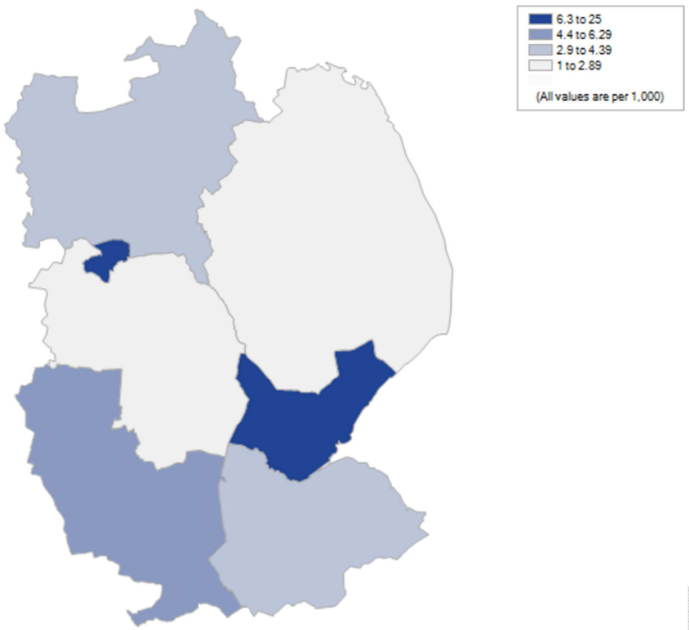
Area name	Males	*Lower 95% CI*	*Upper 95% CI*	Females	*Lower 95% CI*	*Upper 95% CI*
Boston	14.57	*7.69*	*24.86*	5.31	*1.68*	*12.16*
East Lindsey	10.62	*6.66*	*15.84*	8.66	*5.15*	*13.34*
Lincoln	22.37	*14.49*	*32.73*	4.75	*1.71*	*10.33*
North Kesteven	6.20	*2.93*	*11.38*	3.04	*0.94*	*7.05*
South Holland	6.76	*3.06*	*12.81*	*	*	*
South Kesteven	12.98	*8.42*	*18.97*	3.76	*1.60*	*7.36*
West Lindsey	9.50	*4.76*	*16.66*	6.91	*3.25*	*12.76*
East Midlands (GOR)	14.40	*13.49*	*15.36*	6.42	*5.83*	*7.06*
England	14.57	*14.29*	*14.85*	6.78	*6.59*	*6.96*

Source: LAPE: Local Authority Alcohol Indicators

3.2.3 Drug misuse

The estimated number of problem drug users (crack and/or opiates), crude rate per 1,000 (ages 15-64) in Lincolnshire has been consistently lower than the East Midlands and England between 2006-07 and 2010-11. Within this there are differences amongst the districts, as demonstrated in Figure 9, with the typically more urban areas of Lincoln and Boston having higher crude rates than the more rural districts. [14]

Figure 9: Drug misuse, estimated problem drug users (Crack and/or Opiates), crude rate per 1,000: ages 15 to 64 (Health Profiles), 2010-2011



Source: Public Health England / LRO

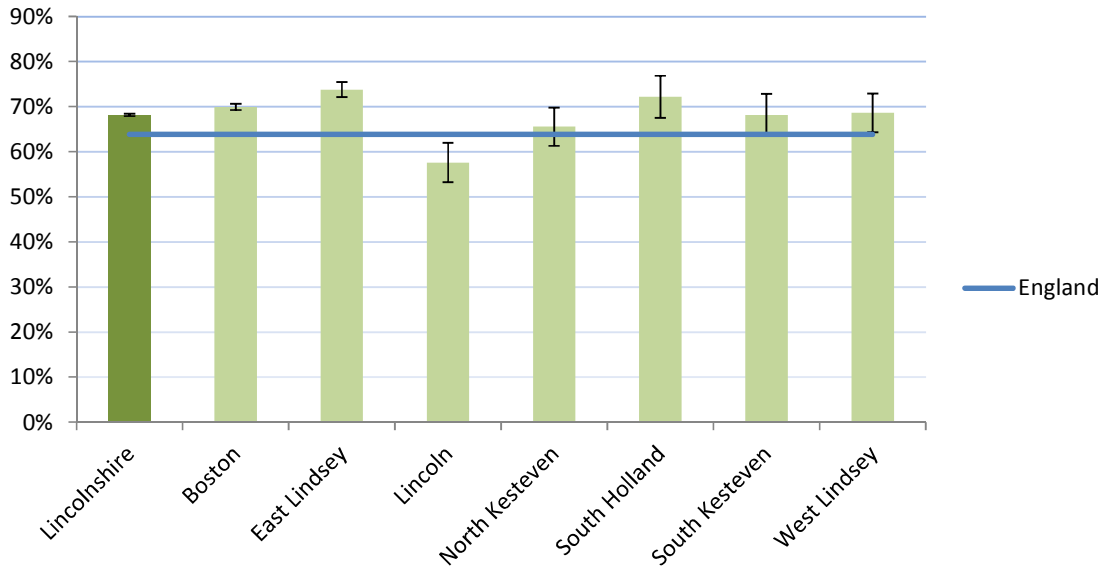
In the financial year 2012/13 2050 adults were engaged in effective drug treatment including 1774 problem drug users. [15] The estimated number of problematic drug users for 2012/13 is not yet published; however it was estimated to have been 3039 users in 2011/12. [14]

3.2.4 Excess weight - adults and children

Data on excess weight in adults is part of the Public Health Outcomes Framework (PHOF). The data are estimates based on responses to the 'Active People' survey. It is estimated that more than a half (54.7%) of Lincolnshire population are classes as excess weight this includes 36.1% of overweight and 18.6% obese in 2012.

The prevalence of obesity and excess weight are both higher in Lincolnshire than in East Midlands or England. There are differences in obesity prevalence between Lincolnshire districts but those are not statistically significant. The prevalence of excess weight (including obesity) in Lincoln is significantly lower than all other Lincolnshire districts except North Kesteven, with which there is no significant difference, as shown on the Figure 10 [16].

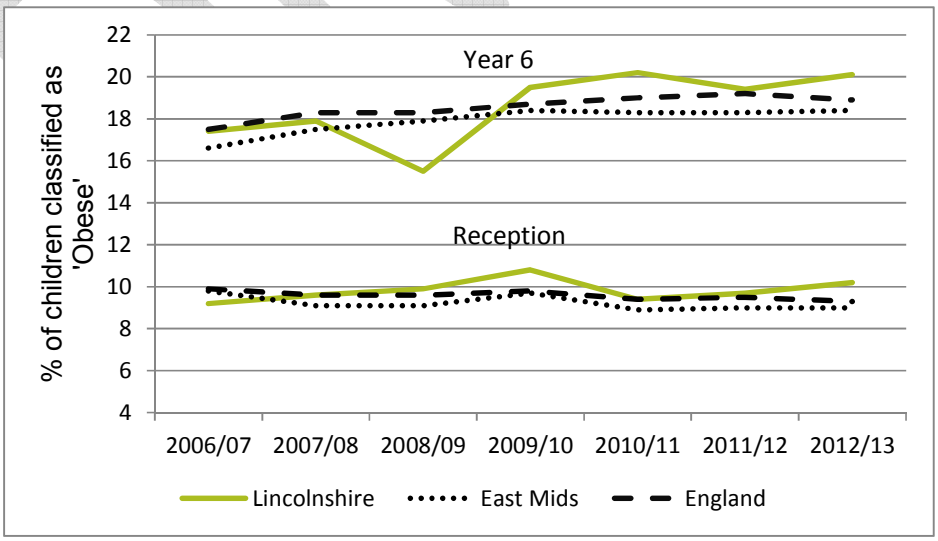
Figure 10: Estimated prevalence of excess weight (percentage either overweight or obese) in the population, 2012



Source: Public Health England (Public Health Outcomes Framework)

The National Child Measurement Programme (NCMP) provides an excellent insight into the height and weight of children in Reception and Year 6, and has been running since the academic year 2006/07. Data gathered by the program shows that Lincolnshire's obesity prevalence amongst children is higher than the England and East Midlands prevalence – for both year 6 and reception children. The trend across all 7 years of NCMP data is that obesity rates are increasing; only marginally in the case of reception children but more rapidly amongst children in year 6. [17]

Figure 11: Prevalence of childhood obesity - Trend over time



Source: National Child Measurement Programme

At district level, the prevalence of obesity in North Kesteven was significantly lower than in East Lindsey, South Holland and West Lindsey amongst reception children,

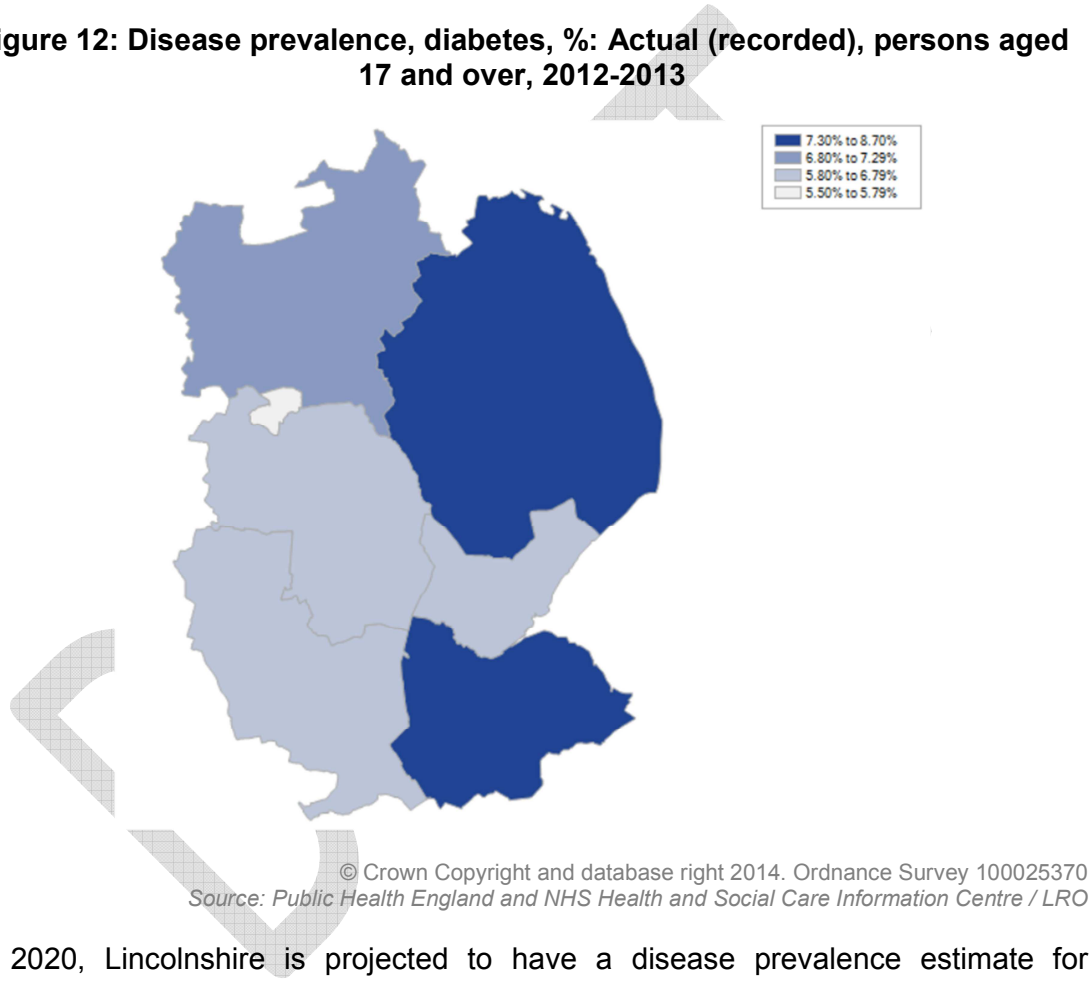
and significantly lower than Boston, East Lindsey and South Holland amongst Year 6 children.

3.3 Long Term Conditions

3.3.1 Diabetes

Between 2009/10 and 2012/2013 the prevalence rate of diabetes in Lincolnshire (aged 17 and over) has increased from 6.1% to 6.96%, which is higher than the England percentages of 5.4% and 6.0% respectively. Within Lincolnshire there are variations between the districts, as demonstrated in Figure 12. [18]

Figure 12: Disease prevalence, diabetes, %: Actual (recorded), persons aged 17 and over, 2012-2013



Source: Public Health England and NHS Health and Social Care Information Centre / LRO

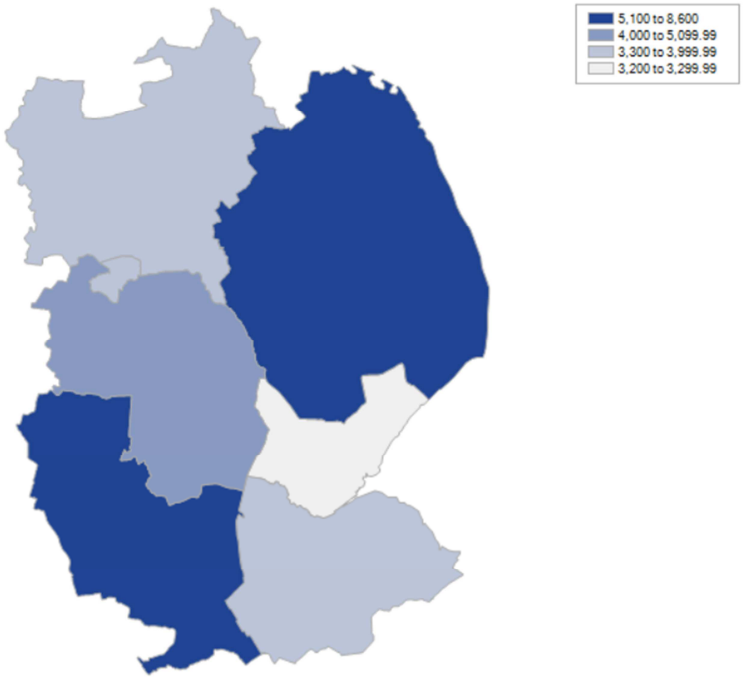
By 2020, Lincolnshire is projected to have a disease prevalence estimate for diabetes of 8.7% (England – 8.2%), and by 2030, the figure is expected to be 9.6% (England - 8.8%). [18] Estimated and projected rates include all people aged 16 and over living with diabetes (diagnosed and undiagnosed). The projected increase is due to changing age and ethnic structure of the population as well as projected increase in the obesity rates. [19]

3.3.2 Coronary heart disease (CHD)

Each GP practice has a CHD register and the actual prevalence in Lincolnshire is lower than the modelled prevalence. This could indicate that there are a number of patients still missed off the disease register and not being treated appropriately. [20]

The disease prevalence for CHD across Lincolnshire is 4.49%, against the figure for England, which is 3.3%. The district with the highest percentage is East Lindsey (5.88%), with the lowest being the City of Lincoln (3.36%) – see Figure 13.

Figure 13: Disease prevalence, coronary heart disease (CHD), %: Actual (recorded), all ages, 2012-2013



Source: Public Health England and NHS Health and Social Care Information Centre / LRO

The number of deaths from CHD in people aged under 75 has dropped dramatically in Lincolnshire, more than a 40% reduction in the past 12 years. [20]

Within Lincolnshire, there are variations between the districts, with higher rates seen in Boston and South Holland, with the lowest rates to be found in North and South Kesteven.

CHD continues to be a key cause of premature death across the county, and there is significant evidence of how this could be addressed. We need to continue to invest in evidence based lifestyle services such as smoking and weight management. [20]

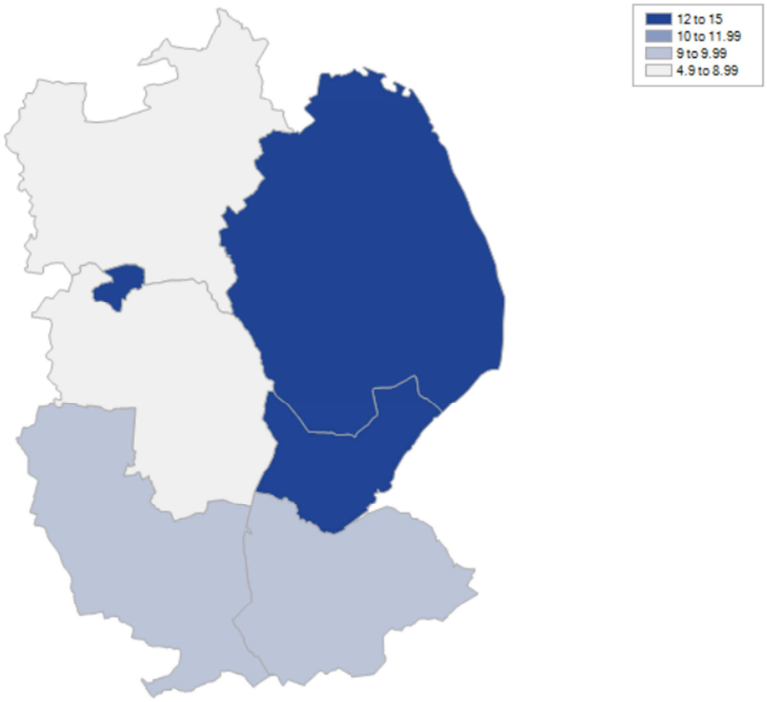
Lincoln has the highest number of premature deaths from CHD at 52.01 per 100,000 people, but the lowest actual prevalence of CHD at 3.63% which could indicate that we are missing people off the CHD Quality Outcomes Framework (QoF) register. [20]

3.3.3 Chronic obstructive pulmonary disease (COPD)

The actual recorded prevalence of COPD according to the 2012/13 Quality and outcomes Framework data was 2.05% which was above the national rate of 1.7%.

East Lindsey had the highest prevalence rates out of all Lincolnshire authorities which could be expected considering that the prevalence rates are not adjusted for age and East Lindsey has an older population than the Lincolnshire average. In 2010-12 over 300 people died prematurely from the disease; directly standardised mortality rates for under 75s are lower in Lincolnshire than in England and Wales (10.2 per 100,000 in compared to 11.7). [21]

Figure 14: Disease prevalence, chronic obstructive pulmonary disease (COPD), %: Actual (recorded), all ages, 2012-2013

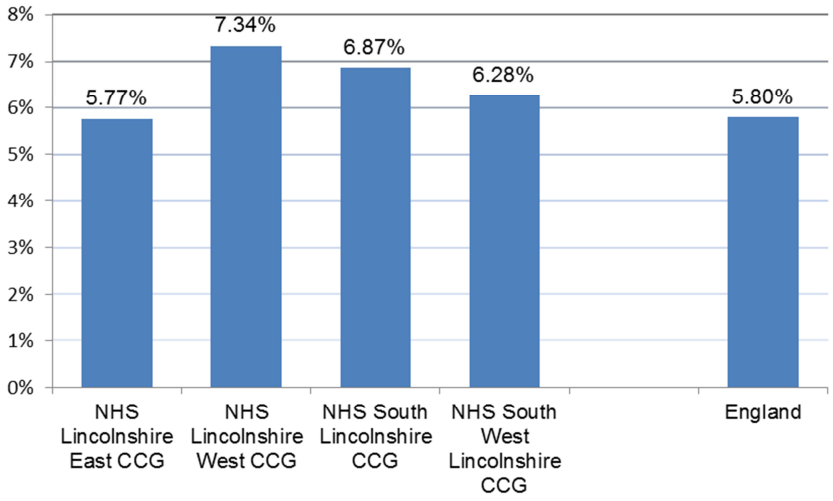


Source: Public Health England and NHS Health and Social Care Information Centre / LRO

3.3.4 Depression

General Practices in the UK keep a record of all patients diagnosed with depression. Figure 15 shows the proportion of patients aged 18 and over on the depression register. From the chart, Lincolnshire West CCG appears to have the highest rate of patients with depression on the register, this figure is also higher than the England average although it is difficult to know whether this is influenced by diagnostic or recording behaviour within the CCG. [21]

Figure 15: Percentage of patients aged 18 and over with depression, as recorded on GP practice depression registers (all patients diagnosed since April 2006)

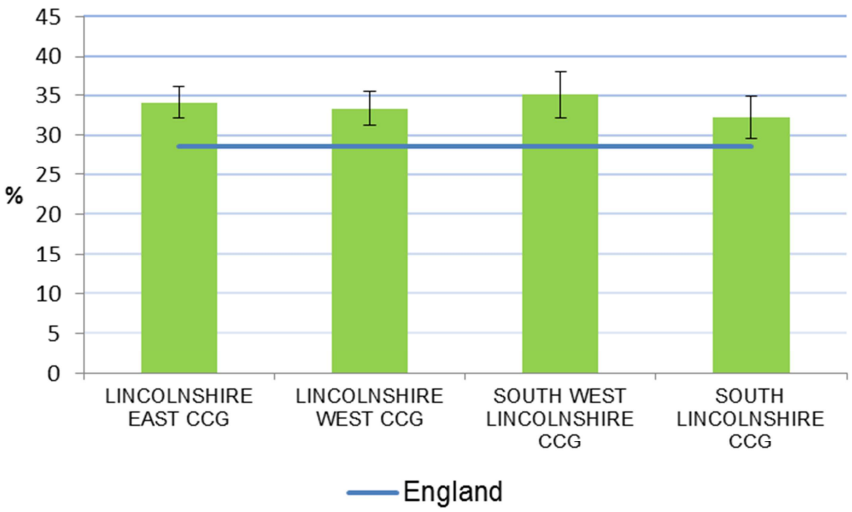


Source: Quality and Outcomes Framework 2012/13

3.4 End of Life Care

Between 2010 and 2012 7,300 patients in Lincolnshire died on average each year. 23% of them died at their own homes. In the same time 2,150 people died from cancer. The percentage of people who died at home is much higher among cancer patients then for other cases of deaths. More than a third (33.7%) of Lincolnshire cancer patients died at home which is significantly higher than the national average (28.7%).

Figure 16: Home deaths as a percentage of all cancer deaths in Lincolnshire, 2010-2012, all ages



Source: Public Health England, End of Life Care CCG Profiles

High proportions of home deaths may suggest increased demand on palliative care medicines however the differences in the proportion of home deaths between Lincolnshire CCGs are not significant. [22]

3.5 Vulnerable Groups and Enclosed Communities

3.5.1 Adults with dementia

According to the quality and outcome framework data (QOF) there were 5,190 people with dementia on GP registers in 2012/13. The prevalence of dementia is highest in the area served by Lincolnshire East CCG, associated with the older population profile of this CCG [21]. The estimated number of people with dementia in Lincolnshire based on national estimates from the Alzheimer society [23] is more than twice as high as the reported number, which could suggest that dementia is being underdiagnosed. Approximately 12.5% of dementia patients are estimated to suffer from the severe form of the disease. Assuming that the prevalence rates will remain stable, the number of people suffering from dementia in Lincolnshire is projected to increase by a third by 2021, due to increase in the population and change in population age structure (aging).[24]

3.5.2 Adults in residential homes

There has been a steady increase in the number of people aged 65 and over in residential or nursing care in Lincolnshire. [25]

Table 3: Number of people (aged 65 and over) in residential and nursing care within Lincolnshire

Year	Residential and Nursing Care Home Residents, Persons: Aged 65 and Over, Residential Care	Residential and Nursing Care Home Residents, Persons: Aged 65 and Over, Nursing Care	Total
2010-11	1,966	670	2,636
2011-12	1,995	705	2,700
2012-13	2,458	911	3,369

Source: Lincolnshire County Council Adult Social Care

There are a wide range of care options explored with individuals who require long term care. People being able to maintain their independence in their own home is a primary option (services such as reablement, intermediate care, extra care housing and telecare), which may explain why admissions are falling. [26]

3.6 Sexual Health and Sexually Transmitted Diseases

3.6.1 Chlamydia

Chlamydia is the most common sexually transmitted infection in the UK, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and infertility), screening remains an essential element of good quality sexual health services for young adults.

It is unclear what the exact prevalence of the infection is in the UK or Lincolnshire. The main focus of the National Chlamydia Screening Program is to increase diagnostic rates with a view to identify and treat as many infected individuals as possible. [27]

Table 4: Activity of national chlamydia screening programme in Lincolnshire by financial year

	2008/09	2009/10	2010/11	2011/12	2012/13
Total number of screens	8,175	20,899	25,209	25,489	24,067
Total number of positives	621	1672	*	1,743	1,770
Positivity rate	7.60%	8%	*	6.80%	7.40%
Diagnostic rate (per 100,000) population aged 15-24	744	1,896	*	2,029	2,040

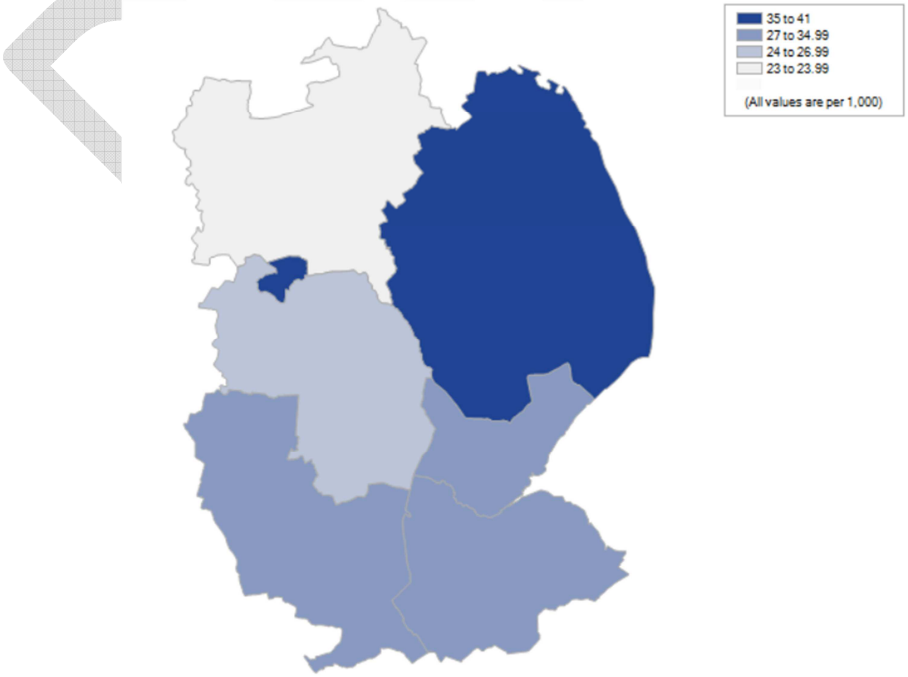
*Data not available

Source: NHS Lincolnshire chlamydia screening monitoring report

3.6.2 Teenage pregnancy

Teenage pregnancy rates in Lincolnshire have continued to drop in line with national and regional rates. However between 2011 and 2012 the decline was slower than observed nationally and regionally and the under 18 conception rate was 30.5 per 1,000 females aged 15-17 compared to 27.7 in England. Lincoln district had the highest teenage conception rate amongst the local authorities in Lincolnshire: 40 per 1,000 which is comparable with the national rate of 2008. Conception rates in East Lindsey and Boston also remained above the national and Lincolnshire average in 2012 as shown on the Figure 17. [28]

Figure 17: Under 18 conceptions, rate per 1,000 females aged 15-17, 2012



Source: Office for National Statistics / LRO

3.6.3 HIV / AIDS

According to Public Health England there were 250 people in Lincolnshire accessing HIV related care in 2012. The diagnosed prevalence of HIV in Lincolnshire was 0.6 per 1,000 population aged 15-59, lower than both the East Midlands and National prevalence (1.2 and 2.1 per 1,000 accordingly). [29]

Table 5: Diagnosed prevalence of HIV in Lincolnshire by District

Local Authority	Residents accessing HIV related care (aged 15-59)	Diagnosed HIV prevalence per 1,000 (aged 15-59)
Boston	28	0.77
East Lindsey	35	0.51
Lincoln	40	0.65
North Kesteven	41	0.68
South Holland	32	0.67
South Kesteven	36	0.47
West Lindsey	38	0.77
Lincolnshire	**250**	**0.6**

Source: Survey of Prevalent HIV Infections Diagnosed (SOPHID), Public Health England, 2012.

3.7 Future Needs

Overall the population of Lincolnshire is showing a slow increasing trend over the last few years and it is projected to continue to grow around 0.7% annually over the next three years.

The population of people aged 65 and older is projected to increase much faster, around 2.5% annually while the number of working age people is unlikely to change much.

Some negative lifestyle choices, for example smoking, are showing a declining trend which is likely to continue. However, changes in the population structure (aging) and the projected increase in obesity rates are likely to have a negative effect on the general health and disease prevalence in the county.

Future pharmaceutical provision will need to be kept under review taking into account dynamics of the population in Lincolnshire.

4. Pharmaceutical Provision

4.1 Background

The Regulations specify that the pharmaceutical services to which the PNA must relate are all provided under commissioning arrangements made by NHS England. These are defined as:

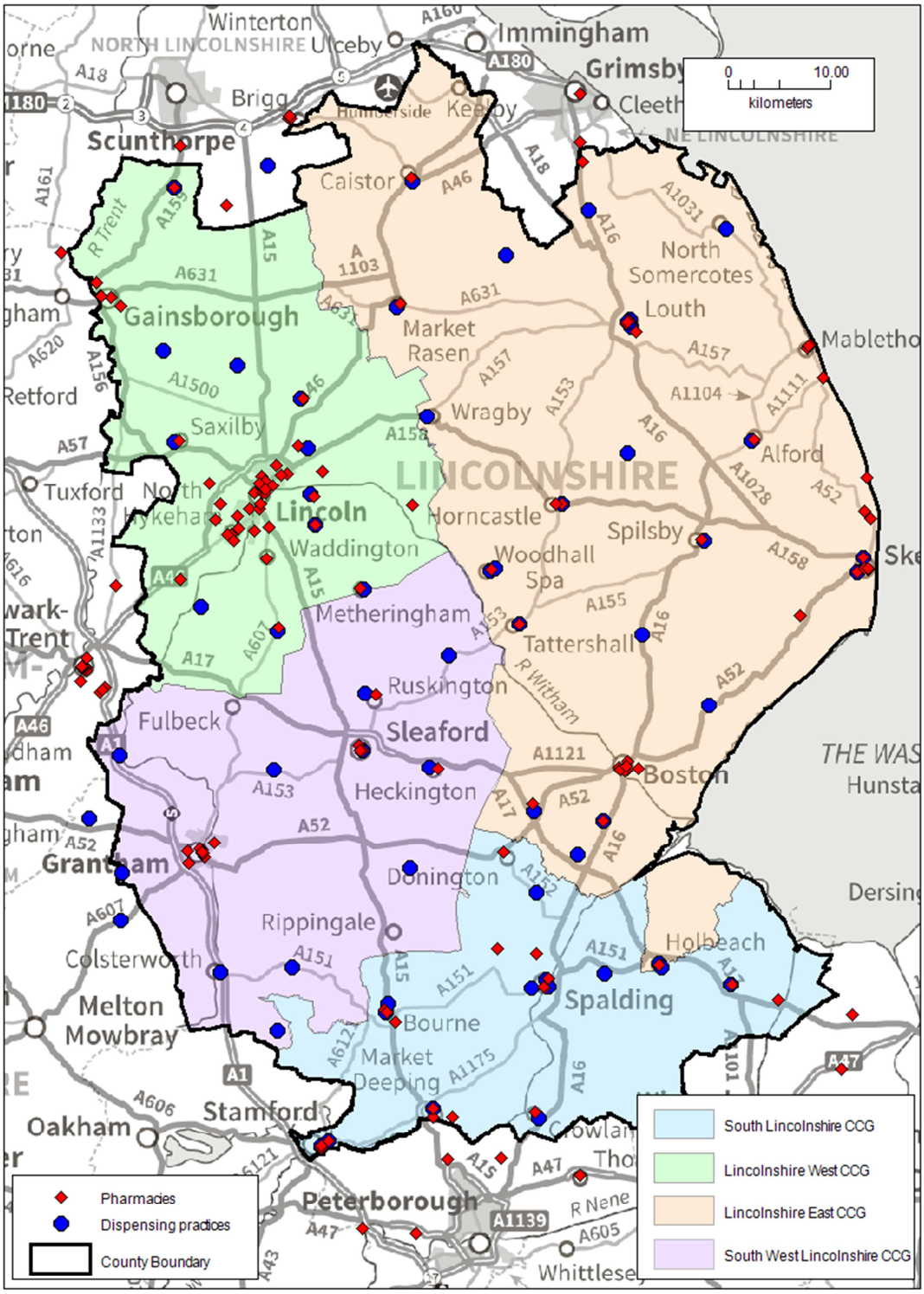
- Essential services - these must be provided by every community pharmacy providing NHS pharmaceutical services and are defined within terms of service. These include:
    - dispensing of medicines;
    - promotion of healthy lifestyles;
    - participation in Public Health campaigns; and
    - support for self-care.
- Advanced services – these are services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation. These include:
    - Medicines Use Reviews (MURs); and
    - New Medicines Service (NMS) from community pharmacies; and
    - Appliance Use Reviews; and
    - Stoma Customisation Service provided by dispensing appliance contractors.
- Enhanced services – commissioned by NHS England.
- Dispensing services provided by GPs – In terms of other providers of pharmaceutical services, dispensing practices have been considered as part of the PNA, but solely as providers of dispensing services. In accordance with Regulations, other services, such as provision of the Dispensing Review of Use of Medicines (DRUM) service through the Dispensing Quality Scheme have not been included.

4.2 Access to Pharmaceutical Services

For patients in Lincolnshire there is a split across the county with community pharmacies and GP practices both providing services to patients. Approximately 74% of patients registered with Lincolnshire practices are registered as non-dispensing and are able to use community pharmacies for their pharmaceutical services. The remaining 26% are dispensing patients and generally only use their dispensing GP practice to receive services.

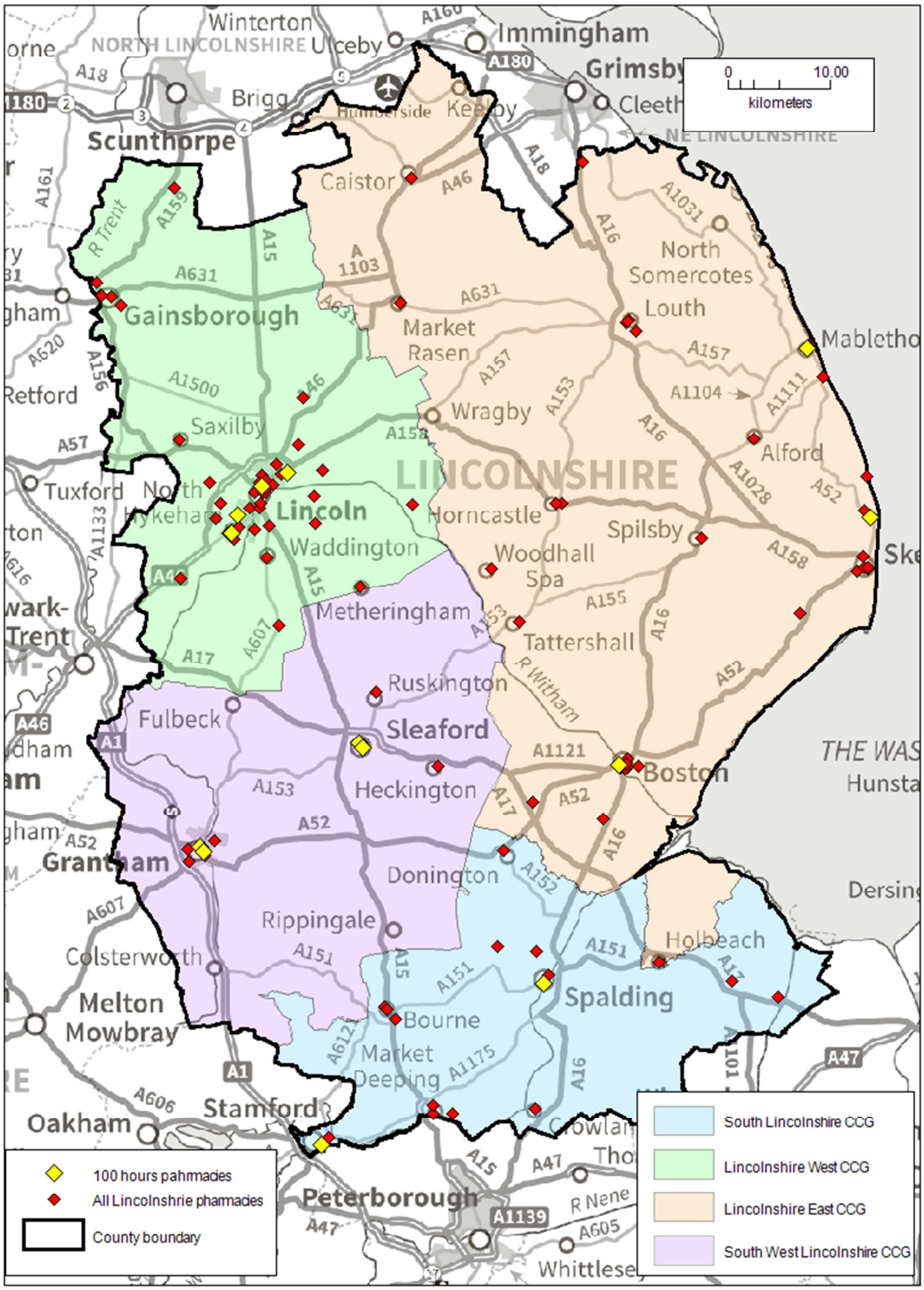
Dispensing patients are limited in their access to the full range of Pharmaceutical Services provided by community pharmacies. The terms of service of dispensing GP's only requires them to dispense medication and appliances. Dispensing patients are able to choose whether they have their medication dispensed by their GP or a community pharmacy, although this is not something which is not often known by patients. **The PNA Steering Group felt that it was important for patients to be aware that they have this choice.**

Map 1: Pharmacies and Dispensing Practices, including Out of County Pharmacies



Source: NHS England

Map 2: 100 Hour Pharmacies in Lincolnshire



Source: NHS England

4.3 CCG Level Provision

4.3.1 Lincolnshire East CCG

Table 6: Locations with a dispensing practice but no community pharmacy, Lincolnshire East CCG

Location	Dispensing GP practices*	All GP practices
Binbrook	1	1
North Somercotes	1	1
North Thoresby	1	1
Old Leake	1	1
Stickney	1	1
Tetford	1	1
Wragby	1	1
Lincolnshire East	**7**	**7**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 7: Essential pharmaceutical services, Lincolnshire East CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GPs practices*
Alford	1	1	0	0	1	1
Bardney	1	0	0	0	0	0
Boston	7	6	2	1	5	0
Caistor	1	1	0	0	1	1
Chapel St Leonards	1	0	0	0	0	0
Coningsby	1	1	0	0	1	1
Donington	1	1	0	0	0	0
Holton-le-Clay	1	1	0	0	0	0
Horncastle	2	2	0	0	1	1
Ingoldmells	2	1	1	1	0	0
Kirton	1	1	0	0	1	1
Louth	4	4	3	0	3	3
Mablethorpe	3	2	1	1	1	0
Market Rasen	1	1	0	0	1	1
Skegness	5	3	2	0	2	2
Spilsby	1	1	0	0	1	1
Sutton on Sea	2	2	0	0	0	0
Swineshead	1	0	0	0	1	1
Wainfleet	1	1	0	0	1	0
Woodhall Spa	1	1	0	0	2	2
Lincolnshire East	**38**	**30**	**9**	**3**	**22**	**15**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 8: Advanced pharmaceutical services, Lincolnshire East CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Alford	1	1
Bardney	1	1
Boston	6	7
Caistor	1	1
Chapel St Leonards	1	1
Coningsby	1	1
Donington	1	1
Holton-le-Clay	1	1
Horncastle	2	2
Ingoldmells	1	2
Kirton	1	1
Louth	4	4
Mablethorpe	3	3
Market Rasen	1	1
Skegness	5	5
Spilsby	1	1
Sutton on Sea	2	2
Swineshead	1	1
Wainfleet	1	1
Woodhall Spa	1	1
Lincolnshire East	**36**	**38**

Source: NHS England

Extended Hour Pharmacies in Louth

NHS England commission extended opening hours for pharmacies in Louth as an Enhanced Service.

There are currently 4 pharmacies in Louth that are commissioned as part of this service.

Table 9: Extended hour pharmacies in Louth

Pharmacy Name	Pharmacy Address	Town	Post Code
Your Local Boots Pharmacy	96-98 Eastgate	Louth	LN11 9AA
Louth Pharmacy	23 Kenwick Road	Louth	LN11 8EH
Boots the Chemists Ltd	26 Mercer Row	Louth	LN11 9JQ
Lincoln Co-op Chemists Ltd	52 Eastgate	Louth	LN11 9PG

Source: NHS England

4.3.2 Lincolnshire West CCG

Table 10: Locations with a dispensing practice but no community pharmacy, Lincolnshire West CCG

Location	Dispensing GP practices*	All GP practices
Bassingham	1	1
Hibaldstow[+]	1	1
Ingham	1	1
Willingham By Stow	1	1
Lincolnshire West	**4**	**4**

*Most dispensing at GP practices is only available within the core opening hours of the practice
[+]This GP practice is located outside the Lincolnshire Health and Wellbeing Board Area

Source: NHS England

Table 11: Essential pharmaceutical services, Lincolnshire West CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GP practices*
Bracebridge Heath	1	1	0	0	0	0
Branston	1	1	0	0	1	1
Cherry Willingham	1	1	0	0	0	0
Gainsborough	5	4	1	0	3	0
Lincoln	22	18	7	3	18	0
Metheringham	1	1	0	0	2	1
Navenby	1	0	0	0	1	1
Nettleham	1	1	0	0	1	1
North Hykeham	4	3	1	1	2	0
Saxilby	1	1	0	0	2	2
Scotter	1	0	0	0	1	1
Skellingthorpe	1	1	0	0	0	0
Waddington	1	1	0	0	0	0
Washingborough	1	1	0	0	1	1
Welton	1	1	0	0	1	1
Witham St Hughes	1	1	0	0	0	0
Lincolnshire West	**44**	**36**	**9**	**4**	**33**	**9**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 12: Advanced pharmaceutical services, Lincolnshire West CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Bracebridge Heath	1	1
Branston	1	1
Cherry Willingham	1	1
Gainsborough	6	6

Lincoln	20	21
Metheringham	1	1
Navenby	1	1
Nettleham	1	1
North Hykeham	3	4
Saxilby	1	1
Scotter	1	1
Skellingthorpe	1	1
Waddington	1	1
Washingborough	1	1
Welton	1	1
Witham St Hughes	1	1
Lincolnshire West	**42**	**44**

Source: NHS England

There is one dispensing appliance contractor in Lincoln. Dispensing appliance contractors provide prescription appliances to patients.

4.3.3 South Lincolnshire CCG

Table 13: Locations with a dispensing practice but no community pharmacy, South Lincolnshire CCG

Location	Dispensing GP practices*	All GP practices
Gosberton	1	1
Moulton	1	1
Sutterton	1	1
South Lincolnshire	**3**	**3**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 14: Essential pharmaceutical services, South Lincolnshire CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GP practices*
Bourne	3	3	1	0	2	2
Crowland	1	1	0	0	1	1
Deeping St James	1	1	0	0	0	0
Holbeach	2	2	0	0	1	1
Long Sutton	1	1	0	0	1	1
Market Deeping	2	1	0	0	1	1
Pinchbeck	1	1	0	0	0	0
Spalding	5	5	2	1	3	3
Stamford	4	4	1	1	3	3
Sutton Bridge	1	1	0	0	0	0
West Pinchbeck	1	0	0	0	0	0

South Lincolnshire	**22**	**20**	**4**	**2**	**12**	**12**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 15: Advanced pharmaceutical services, South Lincolnshire CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Bourne	3	3
Crowland	1	1
Deeping St James	1	1
Holbeach	2	2
Long Sutton	1	1
Market Deeping	2	2
Pinchbeck	1	1
Spalding	6	6
Stamford	3	3
Sutton Bridge	0	1
West Pinchbeck	1	1
South Lincolnshire	**21**	**22**

Source: NHS England

There is one distance selling pharmacy in South Lincolnshire area based in West Pinchbeck. Distance selling pharmacies must provide essential services to patients without patients entering the premises of the pharmacy. They are able to provide advanced services to patients on site.

4.3.4 South West Lincolnshire

Table 16: Locations with a dispensing practice but no community pharmacy, South West Lincolnshire CCG

Location	Dispensing GP practices*	All GP practices
Ancaster	1	1
Billingborough	1	1
Billinghay	1	1
Bottesford+	2	2
Castle Bytham	1	1
Colsterworth	1	1
Corby Glen	1	1
Croxton Kerrial+	1	1
Long Bennington	1	1
Woolsthorpe By Belvoir	1	1
South West Lincolnshire	**11**	**11**

*Most dispensing at GP practices is only available within the core opening hours of the practice

[+]This GP practice is located outside the Lincolnshire Health and Wellbeing Board Area

Source: NHS England

Table 17: Essential pharmaceutical services, South West Lincolnshire CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GP practices*
Grantham	10	10	2	2	5	0
Heckington	1	1	0	0	1	1
Ruskington	1	1	0	0	1	1
Sleaford	4	4	3	2	1	1
South West Lincolnshire	**16**	**16**	**5**	**4**	**8**	**3**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 18: Advanced pharmaceutical services, South West Lincolnshire CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Grantham	10	11
Heckington	0	0
Ruskington	2	2
Sleaford	4	4
South West Lincolnshire	**16**	**17**

Source: NHS England

5. Gaps in Pharmaceutical Provision

5.1 Provision of Dispensing Services

Map 1 shows all community pharmacies, dispensing practices and out of county pharmacies across Lincolnshire and beyond the borders. **After review of this map and supporting information, the PNA Steering Group concluded that the residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. In terms of the provision of dispensing services, no case of pharmaceutical need was identified.**

However, community pharmacies provide a wider range of essential services and two major Advanced Services that are not provided by dispensing practices. **Specifically, the PNA Steering Group recognised that patient access to self-care through the provision of healthcare advice and supply of over-the-counter medicines is only available from community pharmacies. Access to community pharmacy provided advanced services, specifically the New Medicines Service (NMS) and the Medicines Use Review (MUR) service, were also identified as key issues as set out below.**

5.2 The New Medicine Service (NMS)

The NMS is designed to provide early support to patients newly prescribed medicines from a defined range of conditions and therapy areas. These areas are:

- Asthma and Chronic Obstructive Pulmonary Disease (COPD)
- Type 2 diabetes
- Antiplatelet/ Anticoagulant therapy
- Hypertension

Following the new prescribing of one of these pre-defined medicines, the patient may be recruited to the NMS either by prescriber referral or opportunistically by the community pharmacy. The patient will be asked to consent to information arising from the NMS being shared with their GP as necessary. The pharmacy will dispense the prescription and provide initial advice as normal, but will agree with the patient a time and method through which further interventions can be arranged. The first intervention will be an interview conducted by the pharmacist either face-to-face or by telephone 7 to 14 days after initial patient engagement. The interview will follow a pre-defined schedule and is designed to:

- assess adherence to therapy.
- identify any early problems (i.e. poor tolerability, patient concerns etc.).
- address any need for further information and support.

A further follow-up contact with the patient will take place either face-to-face or by phone 14 to 21 days after the initial intervention to discuss how the patient is getting on with their medicine now it has become a more established part of their therapy.

At both the intervention and follow-up stages, the pharmacist may identify a problem that needs to be referred back the prescriber for review. Specifically, the pharmacist may feedback on:

- Potential drug interactions
- Potential or actual adverse drug reactions that are preventing the patient from adhering to therapy.
- Concerns that the patient has reported stopping the medicine or never having started it.
- Difficulties experienced by the patient in using the medicine (i.e. due to the delivery device, formulation etc.).
- Concerns that the patient is reporting lack of efficacy, problems with the dosage regime or unresolved concerns about the medicine itself.

A recent NHSE commissioned external evaluation of the NMS service by the University of Nottingham found conclusively that the NMS service is of value in establishing patient adherence to new medication regimens. As an outcome of this evaluation the NMS service has continued to be incorporated within the Community Pharmacy Contractual framework.

5.3 Medicines Use Reviews (MURs)

MURs have been available as part of the Community Pharmacy Contractual Framework for a number of years. They are designed to improve the patient's knowledge, understanding and use of their medicines and can help to identify and rectify adherence problems. Improved patient understanding should reduce medicines wastage. Unlike the NMS, which focuses on new medicines, MURS are likely to be focused on patients already established on therapy. Regulations for MURs require a pharmacy to have a minimum 3 months of Patient Medication Records for a patient in order to undertake the review. Patients not accessing a regular pharmacy for dispensing services will not be eligible for a routine annual MUR.

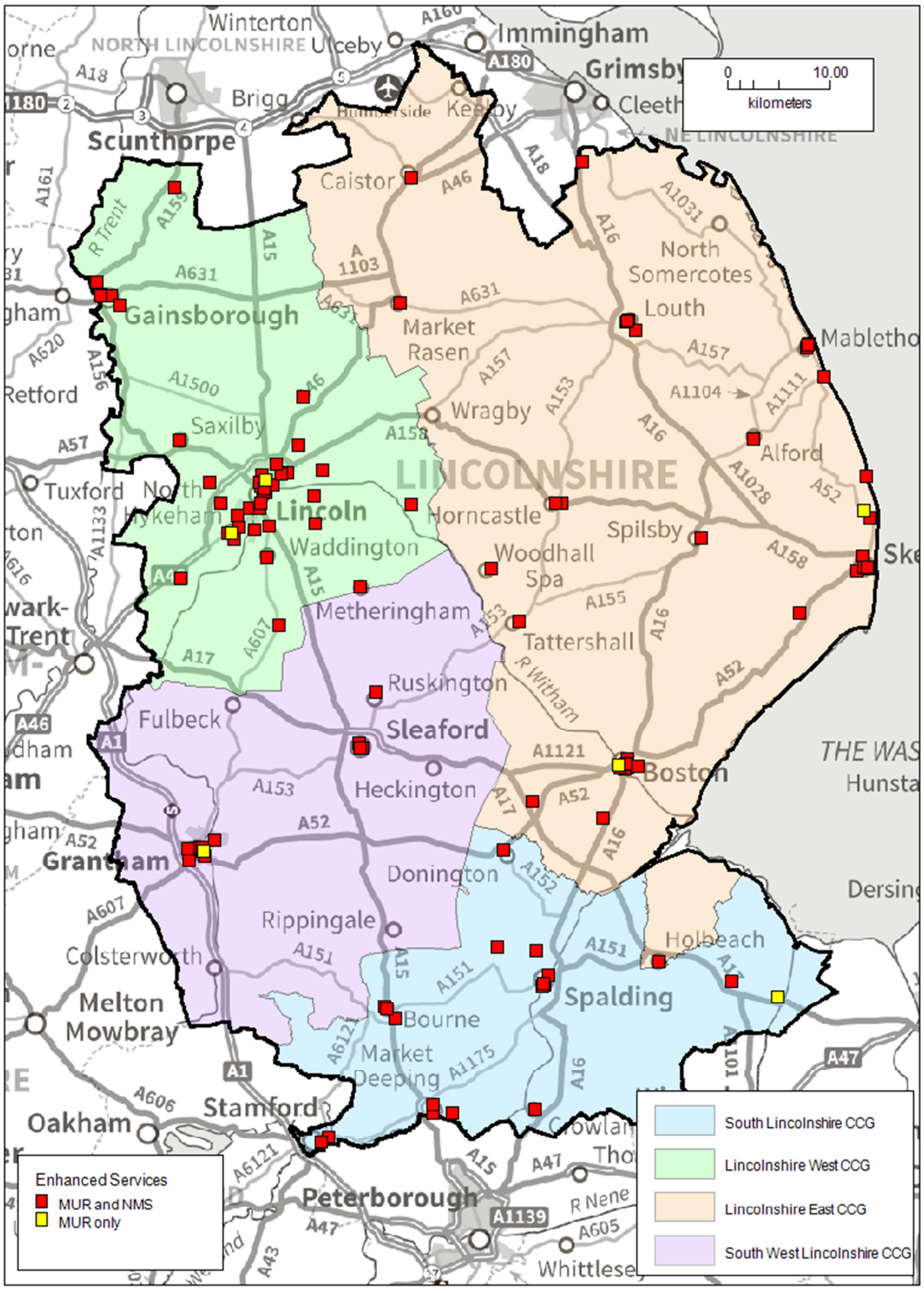
From October 1st 2011, pharmacies have had to ensure that 50% of their MURs are targeted at patients who:

- are taking 'high risk medicines' (defined as Non-Steroidal Anti-Inflammatory Drugs, anticoagulants, antiplatelet agents, diuretics)
- have been recently discharged from hospital with an amended medicines regimen. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge, although in certain circumstances with eight weeks is acceptable.
- have respiratory disease (i.e. asthma or COPD)

These MURs will focus on all of the medicines currently taken by the patient, not just those defined in the target groups. The remaining 50% of the MURs provided by the pharmacy can focus on patients who fall outside of the target groups.

High risk medicines have been defined as those associated with preventable harm (e.g. avoidable hospital admissions) or high risk of harm resulting from omission, overuse or incorrect use.

Map 3: Pharmacies that provide Medicines Use Reviews (MURs) and the New Medicines Service (NMS)



Source: NHS England

The PNA Steering Group reviewed Map 3: Pharmacies that provide Medicines Use Reviews (MUR) and New Medicines Service (NMS) and found that there were gaps across the county where Lincolnshire patients are likely to experience difficulty accessing these and other community pharmacy provided services such as self-care and over-the-counter medicines. These gaps are as follows:

Lincolnshire West CCG – Caenby Corner area bordered by Gainsborough, Hibaldstow, Kirton Lindsey, Caistor, Market Rasen, Welton and Saxilby.

South West Lincolnshire CCG – Fulbeck area bordered by Newark, Navenby, Sleaford and Grantham.

South West Lincolnshire CCG – Rippingale area bordered by Grantham, Sleaford, Donington and Bourne.

South Lincolnshire CCG – no gaps identified.

Lincolnshire East CCG – Sibsey area bordered by Coningsby, Spilsby, Wainfleet and Boston.

Lincolnshire East CCG – Binbrook area bordered by Market Rasen, Louth, Spilsby, Horncastle and Bardney.

Lincolnshire East CCG – North Somercotes area bordered by Holton-le-Clay, the North Sea, Mablethorpe and Louth.

In terms of provision of some essential services (i.e. support with self-care) and some advanced services (i.e. NMS and MURs), significant gaps were identified in many rural areas of Lincolnshire.

5.4 Opportunities

5.4.1 Locally commissioned services

As far back as the publication of the *Pharmacy in England* White Paper in 2008 community pharmacies were envisaged as key contributors to the healthy living and better care agenda with more recent documents clearly recognising and outlining the contribution that pharmacy-based services can make to improving patient care. (30, 31)

Based in the heart of the community, in rural as well as deprived inner city areas, where people live, work and shop, community pharmacy teams gain a particular understanding of the needs of members of their communities through daily interactions with patients and customers. Because of their convenient access to the public without the need for an appointment, visitors to pharmacies come from all sectors of the population.

Pharmacies are ideally placed to access 'hard to reach' groups and thus reduce health inequalities. Often the only healthcare professional situated in areas of deprivation, opportunities identified for community pharmacy in the new Public

Health service include NHS Health Checks, tackling drug and alcohol misuse, promoting healthy lifestyles and prevention of long term illness and increasing the uptake of seasonal flu vaccination (Department of Health, 2010).

Essential Public Health Services provided by all Community Pharmacies within the contractual framework include:

- acting as centres promoting and supporting healthy living.
- offering patients and the public healthy lifestyle advice and support on self-care.
- Providing up to 6 Public Health campaigns per year as agreed by the Local Authority

In addition to these essential services there are a number of local services already being commissioned from pharmacies in Lincolnshire. These services are primarily commissioned by Public Health within Lincolnshire County Council and not NHS England. They therefore fall outside of the definition of locally commissioned services as set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 but are never-the-less recognised as services which benefit patients in Lincolnshire. Such services include:

- Support with smoking cessation
- Support for sexual health (e.g. *Chlamydia* screening and treatment, pregnancy testing, provision of condoms and emergency hormonal contraception)
- Provision of pharmacy based needle exchange and supervised administration of methadone.
- Pilot for Pharmacy-Based Screening, Advise and Brief Intervention for Alcohol Use
- Emergency Supply Services and Minor Ailments Scheme commissioned by CCGs which serve to help to reduce patient access to GP practices, A&E and Walk-in-centres by accessing pharmacy first

<u>Smoking Cessation</u>

- Community Pharmacies across Lincolnshire have for many years consistently performed well within the Phoenix Smoking Cessation service with the pharmacy based clinics routinely achieving quit rates at the higher levels, many achieving in excess of 50% success rates.
- This performance level has been reflected nationally, five review papers (Dent, 2007, Sinclair, 2008, Anderson, 2009, Agomo, 2012, Brown, 2012) on community pharmacy contribution to smoking cessation, indicated that community pharmacy based stop smoking services run by trained pharmacy staff were effective and cost-effective in helping smokers quit.

Pharmacist Support for Long Term conditions

- Further evidence was identified for the effectiveness of pharmacy services in reducing lipid levels; the effect was sustained one year after the intervention ended.

- Evidence from a single randomised controlled trial showed the effectiveness of a pharmacy service in significantly increasing prescribing of antiplatelet medicines, lipid lowering treatment and smoking cessation treatments.

- A workplace based CVD risk reduction programme provided by community pharmacists significantly reduced blood pressure and improved lipid profiles, but had no effect on weight. A community pharmacy based service where peer educators measured blood pressure and completed CVD risk profiles for people with hypertension was well received by patients and GPs

- Medicines management in patients with heart failure recently discharged from hospital led to reduction in hospitalisation but not mortality (Brown, 2012).

- Evidence that community pharmacists can make an important contribution to the management of diabetes in terms of screening, improved concordance with medication and reduced blood glucose or HbA1c was strong. Community pharmacists were also effective in achieving weight reduction in diabetic patients (Brown, 2012).

- It is clear from the evidence that interventions by pharmacists could promote cardiovascular health in terms of cholesterol reduction and high blood pressure.

- Brown et al found good evidence that community pharmacy interventions can improve respiratory function and use of medicines in patients with asthma.

Flu Vaccination

- Many Lincolnshire pharmacies have already developed the competency and expertise to provide vaccination services, and are providing a high number of private flu vaccinations. These fall outside the data collection for the NHS annual campaigns.

- A recent peer reviewed research paper concluded that involvement of community pharmacies in the seasonal influenza vaccination programme can help increase vaccination rates and is associated with high levels of patient acceptability (30).

  Novartis Vaccines have presented evidence to the Parliamentary Health Committee that of those people responding to a survey of the 500,000 vaccinated through their scheme in community pharmacies, 37% would not have had the vaccination if it had not been offered by the pharmacy. (HC 1048-III Health Committee)

Sexual Health Services

- Services that reduce the risks of unwanted pregnancy such as provision of EHC and supply of condoms improve accessibility and receive considerable public interest. Evidence indicates pharmacies provide "timely access" and were highly rated by women who use them,

- An "on-demand" NHS supply of Emergency Hormonal Contraception to 13 to 19 year olds, without an appointment has been operating in Lincolnshire pharmacies for a number of years.

- Lincolnshire pharmacies also currently provide pregnancy testing services, registration and distribution of condoms to young people via the C-card scheme. Chlamydia screening and more recently treatment for those found to be positive for Chlamydia have been available from pharmacies

- Innovative schemes are being piloted elsewhere to enable pharmacies to supply women over 16 years with regular oral contraception without prescription.

Substance Use

- The majority of community pharmacies in Lincolnshire work in conjunction with the substance misuse providers to provide supervised administration services where the patient attends the pharmacy on a daily basis to access the medicines prescribed to treat addiction. This ensures medication is consumed appropriately in a safe environment and protects both the client and the public

- Moderate quality evidence on community pharmacy-based supervised methadone administrative services shows that high attendance is achieved and it is acceptable to users (Anderson, 2009, Agomo, 2012, Brown, 2012). There is evidence from one paper (Strang, 2010) that the introduction of supervised methadone dosing has resulted in substantial declines in death from overdoses of methadone in Scotland and England. However, the data used was not community pharmacy specific.

- Pharmacy-based needle exchange schemes have been found to achieve high rates of returned injecting equipment and are cost effective. Evidence is based on descriptive studies (Brown, 2012, Watson, 2012).

- Conversations with clients on a daily basis helps to safeguard service users, and could be better utilised to provide healthy living message to clients.

Osteoporosis prevention

- Community pharmacy based services for osteoporosis risk assessment were well received and identified women at different levels of risk.

Having reviewed the evidence for the provision of a wide range of locally commissioned services through community pharmacy, the PNA Steering Group concluded that further expansion and wider availability of the range of services currently provided through community pharmacies would benefit the Lincolnshire population subject to local need, patient demand, clear evidence

of benefit and value for money and improved health outcomes. This should be done with existing community pharmacies as establishing new pharmacies could lead to an over provision of Essential Services and may destabilise current provision.

5.4.2 Development of electronic prescribing

Electronic prescribing is progressively being rolled out across Lincolnshire and has huge implications for patient choice. As part of patient registration for electronic prescribing, the patient is required to nominate their preferred pharmacy or, if appropriate, they may select their dispensing practice. Historically, dispensing patients in rural areas of the county were expected to collect their dispensed prescription from the dispensing practice providing their medical services. Electronic prescribing will enable the patient to decide where they wish to collect their dispensed medicines from. This will potentially enable the patient to choose a more convenient supplier closer to their workplace or providing a more desirable added value service such as collection and delivery. **The PNA Steering Group is supportive of patients exercising their right to choose.**

6. Conclusions and Recommendations

- Residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. However, ongoing change in many localities linked to population growth will necessitate frequent review of this position.

- Patient access to self-care through the provision of healthcare advice and supply of over-the-counter medicines is only available from community pharmacies. There are many rural areas of the county where dispensing services are available, but patients have no access to self-care, over-the-counter medicines or community pharmacy advanced services such as Medicines Use Reviews and the New Medicines Service. Gaps in current provision are identified as follows:

    - Lincolnshire West CCG – Caenby Corner area bordered by Gainsborough, Hibaldstow, Kirton Lindsey, Caistor, Market Rasen, Welton and Saxilby.

    - South West Lincolnshire CCG – Fulbeck area bordered by Newark, Navenby, Sleaford and Grantham.

    - South West Lincolnshire CCG – Rippingale area bordered by Grantham, Sleaford, Donington and Bourne.

    - Lincolnshire East CCG – Sibsey area bordered by Coningsby, Spilsby, Wainfleet and Boston.

    - Lincolnshire East CCG – Binbrook area bordered by Market Rasen, Louth, Spilsby, Horncastle and Bardney.

    - Lincolnshire East CCG – North Somercotes area bordered by Holton-le-Clay, the North Sea, Mablethorpe and Louth.

- Having reviewed the evidence for the provision of a wide range of locally commissioned services through community pharmacy, the PNA Steering Group concluded that further expansion and wider availability of the range of services currently provided through community pharmacies would benefit the Lincolnshire population subject to local need, patient demand, clear evidence of benefit and value for money and improved health outcomes. This should be done with existing community pharmacies as establishing new pharmacies could lead to an over provision of Essential Services and may destabilise current provision.

- The PNA Steering Group is supportive of patients exercising their right to choose where they access their pharmaceutical services. Patient choice is likely to be further enabled by the wider implementation of electronic prescribing across the county.

- As required by regulations the PNA Steering Group intend to continue to review pharmaceutical need and local service provision and to publish regular updates and supplementary statements where circumstances change.

6.1 Ownership and Review

The PNA for Lincolnshire will continue to be managed on behalf of the HWB by the PNA Steering Group. This will include the ongoing legal requirements for the HWB to review the PNA and issue supplementary statement as and when required.

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Appendices

Appendix A – Lincolnshire PNA Consultation Report 2014

To be inserted following consultation

Community Engagement Team,
Public Health Directorate

Consultation Plan

Lincolnshire Pharmaceutical Needs Assessment (DRAFT)

Lincolnshire Health and Wellbeing Board

September 2014

Introduction/Background

The Health and Wellbeing Board has a statutory requirement to produce a Pharmaceutical Needs Assessment (PNA) by April 2015.

The Strategy and Performance team will co-ordinate the consultation activity for the PNA. The consultation will take place during October 2014 for a period of 60 days.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 govern how the consultation is to be undertaken. The PNA consultation will seek views of stakeholders whilst ensuring we adhere to the requirement's set out in regulations.

The production of a robust PNA will ensure the people of Lincolnshire have access to adequate pharmaceutical services, whilst the consultation activity will draw on the conclusions and recommendations feeding into the PNA.

Engagement with stakeholders

#	Who engaging	Methods of engagement	Why engaging
1	• HWB members • Health Scrutiny Committee • LA Districts • General public • LCC staff • Elected members • Additional potential partners	Online survey Letter Email	• Have contact with/ know their communities • Have experience of pharmaceutical services and may have further ideas about how to improve services • PNA may be relevant to their job

#	Who engaging	Methods of engagement	Why engaging
2	• Local Pharmaceutical Committee • Local Medical Committee • Any persons on the pharmaceutical lists and any dispensing doctors • LPS chemist with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services; • Healthwatch organisation • NHS trust/foundation trust • NHSCB; • Neighbouring HWB	Online survey Letter E-mail Meetings	As identified in the Part 2 Schedule 1 Regulations

Please note: The persons mentioned in section 2 above must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment

Engagement with other stakeholders

Healthwatch Lincolnshire has undertaken a piece of work regarding pharmacies, developing a "Community Pharmacy Patient Questionnaire". This work was due to end on the 27th July 2014. There are potential links between the work that they have completed and the PNA. Findings have not yet been reported but any that are relevant will be fed into the PNA.

Identify learning, development needs & resources

This engagement plan has been developed and supported by the Community engagement team, who have undertaken all relevant training to advise and support this consultation with the legal boundaries.

All resources required will be minimal and found within existing resources.

Costs/Values – budget for consultation

It is envisaged that this will be a low key consultation with no events or workshops, we shall seek to work with targeted people via pre-existing planned meetings and groups.

Any costs incurred would be Staff time and travel and maybe refreshments

Events coordination

No specific events are planned

Communications management

What outcome do we want to achieve?
Ensure as many people as possible are aware of PNA and their opportunity to contribute to it.
Obtain the views of people with experience of pharmaceutical services, to ensure they are able to shape the PNA.

Who are the audiences we need to communicate with?
See stakeholder lists

In which order should we communicate with them to minimise risk?
Advise HWB members in the first instance
Contact stakeholder organisations next so they can disseminate information

When should communication take place to maximise the chances of the outcome being achieved and minimise the risk?
Early planning has already started and is mapped on the project plan. It is envisaged that the consultations will take place in October for 60 days.

Which channels of communication should we use?
Internal communications
Councillor briefing and Public Health newsletters
Internet – LccConnects
Press release via LCC and NHS communications

Who should lead, i.e. who should be the messenger?
HWB are responsible for the production of a PNA with a PNA working group chaired by a Public Health AD giving the message.

What are the risks associated with the issue?

Challenge/Risk	Mitigation/Opportunity
Failure to comply with regulations in relation to consultation	Engagement plan to be drafted Steering Group undertake an audit of PNA against each regulation to ensure compliance support and guidance from Community Engagement team
Lack of engagement	Promote opportunities to contribute widely and via various means Keep the message clear and simple

	Ensure its importance is shared where appropriate

Are risks recorded on a risk register/log?
A Risk register has been completed and a project plan is in place to keep the programme on track.

How will we know if we've been successful or not?
Level of response to consultation
Improved pharmaceutical services in Lincolnshire

Feedback Consideration

Feedback is described as: methods of communicating the output or outcome of consultations to those who participated.

The regulations stipulate that the PNA includes information relating to how the assessment has been carried out. Included within this is the legal requirement to produce a report on the consultation that the HWB has undertaken.

Consultation Timetable

ID	Task Name	Duration	Start	End
1	Stage Four - Consultation	94 days	06/10/2014	12/02/2015
2	Consultation Period	60 days	06/10/2014	04/12/2014
3	Publish draft PNA on website	1 day	06/10/2014	06/10/2014
4	Issue Letter to all neighbouring Local Authority Health and Wellbeing Boards	1 day	06/10/2014	06/10/2014
5	Consultation Open (60 calendar days)	60 days	06/10/2014	04/12/2014
6	Consultation Report	50 days	05/12/2014	12/02/2015
8	Review consultation feedback and draft amendments	40 days	05/12/2014	29/01/2015
9	Draft final report for Health and Wellbeing Board	5 days	30/01/2015	05/02/2015
10	Submit final PNA and report to HWB for sign off	5 days	06/02/2015	12/02/2015
11	MILESTONE: Final PNA Report to Health and Wellbeing Board	0 days	27/02/2015	27/02/2015

Draft Consultation Document

Introduction

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in an area based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the Local Authority A Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/. There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015.

PNAs will inform commissioning decisions by NHS England, clinical commissioning groups (CCGs) and local authorities (public health services from community pharmacies).

The Health and Wellbeing Board for Lincolnshire is required to consult for a period of 60 days on its Pharmaceutical Needs Assessment. As such we would be grateful if you could spend some time reading our draft Pharmaceutical Needs Assessment and responding to the questions we are seeking views on as part of producing our assessment.

Survey

Your Details*

Name	
Organisation Name (if applicable)	
Address	
Email Address	

* Providing your details is optional however if you would like to be sent a copy of the final Pharmaceutical Needs Assessment (including a report on the consultation) then please ensure you complete this section

Consultation Questions

Consultation Question			
1a	Are there any other needs which may impact on pharmaceutical services that have not been considered?	**Yes**	**No**
1b	If yes, please provide details below and suggest how this could be achieved within the PNA:		
2a	In reviewing the maps of pharmaceutical provision in Lincolnshire, do you agree with the conclusion that there is adequate provision?	**Yes**	**No**
2b	If not, please explain why below:		
3a	In reviewing the maps of the provision of the New Medicines Service (NMS) and Medicine Use Reviews (MURs) in Lincolnshire, do you agree with the conclusion that there are gaps in provision?	**Yes**	**No**
3b	If not, please explain why below:		
4	Do you agree with the recommendations made?	**Yes**	**No**
5	What are the implications of the recommendations (either to use as a provider or user of pharmaceutical services)?		

	Please provide details below:
6	If you have any further comments to make then please do so below:

Meeting Date	Minute No	Agenda Item & Decision made
11 June 2013	1	**Election of Chairman** That Councillor Mrs S Woolley be elected as Chairman of the Lincolnshire Health & Wellbeing Board for 2013/2014.
	2	**Election of Vice-Chairman** That Dr Sunil Hindocha be elected as Vice-Chairman of the Lincolnshire Health & Wellbeing Board for 2013/2014.
	7	**Chairman's Announcements** For the Chairman to send a response on behalf of the Lincolnshire Health & Wellbeing Board with regard to the Letter from Norman Lamb MP Minister of State for Care and Support – Delivery of the Winterbourne View Concordat and review commitments.
	8	**Health & Wellbeing Boards Terms of Reference and Operating Procedures** 1. That the terms of reference detailed at Appendix A be amended to incorporate the amendments listed and any other typographical errors. 2. That the Health & Wellbeing Board Advisor be requested to present membership information of other Health & Wellbeing Boards to the next meeting of the Board.
	9	**Disabled Children's Charter** That the Health & Wellbeing Board agreed to sign up to the Disabled Children's Charter for Health & Wellbeing Boards, subject to the wording of the Charter being Amended to read 'engaged with'.
	10	**Health & Wellbeing Board – Development Tool** 1. That the Boards current position within the assessment tool be noted and that the Boards progress be review in March 2014 to inform the 2013/2014 Annual Report. 2. That the Health & Wellbeing Board Advisor was to have a discussion with Andrew Leary concerning functions discharged at a local level and that this information should be presented to the next meeting of the Board.
	11	**The Lincolnshire Public Health Annual Report 2012** That the Lincolnshire Public Health Annual Report 2012 be received.

	12	**Dementia Strategy Update** 1. That the launch of the consultation for the Lincolnshire Joint Strategy for Dementia be noted. 2. That the Board members be encouraged to comment on the discussion document through the website. 3. That the approach for partnership working be agreed.
	13	**Letter inviting expressions of interest for Health and Social Care Integration 'Pioneers'** That the Lincolnshire Health & Wellbeing Board offered their support to the making of an expression of interest for Health and Social Care Integration Pioneers on behalf of Lincolnshire
	14	**Lincolnshire Health & Safety Wellbeing Board – forward plan items** That the items raised at the minute numbers 8 and 10, and those detailed above be included on the work programme for the Lincolnshire Health and Wellbeing Board.
	16	**Future scheduled meeting dates** That the following scheduled meeting dates be noted – Tuesday 10 September 2013 Tuesday 10 December 2013 Tuesday 25 March 2014 Tuesday 10 June 2014 Tuesday 30 September 2014 Tuesday 9 December 2014
10 September 2013	19	**Minutes of the Meeting held on 11 June 2013** That the Minutes of the meeting held on 11 June 2013 be confirmed and signed by the Chairman as a correct record.
	22	**Pharmaceutical Needs Assessment** 1. That agreement be given to the continuation of the Pharmaceutical Needs Assessment (PNA) Core Group to develop the needs assessment on its behalf in line with statutory regulations. 2. That the necessary representation be provided at the PNA Core Group in order to provide the expertise required to fulfil the legal requirements placed on the Board in relation to the PNA.

	23	**Terms of Reference and Procedure Rules** 1. That the Terms of Reference and Procedural Rules presented be approved subject to the Roles and Responsibilities of NHS England being amended by the health and Wellbeing Board Advisor after the meeting. 2. That the Terms of Reference be reviewed at the June 2014 meeting of the Board.
	24	**Joint Health and Wellbeing Board Statement of Intent** 1.That the Statement of Intent for the Board detailed below be agreed. *'Lincolnshire Health and Wellbeing Board is taking the lead for better health and wellbeing for the people of our county'* 2. That the Statement of Intent agreed at 1 above be reviewed at the AGM.
	25	**Joint Health and Wellbeing Strategy Sponsors** That the Board agrees to the Sponsors as detailed in the minutes to take forward the outcomes within the five themes of the Joint Health and Wellbeing Strategy and the details agreed in relation to the operating/delivery groups identified to support the work of the Strategy.
	26	**Lincolnshire Sustainable Review** That the presentation entitled 'Lincolnshire Sustainable Services review Health and Wellbeing Board Update' be received.
	27	**Social Care and Health Funding** 1. That the 2013/14 projected outturn be noted. 2. That the guidance on the ITF from the Local Government Association and NHS England detailed at Appendix B to the report be noted. 3 That the plans for bringing a updated paper to the December meeting indicating proposed investment in 2014/15 and 2015/16 be noted
	28	**An Action Log of Previous Decisions** That the Action Log of previous decisions of the Board be noted.
	29	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the Forward Plan presented be accepted subject to the addition of:- Social Care and Health Funding be added to the agenda for December 2013 and March 2014 meeting.

		Sustainable Services Review and Commissioning Plans being added to the March 2014 meeting; and Terms of Reference and procedure Rules and Statement of Intent being added to the June 2014 meeting.
10 December 2013	32	**Minutes of the Meeting held of 10 September 2013** That the minutes of the meeting held on 10 September2013 be confirmed and signed by the Chairman as a correct record.
	33	**Action Updates from the previous meeting** That the completed actions as detailed be noted.
	35	**Lincolnshire Sustainable Services Review** That approval be given to the blueprint document presented and that further reports during phase two of the programme be received by the Board.
	36	**Integrated Transformation Fund proposals to Develop a Structure to Support Joint Commissioning** 1 That the content of the report and Appendices be noted. 2. That the agreement previously reached in March 2013, on the use of allocated funds in 2013/14 be noted, in order that money can be transferred from the Area Team to Lincolnshire (Appendices A, B and C). 3. That the 'special. Meeting of the Health and Wellbeing Board meeting on 5 February 2014 to formally agree the two year plan to spend the Integration Transformation Fund in 2104/15 and 2105/16 be noted. 4. That the five 'early implementers' priorities be agreed. 5. That the outline structure for joint commissioning arrangements as detailed at Appendix D be agreed.
	37	**The Lincolnshire Children and Young People's Plan** That the Children and Young People's Plan 2013 – 2016 be noted.
	38	**Lincolnshire Joint Commissioning Strategy for Dementia Care 2014 2017: The Way Forward** 1. That the Consultation Evaluation Report detailed at Appendix A be endorsed and that

		agreement be given to its publication. 2. That the draft Joint Commissioning Strategy 2014 – 2017 be endorsed; and that the planned timetable for further County Council sign-off through the Adult Scrutiny Committee on 29 January 2014; and the Executive on 4 February 2014 (Appendix B); and Health sign-off via Mental health Lead Officer, Allan Kitt through the four CCG Governing Bodies in December and January, following endorsement by the Board be agreed. 3. That the draft Initial Action Plan (Appendix C) be noted. 4. That the proposed approach to manage strategy delivery via the Joint Dementia Core Group be endorsed.
	39	**Healthwatch Lincolnshire** That the report be noted.
	40	**An Action Log of Previous Decisions** That the Action Log of previous decisions of the Board be noted.
	41	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the forward plan for formal meetings and informal workshop sessions as presented be accepted.
28 January 2014	44	**Better Care Fund Submission Document: 'First –Cut'** 1. That the content of the Better Care Fund submission document as presented be noted. 2. That the Better Care Fund 'first-cut' submission document to NHS England be agreed, and that a copy of any subsequent amendments be emailed out to Board members for comments/information prior to the documents submission to NHS England by 15 February 2014 to meet the national conditions. 3. That a further report concerning the Better Care Fund final submission be received at the next meeting of the Lincolnshire Health and wellbeing Board on 25 March 2014, prior to submission to NHS England. 4 That the Better Care Fund be added as an item for discussion for the informal meeting scheduled to be held on the 25 February 2014.
25 March 2014	47a	**Minutes of Meetings of the Lincolnshire Health and Wellbeing Board – 10 December 2013** That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held

		on 10 December 2013, be confirmed and signed by the Chairman as a correct record, subject to the sixth sub-heading on the list of attendees present being amended to read 'NHS England'
	47b	**Minutes of Meetings of the Lincolnshire Health and Wellbeing Board – 28 January 2014** That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 28 January 2014, be confirmed and signed by the Chairman as a correct record, subject to the sixth sub-heading on the list of attendees present being amended to read 'NHS England'
	48	**Action Updates from the Previous Meeting** That the completed actions as detailed be noted.
	50	**Better Care Fund Final Submission** 1. That the Better Care Fund (BCF) Planning Template – part 1 (Final Submission document), as detailed at Appendix D to the report be agreed by the Board. 2. That the Board note that further updates concerning the BCF submission and the tracking of its progress be managed through the LSSR Governance Board in first instance and ultimately by the Health and Wellbeing Board.
	51	**Commissioning Plans** 1. That the contents of the Operational Plans for the West Lincolnshire CCG; Lincolnshire East CCG; South West Lincolnshire CCG; and South Lincolnshire CCG be accepted by the Lincolnshire Health and Wellbeing Board as meeting the outcomes of the Lincolnshire Joint Health and Wellbeing Strategy. 2. That the NHS England Draft Operational Plan 2014/16 and Emerging Strategy Update as presented be noted and that a copy of the National Specialised Plan be presented to the June meeting of the Lincolnshire Health and Wellbeing Board.
	52	**Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2013** That the Annual report of the Director of Public Health on the Health of the People of Lincolnshire 2013 be noted.

	53	**Lincolnshire Sustainable Services Review** That the verbal update on the progress of the Lincolnshire Sustainable Services Review be noted.
	54	**The Lincolnshire Safeguarding Children's Board** That the report on the role of the Lincolnshire safeguarding Children Board and its Sub-Group be noted.
	55	**Revire of Health Services for Children Looked After and Safeguarding in Lincolnshire** That the review of Health Services for Children Looked After and Safeguarding Lincolnshire item be deferred to a future meeting of the Board.
	56	**Autism Self-Evaluation 2013** That the Autism Self-Evaluation 2013 be noted as evidence of local planning and support for local implementation work.
	57	**Support and Aspiration** That the Support and Aspiration report presented be noted.
	58	**That the Action Log of Previous** That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.
	59	**Lincolnshire Health and Wellbeing Board – Forward Plan** 1. That the forward plan for informal meetings and informal workshops sessions as presented be agreed. 2. That the deferred item Review of Health Services for Children Looked After and Safeguarding in Lincolnshire be added to a future agenda. 3. That the National Specialised Plan from NHS England be added to the agenda for the 10 June 2014 meeting.
9 May 2014	62	**Lincolnshire Health and Care (Formerly known as the Lincolnshire Sustainable Services Review** 1. That the processes set out in the report which focused on the areas detailed below be noted. Developing robust proposals for a sustainable and safe health and social care economy for the future; Achieving external assurance on the proposal; Consulting widely on the proposal; Responding to feedback in the final proposal; and Robust decision making throughout.

		2. That the revised programme detailed at Appendix B to the report be noted. 3. That agreement be given for an additional meeting of the Lincolnshire Health and Wellbeing Board at a date to be agreed as part of the decision making on the proposal and business case for consultation. 4. That agreement be given to a further meeting of the Lincolnshire Health and Wellbeing Board at the end of January 2015, as part of decision making on the final proposal and business case.
10 June 2014	1	**Election of Chairman** That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2014/15.
	2	**Election of Vice-Chairman** That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire health and Wellbeing Board 2014/15.
	5a	**Minutes of meeting held on 25 March 2015** That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 25 March 2014, be confirmed and signed by the Chairman as a correct record
	5b	**Minutes of the Extraordinary meeting held on 9 May 2014** That the minutes of the meeting of the Lincolnshire health and wellbeing Board held on 9 May 2014, be confirmed and signed by the Chairman as a correct record
	6	**Actions Updates from the previous meeting** That the completed actions as detailed be noted.
	8a	**Terms of Reference and Procedural Rules, Board Members Roles and Responsibilities** That the Terms of Reference and Procedure Rules, and Members Roles and Responsibilities be agreed.
	8b	**Draft Direct Commissioning Operational Plan 2014/2016 & Emerging Strategy Update** That the Lincolnshire Health and Wellbeing Board noted the scope of the operational; plans for Direct Commissioning for:- Primary Care – Leicestershire and Lincolnshire; Public Health – Leicestershire and Lincolnshire; and Specialised Commissioning – East Midlands.

	9a	**Lincolnshire Health and Wellbeing Board Development Toolkit – Current Position** 1 That a small Task and Finish Group be formed to help develop an Action Plan; and that expressions of interest should be sent to the Health and Wellbeing Board Advisor. 2. That the Action Plan as mentioned in recommendation (1) be presented as a 'Decision Item' at the September formal Board meeting.
	9b	**Update on Lincolnshire health and Care** That the verbal update be received.
	9c	**The CQC Review of Health Services for Children Looked After and Safeguarding in Lincolnshire** That the report be noted.
	10a	**An Action Log of Previous Decisions** That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.
	10b	**Lincolnshire Health and Wellbeing Board Forward Plan** 1 That the forward plan for formal and informal meetings a s presented, be agreed subject to the inclusion of the items listed above. 2 That the item 'Care Act and the implications for Lincolnshire' be included as a future agenda item.
	10c	**Future Scheduled Meeting Dates** That the following scheduled meeting dates for the remainder of 2014 and for 2015 be noted. 30 September 2014 9 December 2014 24 March 2015 9 June 2015 29 September 2015 8 December 2015 (All the above meetings commence at 2.00pm)

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open report on behalf of Joanna Tubb, Commissioning Manager – Learning Disabilities, Adult Care

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**30 September 2014**
Subject:	Assuring Transformation: Meeting the Winterbourne View Concordat Commitments, Lincolnshire's Current Position on Inpatient Care for Adult with a Learning Disability

Summary: In Lincolnshire as we have a Section 75 arrangement between the Local Authority and the Clinical Commissioning Groups; Adult Care Learning Disabilities have taken the lead in ensuring that following the Winterbourne View review all the requirements set out nationally are met. We have developed robust monitoring and reporting systems which enable us to provide assurances to anyone including the Health and Wellbeing Board, Safeguarding Adults Board, the CCG's and NHS England.

Adult Care Learning Disability Services have incorporated a lot of the requirements into day to day work so as to ensure good practice for those individuals who require a period of inpatient care in a specialist hospital setting.

Actions Required: The board are asked to note the content of this report as an update on the requirements of Local Authorities and Clinical Commissioning Groups in response to the Winterbourne View Review and Concordat.

(NB. When reference is made to inpatient care this is not a general hospital these are assessment and treatment unit for adults with learning disabilities who also have related healthcare needs including mental health issues, complex epilepsy, and challenging behaviors that may have an impact on their mental wellbeing).

1. Background

Winterbourne View was a scandal that shocked everyone from the general public to professionals working with people with a Learning Disability. Following the review a full programme of work was required to ensure changes were made to ensure that there was no one with a Learning disability living inappropriately in a hospital and that those who required inpatient services had a clear care plan and discharge plan.

The Department of Health Winterbourne View Review Concordat: A Programme for Action was published in December 2012 and formed the foundation of work undertaken and was the basis for the Joint Action Plan which Lincolnshire has been working to for the last sixteen months.

What we did/are doing in Lincolnshire

Joint Action Plan

This was developed in 2013 as a clear plan of action for anyone in Learning Disability Services in the Clinical Commissioning Groups and Lincolnshire County Council (Adult Care) to work to. It has been reviewed monthly and we have completed the majority of the requirements. A new Joint Action Plan is now being developed taking forward any area still to be completed and to add in any new actions which relate to good practice for individuals requiring a period of inpatient care.

Learning Disability Register

One of the main outcomes of the Winterbourne View Review was an expectation that anyone placed inappropriately in a hospital would be discharged into a community based service by 1st June 2014. In Lincolnshire we developed a register of all individuals who are in inpatient care and this is updated on a weekly/monthly basis and maintained by the Head of Service for Learning Disabilities.

This register ensures that we know at any one time which individuals are in inpatient care, where they are placed, why they are in inpatient care, that they are in receipt of a regular review, that they have a care plan and a discharge plan. Where an individual is subject to a Section under the Mental Health Act we can ensure due process is followed regarding Mental Health tribunals.

Over the two years we have kept this register the names have changed in many cases as an individual goes through an assessment followed by a period of treatment and then discharge. Those still in inpatient care who were in when we commenced this monitoring are all subject to a Mental Health Act section and some are subject to Ministry of Justice restrictions.

Joint Improvement Programme Stocktake of Progress

A Stocktake of Progress questionnaire was sent to Local Authorities to be completed and signed off by in our case the Chief Executive of Lincolnshire County Council, a Chief Operating Officer representing the Clinical Commissioning Groups and the Chair of the Lincolnshire Health and Wellbeing Board. This was completed in July 2013 and a report issued in October 2013 following analysis of our submission. There were no significant areas of concern for Lincolnshire.

Lincolnshire Adult Social Care Peer Review - November 2013

The Government has agreed a system of "Peer Review" for Adult Care with the Association of Directors of Adult Social Services. This is described as Sector Led Improvement where colleagues from within the same region undertake a Peer Review over three days. The East Midlands region agreed an approach to Sector Led Improvement earlier this year and Lincolnshire will be the third authority to be Peer Reviewed in 2013. There is no national inspection regime out with Sector Led Improvement and therefore the Care Quality Commission and Ofsted have no role in this approach.

The Peer Review Team is led by a Director or ex-Director alongside typically three Assistant Directors, all of whom are independent of the Authority being Peer Reviewed.

The areas looked at were Quality Assurance and Safeguarding and within this the actions around Lincolnshire's approach to the Winterbourne View review were included. The work on the Winterbourne recommendations is considered an area of strength within the Review.

NHS England Quarterly Return

A quarterly data collection process was launched by NHS England in January 2014 which required the Clinical Commissioning Groups to provide data on anyone still in or who had been in inpatient care during the previous quarter. The data collection was backdated to June 2013 with the first return covering Quarter one and two.

Lincolnshire have a section 75 agreement with Lincolnshire Adult Care leading on Learning Disability services thus the quarterly return is completed by the Head of Service for Learning Disabilities on behalf of the four CCG's.

The results from the first two quarters have been published and there have been follow up questions from NHS England to each individual CCG which required a response by 11th July.

This quarterly return will continue for a second year as it enables NHS England to monitor all individuals in inpatient care from a national perspective including those in secure

hospitals. This enables them to follow patients in terms of discharge planning and clear care planned pathways.

NHS England Monthly Return

In addition to the quarterly return we provide a monthly update on behalf of the four CCG's in Lincolnshire regarding all hospital discharges for adults with a Learning Disability in a specialist facility.

East Midlands Leads Network

The Commissioning Manager or the General Manager for Learning Disability Services attends the East Midland meetings with the Regional Lead Zandrea Stewart. We update the Joint Improvement Plan on local progress and bring to their attention any issues we are experiencing aswell as sharing good practice. We are currently working on a regional action plan which has defined five priority areas, outcomes and a plan of action.

There are also additional events where the Joint Improvement Programme delivers clear messages regarding their expectations on the future use of inpatient facilities and challenge the thinking on how we provide services for individuals who challenge services. This again is an opportunity to share good practice and how different areas have overcome difficulties and challenges.

Individuals inappropriately placed in inpatient care

There was a requirement that all individuals who had been in inpatient care for a long period of time who were no longer appropriately placed should be discharged into a community based service by June 2014.

In Lincolnshire this timeframe was met with no individuals still being inappropriately placed in hospital.

Developing Future Services

There is a need for specialist community based services in Lincolnshire to avoid inpatient admissions and provide a pathway for those who experience an episode of inpatient care. We are currently working with providers of support services and housing providers in terms of service requirements for those individuals who have very high support needs and challenge services. We are also in discussions with CQC regarding how physical interventions are managed and what registration requirements there are for community based services outside of residential care.

Lincolnshire's Current Position for Inpatient care

There are currently 19 individuals receiving treatment in specialist inpatient care.

Six are in independent hospitals and three of these are outside of Lincolnshire. The remaining thirteen are in NHS inpatient care in Lincolnshire.

2. Conclusion

Lincolnshire does not have any individual with a learning disability inappropriately placed or living in an inpatient provision. We continue to review those who are in inpatient care on a regular basis to ensure that no one in the future remains in a hospital setting once they no longer require assessment or treatment. All individuals have a care pathway. Those individuals not ready for discharge because they are still undergoing treatment or are subject to home office restrictions will still have an estimated discharge date.

3. Consultation N/A

4. Appendices N/A

5. 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 Joanna Tubb who can be contacted on 01522 554401 or email: Joanna.tubb@lincolnshire.gov.uk

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Formal meeting dates	Decision/Authorisation item	Discussion item	Information item
30th September 2014 **2.00pm in Committee room 1 @Lincolnshire County Council**	**Lincolnshire Health and Wellbeing Board development assessment - Action Plan** Review and agree **Alison Christie, Health and Wellbeing Business Manager** **Joint Health and Wellbeing Strategy Assurance Report 2014-15** Report on assurance framework to identify areas of progress in the delivery of the JHWS and other areas of development. **Alison Christie, Health and Wellbeing Business Manager** **Protocol between LHWB, HWL and Health Scrutiny** To review and agree the protocol setting out the working relationship between the three bodies. **Alison Christie, Health and Wellbeing Business Manager** **Protocol between the LHWB & Local Safeguarding Children Board** To review and agree a protocol setting ut the working relationship between the two bodies **Debbie Barnes, Executive Director Children's Services**	**Lincolnshire Health and Care** Verbal update of plans in next phase **Annette Laban, Programme Director for Lincolnshire Health and Care**	**Winterbourne View** To provide the Board with an update on the current position following the Winterbourne View review. **Glen Garrod, Director Adult Care**

	Pharmaceutical Needs Assessment – Discharge of HWB statutory function – report on the development of the PNA **Chris Weston, Consultant Public Health**	
9th December 2014 **2.00pm in Committee Room 1 @Lincolnshire County Council**	**JSNA Annual Overview Report** Discharge of HWB statutory function - to receive a report on changes and updates to the JSNA. **David Stacey, Programme Manager, Public Health** **Carers Commissioning Strategy** To receive the Carers Commissioning Strategy **Cllr Keimach, Carers Board Sponsor &/or Glen Garrod, Director of Adult Care** **Autism Commissioning Strategy** To receive the Autism Commissioning Strategy **Justin Hackney, Assistant Director Joint Commissioning Adult Specialist Services**	**Lincolnshire Joint Commissioning Board** Discussion paper on linkages to Health and Wellbeing Board **Gary Thompson, Chair of the Lincolnshire Joint Commissioning Board**
24th March 2015 **2.00pm in Committee room 1 @Lincolnshire County Council**	**Pharmaceutical Needs Assessment –** Discharge of HWB statutory functions and decision – **David Stacey, Programme Manager**	**Review of Health Services for Children Looked After and Safeguarding in Lincolnshire** To receive a six month update **Sharon Robson , Executive Nurse, SWL CCG and Jan Gunter, Designated Nurse Safeguarding, SWL CCG**

		Adult Safeguarding Strategy and Action Plan Review and formally endorse the Strategy and Action Plan **David Culy, Adult Safeguarding Board Business Manager**
9th June 2015 **2.00pm in Committee Room 1 @ Lincolnshire County Council**		
29th September 2015 **2.00pm in Committee Room 1 @ Lincolnshire County Council**		

Informal workshop sessions for Health and Wellbeing Board

Meeting date	Discussion item	Information item
26th November 2014 **Venue tbc**	**Voluntary and Community Sector** Workshop discussion on the value of the Voluntary and Community Sector and their contribution to support the delivery of the health and wellbeing strategy	
24th February 2015 **Venue tbc**	**CCG Commissioning Plans** Informal discussion on the CCG commissioning plans for 2015-16	