Lincolnshire COUNTY COUNCIL
Working for a better future

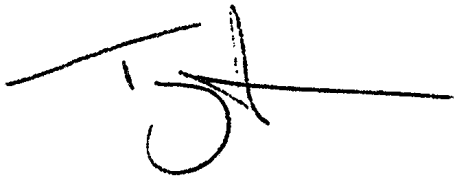
County Offices
Newland
Lincoln
LN1 1YL

1 June 2015

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 9 June 2015 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, B W Keimach, C R Oxby, N H Pepper 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 (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 Peter Holmes (Lincolnshire East CCG)

Healthwatch Lincolnshire: Mr Malcolm Swinburn (Healthwatch Lincolnshire)

NHS England: Mr Jim Heys (NHS England)

(*) Permanent Membership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 9 JUNE 2015

Item	Title	Pages	Estimated Time
1	**Election of Vice-Chairman**		
2	**Election of Chairman**		
3	**Apologies for Absence/replacement Members**		
4	**Declarations of Members' Interest**		
5	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 24 March 2015**	5 - 14	
6	**Action Updates from the previous meeting** *(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)*	15 - 20	
7	**Chairman's Announcements** *(For the Lincolnshire Health and Wellbeing Board to note the Chairman's announcements)*	21 - 26	
8	**Decision/Authorisation Items**		
8a	**Terms of Reference Procedural Rules, Roles and Responsibilities of Core Board Members and Assurance Framework** *(To receive a report from Alison Christie, Programme Manager Health and Wellbeing, which asks the Board to review and re-affirm the Terms of Reference, Procedure Rules and Roles and Responsibilities. The Board is also asked to adopt the Assurance Framework)*	27 - 46	
8b	**Joint Health and Wellbeing Strategy Board Sponsors** *(To receive a report from Alison Christie, Programme Manager Health and Wellbeing, which asks the Board to agree the appointment of Theme Board Sponsors)*	47 - 50	

Item	Title	Pages	Estimated Time
8c	**Mid Term Review of the Joint Health and Wellbeing Strategy** *(To receive a report and verbal update from Theme Leads and Board Sponsors, concerning the outcome of the mid-term review of the Joint Health and Wellbeing Strategy)*	51 - 64	
9	**Discussion Item**		
9a	**Meeting the Prevention Challenge in Lincolnshire** *(To receive a report from Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, which highlights to the Board the importance of primary care engagement in delivery of brief advice and referral/signposting to commissioned interventions/services in reducing the potential years of life lost due to unhealthy behaviours in Lincolnshire)*	65 - 76	
9b	**Public Health Plan on a Page** *(To receive a report from Dr Tony Hill, Executive Director Community Wellbeing and Public Health, which asks the Board to review the Public Health commissioning intentions for 2015/16 against priorities in the Joint Health and Wellbeing Strategy)*	77 - 80	
9c	**Lincolnshire Health and Care** *(To receive a verbal update from Dr Tony Hill, Executive Director of Community Wellbeing and Public Health on the current position with regard to the Lincolnshire Health and Care proposals)*		
9d	**Better Care Fund** *(To receive a report from Glen Garrod, Director of Adult Social Services on the current position with regard to the Better Care Fund)*	81 - 108	
9e	**District/Locality Updates** *(To receive, by exception, updates from District/Locality partnerships on issues which may impact on the delivery of the Joint Health and Wellbeing Strategy. No items have been tabled for this meeting)*		

Item	Title	Pages	Estimated Time
10	**Information Items**		
10a	**An Action Log of Previous Decisions** *(For the Health and Wellbeing Board to note decisions taken since May 2014)*	109 - 116	
10b	**Lincolnshire Health and Wellbeing Board - Forward Plan** *(This item provides the Board with an opportunity to discuss potential items for future meetings which will subsequently be included on the Forward Plan. Alison Christie, Programme Manager Health and Wellbeing to present this item)*	117 - 120	
10c	**Future Scheduled Meeting Dates** *(For the Board to note the following scheduled meeting dates for the remainder of 2015 and for 2016* *29 September 2015, 8 December 2015, 22 March 2016, 7 June 2016, 27 September 2016, and 6 December 2016. Please note that all the above meetings start at 2.00pm)*		

Democratic Services Officer Contact Details

Name: **Katrina Cope**

Direct Dial **01522 552104**

E Mail Address katrina.cope@lincolnshire.gov.uk

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 HEALTH AND WELLBEING BOARD
24 MARCH 2015

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

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, B W Keimach, C R Oxby, N H Pepper and S M Tweedale.

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

District Council: Councillor Jeff Summers.

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

Healthwatch Lincolnshire:

NHS England:

Officers In Attendance: Alison Christie (Health and Wellbeing Board Business Manager), Katrina Cope (Team Leader Democratic and Civic Services), Gary James, (Accountable Officer Lincolnshire East CCG) Allan Kitt (Chief Officer South West Lincolnshire CCG), David Laws (Finance and Public Protection) and Chris Weston (Consultant in Public Health, Health Intelligence).

32 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M Brighton OBE (District Council representative), Glen Garrod (Director of Adult Social Services), Mr Jim Heys (NHS England representative) and Mr Malcolm Swinburn (Healthwatch representative).

It was reported that Councillor J Summers (District Council representative) had replaced Councillor Mrs M Brighton OBE (District Council representative) for this meeting only.

The Chairman welcomed to the meeting two new members, Dr Peter Holmes the Lincolnshire East Clinical Commissioning Group representative and Councillor N Pepper, as one of Lincolnshire County Councils representatives.

33 DECLARATIONS OF MEMBERS' INTEREST

All four Clinical Commissioning Group representatives wished it to be noted that in relation to agenda item 6a, Lincolnshire Pharmaceutical Needs Assessment each of them worked for a practice involved in dispensing and that reference was made to dispensing in each of the four Clinical Commissioning Groups Operational Plans.

34 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 9 DECEMBER 2014

RESOLVED

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

35 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

36 CHAIRMAN'S ANNOUNCEMENTS

RESOLVED

That the announcements as detailed be noted.

37 DECISION/AUTHORISATION ITEMS

37a Lincolnshire Pharmaceutical Needs Assessment (PNA)

Consideration was given to a report from the Consultant in Public Health, which presented to the Board the final draft of the Pharmaceutical Needs Assessment (PNA), which was detailed in Appendix A to the report presented.

It was reported that in line with regulations the PNA included full details of the consultation process. It was noted that the consultation period had been opened on 6 October 2014 for a period of 60 days. An online survey had also been created and this had been published on the Health and Wellbeing Board web page. Also, 250 formal letters had been sent out to those identified in the regulations. It was reported that the volume of responses received had been low, however the content of the responses received had proven to be very detailed. Details of the consultation responses were shown on page 25 of the agenda; further details of the responses received were shown in Appendix B to the report presented.

The Board were guided through the 'Conclusions and Recommendations' as detailed on page 37 of the report presented. It was noted that as the PNA was a living document it would be regularly updated and monitored.

During discussion, some concern was raised pertaining to the lack of chemist provision in rural areas, particularly in the eastern part of the County. The Board were advised that this was something that would be raised with NHS England. A further comment was raised with regard to provision in Holbeach on pages 70 and 74 of the report presented. The Consultant for Public Health agreed to look at this issue outside of the meeting with the member concerned.

The Chairman agreed to write to NHS England to reflect the views of the Board.

RESOLVED

1. That the content of the report presented be noted.

2. That the conclusion/recommendations as set out in the final Pharmaceutical Needs Assessment be endorsed.

3. That agreement be given to the publishing of the Pharmaceutical Needs Assessment.

37b CCG Operational Plans

The Board gave consideration to the Commissioning Plans from the four Clinical Commissioning Groups.

Lincolnshire East Clinical Commissioning Group (CCG) 'Plan to a Page'

Dr Peter Holmes the Lincolnshire East CCG representative presented to the Board the Lincolnshire East Clinical Commissioning Group 2015/16 Plan to a Page.

It was reported that the three key areas of focus for the 2015/16 operational plan was quality and safety, working together in partnership; and empowering patients and members of the public to take part in planning sustainable services for the people of Lincolnshire. It was noted that local services to be integrated would have a clear focus on prevention and self-management.

The plan presented at Appendix A covered:

- Access - Meeting the NHS Constitution standards and mandate commitments;
- Outcomes – Delivery across the five domains and seven outcomes measures;
- Quality of Service which involved patient experience; patient safety; compassion in practice; safeguarding; staff satisfaction etc. and;
- Transformation programmes, reconfiguration plans and reprocurement.

Agreement was given by the Board to the Lincolnshire East Clinical Commissioning Group Operational Plan

South Lincolnshire Clinical Commissioning Group (CCG) 'Plan to a Page'

Dr Kevin Hill the South Lincolnshire representative presented to the Board the South Lincolnshire Clinical Commissioning Group (CCG) Operational Plan for 2014/16.

It was reported that patient safety, patient experience and value for money for the tax payer was the basis on which all services were to be commissioned. The CCG would also be proactive in the move towards Lincolnshire Health and Care (LHAC), to constantly improve services, building on current initiatives, such as Neighbourhood Teams.

The following documentation was attached to the report:

- Appendix A – Fundamental Elements of the Operational Plan, which built on actions and focussed on plans to deliver the fundamental elements of the operational plan;
- Appendix B – One year review of Commissioning Plans, which detailed the progress of plans and delivered services and actions put in place to address poor performance;
- Appendix C – Health and Wellbeing Board services planned and commissioned this provided the Health and Wellbeing Board Plans and the Two Year Operational Plan; and
- Appendix D – South Lincolnshire CCG Plan to a Page.

The Board advised that although the information supplied was very impressive, for the future a Plan to a Page was all that was required.

It was reported that the co-responder at long Sutton was working well and had just completed their 100th ambulance conveyance.

Agreement was given to the South Lincolnshire Clinical Commissioning Group Operational Plan.

South West Lincolnshire Clinical Commissioning Group 'Plan to a Page'

A presentation was received from Allan Kitt, the South West Lincolnshire representative, which provided a summary Plan on a Page, which was part of the refresh of the Two Year Operational Plan produced by the CCG and reviewed by the Health and Wellbeing Board in the previous year.

It was noted that South West Lincolnshire CCG covered a population of approximately 129,000 with 19 practices and approximately 80 GPs. It was noted that the South West Lincolnshire CCG was centred on the market towns of Grantham and Sleaford and surrounding area.

The South West Lincolnshire CCG Plan on a Page as detailed at Appendix A reflected the current priorities and reflected the work around Lincolnshire Health and Care currently being implemented around neighbourhood teams.

Full details on how South West Lincolnshire was meeting the NHS Constitution Standards and Mandate Commitments; delivery across the five domains and the seven outcome measures; quality; delivering value for money and transformation programmes, reconfiguration plans and reprocurement were all explained further within the Plan to a Page document detailed at Appendix A to the report.

Agreement was given to the South West Lincolnshire Clinical Commissioning Group Operational Plan.

Lincolnshire West Clinical Commissioning Group 2015/16 'Plan to a Page'

Consideration was given to the Lincolnshire West Clinical Commissioning Group (LWCCG) 'Plan to a Page'.

It was reported that the LWCCG Operational Plan for 2014/15 and 2015/16 had been presented to the Lincolnshire Health and Wellbeing Board on 25 March 2014 and approved. Additionally the draft 5 Year Strategic Plan had been presented and discussed at the Health and Wellbeing Board meeting held on 9 December 2014. As part of the planning round, CCG's had been asked to refresh their operational plans for 2015/16. The Plan to a Page detailed at Appendix A summarised key priorities, programmes of work and key performance indicator information.

Full details as to the background to the Plan to a Page were detailed with the main body of the report.

During discussion, the issue of the early identification of dementia was highlighted and the Board were advised that this was an area where further work was needed to be done and that there was a drive nationally to improve this. It was also highlighted that once diagnosis had been reached there needed to be further concentration on what was required to meet the needs of a newly diagnosed dementia patient.

Agreement was given to the Lincolnshire West Clinical Commissioning Group Operational Plan.

37c Better Care Fund Section 75 Agreement(s)

Consideration was given to a report from the Director of Adult Social Services. The Board were advised that the Better Care Fund (BCF) submission had been approved at the 9 December 2014 meeting and was then submitted to the Government on 9 January 2015. In February 2015 the Council had been notified that the submission had been approved. It was reported that the delivery vehicle for the transfer of the national funding to Lincolnshire was by way of a Section 75 Agreement, and that this needed to be signed off by the six signatories on 31 March 2015. The six signatories required were the four Clinical Commissioning Groups (CCGs), the County Council and the Chairman of the Lincolnshire Health and Wellbeing Board.

It was reported that the Section 75 Agreement documentation attached to the report at Appendix A had been considered by Adults Scrutiny Committee as a pre-decision

item and had then been presented to the Executive of the County Council on 3 March 2015 for final approval. It was noted that any final amendments had been delegated to the Executive Councillors and the Director of Adult Social Services.

It was highlighted to the Board that there had been an enormous amount of work done during the last six months and a vote of thanks was extended to everyone who had been involved in the process.

The Board noted that BCF represented a significant step on the journey towards closer integration between health and social care in Lincolnshire. And that the BCF was for 2015/16 only, and did not represent any new money.

RESOLVED

1. That the report be noted.

2. That the Section 75 arrangements as detailed at Appendix A be agreed.

3. That delegation be given to the Chairman of the Lincolnshire Health and Wellbeing Board to make any final iterations to the document prior to its submission on 31 March 2015.

37d Health and Wellbeing Grant Fund

Pursuant to Minute number 27b from the meeting held on 9 December 2014, the Board had agreed the application process for allocating the remaining money in the Health and Wellbeing Grant Fund (a total of £1,328,661.00), and the establishment of a Sub Group to review Project Proposals and then make recommendations to the Board on which projects to fund.

It was noted that the Health and Wellbeing Fund for Lincolnshire (The fund) had originally been established in 2008 under a Section 256 agreement between Lincolnshire County Council and NHS Lincolnshire to support projects and initiatives to improve the health and wellbeing of the people of Lincolnshire. In November 2014, a revised Section 256 Agreement had been signed between the County Council and the four Clinical Commissioning Groups, and responsibility for the fund had been transferred to the Lincolnshire Health and Wellbeing Board.

The Health and Wellbeing Board Fund Group comprised of Cllr Mrs S Woolley (LCC representative) and Gary James (CCG representative). The Sub Group reviewed 20 Project Proposals at their meeting held on 25 February 2015, and endorsed ten Project Proposals totalling £1,306,234,00, which left £12,427.00 being unallocated and held in reserve. Appendix A on page 273 of the agenda provided the Board with details of the final ten Project Proposals selected. The Board were advised that the organisation for the 'Get Started and Get into Healthy Lives' organisation needed to be amended to read the 'Princes Trust'.

During consideration of the Proposed Projects, it was felt that the Board should monitor the progress of the outcomes of the Projects. The Board agreed that an update on the outcomes from the project would appear as a future agenda item.

Other issues raised included sustainability of the projects once the funding had been used; whether when looking at the projects any consideration had been made to mental health projects. The Board were advised that the Sub Group could only look at the Proposals that had been received, none of which were solely mental health orientated; however, some did have a mental health component.

One member inquired as to the whether the age requirement for the 'Step Forward Project' as detailed on page 273 could be reduced from 18 to 16, to help young people. It was agreed that this could be amended.

RESOLVED

That the funding recommendation put forward by the Health and Wellbeing Fund Sub Group as detailed in Appendix A to the report presented be agreed.

38 DISCUSSION/DEBATE ITEMS

38a Lincolnshire Health and Care

The Executive Director of Community and Wellbeing and Public Health provided a verbal update to the Board with regard to the Lincolnshire Health and Care (LHAC) proposals.

The Board were advised that some good progress had been made with regard with the Joint Commissioning Board.

A lot of work was also ongoing within the expert reference groups and the enablers to ensure that the ultimate model was ready for consultation.

38b Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014

The Board gave consideration to the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014. A copy of the said report was attached at Appendix A.

It was reported that the report was not an annual account of the work of the Public Health Team, but an independent professional view of the state of the health of the people of Lincolnshire, along with a series of recommendations on the actions needed by a range of organisations and partnerships to make things happen. The Health and Wellbeing Board were asked to receive and consider the recommendations included in each chapter.

The Director of Public Health when guiding the Board through the report made reference to:

- Page 282 - Premature Mortality in Lincolnshire Figure 1.1 detailed the causes of mortality in the under 75s in Lincolnshire;
- Page 286 – Cancer – It was noted that cancer was a key public health priority as it affected one in three people at some point in their lives. Although cancer was most common in older people, it was also the leading cause of premature mortality in Lincolnshire for those under 75 years of age. Page 289 identified how premature mortality from cancer was being addressed;
- Page 292 – Circulatory Disease, trends were detailed on page 295;
- Page 299 – Suicide and Mortality from undetermined causes. Page 300 provided analysis information by district area;
- Page 305 – Respiratory Disease. Page 309 provided information in a by district basis, with Lincolnshire East CCG coming out with the highest rates;
- Page 312 – Accidents and unintentional injuries – Page 313 provided information in a by district basis, with Lincolnshire East coming out with the highest rates. Page 314, fig 6.2 provided information as to the number of people seriously injured or killed on Lincolnshire's road from 1994 - 2013;
- Page 318 – Chronic Liver disease – It was noted that in Lincolnshire, in a three year period from 2010 to 2012, more than 200 people under the age of 75 years died specifically from chronic liver disease, accounting for nearly 3% of all premature deaths, with men being twice as likely as women to die prematurely from the disease;
- Page 324 – Recommendations to help address the health of the people of Lincolnshire;

During discussion, particular reference was made to:

- Whether there were any influencing factors with regard to the rise in cancer in the under 75s. The Board noted that during the last 50 years many cancers had not been diagnosed; now lifestyle and environmental factors had changed. It was in part down to the life style that people adopted;
- Concern was expressed to the picture painted across all areas in relation to the East Lindsey area. A question was asked as to whether East Lindsey needed to be prioritised more, as it had come out worse across all areas. Following a lengthy discussion it was agreed that discussion needed to take place with Lincolnshire East Health and Wellbeing locality groups and Public Health representatives to come up with a prioritised plan to tackle the issues highlighted within the report;
- Suicide in young people. It was reported that work was being developed in the County to help young people; and
- The Board also requested a copy of a Plan to a Page for Public Health for the next meeting.

RESOLVED

That the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014 be noted.

39 DISTRICT/LOCALITY UPDATES

The Health and Wellbeing Board Business Manager advised that no issues from the District/Locality partnerships on issues which might impact on the delivery of the Joint Health and Wellbeing Strategy had been received.

40 JOINT HEALTH AND WELLBEING STRATEGY THEME UPDATE

The Health and Wellbeing Board Business Manager advised that no updates had been received from Theme Sponsors or Leads on issues that might impact on the delivery of the Joint Health and Wellbeing Strategy.

41 INFORMATION ITEMS

41a Joint Commissioning Arrangements in Lincolnshire

A joint report from the Chief Operating Officer Lincolnshire South Clinical Commissioning Group and the Director of Adult Social Services was presented, which described the organisational structure and reporting lines which support commissioning arrangements in Lincolnshire between health and social care partners.

RESOLVED

That the report be noted.

41b Review of Processes for Lincolnshire's Joint Strategic Needs Assessment (JSNA)

Consideration was given to a report from the Executive Director of Community Wellbeing and Public Health, which provided the Board with an overview of the upcoming review of content, processes and methodologies underpinning the Joint Strategic Needs Assessment.

RESOLVED

That the report be noted.

41c Mental Health Crisis Care Concordat

Consideration was given to report from Specialised Adult Services, which outlined to the Board the national context for the development of the Lincolnshire Mental Crisis Concordat. Information was provided as to what had taken place, the partners involved and the next steps to be taken to develop an action plan to support delivery of the Crisis Care Concordat in Lincolnshire.

Detailed at Appendix A to the report was a copy of the Lincolnshire Mental Health Crisis Concordat Declaration 2014 and Appendix B provided a Lincolnshire Mental Health Crisis Concordat Action Plan for 2015 – 2018.

RESOLVED

That the report be noted.

41d An Action Log of Previous Decisions

RESOLVED

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

42 LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN

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

The Board were advised that the Review of the Joint Health and Wellbeing Strategy and the Public Health Plan to a Page would be considered at the 9 June 2015 meeting.

It was also agreed that a progress report concerning the outcomes relating to the selected Projects in receipt of money from the Health and Wellbeing Grant Fund would be reported to a future meeting.

A suggestion was also made to receive an item on what was being commissioned in each of the CCG areas so that the Board had an overview of all commissioning.

RESOLVED

1. That the forward plan for formal meetings be received subject to the inclusion of the items mentioned above.

2. That the forward plan for informal meetings presented be received.

The meeting closed at 4.17 pm.

Meeting Date	Minute No.	Agenda Item & Action Required	Update on Action taken
09.05.14	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)	Lincolnshire Health and Care has been subject to an assurance process involving NHS England, Health, Gateway Reviews and the Clinical Senate. Lincolnshire Health and Care was the first one to go through the process. Following a re-profiling of the programme there was no longer a requirement for additional Board meetings in July 2014 or January 2015.
10.06.14	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 expression of interests should be sent to Alison Christie, the Health and Wellbeing Board's Advisor. (Alison Christie/All Board Members)	Expressions of interest were received from Cllrs Mrs Woolley and Worth. The Task and Finish Group was established and met on 25th July 2014. The Development Assessment Action Plan was presented to the Board on 30th September 2014 and the improvement actions agreed.
11.09.14	13	**Better Care Fund Final Re-Submission** 1. That the BCF Task Group be delegated to make any final iteration to the final submission between this meeting and 19 September 2014. (Glen Garrod) 4. That an expression of interest on behalf of the Council should be made to participate in the national pilot scheme for personal health budgets (Glen Garrod)	The BCF Task Group completed the final iteration to the BCF re-submission. The documentation was submitted to the Department of Health by the 19th September 2014 deadline. An expression of interest to take part in the national pilot scheme for the Integrated Personal Commissioning (IPC) Programme was submitted to the Department of Health by the deadline.
30.09.14	18	**Chairman's Announcements** <u>Better Care Fund</u> That a standing update item would be included on future agendas of the Board (Katrina Cope) <u>Integrated Personal Commissioning (IPC) Programme</u> That a detailed submission should be submitted by 7 November and that this would need to be agreed by the Board (Glen Garrod) <u>Letter from Lincolnshire Partnership Foundation Trust</u> The Chairman to provide an update on outcome of a meeting with LPFT. (Chairman)	Standing item on the Board's agenda from the 9th December 2014. Detailed submission sent to the Department of Health by the 7th November 2014 deadline. The Chairman of the Board provided a supporting statement. The Chairman and Board Business Manager met with Eileen Ziemer-Cottingham on 3rd October. The meeting covered how LPFT could support the refresh of the Joint Strategic Needs Assessment and the

			development of the Mental Health Crisis Care Concordat. Wider engagement through the People's Partnership was also discussed
		<u>Mental Health Crisis Care Concordat: making change happen in your area</u> That a Declaration for Lincolnshire would be present to the Board for endorsement (Colin Warren)	A cross agency working group has been established and work is currently underway to develop a Declaration for Lincolnshire, which needs to be in place for April 2015. The Forward Plan has been updated to receive a report on the Declaration on the 24th March 2015.
		<u>Safeguarding of Children</u> Copy of the ministerial statement to be circulated to all the Board members (Alison Christie)	A copy of the ministerial statement was circulated to Board Members on 29th September 2014.
		<u>Neighbouring Health and Wellbeing Board Pharmaceutical Needs Assessments (PNA)</u> Draft response from the PNA Steering Group to be circulated to members of the Board (Alison Christie)	The PNA Steering Group has met to consider neighbouring HWB PNAs (received from Leicestershire, Nottinghamshire, Rutland and North East Lincolnshire). The proposed responses were circulated to Board Members for any further comments on 12th November. Formal responses to the consultations on behalf of the Board were submitted on 21st November 2014.
	19a	**Lincolnshire Health and Wellbeing Board Development Assessment Action Plan** That progress against the Development Assessment Action Plan should be reported to the Bard as part of future annual assurances updates (Alison Christie)	An update on progress against the Assessment Action Plan will be included in the Annual Assurance Report 2014-15 to be presented to the Board on 9th June 2015.
	19b	**Joint Health and Wellbeing Strategy Assurance Report 2014** • Each theme should review their suite of indicators, and to identify any additional actions that can be taken by the theme • Each current Board sponsor roles and support mechanisms should be reviewed • A full review of the Joint Strategic Needs Assessment should be undertaken during 2015/16, and that proposals for undertaking the work should be presented to a future meeting of the Board	Work is ongoing to review each of the themes; this includes looking at the suite of indicators and any additional actions that can be taken. The outcome of this review will be presented to the Board on 24th March 2015. Proposals are being drawn up and will be presented to the Board on 9th June 2015 as part of the annual review of the Terms of Reference. A paper setting out the process and timescales for reviewing the JSNA and JHWS will be presented to the Board on 24 March 2015.

	19c	**Protocol Between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire** • The draft protocol should be referred to the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire for consideration and approval. (Alison Christie) • That delegated authority was given to the Health and Wellbeing Board Business Manager, in consultation with the Chairman to make any necessary amendments following consideration by the Health Scrutiny Committee for Lincolnshire and Healthwatch (Alison Christie/Chairman)	The draft Protocol was considered by the Health Scrutiny Committee for Lincolnshire on 22nd October 2014. The protocol was agreed subject to the addition of information detailing the makeup of the Health and Wellbeing Board and Health Scrutiny Committee for Lincolnshire. The Protocol has been amended to reflect the comments from Health Scrutiny Committee for Lincolnshire. The protocol was formally signed by all parties in November 2014..
	19d	**Protocol Between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board** • That delegated authority was given to the Health and Wellbeing Business Manager in consultation with the Chairman to make any necessary amendments following consideration by the Lincolnshire Safeguarding Children Board (Alison Christie)	As requested by the Board, a number of amendments were made to the protocol and agreed by the Chairman. The protocol was formally signed by the Chairmen of both Boards on 16th October 2014.
	21a(2)	**Action Log of Previous Decisions** That in future only decision relating to the previous 12 months should be presented to the Board	Effective from 9th December 2014.
	21c	**Lincolnshire Health and Wellbeing Board – Forward Plan** Items for inclusion on the agenda for 24 March 2015 • Proposal for reviewing the JSNA for 2015/16 • CCG's Operational Plans • Rochdale Action Plan regarding Child Exploitation (9 December 2014)	All items added to the Forward Plan apart from the Child Exploitation Action Plan which was circulated to the Members of the Board by email for information.
09.12.14	26	**Chairman's Announcements** • That a copy of the letter from the Department of Health and NHS England concerning Clinical Commissioning Group progress on dementia	Letter circulated to Board Members on 11 December 2014.

		diagnosis rates in Lincolnshire would be forwarded on to members of the Board after the meeting. • That a copy of the full and summary reports from the Dalton Review – Examining new options and opportunities for providers of NHS care published on 5 December 2014 would be forwarded onto members of the Board after the meeting.	Briefing note, along with a copy of the full and summary reports on the Dalton Review, circulated to Board Members on 10 December 2014.
	27a	**Protocol between Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Adults Board** • 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 Adults Board do not fundamentally affect the intentions of the Protocol.	As requested by the Board, a number of amendments were made to the protocol and agreed by the Chairman. The protocol was formally signed by the Chairmen of both Boards on 17th December 2014.
	27b	**Health and Wellbeing Grant Fund** • That a Sub-Group should be established to review and endorse the formal project proposal ahead of final sign off by the Board	HWB Fund Sub Group established. Membership included Cllr Woolley (LCC representative) and Gary James (CCG representative). The Sub Group met on 25th February to review 20 Project Proposals. 10 Project Proposals have been recommended to the HWB for agreement at the Board meeting on 24 March 2015.
	28b	**Better Care Fund** • That agreement be given for the BCF re-submission as detailed in the accompanying papers, be delegated to the Chairman of the Lincolnshire Health and wellbeing Board to sign off, subject to there being no material change to the BCF affecting performance of finances and subject to agreement by the four CCG's and the Director of Adult Social Services (Appendix A) • That subsequent reports be received to each of the next four Lincolnshire Health and Wellbeing Board formal meetings throughout 2015.	The BCF Task Group completed the final iteration to the BCF re-submission. The documentation was submitted to the Department of Health by the deadline. BCF is now a standing item on the HWB agenda.

	28c	**Lincolnshire's All-Age Autism strategy 2015 – 2018** • That Board members were invited to provide feedback on the content of the document.	Details of an engagement event circulated to HWB Members after the meeting.
	28d	**Lincolnshire Safeguarding Adults Board Business Plan** • That a copy of the LSAB 2014/16 Strategic Plan to be presented to the after April 2015 • That a copy of the LSAB 2015/16 Annual Report to be presented to the Board during the summer of 2016	Item added to HWB Forward Plan. To be tabled as an item for information at the June 2015 meeting. (Update 18.05.15 – the LSAB Strategy is currently out for consultation. Details have been circulated to Board Members and they have been encouraged to contribute to the consultation.) Item added to HWB Forward Plan as an item to be programmed once date confirmed.
	28e	**Draft Lincolnshire Unit of Planning 5 Year Strategic Plan** That a final draft of the strategic plan to be presented to a future meeting of the Board.	The CCG Operational Plans 2015/16 were discussed at the Informal Health and Wellbeing workshop on 24th February 2015 and presented to the Health and Wellbeing Board on 24th March 2015.
24.03.15	37a	**Lincolnshire Pharmaceutical Needs Assessment** The Chairman to write to NHS England to reflect the view of the Board.	A letter from the Chairman was sent to NHS England on 27th March 2015 and a response was received from NHS England on 2nd April 2015. Details of the correspondences circulated to Board Members as part of Chairman's Announcements on 9 June 2015.
	37c	**Better Care Fund Section 75 Agreements** That delegation was made to the Chairman of the Lincolnshire Health and Wellbeing Board to make any final iteration prior to the documents submission on 31 March 2015.	Changes to the BCF Section 75 Agreements were endorsed by the Chairman prior to the documents being submitted on 31st March 2015.
	37d	**Health and Wellbeing Grant Fund** That the title 'Get Started and Get into Healthy Lives" needs amending to 'Princes Trust'	Details amended accordingly.

		Also, that the 'Step Forward Project' the age requirement being reduced from 18 to 16	A discussion has taken place with the Project Manager who is happy to accommodate this request. The procurement of sub-contractors to run the project will start in October 2015 and the provisional start date is January 2016. The requirement to include 16 years+ will be built into the Service Specification.
	42	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the Joint Health and Wellbeing Strategy and the Public Health Plan to a Page be included on the 9 June 2015 agenda	Actioned – on the agenda for 9th June 2015
		That a progress report concerning the outcomes relating to the selected Projects from the Health and Wellbeing Grant Fund be reported to a future meeting	Included on the Forward Plan and a six month update is scheduled for September 2015
		A further suggestion was also made for a report on what was being commissioned in each of the CCG areas so that the Board can have an overview of all commissioning.	A paper from Public Health on 'Meeting the Prevention Challenge in Lincolnshire' presented to the Board on 9th June 2015.

Lincolnshire Health and Wellbeing Board – 9 June 2015

Announcements from: Cllr Sue Woolley, Chairman of the Lincolnshire Health and Wellbeing Board

Pharmaceutical Needs Assessment for Lincolnshire

As requested by the Board at the last meeting, I wrote to NHS England raising concerns about access to certain pharmacy services in rural areas, particularly in the east of the county. I have received a response from Trish Thompson, Interim Director of Commissioning Organisations (Central Midlands) stating that the recommendations in Lincolnshire's PNA and the comments raised in my letter will be considered by the Pharmaceutical Services Regulations Committee in due course.

A copy of both my letter and the response from Trish Thompson are attached for information.

East Midlands Integration Summit

A few places still remain for the East Midlands Integration Summit on 25 June 2015. This free event showcases how improvements to integrate care are being implemented across the East Midlands. Participants will be able to hear from Commissioners and providers who have implemented change, share their experience and contribute to the discussion across the following topics:

- Which inteventions are having the greatest impact in reducing admissions and delayed bed days?
- how are integrated care outcomes being delivered through innovations in commissioning & procurement?
- how are integrated care outcomes being delivered through innovations in social care, such as domiciliary care services?
- how are local areas investing differently in prevention, so more effective care & support takes place in the community
- how are local areas measuring the impact & return on investment of specific interventions?
- how is the East Midlands Ambulance Trust working with partners to improve non-conveyance to hospitals as a key part of health & care integration
- how are local areas addressing organisational development for teams commissioning & delivering integrated care

For more information and to register see https://www.eventbrite.co.uk/e/east-midlands-integration-summit-event-tickets-16751894367

Lincolnshire Adult Safeguarding Board – Strategy consultation

The Lincolnshire Safeguarding Adults Board Strategy 2015-18 is currently out for consultation and I would encourage Board Members to take the opportunity to comment on the draft strategy. Full details of the consultation and how to comment can be found at www.lincolnshire.gov.uk/lsab

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My ref:

27 March 2015

Trish Thompson
Interim Director of Commissioning Operations
NHS England
trishthompson@nhs.net

County Offices
Newland
Lincoln
LN1 1YL
Tel: 01522 552094
Fax: 01522 552072
Email: cllrs.woolley@lincolnshire.gov.uk

Dear Ms Thompson

RE: LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

I am writing to you in my capacity as Chairman of the Lincolnshire Health and Wellbeing Board to highlight a number of concerns raised by the Board regarding access to pharmaceutical services in many rural parts of Lincolnshire.

In line with statutory requirements, the Board formally approved the Lincolnshire Pharmaceutical Needs Assessment (PNA) at its meeting on 24 March 2015. I have attached a copy of the PNA which will shortly be made available on the Lincolnshire Research Observatory.

The PNA concludes that Lincolnshire residents are adequately served by providers of dispensing services in both urban and rural areas. However, there are many rural areas of Lincolnshire 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 Medicine Service.

The Board discussed the rural nature of Lincolnshire, particularly in the east of the county, which combined with an increasing ageing population means many local residents struggle to access self-care or basic community pharmacy services. The lack of or limited access to services is forcing many rural residents to seek help from either their GP or A&E for minor conditions which can easily be treated by visiting a pharmacy. The only alternative is to travel considerable distances to larger towns where community pharmacy services are more readily available.

This apparent inconsistency and gaps in service provision seem at odds with the national *'Feeling under the weather'* campaign which aims to reduce the pressure on NHS urgent and emergency care by influencing changes in public behaviour to help reduce the number of elderly and frail people requiring admission to hospital or A&E with illnesses that could have been effectively managed through earlier access to health advice and self-care information from community pharmacy services.

To address these issues, the PNA calls for further expansion and wider availability to a range of services currently provided through community pharmacies. This expansion should be done with existing community pharmacies, by for example extending opening hours, rather than establishing new pharmacies which could lead to an over-provision of essential services or destabilise current provision.

Given the conclusions and recommendations highlighted in Lincolnshire's PNA, the Health and Wellbeing Board would like to know what plans NHS England has to address the gaps in community pharmacy provision, particularly in the east of the county.

I look forward to your response.

Yours sincerely

Cllr Sue Woolley
Chairman, Lincolnshire Health & Wellbeing Board
Executive Councillor, NHS Liaison, Community Engagement

cc Jim Heys, Locality Director (North), NHS England
jimheys@nhs.net

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Trishthompson@nhs.net

2 April 2015

Councillor S Woolley
Chairman, Lincolnshire Health & Wellbeing Board
Lincolnshire County Council
County Offices
Newland
Lincoln
LN1 1YL

Dear Councillor Woolley

RE: Lincolnshire Pharmaceutical Needs Assessment (PNA)

I am writing in response to your letter of 27th March 2015, enquiring about action taken by NHS England in respect of the Lincolnshire PNA.

NHS England has a Pharmaceutical Services Regulations Committee locally that considers matters concerning control of entry for pharmaceutical services. It also considers other issues related to the provision of community pharmacy services throughout Leicestershire and Lincolnshire.

The Committee has not yet had sight of the published Pharmaceutical Needs Assessment for Lincolnshire. This will be considered at a future meeting of the Committee who will agree on any actions to be taken in relation to the content. Any recommendations will be considered in the context of the Pharmaceutical Services Regulations and the Directions and the resource implications. The Committee will also consider the comments that you have made in your letter.

Yours sincerely

Trish Thompson
Interim Director of Commissioning Organisation (Central Midlands)

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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:	**9 June 2015**
Subject:	**Terms of Reference, Procedural Rules, Board Members Roles and Responsibilities and Assurance Framework**

Summary:

The Board is required to review its governance arrangements at the Annual General Meeting. This paper asks the Board to re-affirm the Terms of Reference, Procedural Rules and Board Members Role and Responsibilities. It also asks the Board to formally adopt the Assurance Framework which sets out how the Board will assess the impact of the Joint Health and Wellbeing Strategy and provide assurance that progress is being made to achieve the outcomes.

Actions Required:

The Board is asked to re-affirm the Terms of Reference, Procedural Rules and Member's Roles and Responsibilities, and to formally adopt the Assurance Framework.

1. Background

The functions of the Health and Wellbeing Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012 as follows:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- provide such advice, assistance or other support as it things appropriate for the purpose of encouraging joint commissioning;
- prepare and publish a Joint Strategic Needs Assessment; and
- prepare and publish a Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board became a formal committee of the County Council in April 2013. The Terms of Reference and Procedural Rules detailed in Appendix A were adopted in September 2013 and subject to an annual review. The Terms of Reference and Procedural Rules, along with the Board Member's Roles and Responsibilities (Appendix B) and the Agenda Process (Appendix C), provide the formal governance arrangements for the Board.

These documents have been reviewed against current guidance and the Council's Constitution for accuracy and no major changes are necessary. The Board are therefore asked to re-affirm these governance arrangements.

Appendix D details the Board's Assurance Framework which sets out the approach which will be followed to assess the impact of the Joint Health and Wellbeing Strategy and enable the Board to provide assurance that progress is being made to improve the health and wellbeing in Lincolnshire.

2. Conclusion

The Board is asked to consider re-affirm the documents as attached in Appendices A, B and C. The Board is also asked to formally adopt the Assurance Framework attached in Appendix D.

3. Consultation

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Terms of Reference and Procedural Rules
Appendix B	Board Member's Roles and Responsibilities
Appendix C	Lincolnshire Health and Wellbeing Board Agenda Process
Appendix D	Lincolnshire Health and Wellbeing Board Assurance Framework

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, Programme Manager Health and Wellbeing, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL

Appendix A

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE and PROCEDUAL RULES

June 2015

Next review date June 2016

Lincolnshire Health and Wellbeing Board
Terms of Reference
and Procedural Rules

1. Context

1.1 The full name shall be the Lincolnshire Health and Wellbeing Board (the Board).

1.2 The Board is established as a consequence of Section 194 of the Health and Social Care Act as a committee of Lincolnshire County Council.

2. Aim

2.1 The Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any Health or Social Care services in Lincolnshire to work in an integrated manner.

2.2 The Board must provide advice, assistance and support for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of such services.

2.3 The Board must encourage those involved in arranging the provision of Health-Related Services to work closely with the Board.

3. Objectives

3.1 To provide strong local leadership for improvement of health and wellbeing.

3.2 Monitor the implementation and performance of health and wellbeing outcome targets defined within the Joint Health and Wellbeing Strategy (JHWS).

3.3 Lead on the production and delivery of a Joint Strategic Needs Assessment (JSNA) and ensure that partner agencies use the evidence base as part of their commissioning plans.

3.4 Lead on the production of the Pharmaceutical Needs Assessment and liaise with NHS England to ensure recommendations or gaps in service are addressed.

3.5 Lead on the implementation of the Joint Health and Wellbeing Strategy (JHWS).

3.6 Confirm and challenge the joint commissioning plans for Health and Social care to ensure they meet the needs identified by the JSNA and in line with the JHWS.

3.7 Review any reconfiguration of Health or Social care services in Lincolnshire to ensure they support the outcomes of the Joint Health and Wellbeing strategy.

3.7 Maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and processes and prevent duplication or omission within Lincolnshire.

4. Roles and Responsibilities of members of the Board

4.1 To work together effectively to ensure the delivery of the JSNA and JHWS for the benefit of Lincolnshire's communities.

4.2 To work within the Board to build a partnership approach to key issues and provide collective and collaborative leadership for the communities of Lincolnshire.

4.3 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.

4.4 To champion the work of the Board in their wider networks and in the community.

4.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be disseminated and actioned to ensure the health and wellbeing of the community of Lincolnshire is improved.

4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations of the Board.

In particular, it is the Board's expectations that members will act in accordance with Board members/champions responsibilities listed at Appendix B.

5. Accountability

5.1 The Board carries formal delegated authority to carry out its functions under Sections 195 and 196 of the Health and Social Care Act 2012 from Full Council.

5.2 Core Members bring the responsibility, accountability and duties of their individual roles to the Board and provide information, data and consultation material, as appropriate, to inform the discussions and decisions.

5.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve the health and wellbeing of the population of Lincolnshire.

5.4 The District Council Core Member will ensure that they keep all Districts advised of the work of the Board.

5.5 The Board will report to the Full Council and the NHS England via the Area Team (AT) by sending meeting minutes and presenting papers as and when requested.

5.6 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes on the

Lincolnshire County Council website.

5.7 The members of the Board will also take part in round table discussions with the public, voluntary, community, private, independent and NHS sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.

6. Membership

6.1 The core membership of the Board will comprise the following:

- Executive Councillor Adult Care, Children's and Health Services,
- Executive Councillor NHS Liaison and Community Engagement,
- Executive Councillor Libraries, Heritage and Culture,
- Five designated Lincolnshire County Councillor's,
- The Executive Director of Public Health,
- The Executive Director of Adult Care,
- The Executive Director of Children's Services,
- Designated representative from each Clinical Commissioning Group in Lincolnshire,
- Designated NHS England (Area Team LAT) representative ,
- One designated District Council representative (representing all seven districts),
- A designated representative from Healthwatch

6.2 The Core Members, through a majority vote, have the authority to approve individuals as Associate Members of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting (AGM).

6.3 Each member of the Board can nominate a named substitute. Two working days advance notice that a substitute member will attend a meeting of the Board will be given the Democratic Services Manager. Substitute members will have the same powers as Board members.

7. Frequency of Meetings

7.1 The Board will meet no less than four times per year including an AGM.

7.2 Additional meetings of the Board may be convened with agreement of the Chairman.

8. Agenda and Notice of Meetings

8.1 The agenda for each ordinary meeting of The Board will be against the following headings:

1. Apologies
2. Declaration of member's interests
3. Minutes from the previous meeting
4. Action updates from previous meeting

5. Chairman's Announcements
6. Decision/Authorisation Items
7. Discussion/Debate Item
8. Information Item
9. An action log of previous decisions
10. The work programme of planned future work
11. Date of next meeting

All papers for The Board to be provided to the Programme Manager Health and Wellbeing 15 working days before the date of the scheduled meeting, with appropriate template short report for the appropriate agenda item, for approval with the Chairman. (See Agenda Process at Appendix C)

8.2 All finalised agenda items or reports to be tabled at the meeting should be submitted to the Secretariat no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

8.3 The Secretariat will circulate and publish the agenda and reports at least five working days prior to the meeting. Exempt or Confidential Information shall only be circulated to Core Members.

9. Annual General Meeting

9.1 The Board shall elect the Chairman and Vice Chairman at each AGM. The appointment will be by majority vote of all Core Members/substitutes present at the meeting and will be for a term of one year.

9.2 The Board will approve the representative nominations by the partner organisations as Core Members.

10. Quorum

10.1 Any full meeting of the Board shall be quorate if not less than a third of the Core Members are present. This third should include a representative from the Clinical Commissioning Groups and a Lincolnshire County Council Executive Councillor and either the Chairman or Vice Chairman.

10.2 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Board.

11. Procedure at Meetings

11.1 Members of the Public may attend all ordinary meetings of the Board subject to the exceptions set out in the Access to Information Procedure Rules set out in Part 4 of the Lincolnshire County Council's constitution.

11.2 Only the Core and Substitute Members are entitled to speak through the Chairman. Associate Members and the Public are entitled to speak if pre-arranged with the Chairman before the meeting.

11.3 With the agreement of the Board, the Board can set up operational/working sub-groups to consider distinct areas of work to support the activities of the Board.

11.4 The operational/working sub-group will be responsible for arranging the frequency and venue of their meetings.

1.5 Any recommendations of the operational/working sub-group will be made to the Board who will consider them in accordance with these terms of reference.

1.6 The aim of the Board is to make its business accessible to all members of the community and partners with special needs. Accessibility will be achieved in the following ways:

- Ensuring adequate physical access to Board meetings;
- Providing signers, interpreters or other specialist support within existing resources on request to the secretariat;
- To include a work programme of planned future work on the agenda;
- Reports and presentations are in a style that is accessible to the wider community, and of a suitable length, so that their content can be understood;
- Enabling the recording of meetings to assist the secretariat in accurately recording actions and decisions of the Board.

12. Voting

12.1 Each Core Member and Substitute Member shall have one vote.

12.2 Wherever possible decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus of opinion, voting will take place and decisions agreed by a simple majority. The Chairman will have a casting vote.

12.3 Decisions of the Board will be as recommendations to the partner organisations to deliver improvements in the Health and Wellbeing of the population of Lincolnshire.

13. Minutes

13.1 The Secretariat shall minute the meetings and produce and circulate an executive summary and action log to all Core Members.

13.2 The Secretariat will send the draft minutes and action log to the Chairman within five working days of the meeting for comment.

13.3 The draft minutes, as agreed by the Chairman, will be circulated to Core Members.

13.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.

13.5 The Secretariat will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

14. Expenses

14.1 Partnership organisation's are responsible for meeting the expenses of their own

representatives.

15. Declarations of Interest

15.1 At the commencement of all meetings all Core Members who are members of Lincolnshire County Council shall declare any interests in accordance with the Member's Code of Conduct which is set out in Part 5 of the Lincolnshire County Council's constitution.

16. Conduct of Core Members at Meetings

16.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interest, whether financial or otherwise, rather than for the general public interest.

16.2 When at Board meetings or when representing the Board, in whatever capacity a Core Member must uphold the principles of:

- Selflessness
- Honesty and Integrity
- Objectivity
- Accountability and Openness
- Respect for Others
- Cooperation

17. Review

17.1 The above terms of reference will be reviewed at the AGM or earlier if necessary.

17.2 Any amendments shall only be included by unanimous vote.

DEFINITIONS

Exempt Information
Information falling within any of the descriptions set out in Part I of Schedule 12A of the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to 'the authority' were references to 'Board' or any of the partner organisations.

Confidential Information
Information furnished to, partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which the public is prohibited by or under any enactment or by the order of a court are to be discussed.

Associate Members
Associate Member status is appropriate for individuals wanting to be involved with the work of the Board, but who are not designated as core members. The Board has the authority to invite Associate Members to join and approve their membership before they take their place. Associate Members will not, unless specifically requested, be consulted on dates and venues of meetings but are invited to submit agenda items, and have a standing invitation to attend meetings if an issue they are keen to discuss is on the agenda. Associate Members will not have voting rights at Board meetings.

Health Services
Means services that are provided as part of the health service.

Health-Related Services
Health-Related Services means services that may have an effect on the health of individuals but are not health service or social care services.

Social Care Services
Means services that are provide in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970).

Appendix B

Lincolnshire Health and Wellbeing Board Responsibilities

Key responsibilities of **ALL** board members:

- Agreement of CCG Commissioning plans
- Oversight of Annual Public Health Report/Public Health Issues
- Agreement of Children's commissioning plans
- Oversight of Healthwatch Plans/Annual Report
- Agreement of Adult's commissioning plans
- Creation of Joint Strategic Needs Assessment (JSNA), and the Joint Health and Wellbeing Strategy (JHWS)
- Adhere to the Equalities Duty Act 2010, including the Public Sector Duty
- Performance and Quality Monitoring
- Promote integration and partnership across areas
- Undertake a compliance role in relation to major service redesign
- Support joint commissioning plans and pooled budget arrangements to meet the needs identified by the JSNA and to support the implementation of the Health and Well-being Strategy
- Ensure all commissioning plans have been co-produced
- Joint health and wellbeing strategy sponsor members of the Board should also ensure the strategy is developed according to the direction of the Board and to provide assurance to the Board that it is working within agreed timescales

All members of the HWB will be expected to

- **Represent** and **speak** on behalf of their organisation or sector
- Be **accountable** to their organisation or sector when participating in the HWB ensure organisations/sector are kept informed of HWB business and that information from their organisation/sector is reported to the HWB
- **Support** the agreed majority view when speaking on behalf of the HWB to other parties
- **Attend** HWB meetings or ensure that a named deputy is briefed when attending on their behalf
- **Declare** any conflicts of interest should they arise
- **Read** agenda papers prior to meetings so that they are ready to contribute and discuss HWB business
- **Work collaboratively** with other board members in pursuit of HWB business;

- **Ensure** that the HWB adheres to its agreed terms of reference and responsibilities;
- **Listen** and respect the views of fellow Board members;
- **Be willing** to take on special tasks or attend additional meetings or functions to represent the HWB

Key roles and responsibilities of individual core board members:

Core Member	Key Roles and Responsibilities
Lincolnshire County Council Executive members	• Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board • Report any issues raised by other members of the Board • Provide strategic direction in relation to Lincolnshire's Joint Health and Wellbeing Strategy • Report publicly on the work and progress of the Board • Report to Executive on the work and progress of the Board • Promote and ensure co-production of all commissioning plans and proposals
Lincolnshire County Councillor	• Report publicly on the work and progress of the Board • Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board
Executive Director of Community Wellbeing and Public Health	• Update the Board on public health related activity taking place in Lincolnshire • Report to the Board any relevant information provided from Public Health England (PHE) and report any relevant board matters to PHE • Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents • Lead the revision and publication of the JSNA • Lead the revision and publication of the Joint Health and Well-being Strategy
Adults and Children's Executive Directors	• Report on commissioning activity to the Board • Provide relevant information requested by the Board • Contribute to the creation of the JSNA • Have regard to the JSNA and the JHWBS when developing commissioning and budget proposals • Report Board activity to assistant directors and heads of service
Clinical Commissioning Group representative	• Ensure that the Clinical Commissioning Group members/partners directly feed into the JSNA • Have regard to the JSNA and the JHWBS when developing commissioning and budget proposals • Report commissioning activity to the Board • Report Board activity to other Clinical Commissioning Group members
Lincolnshire Healthwatch representative	• Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board

	• Feedback board response to issues raised and activity undertaken • Promote community participation and co-production in support of activity • Ensure evidence from Healthwatch is fed into JSNA evidence base • Report on and from Healthwatch England • Ensure the Joint health and Wellbeing Strategy reflects the need of Lincolnshire's population • Provide reports to the Board on issues raised by providers or the public of Lincolnshire
District Council representative	• Promote the Boards intentions to District Council partners • Ensure evidence from the District Council is fed into JSNA evidence base • Feedback any issues raised by partner districts or the public to the Board
NHS England representative	• Update the board on any national Commissioning issues which will affect Lincolnshire's Joint Health and Wellbeing Strategy • Ensure evidence from Healthwatch is fed into JSNA evidence base for Lincolnshire • Feedback on any issues raised by the Board affecting Lincolnshire to the NHS Commissioning Board • report on direct commissioning activity • have regard to JSNA and JHWBs when developing commissioning and budget proposals • provide strategic direction in relation to Lincolnshire JHWB strategy • provide an opportunity for issues that fall within the Area Team role of NHS to be reported in a meeting held in public.

Appendix C

Lincolnshire Health and Wellbeing Board Agenda Process

Standard Agenda Item	Item Detail	By When
1. Apologies	Core Members of the Board unable to attend formal HWB meeting	Notification of apologies to be sent to the Secretariat **Two working days** before Board meeting
2. Declaration of members interests	Core Members to declare any interest against agenda item listed	Notification to be given either **two working days** before Board meeting, or to the Chairman on the day of the meeting
3. Minutes from the previous meeting	Core members to formally amend and agree previous minutes which will be placed on the LCC website	At meeting
4. Action updates from previous meetings	Record to activity of the Board	Updated by Programme Manager Health and Wellbeing and presented at Board meeting for noting.
5. Chairman's announcements	Announcements of local, regional or national interest to the delivery of health and wellbeing in Lincolnshire	Written notice of announcements to Secretariat **seven working days** before Board meeting. Additional verbal updates provided at meeting.
6. Decision/Authorisation Items	Forward Plan items e.g. commissioning plans, service re-configuration, Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment, Joint Health and Wellbeing Strategy	Agenda items agreed with the Chairman no later than **five weeks** prior to the meeting. Draft reports **15 working days** before Board meeting to Programme Manager Health and Welling for approval with Chairman. Final reports (including any presentation) to Secretariat **seven working days** before Board meeting.
7. Discussion/Debate Items	For example Health and Wellbeing theme ideas, updates from partners, national policy changes, items for Forward Plan	Agenda items agreed with the Chairman no later than **five weeks** prior to the meeting. Draft reports **15 working days** before Board meeting to Programme Manager Health and Welling for approval with Chairman.

		Final reports (including any presentation) to Secretariat **seven working days** before Board meeting.
8. Information Items	Information items to be shared with partner agencies from Core Members	Agenda items agreed with the Chairman no later than **five weeks** prior to the meeting. Draft reports **15 working days** before Board meeting to Programme Manager Health and Welling for approval with Chairman. Final reports (including any presentation) to Secretariat **seven working days** before Board meeting.
9. Action log of previous decisions	Record of decisions taken by the Board at previous meetings	Updated by Secretariat and presented at Board meeting for noting.
10. Forward Plan/Work Programme	Future planned work	Forward Plan to secretariat seven working days before the Board Meeting. For comment and noting by the Board.
11. Date of next meeting	Dates to be set for full year by Full Council at annual AGM	Dates confirmed with Board at annual AGM meeting in June.

Appendix D

Lincolnshire Health and Wellbeing Board Assurance Framework

1. Introduction

Lincolnshire Health and Wellbeing Board (the Board) was established in response to the Health and Social Care Act 2012 to act as the forum for leaders from health and care to work together to improve the health and wellbeing of the people of Lincolnshire, and to promote greater integration of services. The Board became a formal committee of the County Council in April 2013.

The Joint Health and Wellbeing Strategy for Lincolnshire 2013- 2018 (JHWS) was approved by the Shadow Health and Wellbeing Board on 19 September 2012, for implementation from April 2013. The JHWS is a high level document which sets out the five year strategic commissioning direction which partners need to take account of when planning and delivering services. It is based on the priorities identified in the Joint Strategic Needs Assessment and was developed following extensive consultation.

The Board is responsible for producing the JHWS and as part of agreeing the strategy the Board Members agreed to *'hold each other to account for ensuring the commissioning and decommissioning decisions are in line with the strategy and deliver the outcomes which are included in each of the five thematic sections.'* Therefore one of the HWB's ongoing roles is to assure itself, the Council and Partners that progress is being made to deliver the outcomes.

In addition to the five themes, the JHWS also includes three cross cutting issues: Mental Health, Inequalities and Carers. These cross cutting issues are woven into the all or most of the five themes and therefore will be reported as part of the Theme mechanisms detailed in this paper.

2. Purpose

This paper sets out the Board's Assurance Framework which will be used to assess the impact of the JHWS and provide assurance that progress is being made to improve health and wellbeing in Lincolnshire. The framework also includes a mechanism for reviewing the Board's governance arrangements to ensure it is meeting its statutory obligations, as well as assessing the Board's level of maturity and progress towards becoming an exemplar HWB.

3. Overview of the Assurance Framework

The Assurance Framework is based on three levels:

- Theme Review;
- Internal HWB Review and
- External Review.

The key elements of the HWB Assurance Framework are shown in the Figure 1 and outlined in more detail in the following sections.

Fig 1: Key elements of the Health and Wellbeing Board's Assurance Framework

3.1 Theme Review

- **Theme Sponsor & Theme Lead Roles**

  As a member of the Board, the Theme Sponsor will support the work of the Board by providing guidance, advice and advocacy for the Theme. Working in conjunction with the Theme Lead, the Theme Sponsor will be required to take forward the outcomes of the JHWS providing assurance to the Board that the priorities remain current and address the needs identified in the JSNA.

  The Theme Lead is responsible for overseeing the progress of the Theme, providing overall direction and a steer to partner organisations. The Theme Lead is a key role, providing the bridge between stakeholders and the Theme Sponsor.

- **Quarterly Outcome Monitoring**

  Reports on the Theme's leading and secondary outcome measures will be provided to each Theme Lead on a quarterly basis via the Programme Manager Health and Wellbeing. Theme Leads will be responsible for reviewing the report and liaising with the Theme Sponsor to discuss any areas of concern.

  A high level summary will be shared with the Board for information and any areas of concern can be raised, by exception, with the Board through the Exception Reporting mechanism. Quarter 4/year end data will be used to populate the Theme Dashboards which will form part of the annual Assurance Report on the JHWS presented to the Board in September.

- **Exception Reporting**

  Through the *'Joint Health and Wellbeing Strategy Theme Update'* standing agenda item Theme Sponsors can raise, by exception, issues (both negative and positive) with the Board which impact on the delivery of the JHWS.

- **Periodic Theme Reviews**

  As required by the Board, Theme Sponsors and Theme Leads will be required to undertake periodic reviews of the JHWS to ensure:
  - The priorities and outcomes in each Theme remain valid and take account of any new/emerging evidence or changes to the JSNA;
  - The right things are being monitored to enable the Theme to demonstrate progress in meeting the outcomes in the JHWS;
  - The Theme is able to identify any priorities or issues that are not being addressed and look for opportunities that need a whole system approach;
  - Appropriate mechanisms are in place to support the Theme.

3.2 Internal HWB Review

- **Annual review of Terms of Reference & Board Governance**

  The Terms of Reference and Procedural Rules will be reviewed by the Board on an annual basis.

- **HWB Self-Assessment/Development Tool**

  Annually the Board will review its performance and effectiveness using the Health and Wellbeing System Improvement Development Tool (Sept 2014)[1] developed nationally by the Local Government Association. The tool is a maturity matrix which asks the Board to consider and challenge its own practice, to benchmark with others and to promote the development of an improvement plan.

- **JHWS Theme Dashboards**

  The Theme Dashboards give a high level snapshot on each of the JHWS themes and provides key information to enable the Board to measure the impact of the JHWS. In addition to providing a 'summary position statement' detailing progress on the delivery of the Theme, the dashboard will also include information on the leading outcomes indicators. JHWS Theme Dashboards will be reported annual in September, or as indicated by the Board.

  A standard template, further guidance and information on timescales will be issued to Theme Leads along with the Quarter 4 Outcome Monitoring Report.

- **Annual Report**

  The HWB Annual Report is intended as a public facing document to share with partners, stakeholders and the public. It will take information from for example, the Theme Dashboards, Self-Assessment and Case Studies to evidence how the Board is meeting its statutory responsibilities and improving the outcomes for the people of Lincolnshire.

3.3 External Review

[1] http://www.local.gov.uk/documents/10180/11493/Health+and+wellbeing+system+improvement+programnme+development+tool+-+September+2013/e1acf67f-6be8-4a99-90b5-45ecec4d11e9

- **Health Scrutiny Committee for Lincolnshire**

  Health Scrutiny Committee for Lincolnshire is responsible for holding 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. A formal protocol between Health Scrutiny and the Board was agreed in December 2014.

- **Peer Review**

  To evaluate its progress and achievements as well as exchange ideas and learning, the HWB may choose to undergo a Peer Review Challenge as part of the LGA offer to Health and Wellbeing Board.

4. Timeline of Activities for 2015/16

Assurance Level	Activity	Timeframe
Theme Review	Quarterly Outcome Monitoring	*Provisional dates:* 2014/5 Q4 – May 2015 2015/16 Q1 – August 2015 Q2 – November 2015 Q3 – February 2016 Q4 – May 2016
	Periodic (Mid Term) Review	March – May *(outcome from review to be tabled at June HWB meeting)*
Internal HWB Review	Annual Review of TORs	June
	Self-Assessment	September
	Theme Dashboards	September
	Annual Report	Autumn
External Review	Health Scrutiny	To be scheduled from September 2015

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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:	**9 June 2015**
Subject:	**Joint Health and Wellbeing Strategy Board Sponsors**

Summary:

To support the delivery of the Joint Health and Wellbeing Strategy (JWHS) the Board agreed in September 2013 to allocate two Board Sponsors to each Theme of the JHWS. Working in conjunction with the Theme Leads, the Board Sponsor's role is to provide guidance, advice and advocacy and to take forward the outcomes in the JHWS. Since agreeing these roles there have been a number of changes to Board membership and it is necessary to identify new sponsors, specifically for Themes Three and Five.

Actions Required:

The Health and Wellbeing Board is asked to agree the revised list of Board Sponsors and the role descriptions detailed in Appendix A.

1. Background

In September 2013 the Board agreed to allocate a councillor and clinical lead to each theme of the Joint Health and Wellbeing Strategy to act as Sponsors and work in conjunction with the Theme Lead to take forward the outcomes in the JHWS. However, since the original agreement the Board membership has changed and it is necessary to identify new sponsors for Themes three and five. The table below details the new allocation of Board Sponsors.

	Board Sponsor	**Theme Lead**
Theme 1: Promoting healthier lifestyles	Cllr Nick Worth Dr Sunil Hindocha	Chris Weston – Public Health Consultant

		(interim Theme Lead)
Theme 2: Improve the health and wellbeing of older people	Cllr Ron Oxby Dr Kevin Hill	Dr Tony Hill – Executive Director Community Wellbeing & Public Health
Theme 3: Delivering high quality systematic care for major causes of ill health and disability	Cllr Nigel Pepper Dr Peter Holmes	Dr Kakoli Choudhury – Public Health Consultant
Theme 4: Improve health and social outcomes for children and reduce inequalities	Cllr David Brailsford Dr Vindi Bhandhal	Mandy Clarkson – Public Health Consultant (interim Theme Lead)
Theme 5: Tackling the wider determinants of health	Cllr Mrs Marion Brighton OBE Malcolm Swinburn	Mandy Clarkson – Public Health Consultant

Detailed role descriptions for a Board Sponsor and Theme Lead are included in Appendix A.

2. Conclusion

Recent changes in Board membership means it is necessary to identify new Board Sponsors for Themes Three and Five.

3. Consultation

Board Sponsors and Theme Leads were asked to comment on the draft role descriptions.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Board Sponsor and Theme Lead – Role Descriptions

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

APPENDIX A

Theme Sponsor and Theme Lead – Role Descriptions

Theme Sponsor – (*member of the Lincolnshire Health and Wellbeing Board)*
Role
The role of the Theme Sponsor is to support the work of the Board by providing guidance, advice and advocacy for the Theme. Working in conjunction with the Theme Lead, the Board Sponsor will be required to take forward the theme outcomes in the Joint Health and Wellbeing Strategy (JHWS) providing assurance to the Board that the priorities remain current and address the needs identified in the Joint Strategic Needs Assessment (JSNA).
Responsibilities
• To act as the advocate for the Theme on the Board and promote the JHWS to wider partners; • To act as the link between the Board and the Theme Lead/Theme Delivery Group; • To provide advice and guidance to the Theme Lead as required; • To work in conjunction with the Theme Lead to steer the Theme and agree the approach to be taken to ensure progress; • To raise, by exception, any issues identified by the Theme Lead/Theme Delivery Group with the Board; • To endorse changes/updates to the Theme Chapter in the JHWS ahead of the formal approval by the Board; • To agree with the Theme Lead a list of core stakeholders and partners who should be engaged; • To review the draft Theme Dashboard in order to approve it for submission to the Board as part of the HWB Annual Assurance process; • To be available, where possible, to attend any Theme meetings or engagement events.

Theme Lead – (*Public Health Consultant)*
Role
The Theme Lead is responsible for overseeing the progress of the Theme, providing overall direction and steer to partner organisations. Working in conjunction with the Board Sponsor, the Theme Lead is required to work with partners to provide assurance to the Board that the outcomes in the JHWS are being met and needs identified in the JSNA are being addressed.
Responsibilities
• To provide oversight of the dependencies and linkages between the Theme and other Council services, partners/agencies, providers and other relevant organisations; • To promote and raise awareness of the JHWS/Theme with stakeholders and partners; • To regularly liaise with the Theme Sponsor, highlighting any areas of concern that need to be escalated to the Board; • To put in place appropriate structures/delivery mechanisms to support the Theme including if necessary the establishment of task and finish groups; • To work in conjunction with the Theme Sponsor to steer the Theme and agree the approach to be taken to ensure progress; • To lead on engaging partners/stakeholders with an interest in the Theme in order to drive change; • To lead the Theme mid-term review, overseeing the development of relevant documentation to support the refresh of the Theme as required by the Board; • To work in conjunction with the Programme Manager – Health and Wellbeing to develop the Theme Dashboard and any other documentation required by the Board as part of the Annual JHWS Assurance process; • To liaise with the Programme Manager – Health and Wellbeing on any related matters as required by the Board

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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:	**9 June 2015**
Subject:	**Mid Term Review of the Joint Health and Wellbeing Strategy**

Summary:
In September 2014 the Board asked for a 'mid-term review' of the Joint Health and Wellbeing Strategy (JHWS) to ensure the strategy continues to remain current. Each Theme was asked to review the suite of indicators being used to monitor the outcomes and priorities to ensure that they are appropriate and to identify additional actions that can be taken by the Theme.

Actions Required:
The Board is asked to agree the Mid Term Review of the Joint Health and Wellbeing Strategy as documented in Appendices A – E.

1. Background

In September 2014 the Board asked for a 'mid-term review' of the Joint Health and Wellbeing Strategy (JHWS) to ensure the strategy continues to remain current. Specifically each Theme was asked to:

- Review the suite of indicators being used to monitor the outcomes and priorities to ensure they are appropriate and able to demonstrate progress in improving the health and wellbeing of the people of Lincolnshire;
- Identify additional high level actions that can be addressed through each Theme between now and April 2018;
- Consider the support/delivery mechanisms that are in place to engage wider partners and identify how their activities support the delivery of the JHWS.

The outcome of the review undertaken by each Theme is shown in Appendices A – E.

Following agreement of the review a supplementary document, to sit alongside the current strategy, will be produced and shared with Board Members, partners and key stakeholders. Details will also be made available on the Council's website.

2. Conclusion

In September 2014 the Board asked for a Mid Term Review of the Joint Health and Wellbeing Strategy. Each Theme has completed the review and the Board is asked to agree the details as documented in Appendices A – E.

3. Consultation

The Mid Term Review was discussed with Board Members and wider partners at an Informal Health and Wellbeing Board workshop on 12 May 2015.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Theme 1 – Promoting healthier Lifestyles
Appendix B	Theme 2 – Improve the health and wellbeing of older people
Appendix C	Theme 3 – Delivering high quality systematic care for major causes of ill health and disability
Appendix D	Theme 4 – Improve health and social outcomes for children and reduce inequalities
Appendix E	Theme 5 – Tackling the social determinants of health

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, Programme Manager Health and Wellbeing, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015

Theme: Promoting Healthier Lifestyles

Outcome: People lead healthier lives

1. Priorities

We want to make sure people have all the information and support they need to make healthier choices. We think the most important things to do are:

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

2. What we will do about this

2015 -16

- Deliver a 5 year Tobacco Control Plan (2013-18) which incorporates a broad partnership approach to tackle Tobacco Control issues, including a procurement of new smoking cessation services and a re-focus on smoking in pregnancy smoking and mental health.
- The maintenance of the NHS Health Check programme throughout Lincolnshire. A priority is to seek to ensure that the eligible population is offered an invitation to attend and uptake of service
- The continuation of locally commissioned health improvement activities, in partnership with district and local providers.
- Clinical Commissioning Groups continue to work to develop and commission a tier 3 adult weight management service. The re-procurement of a tier 2 adult weight management service, from 1st April 2016 onwards.
- Collaborate on bringing further national grants into the county to enable more people to be more active, more often.
- Lincolnshire County Council and Lincolnshire Partnership Foundation Trust continue to develop a constructive mental health promotion framework.
- Develop the community health champion programme, further embracing the growing volunteer – based health improvement workforce.
- Deliver the Substance Misuse Delivery Plan objectives. Undertake a re-procurement exercise for alcohol and drugs treatment services across Lincolnshire, for October 2016.
- Embed the `Making Every Contact Count` learning with partners and enable the development of workplace health through and complementary with health improvement and independence approaches, e.g. the Well-being Service.

2016 -18

- Refresh the tobacco control partnership and the local plan post 2017.
- Seek to integrate public health competencies, including MECC, into the workforce development opportunities across the Lincolnshire Enterprise Programme (LEP) and Lincolnshire Health & Care (LH&C).
- As local austerity measures come into play (post 2015) there will be changes to the locally commissioned schemes. Post 2016, the health improvement landscape will be different, pending both national and local reviews. Work with partners to embed self-care and self-management into common practice.

- Further build on Community Assets including Community HC, along with LHAC Prevention & Early Intervention. Work with partners to ensure prevention and healthy life styles building into disease pathways.

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Reduce the number of people who smoke	Smoking prevalence Smoking status at time of delivery	PH 2.9 PH 2.3
Reduce the number of adults who are overweight or obese	Excess weight in adults	PH 2.12
Support people to be more active more often	Proportion of physically active and inactive adults	PH 2.13

Secondary Measures

Priority	Secondary Measure	Source
Reduce the number of people who smoke	Service quits indicator Mortality from respiratory diseases Smoking attributable mortality	Commissioned services / Tobacco Control profile PH 4.7/ NHS 1.2 TC Profile indicator
Reduce the number of adults who are overweight or obese	Service performance data Mortality from all cardiovascular diseases	Commissioned services PH 4.4/ NHS 1.1
Support people to be more active more often	Service performance Proportion of physically active and inactive adults Utilisation of green space for exercise/health reasons	Local Authority performance / provider statistics PH 2.13 PH 1.16
Support people to drink alcohol sensibly	Treatment services indicator Alcohol-related admissions to hospital Mortality from liver disease	Commissioned services PH 2.18 PH 4.6/ NHS 1.3
Improve people's sense of mental wellbeing	Self-reported wellbeing Carer reported quality of life People who use services who have control over their daily life	PH 2.23 ASC 1D ASC 1B

4. Delivery and Support Mechanisms

Establishment of Theme 1: Partnership

There are various topic orientated networks and partnerships throughout the county which co-ordinate the work, described above. The relationships of these forums with the H&WB Board are tenuous. Future changes for the health improvement require a degree of engagement and consultation with partners and communities that Theme 1 should co-ordinate. To enable this it is proposed that a Theme1: Health Improvement Partnership be formed, in advance of future changes (September 2015).

Interdependencies

Across the respective themes there are interdependencies. The Public Health Theme leads and support officers will endeavour to build on such inter-related components, e.g. supporting people with long-term health conditions physically, economically and socially with health improvement and independence approaches.

Appendix B

JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015

Theme: Improve the Health and Wellbeing of Older People

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

1. Priorities

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. We think the most important things to do to achieve this are to:

- ***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.***

2. What we will do about this

2015 - 16

- Use our established theme work plan to review the commitments of partner agencies and to ensure the JHWS priorities drive the developing LCC commissioning strategies of Wellbeing, Community Assets and Resilience and Older People's Frailty.

- To establish regular officer working groups across the JHWS themes to ensure connectivity, seek joint assurance and provide updates to the HWBB and theme partners.

- With the People's Partnership Older People's strand to establish a coproduced priority list of areas to involve older people in decision making.

- Commission the regular connected performance reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) to the Excellent Ageing Advisory Group.

2016 – 18

- Our long term aspiration is still to see a funding shift from acute to wellbeing support and community health services. The aspirations/outcomes for older people prioritised in the JHWS must be more explicitly aligned to those driving and evaluating Lincolnshire Health and Care.

- Progress has been made to create 'wellbeing' services within statutory services however more work is required to ensure this operates as a functioning network with those services run by communities and voluntary sectors. Future commissioning strategies across partners will need to ensure such groups are supported to sustainably deliver these vital low level prevention services and partners know how to access them.

- Establish regular connected reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) plus integration of additional local partner indicators and reporting from involvement with older people.

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Spend more of our money on helping older people to stay safe and well at home	Permanent admissions to residential and nursing care. Older people still at home 91 days after discharge from hospital	ASC 2A ASC 2B / NHS 3.6i
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Health related quality of life for people with long term conditions	NHS 2
Increase respect and support for older people within their communities	Social Isolation: % of adult social care users and carers who have as much social contact as they would like	PH 1.18i & ii

Secondary Measures

Priority	Secondary Measure	Source
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 People who use services who say services make them feel safe and secure (65+)	PH 2.24 ASC 4B
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Improving people's experience of integrated care	NHS 4.9 / ASC 3E
Increase respect and support for older people within their communities	Older people's perception of community safety Indicator to be established as part of the LCC Volunteer Strategy to document the numbers of people volunteering (older people volunteers and also people volunteering to help older people).	PH 1.19

4. Delivery and Support Mechanisms

Our intention is to continue the established quarterly Excellent Ageing Advisory Group – to ensure Board Sponsors and partners have protected time to discussion relevant items prior and after Health and Wellbeing Boards. The group will need to ensure the established mechanism for highlight reporting at each HWBB is utilised.

A governance route between Lincolnshire Health and Care, Proactive and Urgent Care Boards, lead officers developing commissioning strategies in each partner agency needs coordinating. (Detail of strategies and action plans has been scoped by the Public Health Strategy and Performance Team in 2014).

JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015

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 to manage them effectively.

1. Priorities

We want to make sure people stay as healthy as possible but when they do develop health conditions they are supported to manage these conditions as effectively as possible. We think the most important things to do are to:

- **Improve the diagnosis and care for people with diabetes**
- **Reduce unplanned hospital admissions and mortality for people with COPD**
- **Reduce mortality rates from CHD, and improve treatment for patients following a heart attack**
- ***Reduce the number of people having a stroke and* improve the speed and effectiveness of care provided to people who suffer a stroke (*changed slightly from the original*)**
- **Reduce mortality rates from cancer, and improve take up of screening programmes**
- **Minimise the impact of long-term conditions on people's mental health**

2. What we will do about this

2015 -16

Many of the key areas in the Clinical Commissioning Group (CCG) 2015/16 Operational Plans support the delivery of the Theme 3 priorities.

Some of the specific actions for 2015-16 are to:

- Provide professional education programmes to support staff to deliver the Theme 3 priorities, for example, diabetes education and the cardiology upskilling programme.
- Support the delivery of the diabetes patient education programme as part of the Health and Wellbeing Grant Fund.
- Continue to commission and provide the NHS Health Check Programme to help identify people at risk of, or with undiagnosed disease and provide appropriate lifestyle interventions.
- Continue to commission and provide annual health checks for people with learning disabilities and serious mental illness.
- Optimise the management of long term conditions, through the delivery of the GP Quality and Outcome Framework (QOF), for example, patients with atrial fibrillation prescribed anticoagulation therapy**.**
- Ensure the Neighbourhood Team model (as part of the Lincolnshire Health and Care – LHAC) is proactive in supporting people living with long term conditions.
- Commission additional cancer diagnosis and treatment capacity at alternative providers to secure delivery of standards.
- Review some of the cancer pathways to recover performance at United Lincolnshire Hospitals NHS Trust.
- Review cancer screening processes to increase uptake, specifically amongst those groups where the update is lower.

2016 -18

Many of the key areas in the CCG Strategic Plans (2014/15- 2018/19) support the delivery of the Theme 3 priorities and some of the 2015-16 plans (above) will be further developed during 2016-18. Some of the specific actions are to:

- Take forward the LHAC Programme - the Neighbourhood Team model and the work from the four care design groups.
- To commission new enhanced diabetes services, incorporating in the diabetes patient education programme as part of the Health and Wellbeing Grant Fund.

3. How we will ensure that things are improving

Leading Measures

Priority	Measure	Source
Diabetes	Recorded diabetes (against expected prevalence).	PH 2.17
COPD	Under 75 mortality from respiratory disease.	PH 4.7 / NHS 1.2
CVD	Under 75 mortality from CVD.	PH 4.4 / NHS 1.1
Cancer	Under 75 mortality from cancer.	PH 4.5 / NHS 1.4
Mental Health	Health related quality of life for people with a long term mental health condition.	CCG Outcome Indicator Set.
	Excess under 75 mortality rate in adults with serious mental illness.	NHS 1.5/ PH 4.9

Secondary Measures

Priority	Measure	Source
Diabetes	Information from the National Diabetes Audit (Eight key processes).	NDA/HQIP
	Diabetes ongoing management indicators (e.g. BP, Cholesterol, HbA1c).	QOF
COPD	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	NHS 2.3
	Ongoing COPD management indicators (e.g. flu immunisation).	QOF
CVD	Take up of the NHS Health Check Programme.	PH 2.22
	Stroke patients spending 90% of their time in hospital on a stroke unit.	CCG Outcome Indicator Set.
	People who have had an acute stroke who receive thrombolysis.	CCG Outcome Indicator Set.
	Ongoing management indicators (e.g. treatment with ACE-1/ ARB/Beta-blockers, AF register that received anti-coagulation and stroke register that had BP reading).	QOF
Cancer	Cancer screening coverage	PH 2.20
	Cancer 2 week waits Cancer 62 day waits	NHS Constitution Measures
Mental Health	Proportion of people feeling supported to manage their condition	NHS 2.1/ CCG Outcome Indicator Set.
	People with severe mental illness who have received a physical health check	CCG Outcome Indicator Set.

4. Delivery and Support Mechanisms

A number of the key areas in the CCG Strategic and Operational Plans relate to the Theme 3 priorities. Some of the other significant strategies are Improving Outcomes in Cancer – A Strategy for Lincolnshire (draft), A Five Year Strategy for Clinical Services at ULHT 2014-2019 and Lincolnshire County Council Business Plan. The Lincolnshire Health and Care programme has a key role delivering Theme 3 outcomes and priorities.

The CCG Governing Body meetings and various other Boards, for example, the Cancer Board and the Joint Commissioning Board have a significant role supporting the delivery of the Theme. The Lincolnshire Carers and Young Carers Partnership also has a role supporting carers who provide support for people with long term health conditions.

A small coordinating group is in place with representatives from each of the CCGs, the Board Sponsors and Theme leads. This will have a role identifying issues that need to be highlight reported at the Health and Wellbeing Board.

JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015

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.

1. Priorities

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. We think the most important things to do to achieve this are to:

- **Ensure all children have the best start in life by:**
  - **Improving education 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.**

2. What we will do about this

Examples of the actions which we feel should be taken between 2015 – 2018 include:

- Agencies will work together to agree and deliver a revised poverty strategy, for all ages, that addresses the need to reduce the number of children living in poverty.
- Develop further integration of service delivery models for children and young people, especially for children and young people requiring health, education and social care support as part of Early Help.
- Ensure services are available to provide families with advice and support about the benefits of immunisation, antenatal and newborn 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 genito-urinary medicine services.
- Develop a new, evidence based strategy for the prevention and treatment of obesity in children and young people and joint commission the interventions required to deliver it.
- Commission evidence based integrated behavioural and mental health pathways for young people requiring support to achieve good emotional well-being, behaviour and mental health. These should address early years and the challenging years around adolescence.
- Implement, through joint commissioning and joint delivery the agreed outcomes for women and children that arise from Lincolnshire Health and Care.
- Ensure timely and appropriate access to behavioural support and mental health services, particularly for vulnerable young people.
- 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.

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Ensure all children have the best start in life	Foundation Stage Achievement gap between pupils eligible for free school meals and their peers	CS
Improving educational attainment for all children	KS2 Achievement gap between pupils eligible for free school meals and their peers.	CS
Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer	Hospital admissions caused by unintentional and deliberate injuries (0-4 or 0-14).	PH 2.7
Reduce childhood obesity	Percentage of children aged 4-5 classified as overweight or obese.	PH 2.6
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	The proportion of young people Lincolnshire looked after by the local authority per 100,000.	CS

Secondary Measures

Priority	Secondary Measure	Source
Ensure all children have the best start in life	Breast feeding prevalence at 6-8 weeks after birth.	PH 2.2
Improving educational attainment for all children	KS4 Achievement gap between pupils eligible for free school meals and their peers.	CS
Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer	Foundation: achievement gap between pupils eligible for free school meals and their peers.	CS
Reduce childhood obesity	Percentage of children aged 10-11 classified as overweight or obese.	PH 2.6
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	Under 18 conception rates.	PH 2.4

4. Delivery and Support Mechanisms

The primary delivery and assurance mechanism for this Strategic Theme should be the Women and Children's Commissioning Board with structured annual input around an 'AGM' of this group from wider stakeholders.

JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015

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.

1. Priorities

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. We think the most important things to do are to:

- **Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their need**
- **Support more vulnerable people into 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 best value for money include clear reference and judgment criteria about local social impact with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing**

2. What we will do about this

2015 – 16

Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs	• Use Planning and Housing policies to address the current and future housing and support needs of residents, maximise positive health outcomes and protect against environmental hazards such as flooding • Deliver the Lincolnshire Homelessness Strategy, with a particular focus on addressing the needs of people with complex and mental health needs • Refresh and deliver the Lincolnshire Affordable Warmth Strategy to address fuel poverty and reduce the fuel poverty gap
Support more vulnerable people into good quality work	• Develop an alliance between commissioners and deliverers of employment support and financial inclusion services to provide strategic direction • Link employment support with the Greater Lincolnshire Local Enterprise Partnership and its economic growth agenda

2016 – 18

Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their	• Increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard through local housing and planning authorities

needs	
Support more vulnerable people into good quality work	• Support people to get into meaningful, sustainable work, and stay in work through education, developing financial skills and employment support programmes such as Fit for Work, particularly where health has been a barrier
Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact	• Develop procurement processes to maximise health and wellbeing by including local social impact within judgment criteria that are used

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Housing	Fuel poverty and fuel poverty gap	PH 1.17
Support into work	Employment for those with a long term health condition	PH 1.8
	i - Gap in the employment rate between those with a long-term health condition and the overall employment rate ii - Gap in the employment rate between those with a learning disability and the overall employment rate iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	PH 1.08
Local social impact	Sickness absence rate	PH 1.9

Secondary Measures

Priority	Secondary Measure	Source
Housing	Statutory homelessness	PH 1.15
	Resolution of housing hazards	ELASH
	Average house price to income ratios	DCLG
	Number of affordable homes delivered	DCLG
	Planning and Housing statistical returns	Local data
	Number of empty homes	TBA
Support into work	16-18 year olds not in education, employment or training	PH 1.5
	Adults with learning disabilities/ in contact with mental health services in employment	ASC 1E &1F
	Proportion of people using social care who receive self-directed support and those receiving direct payments	ASC 1C(2)
	Local data	Families Working Together
	Overall employment rate	NOMIS
	Child poverty	PH 1.01

Local social impact	Number of social value indicators that are included in contracts	Local data - Procurement Lincs or other procurement services
	Number of contracts that have been awarded to local providers	Local data - Procurement Lincs or other procurement services
	Number of days lost due to absence from employment	Employer data

4. Delivery and Support Mechanisms

There are several groups and partnerships across the county and within districts that currently undertake work relating to Theme 5. However, there is a lack of co-ordination, and even of understanding of current progress for Theme 5. No formal relationship exists between these groups and the H&WB Board. To enable this it is proposed that a steering group will be formed to oversee the implementation of actions under Theme 5, and to disseminate through existing relevant strategies, forums and partnership organisations such as:

- Lincolnshire Districts Housing Network
- GLLEP Skills and Employment Board
- Financial Inclusion Partnership
- Development, Infrastructure and Growth Group
- Home Energy Lincs Partnership
- Lincolnshire Homelessness Strategy Working Group
- Families Working Together
- Clinical Commissioning Groups

In addition to this, the Theme sponsor will continue to utilise existing networks such as the District Council Health and Wellbeing Network to disseminate information and share thinking with other District Members.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**9 June 2015**
Subject:	**Meeting the Prevention Challenge in Lincolnshire**

Summary:

This paper highlights the importance of primary care engagement in delivery of brief advice and referral/signposting to commissioned interventions/services in reducing the potential years of life lost (PYLL) due to unhealthy lifestyle behaviours in Lincolnshire.

Detailed within this paper are the projects and schemes commissioned across the county aimed at preventing diseases caused by unhealthy lifestyles and reducing the associated total economic costs. The paper also highlights which schemes GP's refer into well, and which ones need more promotion and engagement across the county.

It is well documented in the Public Health Annual Report 2014 the vast amount of PYLL caused by unhealthy lifestyles, with the main causes of premature death being cancer, respiratory disease, and cardiovascular diseases. There was an average of 13 years life lost per person for individuals who died prematurely. The report also states that on average, there were 2,350 premature deaths within Lincolnshire per year between 2010 and 2012. Therefore the need for effective preventative engagement is paramount to reducing the overall cost burden of unhealthy populations and reducing the PYLL across the county.

Actions Required:

Partners to consider the information within this paper and discuss how engagement with prevention services, and delivery of brief advice, can be further increased and sustained.

Partners to agree a way forward which encompasses the prevention ethos, promoting the positive effect lifestyle services have on longer term health.

LCC to develop a plan on a page to highlight Public Health Services across the whole directorate.

1. Background

It is recognised that unhealthy lifestyle behaviours have a knock on effect to the NHS and healthcare services, wider economy, and long term health status both nationally and locally within the county.

Public Health England (PHE) (2014) highlighted the need to engage more with prevention services, due to 40% of all premature mortality being attributed to behavioural patterns, shown in the graph below. Furthermore it is also highlighted that conditions attributable to poor lifestyles are placing a huge strain on the NHS, for example type II diabetes alone costs £8.8 billion per year.

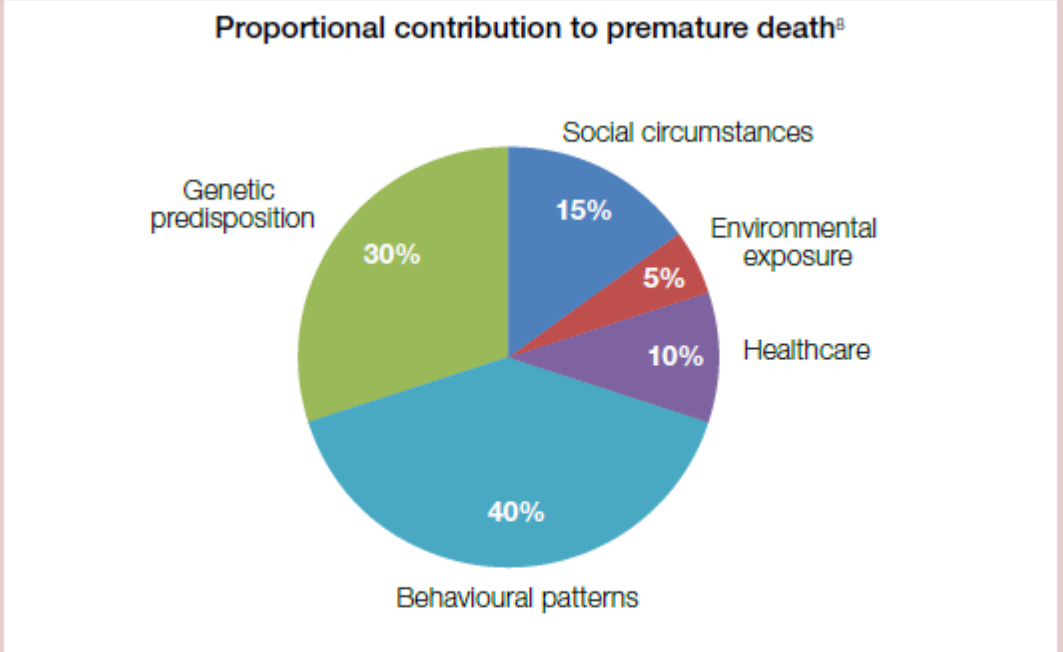

Figure 1 In the US, McGinnis et al show how healthcare plays an important though proportionately small role in preventing early deaths. Similar studies have supported these findings in the UK. Improving how we live our lives offers far greater opportunity for improving health.

May et al (2015) performed a study of 33,066 individuals, looking at the impact of healthy lifestyles on disability adjusted life years (the number of years of life lost due to ill health, disability, or early death); with a 12 year follow up. The key finding was that out of the 33,066 people who took part a total of 68,225 life years were lost due to poor lifestyle behaviours. The Lincolnshire Public Health Annual Report also shows that for Lincolnshire, between 2010 and 2012, there were, on average, 446 PYLL per 10,000 residents.

The Kings Fund (2012) found that individuals who followed the 4 key healthy lifestyle behaviours (non-smokers, were a healthy weight (a BMI of less that 25), were physically active, and drank alcohol within recommended limits) had a 14 year difference in age expectancy compared to individuals who did not exhibit any of these behaviours. Note that being physically active is defined as meeting the government's guidance of 150 minutes of moderately intense physical activity per week, i.e. slightly out of breath yet still able to hold a conversation.

The Lincolnshire Public Health Annual Report also highlights that for every £1 spent on prevention, £12 is saved on primary health care costs. Therefore it is vital that primary care engage with the prevention agenda within Lincolnshire, in order to make effective savings on longer term treatment costs.

It is clear that brief advice and brief interventions have a positive effect on individuals' health; for example, it is well documented that if brief advice is given to 8 high risk alcohol drinkers, 1 will significantly reduce their alcohol consumption from high to low risk, with others also reducing their drinking but not significantly (Moyer et al, 2002). There is a similar pattern and evidence base for brief advice on smoking (Hughes, 2003). Nice Guidance 44 also highlights the huge impact primary care and other associated organisations play in promoting a physically active lifestyle through delivering clear and concise brief advice.

The Kings Fund (2013) highlighted brief advice and associated brief interventions as key to primary prevention, something which fits perfectly with the new delivery model of Lincolnshire Health and Care (LHAC) and Neighbourhood Teams, and the NHS 5 Year Forward View. The National Obesity Observatory (2010) also highlighted the need for brief advice and obesity specific interventions in reducing the obesity burden. The proportion of residents who are overweight (a BMI greater than 25) is as high as 74% in some of Lincolnshire's most deprived wards.

The services and interventions in Appendix A are all linked and can all be accessed if organisations develop and deliver clear brief advice via the Making Every Contact Count (MECC) programme and engage with prevention services, enabling some individuals to act upon the advice given and improve their own health with no need for additional support; some to be signposted into brief intervention based services for additional support to improve their long term health; and people with high needs can be referred into more specific treatment services (i.e. Addaction or DART). There also needs to be a greater awareness amongst health professionals regarding the availability and accessibility of new schemes, and developments within existing ones.

With this in mind, Public Health services have seen mixed engagement across the County from frontline GPs and associated surgeries in recent years. For example Exercise on Referral has seen its numbers double in the past 6 years, to almost 5,000 patients engaging per year. There are also strong levels of referral into Weight Management services (primarily Weight Watchers) and good take up of NHS Health Checks; however these still need to improve to achieve a significant change. In contrast, the Stop Smoking Service has seen a vast decrease in referrals from primary care, disproportionate to the reduction in overall smoking prevalence within the County.

With regards to other signposted services i.e. Walking for Health, community cooking and Vitality, there is very little way of tracking where people are being referred into the schemes from, therefore it is assumed that there is a similar picture for these services as

there is for the ones listed above, and that some are being referred into better than others.

These figures highlight the need for a greater understanding across the County of prevention services, how to access them, how to deliver brief advice, and how to signpost effectively. This can be done in a variety of ways, not least through partners engaging and signing up to the MECC programme which will encompass an ethos of prevention, give staff the confidence to raise lifestyle issues, and provide advice and guidance for staff to deliver brief advice or signpost/refer into lifestyle services. This model works extremely well across the NHS Hospital Trusts, with 1562 referrals into the Phoenix Stop Smoking Service last year alone. However this model still provides opportunities for development; with some organisations only training certain teams clearly, this model could be developed across the majority of frontline staff who can all potentially influence of patient behaviour. Moyer (2002) also suggested that brief advice given by GPs was more effective than when given by any other profession, highlighting the need for full engagement across Lincolnshire.

A summary of some of the key services which are delivered to reduce the overall disease burden are shown in Appendix A.

2. Conclusion

Partners have an important role to play in supporting the population of Lincolnshire to make more positive lifestyle choices. This can be done through better engagement of prevention services, delivery of brief advice, and effective and efficient engagement with MECC. It is shown that Primary Care is the most effective mechanism available to deliver brief advice and some development work needs to be undertaken to ensure this happens consistently and effectively.

LCC commission a number of services that can contribute to resident's health and wellbeing. These services can support residents who are ready to change to adopt healthier life styles, examples of which are found in Appendix A.

3. Consultation

NA

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Outline of the major services linked to the prevention theme

5. Background Papers

The following papers are referenced within this paper:

Hughes, 2003; http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494968/

Kings Fund, 2012;
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

Kings Fund, 2013;
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/10PrioritiesFinal2.pdf

May et al, 2015. BMC Medicine: *The Impact of a Healthy Lifestyle on Disability Adjusted Life Years: a prospective cohort study.*
http://www.biomedcentral.com/1741-7015/13/39

Moyer et al, 2002. *Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations.*

Nice Guidance 44; https://www.nice.org.uk/guidance/ph44

NOO, 2010;
http://www.noo.org.uk/uploads/doc/vid_5189_Adult_weight_management_Final_220210.pdf

PHE, 2014: *From evidence into action: opportunities to protect and improve the nation's health*

This report was written by Teresa Roche and David Clark, who can be contacted on 01522 553005 and 01522 554980 or teresa.roche@lincolnshire.gov.uk and davidr.clark@lincolnshire.gov.uk

Making Every Contact Count (MECC)
MECC has been embedded across the 3 NHS trusts across Lincolnshire to allow the majority of frontline staff, both medical and clerical, to engage with patients regarding unhealthy lifestyle issues and provide brief advice and guidance where appropriate. This allows staff to engage in conversations about smoking, excessive alcohol consumption, weight management, physical inactivity, and mental health with a long term view of improving local residents' lifestyles sufficiently to prevent and/or reduce the risk of long term conditions as highlighted in the NHS 5 year forward view. The 3 NHS trusts cover Lincolnshire's 3 hospitals (primary and secondary care), all NHS community services including: community physio, health visitors, midwives, school nursing and dental services, and NHS mental health services. An example of this work is Lincolnshire Community Health Services NHS Trust (LCHS) which has trained over 80% of frontline staff in the previous year who had over 5300 recorded conversations and referred almost 700 people into smoking or weight management services alone. It's important to note that this does not capture the individuals who have acted upon this advice after leaving the NHS service, or advice that goes uncaptured.

This model has also been, or is in the process of being, rolled out across private medical providers, local district councils, Public Health commissioned services, Lincolnshire County Council customer service centres, and Lincolnshire pharmacy services. MECC is also currently being developed across adult care services, primary care through localised neighbourhood teams, wellbeing services, and volunteer organisations.

This model of delivery and coverage will allow a multi-agency approach to prevention within Lincolnshire with consistent health messages being relayed to the public across all of the associated NHS and health related organisations.

Community Health Champions (CHC)
Lincolnshire's Public Health team have developed a tiered approach to training volunteer health champions across the County. Lincolnshire has its own brand of health champions called Live Well Champions who are trained in brief interventions and have local knowledge of health improvement and lifestyle services, as well as being able to give brief advice to individuals to enable them to make positive lifestyle changes themselves.

The tiered approach allows volunteers to initially develop the simple skills needed to become a volunteer (safeguarding, communication etc) through the Lincolnshire Volunteer Card scheme. Volunteers are then encouraged to take up training opportunities in areas of interest to them, one being Live Well Champions training, which is a 3 hour training session (similar to MECC) which enables individuals to promote health and wellbeing in their local community as Live Well Champions. If individuals then wish to enrol onto the accredited RSPH Level II award in Understanding Health Improvement they have to have gained volunteer experience using their Live Well Champions skills and knowledge.

Since 1st April 2014, we have recruited and trained 94 Live Well Champions with further courses planned for this financial year. Of the 94 we have trained 34 of them have completed the accredited RSPH Level II – Understanding Health Improvement, providing the volunteers with a qualification.

NHS Health Checks
The NHS Health Check is a national risk assessment and prevention programme. Everyone attending their NHS Health Check will have their risk of developing heart disease, stroke, diabetes and kidney disease assessed by looking at their personal details, family history of illness, smoking , alcohol consumption, physical activity, body mass index (BMI), blood pressure and cholesterol levels. They are then provided with individually tailored advice that aims to motivate them and support any necessary lifestyle changes to help them manage their risk. Where additional testing

and follow up is needed, people are referred to primary care services. People aged 65–74 will be told about the signs and symptoms of dementia and informed about memory clinics if needed (in Lincolnshire this element will continue to be covered by one question and a referral on to the patient's GP if any concerns are raised).

Vascular diseases are the biggest cause of death in the UK. Since the beginning of the programme in August 2009 to 31st March 2014, practices in Lincolnshire have assessed over 86,000 patients and diagnosed nearly 5,000 cases of vascular disease as a result. The NHS Health Check also concentrates on offering people tailored lifestyle advice to equip them with the knowledge to enable them to manage their risk of developing vascular disease. The lifestyle services, such as weight management, smoking cessation, exercise on referral, volunteer lead health walk programmes and many more, provide further support that people can be referred to.

Weight Management
Weight Watchers provide a weight management on referral service in Lincolnshire. The programme involves helping a person understand about the foods they eat in order to make healthy choices and the importance of regular physical activity, while monitoring weight loss – this is available for all with a BMI of 30+ (or 28+ with co-morbidities). There were 3,854 referrals made in 2013/14 by GP practices and other health professionals.

Health Trainers
The HT concept was launched by the Department of Health (DH) as part of the 2004 White Paper 'Choosing Health: Making Healthy Choices Easier', and extended to incorporate Offender Health Champions and Health Trainers in 'Health Inequalities: Progress and Next Steps' (DH, 2008) . The national vision is to tackle inequalities in health through empowering people to make and maintain healthy lifestyle choices and reduce modifiable health risk factors.

The King's Fund report 'Clustering of unhealthy behaviours over time' Aug 2012 highlights how lifestyle risk factors occur together in the population and that although the overall proportion of the population engaging in unhealthy behaviours has declined, people in lower socio-economic groups are five times more likely to engage in four unhealthy behaviours. The report advocates approaches which address multiple lifestyle issues and work effectively to help people in lower socio-economic groups in order to help reduce the widening health inequalities gap and improve the health of the poorest, most disadvantaged groups.

The key focus of the programme is supporting communities, groups and individuals to make healthy behaviour changes around eating, smoking, physical activity and alcohol consumption. HTs are skilled in working with clients experiencing multiple disadvantage and work to support mental and physical well-being.

Physical Activity
There is strong scientific evidence that physical activity is essential for good health, highlighted in the "Moving More, Living More" paper by Public Health England. Regular moderate intensity physical activity can substantially reduce the risk of developing or dying prematurely from heart disease, diabetes, several forms of cancer and high blood pressure. For example, regular physical activity can reduce the risk of developing coronary heart disease, stroke and type II diabetes by up to 50% and reduce the risk of premature mortality by about 20-30%. Individuals who are active are almost two times less likely to die prematurely from a heart attack than their inactive contemporaries. Regular physical activity can also modify the classical cardiovascular risk factors, such as high blood pressure and adverse lipid profiles. There are many NICE guidance papers recommending physical activity in support to preventing, treating and managing numerous physical and mental health conditions (http://pathways.nice.org.uk/pathways/physical-activity#path=view%3A/pathways/physical-activity/local-strategy-policy-and-commissioning-for-physical-activity.xml&content=view-node%3Anodes-local-strategy-policy-and-commissioning)

Exercise Referral Scheme

Exercise referral is a programme for sedentary adults aged 18+ with at-risk or specific medical conditions (Low to Medium risk stratification) who would benefit from regular activity. The service is commissioned in all seven districts , with a minimum capacity of 4,500 places annually across the County, shown below.

Every referred individual follows the referral pathway and receives appropriate guidance from an instructor to ensure their experience is effective and enjoyable. Participants will be supported and encouraged to make long term changes to their activity levels, which may include a range of programmes outside of this scheme.

Individuals who are able to self-motivate and self-fund should be directed to other appropriate services or be offered supported membership packages.

	12/13 half	Performance 2012/13	Performance 13/14	Performance 2014/15	Target 2015/16
BBC	181	363	438	450	450
COL	358	763	670	800	600
ELDC	550	1080	1098	1100	1300
NKDC	0	33	127	250	250
Carres	117	215	200	200	200
SHDC	135	313	417	425	400
SKDC	187	475	414	500	500
WLDC	381	744	940	800	500
YMCA	106	252	238	300	250
	2015	4238	4542	4825	4450

Walking for Health

Walking is the most accessible form of physical activity; it is a gentle, low impact activity. NICE found that walking interventions had costs per quality-adjusted life years (QALY) of less than £10,000. This is well below the accepted value-for money threshold accepted for clinical interventions (£20,000).

Health Walks are delivered across all seven district council areas in Lincolnshire. The network of walks continues to develop and thrive, with dedicated coordinators supported by more than 130 regular volunteers providing 53 weekly walks.

http://lincolnshiresports.com/physical-activity/getting-started-for-adults-18/health-walks/

Health walks come in all shapes and sizes but all should: be regular and follow a frequent basis; be relatively short and last between 10 and 90 minutes dependent on the group; be free; and be led by volunteers.

Walking for Health 2015/16 Targets

Area	Boston BC	C of L	ELDC	NKDC	SHDC	SKDC	WLDC
Active Walkers	250-275	175-200	275-300	225-250	275-300	300-325	140-180
Lincolnshire Total							**1825-2000**

Vitality

Vitality is a Lincolnshire programme of exercise and movement to music for participants aged 60 years and over, or for individuals who have medical conditions that prevent them from exercising in a 'normal' setting. The project is designed to provide a number of health and wellbeing benefits to participants through carefully planned physiotherapy based standing and seated exercise routines to music in a class environment.

The classes, which take place in community and church halls throughout Lincolnshire, are taken by specially trained teachers who guide participants to take part in the routines regardless of their

ability or mobility. The classes not only provide a safe and fun environment to exercise in, but they also aim to provide a number of social benefits and encourage laughter and friendship as participants meet on a weekly basis. Further info can be found at: http://www.vitalitylincs.co.uk/

Cancer Screening Programmes

National screening programmes are commissioned by NHS England. There are 3 cancer screening programmes (for breast, cervical and bowel cancer) which, like all screening programmes, aim to identify apparently healthy people who are at increased risk of disease. Both nationally and locally, there has been a general downward trend in coverage (i.e. the proportion of the eligible population adequately screened within the required time period) for both the breast and cervical cancer screening programmes over the period 2010 – 14 although there was a slight increase in coverage in 2014. In Lincolnshire, uptake is above the England average, however within Lincolnshire, there is some variation and for cervical cancer, Boston and Lincoln are both areas where coverage is significantly lower (71.2% in Boston and 72.6% in Lincoln in 2014 compared to 80.4% in West Lindsey). The Early Presentation of Cancer programme aims to challenge existing behaviour and beliefs associated with cancer; raise awareness of signs and symptoms; and encourage early presentation and early referral of patients with suspected cancer. This is achieved through the development of messages that will resonate with target groups. In addition the team have worked with GPs and a range of other healthcare professionals across the 4 Lincolnshire CCGs to highlight key messages and contribute at a strategic level. GP practices are particularly important in improving the uptake of cervical screening as the screening test is undertaken in primary care. Reminders to attend appointments, opportunistic support from GPs and other healthcare professionals and tailored information about risk could all help to increase coverage.

Alcohol and Drug Treatment Services

Both DART and Addaction have a full range of treatment services available for both alcohol and drug misuse. Resource sites are located in Lincoln, Grantham and Boston but satellite sites are also used across all areas of Lincolnshire. Addaction also provide an online Skype service.

DART (LPFT)

Internet - http://www.lpft.nhs.uk/our-services/specialist-services/dart, Telephone - 0303 123 4000

Addaction

Full contact details - http://www.addaction.org.uk/page.asp?section=660&sectionTitle=Contact+Us Telephone – Lincoln 01522 305518, Grantham – 01476 512950, Boston – 01205 319920

Needle and Syringe programme

There is a County wide needle and syringe programme providing free needles and syringes for people who continue to inject drugs. This service supplies clean equipment to prevent the transmission of infections that can occur if needles and syringes are not sterile. Specialist services are provided at each of Addaction's three main resource sites, but also in 17 pharmacies across Lincolnshire. A full list of sites can be found here: http://www.addaction.org.uk/page.asp?section=656&sectionTitle=Needle+Syringe+Provision

Tobacco Control

Smoking is the major cause of preventable death in England and harms not just smokers but the people around them, through the damaging effects of second-hand smoke (DH: Healthy Lives, Healthy People: A Tobacco Control Plan for England, 2011)

During 2011-13, 3968 people died in Lincolnshire as a result of smoking. (http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/1/par/E12000004/are/E10000019)

Currently an estimated 19.1% of adults in Lincolnshire smoke, however this varies across the local authority areas from 24.1% in Boston to 14.6% in South Kesteven - see table below (ref tobacco profiles as above)

Local Tobacco Control Profiles - Lincolnshire

	Prevalence (percentage 18+ smoker) IHS, 2013	Smoking related mortality (value per 100,000) 2011-13	Lung cancer registrations (value per 100,000) 2009-11	Oral cancer registrations (value per 100,000) 2009-11
Boston BC	24.1	281.6	75.2	9.6
East Lindsey	21.4	328.2	76.0	13.1
Lincoln City	19.5	344.5	88.2	12.7
North Kesteven	17.3	250.8	65.0	11.6
South Holland	23.0	274.9	70.7	7.1
South Kesteven	14.6	241.9	59.8	13.2
West Lindsey	16.7	270.3	63.7	8.9
Lincolnshire	19.1	283.5	70.2	11.3
England	18.4	288.7	75.5	12.8

GPs are one of the most important advocates for encouraging smokers to quit; they have first-hand knowledge and experiences of the harm caused by smoking and have the authority to speak out about that experience.

GPs can directly refer clients to the stop smoking service, or become part of the service network and provide smoking cessation within their own clinical setting. Whilst it is beneficial for any smoker to quit it is particularly beneficial to any patient who may be pregnant, has long term medical conditions, has mental health conditions or those preparing to undergo elective treatment/surgery.

NB: Currently the stop smoking service is provided by LCHS however as of the 1st October 2015 this service will be provided by a new organisation. In the coming months GPs should continue to support smokers and refer to the service in the usual manner, information on the new provider and any procedural changes will be disseminated in due course.

Wellbeing Services

The Wellbeing Service is designed to promote confidence in living independently for adults aged 18+. Following assessment, the range of services that are offered are face to face support (generic support), simple aids to daily living, minor adaptations, Telecare, a 24 hour responder service, and monitoring of Telecare alarm and signposting.

The service aims to promote independence by offering low level interventions at the earliest point of need, to reduce the impact and likelihood of negative behaviours and lifestyles.

The service is available to Lincolnshire residents aged 18+ who meet 4 out of 11 eligibility triggers

To find out more please visit www.lincolnshire.gov.uk/wellbeingservice or by calling 01522 782 140

Lincolnshire Community Assistance Scheme
The Lincolnshire Community Assistance Scheme (LCAS) was introduced in 2013 with funding for 2 years provided by DWP. The scheme was designed to replace Crisis Loans and Community Grants (previously managed by DWP), with responsibility being placed upon local government to provide emergency support and assistance to those in need. The scheme provides goods and services to those members of the public who find themselves subject to unexpected emergency situations. Goods and services are usually provided in the form of food, water, utilities, furniture and white goods. There are eligibility criteria, but cases are judged on an individual case basis. To access LCAS call **01522 716040.**

Applicants must:

- Be over 16
- Have been resident in Lincolnshire for 3 months prior to making an application. (Those who are returning from prison or another institution, who lived in Lincolnshire immediately before custody may make an application straight away.)
- Have exhausted all other forms of assistance, e.g. family/friends, benefits, work and pensions agencies and regulated financial services providers, including credit unions.
- Be receiving welfare benefits (work and unemployment, housing and disability related); or be living in a low income household (as determined by HMRC) and experiencing an extreme situation; and meet the other criteria.

Applications are usually only accepted from people in receipt of welfare benefits such as:

- Income Support
- Jobseeker's Allowance
- Employment and Support Allowance
- Pension Credit

The County Council uses the information provided to make a referral to other organisations for longer-term support. If further applications for help with basic needs from LCAS are needed (up to a maximum number of 3 times per year per household except in extreme circumstances), clients need to be receiving support from these organisations to be eligible.

Lines are open: Monday to Thursday 8:30am - 4.30pm, Friday 8.30am - 4pm

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**9 June 2015**
Subject:	**Public Health: A Plan on A Page**

Summary:
The paper describes the Public Health Commissioning Strategies and Functions: A Plan on a Page.

Actions Required:

Members are asked to note the Public Health: Plan on a Page

1. Background

At the H&WB Board of the 24th March 2015 a request was made for Lincolnshire County Council to present a Public Health: Plan on a Page for 2015/16 (Appendix A).

A range of national and local drivers have directed the current commissioning strategies and functions for Public Health:

- NHS Reforms by the Department of Health, 2010
- Lincolnshire County Council's Commissioning Strategies, 2013
- Public Health England Priorities, 2014.

Healthy Lives; Health People (Department of Health, 2010) set the direction for top-tier local authorities to be responsible for Public Health from 2012. The White Paper set out the responsibilities for Public Health across the Public Health domains of Health Improvement, Health Protection and Healthcare Services:

- Promoting and protecting health
- Tackling the causes of ill-health & reducing health inequalities

- Commissioning a range of services from a range of providers from different sectors
- Promoting social justice and safer communities through partnerships with other agencies, and
- Public Health advice to the NHS.

A series of mandatory (in bold) and discretionary priorities were also defined:

- Tobacco control and smoking cessation services
- Alcohol and **drug misuse services**
- Services for those aged 5-19, the **National Child Measurement Programme**
- Obesity interventions, locally-led nutrition initiatives and increasing levels of physical activity
- **NHS Health Check assessments**
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- **comprehensive sexual health services**
- local initiatives to reduce excess deaths as a result of seasonal mortality
- **role in dealing with health protection incidents, outbreaks and emergencies**
- promotion of community safety, violence prevention and response
- local initiatives to tackle social exclusion
- reduction of environmental risks.

During 2013/14 Lincolnshire County Council established seventeen commissioning strategies from within the extensive responsibilities of the county. Public Health leads on two of the council's commissioning strategies: Well-being and Community Resilience and Assets. Public Health also contributes to a number of the other commissioning strategies within the council, e.g. Protecting & Sustaining the Environment, Sustaining & Growing Business & the Economy and Protecting the Public.

Public Heath England (2014) set out its priorities for protecting and improving the nation's health. Seven priorities have been published which focus on:

- Tackling obesity
- Reducing smoking
- Reducing harmful drinking
- Ensuring every child has the best start in life
- Reducing dementia risk
- Tackling antimicrobial resistance, and
- Reducing tuberculosis.

The Plan on a Page captures most of the national and local priorities described and seeks to apply them locally.

2. Conclusion

The Public Health: Plan on a Page 2015/16 lays out the Public Health related commissioning strategies and functions.

3. Consultation

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Public Health: Plan on a Page

5. Background Papers

H M Government (2010). Healthy Lives, Healthy People: Our strategy for public health in England. London. UK.
Source: https://www.gov.uk/search?q=Healthy+Lives%2C+Healthy+People

Public Health England (2014). From Evidence into action: opportunities to protect and improve the nation's health. London. UK.
Source: www.gov.uk/phe

This report was written by Philip Garner who can be contacted on 01522 552292 or philip.garner@lincolnshire.gov.uk

Appendix A

Public Health Commissioning Strategies and Functions: 2015/16

Three key areas of focus for 2015/16

- Health Improvement, including healthy lifestyles; inequalities in health and the wider determinants in health
- Health Protection, including infectious diseases, environmental hazards and emergency preparedness
- Healthcare, including service planning, efficiency, audit and evaluation

Wellbeing Commissioning Strategy

Tobacco Control
- Tobacco Control
- Smoking Cessation
- Nicotine Replacement Therapy

Community Health Improvement
- Health Trainer Programme
- Physical Activity
  - Exercise Referral
  - Walking for Health
  - Vitality
- Food & Health
- Weight Management
- Support to Localities (PH staff)

Early Presentation of Cancer (EPOC)
Water Fluoridation
NHS Health Checks
Contraception & Sexual Health Services
Alcohol and Substance Misuse Treatment Services
Mental Health & Suicide Prevention
Health Support Service for Offenders
Housing Related Support
Wellbeing Service
Excellent Ageing

Registration, Celebration and Coroners Service

Public Health Functions

Health Protection
- Assurance for Screening
- Assurance for Immunisations and Vaccinations
- Community Control of Infections
- Emergency Planning

Healthcare
- Public Health support to CCGs
- Public Health support to PACEF
- Public Health support to NHS England / CCGs re Individual Funding Requests (IFRs)

Public Health Intelligence
- Health Needs assessments
- Joint Strategic Needs assessment

Children's
- Public Health support to Children's Services

Wider Determinants
- Planning
- Housing
- Public Support to Economic Development

Vulnerable Adults
- Public Health support to Adult Care

Health & Wellbeing Board
- Public Health support to the Board and Themes

Lincolnshire Health & Care
- Public Health support to LH&C Board and Groups

Public Health Assurance, Audit and Clinical Governance

Community Resilience and Assets Commissioning Strategy

Voluntary Sector Infrastructure
- Involving Lincs
- Lincs CVS
- Urban Challenge
- Community Lincs
- Healthwatch

Community Grants
- Community Facilities and Activities
- Lincolnshire Heritage
- Lincolnshire Sport
- Lincolnshire Elite Athlete Programme (LEAP)
- Best Kept Village

Members Big Society Fund
Financial Inclusion
- Income Maximisation (CABs)

Lincolnshire Community Assistance Service
Lincolnshire Armed Forces Community Covenant
Community Hubs
Corporate responsibility for consultations (You Say; We Listen)

Libraries and Heritage Services

Outcomes
Public Health Outcomes Framework Domains: Health Improvement, Health Protection, Healthcare and Premature Mortality, Wider Determinants of Health
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/101/page/8/par/E12000004/are/E07000136
e.g. Smoking prevalence; excess weight in adults, physical activity; alcohol treatment; Falls; HIV presentation; premature mortalities

LCC Corporate Plan
People referred for alcohol treatment completing treatment in a planned way ; older people receiving support from the Wellbeing Service to maintain independence; cumulative percentage of eligible population aged 40-74 offered an NHS health check; Chlamydia diagnoses (15-24 year olds) per 100,000.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Director of Adult Social Services

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**9 June 2015**
Subject:	**Better Care Fund – an Update**

Summary: Further to the Lincolnshire BCF submission on 9 January and the required financial 'envelope' submitted on 31 March 2015 this report details both national and local developments since March and, the first quarter performance report (January – April 2015). The latter was submitted to Government as required on 29 May 2015 with the support of the Chairman of this Board.

Actions Required: Members of Health and Wellbeing Board are asked to:

1. note and comment on the attached documentation;
2. receive a further update on the BCF at the next formal meeting of the Health and Wellbeing Board.

1. Background

The Better Care Fund (BCF) has a long history with the Health and Wellbeing Board and will be an agenda item at all formal Health and Wellbeing Board meetings during 2015.

Members of the Board will recall that the BCF submission was approved prior to Christmas 2014 and submitted to the Government on 9th January 2015. In February we were notified that the submission had been approved. The "delivery vehicle" for transfer of the national funding to Lincolnshire is a Section 75 Agreement. This was signed off by the six signatories on 31st March 2015. The six signatories are the four CCGs, the County Council and the Chair of Health and Wellbeing Board.

The minimum value of the BCF in 2015/16 is £53.2m though Members will note that the level of pooling is actually £197m. This fact alone determines the nature of the agreement, in this case a framework agreement, and the number of separate elements that make up the whole. This means the BCF in Lincolnshire is made up of 5 Section 75 agreements and 2 aligned budgets.

It is important to recall that the BCF is for 2015/16 only and does not represent new money. A most pressing area of concern in securing agreement has and continues to be the level of financial risk that pertains to the BCF and the savings expected in an already stretched health and social care economy.

Notwithstanding the above integration between health and care has a high national profile and it would seem this is set to continue given the outcome of the national elections in May. Notwithstanding, the precise details surrounding the future of the BCF are yet to be determined.

Financial Risk

The Lincolnshire BCF represents a set of financial risks about which the Health and Wellbeing Board has been advised previously. However, these risks have evolved and at one level they have been diminished somewhat

Members will note that the BCF pooling itself represents a financial risk because the amount available in 2015/16 is less than that spent in 2014/15. As such service developments and commissioning activity alongside the programme overseen by LHAC is a combined attempt to reduce this financial risk.

The overall financial risk was mitigated by a 'reserve' for 2015/16 only of £5.35m held within the 'Corporate' Section 75. Members will recall that the majority of this - £3.75m - was to mitigate the risk of underperformance against the 'pay for performance' element in the BCF (non-elective activity) as required nationally.

In addition and as a part of the negotiations between the partners (4 CCGs and the County Council (LCC)) to secure an agreed pooled budget the CCGs commissioned Mills and Reeve to advise them. One outcome of this work was that

an additional financial risk was introduced related to the £20m agreed for the 'protection' of adult social care.

The net effect is that LCC agreed to a 'pay for performance' arrangement covering £1m of the £20m. This provided the CCGs with a more 'balanced' level of financial risk across the health and social care community. The details of what performance is required to secure the £1m are detailed in Appendix A as well.

In essence therefore there are 3 levels of financial risk, notwithstanding the overall financial position for health and social care in Lincolnshire about which LHAC has been most eloquent.

1. The first relates to the consequences on NHS partners as a direct result of the national requirements in the BCF and the £20m allocated to protect Adult Care.

2. The second is the financial risk of failure to achieve a 3.5% reduction in non-elective admissions and,

3. The 3rd is the £1m financial risk to Adult Care of not achieving the pay for performance element agreed with the CCGs.

The performance section below provides early reassurance that some of the risks detailed above are mitigated.

Performance

The performance report attached as Appendix A provides the first quarter analysis for both the BCF Metrics (national requirement) AND the £1m pay for performance requirement on Adult Care alone (local requirement).

Members should note that there is some reassurance that Lincolnshire is on track to deliver the required 6 BCF metrics and avoid having to use the £3.75m held in reserve.

1. 5 out of the 6 measures are ahead of target, and 1 measure is yet to be populated as we wait for the next results of the GP survey
2. Non-elective admissions to hospital have followed the expected quarterly trend, and in quarter 4, Lincolnshire achieved 116 fewer admissions than the target, saving £173,000 (at £1,490 per admission). This represents a 4.1% reduction from 2013/14 Q4.
3. The number of delayed days reported through the year mirrored the non-elective admissions trend, and was generally low which is consistent with the low number of delayed patients reported in ASCOF. In quarter 4, Lincolnshire achieved 1,258 fewer delayed days than the Q4 target, and 40% less than 2013/14 Q4.
4. Over 80% of delayed days are acute delays, 83% are attributable solely to the NHS, and over half of the delays relate to 'waiting for further non-acute care' and 'awaiting care package in own home' although delay reasons fluctuate from month to month.
5. Fewer older adults have had access to Reablement/ /rehabilitation services following a hospital stay over the winter period compared to last year. This is mainly due to reduced capacity in the Reablement home support service.

6. For older adults that did access Reablement/ /rehabilitation support, 79% were at home (with or without support) 91 days after discharge from hospital.
7. From a Social Care perspective, there has also been a large reduction in the number of older adults admitted permanently to residential and nursing care. 940 people have been placed in a care home this year, 90 less than target.
8. Statistically significant results from the annual Adult Social Care Survey show that 94% of people receiving social care feel those services help them to have a better quality of life. This compares favourably to the 91% target for 2014/15.
9. The extent to which patients feel supported to manage their long term conditions will be reported when the results of the next GP survey are published in the summer. The 2014/15 target for this measure is 63.5%.

At this point it is not possible to draw any positive conclusions about the effect of service developments in LHAC and the BCF submission that generated these results. Continued effort is being made to draw – where possible – a clear line between developments and performance. For now however the first quarters result are indeed good news.

National and Regional Developments

Style can sometimes be as important as substance. Members may have noted that the style adopted in the BCF national team was one of performance management and prescriptive. The labelling of the national Better Care Fund Task Force gives some evidence of this. LGA representation was made during March and April 2015 initiated by the County Council's CEO Tony McArdle; that a moderated approach was necessary to ensure both NHSE and LGA could work well together. The language of the national team has been changed to The Better Care Fund Support Team and the tone of updates has become more tempered.

A national stock-take of readiness to implement the BCF was undertaken in March 2015. This suggested a small number of common themes across England – notably that information governance and information technology was a concern and affecting progress. The readiness survey did not include questions regarding financial risk though did ask about overall risk. A recurring programme of readiness surveys will continue throughout the year and these are discussed at both a national and regional level.

A number of local systems are reporting CCGs under increased financial pressure in 2015/16 and, in consequence have sought to renegotiate local BCF financial agreements. NHSE published a process to reduce the likelihood of this happening (see Appendix B). This creates a prescribed process for any material changes to local BCF submissions. It has been made clear that renegotiated financial agreements for 2015/16 are not acceptable.

A national forum exists that meets monthly with representatives from NHSE, LGA, DoH and ADASS (Regional Branch Chairs). This is chaired by Andrew Webster. This forum has recently been asked to consider how best to utilise an allocation of resources (staff) to support BCF implementation. The concern from LGA/ADASS is that these extra staff are being allocated against NHSE Regional structures (N=4) and not LGA/H&WBoard structures (N=9). Currently a debate is underway to agree how best to obtain necessary regional support.

On 29 May the first reports concerning progress against performance (BCF metrics) were submitted. The original template was very detailed and prescribed. The change of style evidenced in labelling and language described above has also, it seems, affected the final reporting template required which is attached at Appendix C (this is the actual submission made on 29 May). Members will note this is a much reduced reporting document that represents a 'lighter touch' with extra space for narrative.

Cllr Sue Woolley, the Chair of Health and Wellbeing Board approved the submission prior to the return being provided. The Joint Commissioning Board has also seen this at its meeting on 2 June 2015.

2. Conclusion

The BCF represents a significant step on the journey towards closer integration between health and social care in Lincolnshire. This journey will continue and no doubt be given additional impetus with the new Government. The connections with the local LHAC initiative are profound and will continue to be strengthened.

3. Consultation

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	- Performance Report
Appendix B	- Advice on changing funding contributions
Appendix C	- BCF performance submission 29.05.15

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 Glen Garrod who can be contacted on (01522-550808) or glen.garrod@lincolnshire.gov.uk.

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APPENDIX A

Lincolnshire COUNTY COUNCIL

Better Care Fund Performance Report

2014/2015

Quarter 4

Produced by Lincolnshire County Council, Adult Care Performance Team

ASC_Performance@lincolnshire.gov.uk

Performance Alert		Count	
Performance is on or ahead of target	☺	5	100%
Performance is behind target	☹	0	0%
Performance can not be determined owing to missing figures	?	1	
Total measures		6	

Chart Symbols Key:

Actual

Target

National Measures

Polarity	Indicator Description	Responsibility / Lead Officer	Previous Year 2013/14		Current Year 2014/15				2015/16
			Actual	Target	Q4 Actual	Q4 Target	Y/E target	Alert	Y/E Target
Effectiveness of Care									
Smaller is Better	Total non-elective admissions in to hospital : General and Acute (per 100,000 population)	NHS	2,506	-	17,507 (2,388)	17,623 (2,404)	-	☺	per quarter
Smaller is Better	Permanent admissions to residential and nursing care homes - aged 65+ (per 100,000 popn) **ASCOF 2A part ii**	LCC	1,045 (674.3)	-	938 (586.4)	-	1,030 (643.9)	☺	982 (582.9)
Bigger is Better	% people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation **ASCOF 2B part i**	LCC	74.6%	-	78.8%	-	76.0%	☺	88.0%
Patient Experience									
Smaller is Better	Delayed transfers of care (delayed days) from hospital, aged 18+ (per 100,000 population)	NHS / LCC	733.5	-	447.6	565.9	656.9	☺	per quarter
Bigger is Better	Do care and support services help you to have a better quality of life (ASC Survey) (%)	LCC	90.0%	-	94.3%	-	91.0%	☺	92.0%
Bigger is Better	Proportion of people feeling supported to manage their (long term) condition (local indicator) (%)	NHS	63.0%	-	tbc	-	63.5%	?	64.0%

Local Performance Matrix

Associated BCF Projects	Measure	Responsibility / Lead Officer	Baseline		2015/16				
					Activity			Finance	
					Current Actual	Y/E Target	Alert	£ Achieved	£ Allocated
Provider of last resort Agency staffing Demographic Growth	1. Total number of hours of home care purchased per 4 week period	LCC	139,871			143,507			£ 100,000
Provider of last resort Agency staffing Demographic Growth	2. Total number of service users provided with homecare	LCC	3,696			3,791			£ 100,000
Reablement Demographic growth	3. Total number of hours of reablement provided per calendar month	LCC	9,588			12,500			£ 100,000
Reablement Demographic growth	4. Total number of completed service user episodes of reablement	LCC	2,836			3,200			£ 100,000
Reablement	5. % of people receiving reablement where the outcome (sequel) was hospital admission	LCC	18.2%			16.0%	-		£ 100,000
Seven day working Provider of last resort	6. Percentage of home support brokered within 7 days	LCC	86.7%			90.0%			£ 100,000
Agency staffing Demographic growth	7. Percentage of social care clients receiving an annual review	LCC	77.3%			85.0%			£ 100,000
Agency staffing Demographic growth	8. Number of social care clients supported to live at home in the year	LCC	7,600			7,800			£ 100,000
Agency staffing Demographic growth	9. Percentage of assessments completed within 28 days	LCC	87.6%			90.0%			£ 100,000
Carers Breaks - Older people Demographic growth	10. Number of carers caring for adults supported by the local authority during the year	LCC	6,107			6,266			£ 100,000

Total	£ 1,000,000

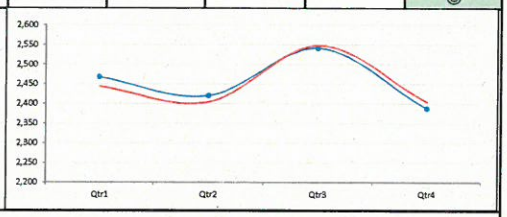
Effectiveness of Care

1: Total non-elective admissions in to hospital (general and acute) (per 100,000 population) - IN QUARTER FIGURES

	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
Numerator	18,252	17,973	17,626	18,507	17,507
Denominator	728,288	728,288	728,288	728,288	733,220
Actual	**2,506**	**2,468**	**2,420**	**2,541**	**2,388**
Target	-	2,444	2,404	2,548	2,404
Performance					☺

Comments

In Quarter 4, there have been 116 fewer non-elective admissions to hospital than target, saving £172,840 at £1,490 per admission. This represents a 4.1% improvement from the same quarter last year, which is higher than the 3.5% targetted reduction. The higher number of admissions, and rate per 100,000 population in the County are in the East CCG.



By CCG

Numerator	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
East	6,544	6,460	6,122	6,598	6,144
West	5,364	5,262	5,298	5,569	5,305
South	3,350	3,350	3,286	3,421	3,329
South West	2,646	2,549	2,569	2,556	2,392
Out of Area	348	352	351	362	337
Total	**18,252**	**17,973**	**17,626**	**18,506**	**17,507**

Denominator	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
East	229,424	229,424	229,424	229,424	230,978
West	229,624	229,624	229,624	229,624	231,179
South	142,563	142,563	142,563	142,563	143,528
South West	122,842	122,842	122,842	122,842	123,674
Out of Area	3,835	3,835	3,835	3,835	3,861
Total	**728,288**	**728,288**	**728,288**	**728,288**	**733,220**

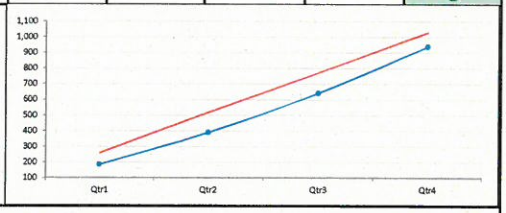
Actual	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
East	2,852	2,816	2,668	2,876	2,660
West	2,336	2,292	2,307	2,425	2,295
South	2,350	2,350	2,305	2,400	2,319
South West	2,154	2,075	2,091	2,081	1,934
Out of Area	9,074	9,179	9,153	9,439	8,728
Total	**2,506**	**2,468**	**2,420**	**2,541**	**2,388**

2: Permanent admissions to residential and nursing care homes - aged 65+, per 100,000 popn (ASCOF 2A part ii)

	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
Numerator	1,046	185	390	642	938
Denominator	155,115	159,953	159,953	159,953	159,953
Per 100,000	**674.3**	**115.7**	**243.8**	**401.4**	**586.4**
Target (adm)	-	258	516	774	1,030
Target (per 100k)		161.3	322.6	483.9	643.9
Performance					☺

Comments

Permanent admissions for people aged 65 or over to residential care have been lower this year, compared to last. This has resulted in 92 fewer admissions than the target for the year. The chart shows the number of admissions, rather than the rate per 100,000, and the levels have consistently been below target through the year. The breakdown below uses the placement address to identify the CCG. The figures show that the highest number of people were admitted in the West CCG.



By CCG

Numerator	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
East	371	65	139	220	321
West	331	61	123	217	336
South	175	20	43	81	131
South West	126	36	71	102	121
Not Recorded	43	3	14	22	29
Total	**1,046**	**185**	**390**	**642**	**938**

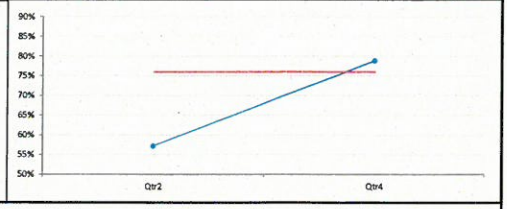
Denominator	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
East	56,766	58,286	58,286	58,286	58,286
West	42,828	44,185	44,185	44,185	44,185
South	30,756	31,865	31,865	31,865	31,865
South West	24,766	25,617	25,617	25,617	25,617
Not Recorded	0	0	0	0	0
Total	**155,116**	**159,953**	**159,953**	**159,953**	**159,953**

Actual	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
East	653.6	111.5	238.5	377.4	550.7
West	772.9	138.1	278.4	491.1	760.4
South	569.0	62.8	134.9	254.2	411.1
South West	508.8	140.5	277.2	398.2	472.3
Not Recorded	-	-	-	-	-
Total	**674.3**	**115.7**	**243.8**	**401.4**	**586.4**

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part i)													
	2013/14						Sep-14						Mar-15
Numerator	869						226						652
Denominator	1,165						395						827
Actual	**74.6%**						**57.2%**						**78.8%**
Target	-						76.0%						76.0%
Performance													☺

Comments

Data for this measure is provided by LPFT and LCHS to include all reablement / intermediate care support provided to older adults after being discharged from hospital, for a 3 month period (Oct to Dec). The number of people receiving support was lower than expected, however the outcomes for those people are much improved, as a greater proportion of people are at home (with or without support) after 3 months. Performance is ahead of the BCF target. People in the East appear to have better access to this type of support, but the best outcomes are achieved for people in the South where 89% of people were at home after 3 months.



By CCG													
Numerator	**2013/14**						**Sep-14**						**Mar-15**
East	344						109						261
West	231						34						143
South	160						56						143
South West	121						22						97
Not Recorded	13						5						8
Total	**869**						**226**						**652**
Denominator	**2013/14**						**Sep-14**						**Mar-15**
East	439						155						327
West	320						87						196
South	217						73						171
South West	168						45						124
Not Recorded	21						35						9
Total	**1,165**						**395**						**827**
Actual	**2013/14**						**Sep-14**						**Mar-15**
East	78.4%						70.3%						79.8%
West	72.2%						39.1%						73.0%
South	73.7%						76.7%						83.6%
South West	72.0%						48.9%						78.2%
Not Recorded	61.9%						14.3%						88.9%
Total	**74.6%**						**57.2%**						**78.8%**

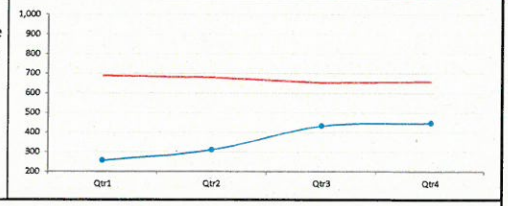
Patient Experience

1: Delayed transfers of care (delayed days) from hospital (aged 18+) (per 100,000 population)

	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
Numerator	4,310	1,511	1,826	2,540	2,630
Denominator	587,562	587,562	587,562	587,562	587,562
Actual	**733.5**	**257.2**	**310.8**	**432.3**	**447.6**
Target	-	688.4	679.4	653.0	656.9
Performance					☺

Comments

Delayed days have consistently been below target through the year, but rising. At the end of Quarter 4, 2630 delayed days were recorded, which is 1,258 less than target, which is almost a 40% reduction compared to 2013/14 Q4 levels. Over 80% are acute delays, 83% are attributable solely to the NHS, and over half of the delays relate to 'waiting for further non-acute care' and 'awaiting care package in own home'.



Type of Care

	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
Acute	3,225	1,224	1,542	1,829	2,062
Non Acute	1,085	287	284	711	568
Total	**4,310**	**1,511**	**1,826**	**2,540**	**2,630**

Responsible Organisation

	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
NHS	3,775	1,297	1,685	2,169	2,185
Social Care	421	167	70	223	285
Both	114	47	71	148	160
Total	**4,310**	**1,511**	**1,826**	**2,540**	**2,630**

Reason

	2013/14	Jun-14	Sep-14	Dec-14	Mar-15
A - Completion of Assessment	644	429	634	797	509
B - Public Funding	88	87	42	29	15
C - Waiting Further NHS Non-Acute	1,002	331	309	553	719
Di - Awaiting Residential Care	84	17	80	171	21
Dii - Awaiting Nursing Care	120	40	70	138	72
E - Awaiting Care Package at home	627	118	98	304	695
F - Awaiting Equipment	322	92	107	108	173
G - Patient or Family Choice	992	276	340	247	317
H - Disputes	180	57	55	60	31
I - Housing - Not covered by NHS and CC Act	251	64	91	133	78
Total	**4,310**	**1,511**	**1,826**	**2,540**	**2,630**

2: Do care and support services help you to have a better quality of life (ASC survey) (%)		
	2013/14	2014/15
Numerator	378	346
Denominator	420	367
Actual	**90.0%**	**94.3%**
Target	-	91.0%
Performance		☺

This measure is populated from the responses from the annual Adult Social Care Survey (ASCS). The survey has just been completed and the results submitted to the Department of Health Information Centre. The number of responses required for statistical significance of the results was achieved, so the figures are representative of the Social Care population with a +/-5% error margin. The quality of life measure shows a good improvement from 2013/14, and is above the BCF target for the year.

By CCG		
Numerator	**2013/14**	**2014/15**
East	140	132
West	114	89
South	58	57
South West	54	57
Not Recorded	12	11
Total	378	346

Denominator	**2013/14**	**2014/15**
East	159	139
West	125	97
South	64	59
South West	59	61
Not Recorded	13	11
Total	420	367

Actual	**2013/14**	**2014/15**
East	88.1%	95.0%
West	91.2%	91.8%
South	90.6%	96.6%
South West	91.5%	93.4%
Not Recorded	92.3%	100.0%
Total	90.0%	94.3%

3: Proportion of people feeling supported to manage their (long term) condition (local indicator) (%)		
	2013/14	2014/15
Numerator	4,009	not available
Denominator	6,339	not available
Actual	**63.2%**	not available
Target	-	63.5%
Performance		?

The figures for this measure come from the GP survey, which is published twice a year. Figures will next be available in July 2015.

By CCG		
Numerator	**2013/14**	**2014/15**
East	1365	not available
West	1147	not available
South	843	not available
South West	654	not available
Total	4009	not available

Denominator	**2013/14**	**2014/15**
East	2163	not available
West	1776	not available
South	1342	not available
South West	1058	not available
Total	6339	not available

Actual	**2013/14**	**2014/15**
East	63.1%	not available
West	64.6%	not available
South	62.8%	not available
South West	61.8%	not available
Total	63.2%	not available

Effectiveness of Care

Total non-elective admissions in to hospital (general & acute) (per 100,000 population)	
Rationale	This indicator measures the number of emergency admissions to hospital in England for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections and heart failure, among others, that could potentially have been avoided if the patient had been better managed in primary care. Therefore, measuring the progress in helping people recover as effectively as possible. This indicator has been indirectly age and sex standardised.
Numerator	Total number of emergency admissions episodes for people of all ages where an acute condition that should not usually require hospital admission was the primary diagnosis. The data include emergency admissions for patients of all ages.
Denominator	Size of adult population in Lincolnshire, per 100,000 population
Frequency & Reporting Basis	Reported on quarterly This measure is reported in quarter
Responsibility for Reporting	NHS

Permanent admissions to residential and nursing care homes - aged 65+, per 100,000 popn (ASCOF 2A part ii)	
Rationale	Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency and evidences Local Health and Adult Care working together to reduce avoidable admissions.
Numerator	The number of local authority funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
Denominator	Size of older people population (aged 65+) in Lincolnshire based on the Office of National Statistics mid year population 2013 estimates.
Frequency & Reporting Basis	Reported on quarterly This measure is reported cumulatively (adding the current months totals to the previous months totals)
Responsibility for Reporting	LCC

% people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part i)	
Rationale	Reablement is a key service to helping people regain their independence. By determining whether an individual remains living at home 91 days following discharge from ILT services is an indicator of the success of reablement services.
Numerator	Number of older people (within a 3 month period) discharged from acute or community hospitals to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.
Denominator	Number of older people (within a 3 month period) discharged from acute or community hospitals to their own home/residential or nursing care home/ extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home.
Frequency & Reporting Basis	Reported on 6 monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)
Responsibility for Reporting	LCC

Patient Experience

Delayed transfers of care (delayed days) from hospital (aged 18+) (per 100,000 population)	
Rationale	This measures the impact of hospital services; acute, mental health and non-acute; and community based care in facilitating timely and appropriate transfer from all health settings for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of health and social care.
Numerator	The average number of delayed transfers of care (days) that are attributable to Adult Care or jointly to Adult Care and the NHS. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep)
Denominator	Size of adult population in Lincolnshire, per 100,000 population
Frequency & Reporting Basis	Reported on quarterly This measure is reported as a snapshot at the end of the quarter
Responsibility for Reporting	NHS / LCC

Do care and support services help you to have a better quality of life (ASC survey) (%)	
Rationale	This measure is based on responses to the care and support quality of life question in the Adult Social Care survey, serving as a overarching measure of the impact of care and support services on the quality of life of users of social care. Enhancing quality of life for people with care and support needs is one of the desired outcomes of health and social care.
Numerator	The number of people who responded 'Yes' to the question 'Do care and support services help you to have a better quality of life?'
Denominator	The number of people who responded to the question 'Do care and support services help you to have a better quality of life?'
Frequency & Reporting Basis	Responses to the question are collected annually in the ASC Survey
Responsibility for Reporting	LCC

Proportion of people feeling supported to manage their (long term) condition (local indicator) (%)	
Rationale	This indicator measures the degree to which people with health conditions that are expected to last for a significant period of time feel they have had sufficient support from relevant services and organisations to manage their condition. Patients are encouraged to consider all services and organisations, which support them in managing their condition, and not just health services. Ensuring people feel supported to manage their condition is one of the desired outcomes of health care.
Numerator	The number of people who responded 'Yes, definitely' or 'Yes, to some extent'. Respondents who answer 'Yes, to some extent' are deemed to feel half as supported as respondents who answer 'Yes, definitely'. Therefore, this group of responses is weighted by 0.5 when calculating the numerator (Number responding 'Yes, definitely' + (Number responding 'Yes, to some extent' x 0.5)).
Denominator	The first filter is the number of people who responded 'Yes' to the question 'Do you have a long-standing health condition?' or who selected any of the conditions in 'Which, if any, of the following medical conditions do you have?'. Of the number of people identifying a long-term condition in the previous questions, the number who responded to the question 'In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?'
Frequency & Reporting Basis	Responses to the question are collected annually in the GP Survey
Responsibility for Reporting	NHS

APPENDIX B

Advice on change changing funding contributions to BCF plans

For NHS England and Local Government regional leads

What are the options available where one or more parties to a Better Care Fund plan wishes to reduce its financial contribution to the pooled fund due to financial duress?

The below sets out advice from the Better Care Support Team to regional leads for the BCF, to be used when advising local areas in the first instance. Any queries that are not resolved through this advice should be referred to the relevant regional relationship manager for discussion about next steps.

Introduction

1. Changes to funding commitments in an approved Better Care Fund plan should only be considered in the most exceptional circumstances and when other options have been fully exhausted.
2. It is a requirement for Health and Wellbeing Boards to set up a pooled budget through a Section 75 agreement which reflects the commitments made through their Better Care Fund plan. Any intention to set up an agreement which differs from the plan should be picked up through the quarterly reporting process, the CCG operational planning process, or regional networks. It is likely that NHS or Local Government regional leads for the BCF may be asked to advice on such occasions.
3. The below guidance provides an overview of the advice from the Better Care Support Team in responding to queries of this nature.
4. If anything is unclear or you require further advice then please contact your regional relationship manager from the Better Care Support Team or by email to england.bettercaresupport@nhs.net

Funding for the BCF

5. Funding for the BCF is made up of 4 parts: 3 of which are mandatory and 1 of which is voluntary:

1. Pass through funding	*This is funding included in the BCF but allocated at a set amount, for a set purpose, i.e. Disabled Facilities Grant, Care Act monies.*	*Mandatory*
2. Minimum contributions	CCG and LA minimum required contributions for the pooled budget for the BCF which were calculated as a proportion of the total national agreement.	*Mandatory*
3. Pay for Performance pot	HWB minimum required performance pot to be paid into the pooled budget on delivery of the required Non-Elective admissions reduction	*Mandatory*
4. Additional contributions	Additional discretionary CCG and LA funding put into the pooled budget over and above the minimum requirement.	*Optional*

Minimum contributions

6. Approval of Better Care Fund plans was contingent on the clear agreement to the required funding under 1, 2 and 3 being included in the plan as it is a core requirement of the fund.
7. If any party fails to meet these commitments, even if other parties agree locally, would essentially result in the plan failing to meet one to the minimum requirements of the guidance.
8. Legislation sets out that if parties fail to set up a pooled budget under a Section 75 in line with their agreed plan (which meets the minimum requirements) then NHS England is obliged to intervene and require them to do so (if it's a CCG) or instruct the other party to withhold their element of the funding (if it's the LA).

9. In a scenario where a CCGs contribution to the pooled fund contributes to an overall financial problem NHS England has a legal obligation to ensure the CCG puts the minimum contribution into the pooled budget, which must be considered alongside its obligation to help the CCG maintain financial balance.

Optional contributions

10. Where one or more party planned to make contributions to the pooled over and above the minimum requirement there may be scope for this to be changed in the following circumstance:
    a. All parties who signed off the original Better Care Fund plan agree to the change in funding and agree a shared view of the impact the reduction in funding will have on the schemes within the plan and the benefits those schemes intend to deliver;
    b. The intention to change is notified to the national Better Care Support Team so that the changes to the plan can be put through a re-assurance process to ensure that the plan continues to comply with BCF planning requirements.
11. If one party to the plan seeks to reduce additional funding without agreement locally then this again would require NHS England to intervene using its powers under the Care Act to ensure the pooled budget is set up in line with the plan, either by:
    a. Requiring the CCG to pay the additional contribution into the fund, if it is the CCG which is not meeting the agreed commitment under the plan; or
    b. Requiring the CCG to withhold its funding to the pooled budget, if it is the Local Authority which is meeting the agreed commitment under the plan.

The impact of changes on plan approval

12. A change to the size or make up of the pooled fund by either party represents deviation from the agreed spending plan that was authorised through the BCF plan assurance process, and as such is a breach of the approval conditions set out in letters to Health and Wellbeing Boards at the point of approval.
13. Therefore even if both parties locally agree to the change then an assurance process will still be required to assess the impact of the change on the plan and ensure it continues to meet the national conditions and BCF planning requirements. This condition is required by national partners.
14. The Better Care Support Team will work with NHS and Local Government regional leads to agree an approach to this reassurance process, ensuring it complies with expectations of the Better Care Fund Programme Board.
15. The assurance process will focus on whether the planned funding changes impact on:
    a. The ability of the local area to deliver the schemes set out within their plan;
    b. The planned benefits to patients and service users;
    c. The planned level of financial and / or performance benefit to the system;
    d. The overall level of ambition and / or vision displayed within the plan;
    e. The ability of the plan to deliver the national conditions;
    f. Whether the plan continues to meet the BCF planning requirements as assessed through the NCAR process.
16. Recommendations will then be made to the BCF Programme board setting out the impact of the changes and whether the plan continues to meet requirements.
17. Changes will then need to be ratified by NHS England' executive before an amended approval letter can be issued to the Health and Wellbeing Board confirming approval of the changes.
18. Only at this point should changes be made to Section 75 agreements and pooled funding arrangements.

Summary of options

19. A change to the agreed funding each party to a Better Care Fund plan is required to make to the pooled budget should only be considered in exceptional circumstances;

20. Where it is considered it can only be taken forward where it meets two criteria. These summarised in the below table for each of reference:

Table 1

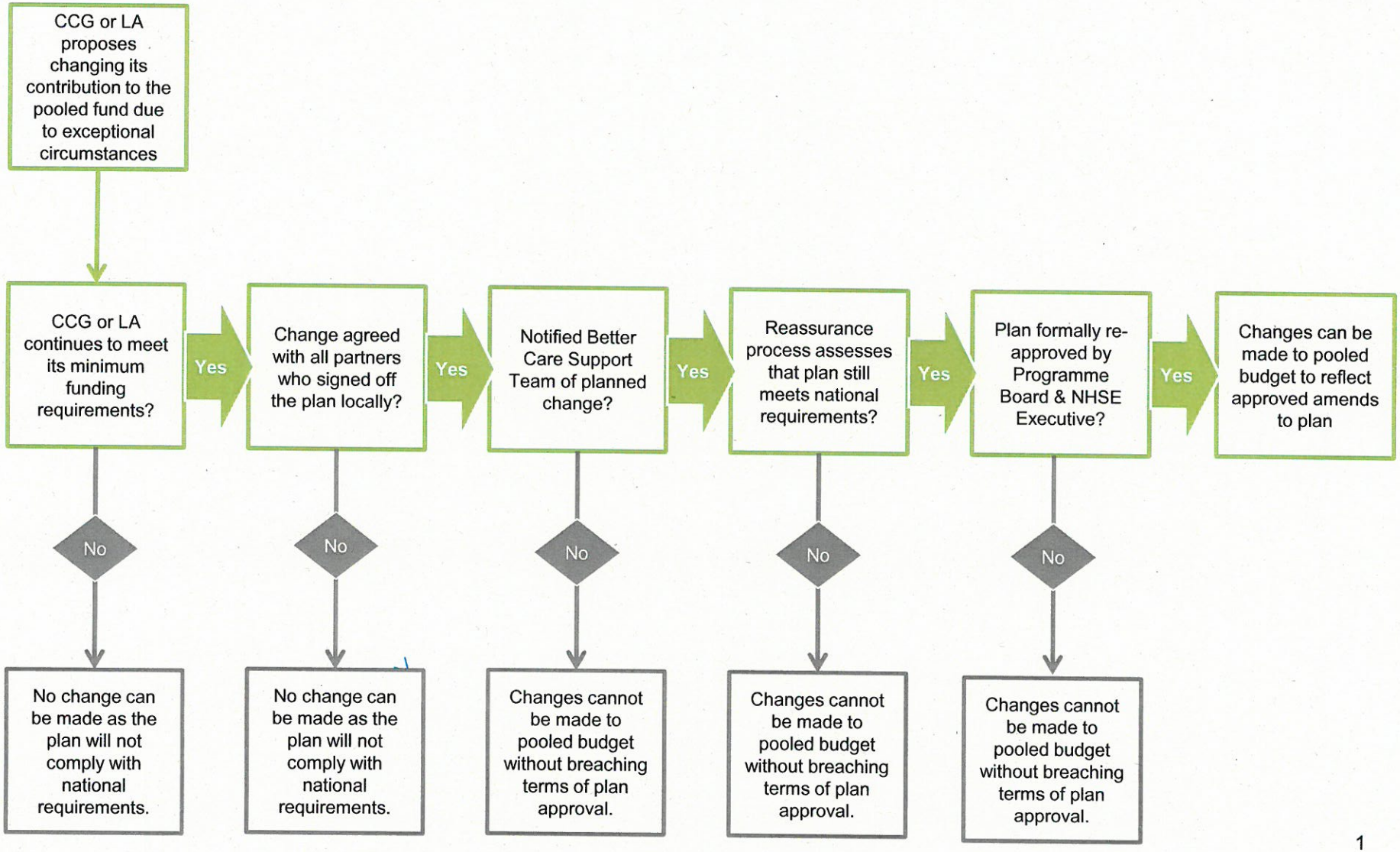
Scenario	Criteria 1	Criteria 2	Possible to change?	Possible next steps for Regional leads
	Changes agreed by all signatories to the plan?	Contributions still meet the mandatory requirements?		
1	✓	✓	Yes	1. Notify Better Care Support Team demonstrating how both criteria are met; 2. BCST carry out re-assurance process with regional leads; 3. Recommendations sent to BCF Programme Board / NHSE Exec; 4. Planned changes either confirmed or rejected based on assessment of whether plan still meets requirements.
2	✓	×	No	1. Advise that the suggested change will lead to the plan not meeting the minimum requirement and what this means; 2. Consider intervention if local area proceed with agreeing changes to the pooled budget which are not aligned with their approved plan.
3	×	✓	No	1. Advise the party in question that they still need to meet their additional contributions set out in the plan unless there is local agreement to change; 2. Consider arbitration between parties to agree a new level of additional funding.
4	×	×	No	1. Advise the relevant party in line with advice for scenarios 2 and 3.

Section 75 Agreements

21. The requirement is for a Section 75 agreement to be in place that reflects the approved Better Care Fund plan. This should be in place now.

22. Once a Section 75 agreement is in place any changes to the size of the pooled fund would also need to be made in line with the provisions set out in that agreement.

Advising areas on changes to funding contributions in BCF plans under exceptional circumstances – process diagram



APPENDIX C

Governance

Our governance structure supporting the H&WBB is fully operational through an overarching Joint Commissioning Board and a number of delivery boards covering key themes such as 'Women and Children's' and 'Proactive Care'. Internal reporting mechanisms are operational to ensure each Board has an in depth understanding and ownership of delivery against specified target for which they are responsible. Lincolnshire's over-arching Partnership Framework and the five underpinning BCF S(75) agreements (plus 2 aligned budgets) were signed by 31st March 2015 which effectively 'pooled' £195m for 2015/16. The funding flows into the pooled fund are operational and a pooled fund manager has been appointed.

Performance Reporting

Lincolnshire's internal quarter 4 report presents a positive position with all targets being achieved. In summary 5 out of the 6 measures are ahead of target, and 1 measure is yet to be populated as we wait for the next results of the GP survey. In quarter 4, Lincolnshire achieved 116 fewer non-elective admissions than the target which represents a 4.1% reduction from 2013/14 Q4. In quarter 4, Lincolnshire achieved 1,258 fewer delayed days than the Q4 target, and 40% less than 2013/14 Q4.

Fewer older adults have had access to Reablement /rehabilitation services following a hospital stay over the winter period compared to last year. This is mainly due to reduced capacity in the Reablement home support service. For older adults that did access Reablement/ /rehabilitation support, 79% were at home (with or without support) 91 days after discharge from hospital.

There has been a large reduction in the number of older adults admitted permanently to residential and nursing care. with 940 people having been placed in a care home which is 90 less than target. Furthermore, Statistically significant results from the annual Adult Social Care Survey show that 94% of people receiving social care feel those services help them to have a better quality of life. This compares favourably to the 91% target for 2014/15.

The District Councils have received in-full their DFG funding and we are currently developing a performance information report for quarter one data.

Delivery of Schemes

Good progress is being made to embed our schemes to continue delivering against the BCF targets and to provide quality local care. There is a focus on establishing Neighbourhood Teams and new models of Intermediate Care. Adult Social Care have fully embedded the contractual arrangements supported by the BCF funds for reablement, seven day working, provider of last resort and have secured additional agency staff to support effective hospital practices at 4 acute hospital sites leading to a better mix of permanent and agency staff. These schemes are at the heart of keeping adults at home and avoiding unnecessary admissions to acute hospital care. In addition and since the BCF submission Lincolnshire has been identified as one of 9 demonstrator sites by NHSE for integrated personal commissioning which was also detailed within the submission, this indicates a level of progress towards this element.

Childrens services have contractual agreement for health and social care CAMHs through a S(75) with the NHS provider of care the Childrens' Promoting Independence project is proceeding as planned with 11 people working across the county in Special Schools, Colleges and within the Promoting Employment team to take forward the priorities within the Promoting Independence Strategy developed by the Steering group and the training of an additional 20 staff in Systematic Instruction is now translating into tangible evidence of young people demonstrating the ability to carry out work skills and daily living skills with a greater degree of independence.

Financial Risk

There is a robust financial risk agreement in place. However, since the BCF submission in February 2015 the CCGs financial forecasts and independent advice indicated a need to re-balance the financial risk. Accordingly the CCGs and the County Council agreed to add an extra financial risk to £1m of the £20m allocated to protect adult care so that there is now a pay for performance regime in operation for that sum.

Cover and Basic Details

Q4 2014/15

Health and Well Being Board	Lincolnshire
completed by:	Paula Pilkington (NHS) & David Boath (LCC)
e-mail:	paula.pilkington@southwestlincolnshireccg.nhs.uk and
contact number:	01476 406578 (NHS) and 01522 554003 (LCC)
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Woolley

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Lincolnshire

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements	
Has the housing authority received its DFG allocation?	Yes
If the answer to the above is 'No' please indicate when this will happen	
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
If the answer to the above is 'No' please indicate when this will happen	

Selected Health and Well Being Board:

Lincolnshire

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	Good collaborative working across Health and Social Care
2) Are Social Care Services (not spending) being protected?	Yes	£20m supporting Social Care Services with mutual benefit to Healthcare services.
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Our 7 day service model is being rolled out underpinned by BCF, resilience & reablement funding. This includes a procurement to increase domiciliary service capacity before winter. This will enhance the wrap around care provided by the independent living team, intermediate care and neighbourhood teams.
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	This is being pursed through LHAC, and currently the technology is being developed. A longer term implementation is anticipated.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	We have a Lincolnshire Information Governance multi agency agreement (updated May 2015) by Lincolnshire County Information Governance group
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	This is embedded and we have some Mental health complex case teams and LD teams working jointly from a single base with single leadership across health and social care. The Neighbourhood teams encompass a wrap around service across health, social and primary care supported by a MDT approach.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Lincolnshire

Data Submission Period:

Q4 2014/15

1. Governance

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The District Councils have received in-full their DFG funding and we are currently developing a performance information report for quarter one data.

3. Delivery of Schemes

Good progress is being made to embed our schemes to continue delivering against the BCF targets and to provide quality local care. There is a focus on establishing Neighbourhood Teams and new models of Intermediate Care. Adult Social Care have fully embedded the contractual arrangements supported by the BCF funds for reablement, seven day working, provider of last resort and have secured additional agency staff to support effective hospital practices at 4 acute hospital sites leading to a better mix of permanent and agency staff. Seven day service model is being rolled out underpinned by a combination of BCF, resilience and reablement funding. This includes a procurement to significantly increase domiciliary service capacity before winter. This will enhance the wrap around care provided by the independent living team, intermediate care and neighbourhood teams. These schemes are at the heart of keeping adults at home and avoiding unnecessary admissions to acute hospital care. In addition and since the BCF submission Lincolnshire has been identified as one of 9 demonstrator sites by NHSE for integrated personal commissioning which was also detailed within the submission, this indicates a level of progress towards this element.

Childrens services have contractual agreement for health and social care CAMHs through a S(75) with the NHS provider of care the Childrens' Promoting Independence project is proceeding as planned with 11 people working across the county in Special Schools, Colleges and within the Promoting Employment team to take forward the priorities within the Promoting Independence Strategy developed by the Steering group and the training of an additional 20 staff in Systematic Instruction is now translating into tangible evidence of young people demonstrating the ability to carry out work skills and daily living skills with a greater degree of independence.

4. Financial Risk

There is a robust financial risk agreement in place. However, since the BCF submission in February 2015 the CCGs financial forecasts and independent advice indicated a need to re-balance the financial risk. Accordingly the CCGs and the County Council agreed to add an extra financial risk to £1m of the £20m allocated to protect adult care so that there is now a pay for performance regime in operation for that sum.

Health and Wellbeing Board – Decisions from June 2013

Meeting Date	Minute No	Agenda Item & Decision made
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 expression 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)
11September 2014	13	**Better Care Fund Final Re-Submission** 1. That the report an attached 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.
30 September 2014	19a	**Lincolnshire Health and Wellbeing Board Development Assessment Action Plan** 1. That the report be noted. 2. That the draft Development Action Plan presented be approved. 3. That progress against the Development Assessment Action Plan be reported to the Board as part of future annual Assurance updates.
	19b	**Joint Health and Wellbeing Strategy Assurance Report 2014** 1. That the Theme Dashboards shown in Appendices A to E of the report be agreed. 2. That each Theme be requested to review the suite of indicators being used to monitor the outcomes and priorities to ensure that they are appropriate, and to identify additional actions that can be taken by the Theme. 3. That the current Board Sponsor roles and support mechanisms be reviewed. 4. That a full review of the Joint Strategic Needs Assessment be agreed to take place 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 meeting of the Board.
	19c	**Protocol Between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire** 1. That the draft Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire as shown in Appendix A to the report presented, subject to the inclusion of the comments made be approved. 2. That the draft (Amended) Protocol be referred to the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire for consideration and approval. 3. That authority be delegated to the Health and Wellbeing Board Business Manager, in consultation with the Chairman of the Health and Wellbeing Board, to make any necessary alterations following consideration by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire that do not fundamentally affect the intentions of the Protocol.
	19d	**Protocol Between the Lincolnshire health and Wellbeing Board and the Lincolnshire Safeguarding Children Board** 1. That the draft protocol between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board be approved. 2. That authority be delegated to Health and Wellbeing Business Manager, in consultation with the Chairman of the Health and Wellbeing Board, to make any necessary alteration s following consideration by the Lincolnshire Safeguarding Children Board that do not fundamentally affect the intentions of the Protocol.

	19e	**Lincolnshire Pharmaceutical Needs Assessment** 1. That the draft Pharmaceutical Needs Assessment be agreed. 2. That the consultation plan on the draft Pharmaceutical Needs Assessment be agreed.
	21a	**An Action Log of Previous Decisions** 1. That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted. 2. That in future only decisions relating to the previous twelve months be presented to the Board.
	21b	**Assuring Transformation: meeting the Winterbourne View Concordat Commitments, Lincolnshire's Current Position on Inpatient Care for Adults with a Learning Disability** That the report presented on the requirements of Local Authorities and Clinical Commissioning Groups in response to the Winterborne View Review and Concordat be noted.
	21c	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the forward plan for formal and informal meetings as presented, be agreed subject to the inclusion of the items listed above.
9 December 2014	24	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 30 September 2014** That the minutes of the Lincolnshire Health and Wellbeing Board held on 30 September 2014, be conformed and signed by the Chairman as a correct record.
	25	**Action Updates from the previous meeting** That the completed actions as detailed be noted.
	27a	**Protocol between Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Adults Board** 1. That the draft Protocol shown at 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 Adults Board that do not fundamentally affect the intentions of the Protocol.
	27b	**Health and Wellbeing Grant Fund** 1. That the new Section 256 Agreement be noted. 2. That agreement be given to the application process shown in Section 7 and the roles and responsibilities shown in Section 8 of Appendix B.
	28b	**Better Care Fund** 1. That the work to date and the timeline for re-submission of the BCF and the production of the Section 75 be noted. 2. That agreement be given for the BCF re-submission as detailed in the accompanying papers, be delegated to the Chairman of the Lincolnshire Health and Wellbeing Board to sign off, subject to there being no material change tom the BCF affecting performance of finances and subject to agreement by the four CCG's and the Director of Adult Social Services (Appendix A) 3. That the BCF task Group Terms of Reference detaiel;d at Appendix B be noted. 4. That agreement be given to the schemes detailed at Appendix D. 5. That agreement be given to receiving a subsequent report to each of the next four Lincolnshire Health and Wellbeing Board formal meetings throughout 2015.
	28c	**Lincolnshire's All-Age Autism Strategy 2015-2018** That the draft All-Age Autism Strategy for Lincolnshire be received and that Panel members be invited to provide feedback on the content of the document.
	28d	**Lincolnshire Safeguarding Adults Board Business Plan** 1. That the current Lincolnshire Adults Board (LSAB) Business Plan presented be noted. 2. That a copy of the LSAB 2015/16 Strategic Plan would be available to be presented to the Board after April 2015. 3. That a copy of the LSAB 2015/16 Annual report would be available to be presented to the Board during the summer of 2016.

	28e	**Draft Lincolnshire Unit of Planning 5 Year Strategic Plan** That the Lincolnshire Health and Wellbeing Board notes: • The current status of the strategic plan and that there would be a final draft of the strategic plan for December 2014. • That the financial modelling is only provisional at this stage. • That the LHAC programme Board is considering the integration of the NHS England '5Year Forward View' and detailed LHAC implementation timelines and resource requirements at its meeting on 25 November 2014 (This will inform the final draft of the strategic plan).
	31a	**Updated Joint Strategic Needs Assessment (JSNA) Overview Report** That the updated JSNA Overview report 2013/14 be noted.
	31b	**Act Action Log of Previous decisions** That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.
	31c	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the plan for formal and informal meetings as presented be received.
24 March 2015	34	**Minutes of the Lincolnshire Health and Wellbeing Board Meeting held on 9 December 2015** That the minutes of the Lincolnshire Health and Wellbeing Board held on 9 December 2014, be confirmed and signed by the Chairman as a correct record.
	35	**Action Updates from the Previous Meeting** That the completed actions as detailed be noted.
	36	**Chairman's Announcements** That the announcements as detailed be noted.
	37a	**Lincolnshire Pharmaceutical Needs Assessment** 1. That the content of the report presented be noted. 2. That the conclusion/recommendations as set out in the final Pharmaceutical Needs Assessment be endorsed. 3. That agreement be given to the publishing of the Pharmaceutical Needs Assessment.

	37b	**CCG Operational Plans** Agreement was given by the Board to the Lincolnshire East Clinical Commissioning Group Operational Plan; Agreement was given to the South Lincolnshire Clinical Commissioning Group Operational Plan Agreement was given to the South west Lincolnshire Clinical Commissioning Group Operational Plan; and Agreement was given to the Lincolnshire West Clinical Commissioning Group Operational Plan
	37c	**Better Care Fund Section 75 Agreement(s)** 1. That the report be noted. 2. That the Section 75 arrangements as detailed at Appendix A be agreed. 3. That delegation be given to the Chairman of the Lincolnshire Health and Wellbeing Board to make any final iterations to the document prior to its submission on 31 March 2105.
	37d	**Health and Wellbeing Grant Fund** That the funding rec0mmendation put forward by the Health and Wellbeing Fund Sub Group as detailed in Appendix A to the reported presented be agreed.
	38b	**Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014** That the Annual report of the Director of Public Health on the Health of the People of Lincolnshire 2014 be noted.
	41a	**Joint Commissioning Arrangement in Lincolnshire** That the report be noted.
	41b	**Review of Processes for Lincolnshire's Joint Strategic Needs Assessment** That the report be noted.
	41c	**Mental Health Crisis Care Concordat** That the report be noted.
	41d	**An Action Log of Previous Decisions** That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.
	42	**Lincolnshire Health and Wellbeing Board – Forward Plan** 1. That the forward plan for formal meetings be received subject to the inclusion of the items mentioned. 2. That the forward plan for informal meetings presented be received.

Lincolnshire Health and Wellbeing Board Forward Plan: June 2015 – December 2015

Formal Health & Wellbeing Board Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
9th June 2015 **2.00pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Terms of Reference, Procedural Rules, Roles & responsibilities of Core Board Members and Assurance Framework** To agree changes as part of annual review of Terms of Reference **Alison Christie, Programme Manager Health and Wellbeing** **JHWS Board Sponsors** To receive a report asking the Board to agree the appointment of Theme Board Sponsors **Alison Christie, Programme Manager Health and Wellbeing** **Mid Term Review of the Joint Health and Wellbeing Strategy** To receive a report and verbal update on the outcome of the mid-term review of the Joint Health and Wellbeing Strategy **Theme Leads & Board Sponsors**	**Meeting the Prevention Challenge in Lincolnshire** To receive a report on the prevention work being undertaken by Public Health **Dr Tony Hill, Executive Director of Community Wellbeing and Public Health** **Public Health: A Plan on a Page** To receive a report on Public Health's Commissioning intentions for 2015-16 **Dr Tony Hill, Executive Director of Community Wellbeing and Public Health** **Lincolnshire Health and Care** Verbal update on current position **Dr Tony Hill, Executive Director of Community Wellbeing and Public Health** **Better Care Fund** To receive a report on the latest position **Glen Garrod, Director of Adult Care** **District/Locality Updates** Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships	**Future scheduled meeting dates** Confirmation of Board meeting dates for 2015/16
29th September 2015 **2.00pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Annual Assurance Report** To receive a report from the Programme Manager asking the Board to agree the Board's Assurance Report and Theme Dashboards. **Alison Christie, Programme Manager Health and Wellbeing, Theme Leads and Board Sponsors**	**Better Care Fund** To receive a report on the latest position **Glen Garrod, Director of Adult Care**	

Formal Health & Wellbeing Board Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
8th December 2015 **2.00pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Lincolnshire Health and Care** To receive a report asking the Board to consider and endorse the consultation and engagement plans for Lincolnshire Health and Care **Programme Manager, Lincolnshire Health and Care Programme**	**District/Locality Updates** Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships: • Boston Health and Wellbeing Action Plan 2014-17	
		Lincolnshire Health and Care Verbal update on current position **Dr Tony Hill, Executive Director of Community Wellbeing and Public Health** **Better Care Fund** To receive a report on the latest position **Glen Garrod, Director of Adult Care** **District/Locality Updates** Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships **Joint Health and Wellbeing Strategy Theme Updates** Standing agenda item for the Board to receive updates, by exception, from JHWS Themes	**Health and Wellbeing Grant Fund – Update** To receive a half yearly report on the Health and Wellbeing Grant Fund projects. **Alison Christie, Programme Manager Health and Wellbeing**

Items to be programmed:

- Lincolnshire Safeguarding Adults Annual Report – Summer/Sept 2016
- Lincolnshire Carers Commissioning Strategy

Informal Health and Wellbeing Workshop Sessions: May 2015 – November 2015

Informal Health and Wellbeing Board Workshop Session Dates	Discussion Item	Information Item
8th July 2015 **2.00pm, Alive Conference Centre, Newland, Lincolnshire County Council**	**JSNA Engagement Plan** An from the JSNA Steering Group on the arrangements for engaging stakeholders & partners in the refresh of the JSNA **Lincolnshire Health and Care** A workshop discussion	
3rd November 2015 **2.00pm, Stanhope Hall, Boston Road, Horncastle, LN9 6NF**	**Transfer of 0 – 5 Year Services** **Family Nurse Practitioners**	

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