Lincolnshire COUNTY COUNCIL
Working for a better future

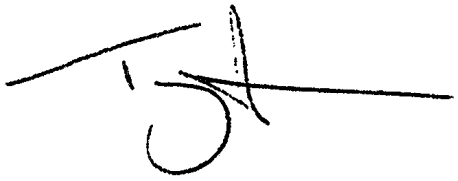
County Offices
Newland
Lincoln
LN1 1YL

30 November 2015

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 8 December 2015 at 1.30 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

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: Sarah Fletcher

NHS England: Mr Jim Heys

(*) Permanent Membership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 8 DECEMBER 2015

Item	Title	Pages	Estimated Time
1	**Apologies for absence/Replacement Members**		
2	**Declarations of Members' Interest**		
3	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 September 2015**		
4	**Discussion Item**		
4a	**Lincolnshire System Resilience Group System Wide Winter Plan 2015/16** *(To receive a report from the Multi-Agency Lincolnshire Systems Resilience Group (SRG), which outlines the key drivers, requirements and highlights of the Lincolnshire SRG System Wide Winter Plan 2015/16)*	5 - 44	
5	**Action Updates from the previous meeting** *(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)*	45 - 46	
6	**Chairman's Announcements** *(For the Lincolnshire Health and Wellbeing Board to note the Chairman's announcements)*	47 - 54	
7	**Decision/Authorisation Items**		
7a	**Clinical Commissioning Group Commissioning/Operational Plans** *(To receive a presentation from each of the four CCGs on their high level commissioning intentions for 2016/17. The Board will have the opportunity to inform and influence the Commissioning Plan by ensuring the intentions take account of the Joint Strategic Needs Assessment and priorities in the Joint Health and Wellbeing Strategy)*	Verbal Report	

Item	Title	Pages	Estimated Time
8	**Discussion Items - Continued**		
8a	**New Psychoactive Drugs - Briefing** *(To receive a report from Mark Housley, County Officer – Public Protection, which provides the Board with information on the New Psychoactive Substances (NPS), and details of the current situation in Lincolnshire)*	55 - 68	
8b	**Update on Activity - Lincolnshire Joint Commissioning Board (JCB)** *(To receive a report from the Chairman of the Joint Commissioning Board (JCB), which updates the Board on the activities of the Lincolnshire Health and Care (LHAC) programme, Better Care Fund (BCF), and the Joint Commissioning Boards)*	69 - 72	
8c	**Health and Wellbeing Board Grant Fund Projects - Update Report** *(To receive a report from Alison Christie, Programme Manager Health and Wellbeing, which provides a half yearly update on the Health and Wellbeing Grant Fund projects)*	73 - 82	
8d	**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)*		
8e	**Joint Health and Wellbeing Strategy Theme Updates** *(To receive, by exception, updates from Theme Sponsors and Leads on issues, which may impact on the delivery of the Joint Health and Wellbeing Strategy. No items have been tabled for this meeting)*		
9	**Information Items**		
9a	**Greater Lincolnshire proposals for devolved powers from Government** *(To receive a report from Dr Tony Hill, Executive Director of Community Wellbeing and Public Health on the latest position with regard to devolution)*	83 - 96	

Item	Title	Pages	Estimated Time
9b	**An Action Log of Previous Decisions** *(For the Health and Wellbeing Board to note decisions taken since 9 June 2015)*	97 - 100	
9c	**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)*	101 - 104	

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 COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the
Multi-Agency Lincolnshire System Resilience Group

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**8 December 2015**
Subject:	**Lincolnshire System Resilience Group System Wide Winter Plan 2015-16**

Summary:

This paper outlines the key drivers, requirements and highlights of the Lincolnshire SRG System Wide Winter Plan 2015-16. This plan outlines how as one health and care system Lincolnshire commissioners, providers and voluntary and community sectors will collectively prepare, respond and recover from Winter 2015-16.

Actions Required:

The Health and Wellbeing Board are asked to note and be assured of the joint health and care system approach to winter planning.

1. Background

The Lincolnshire System Resilience Group (SRG) is required to produce annually a whole system winter plan (which is based on learning from previous winters).

The organisations represented at System Resilience Group are:
NHS England, Trust Development Agency (TDA), the four Lincolnshire CCG's, ULHT, LCHS, LPFT, EMAS, LCC, Care UK and LinCA) and is chaired by the Accountable Officer for Lincolnshire East CCG.

The winter plan is underpinned and organised according to the principles of integrated emergency management:

Anticipate; Assess; Prevent; Prepare; Respond and Recover.

The winter plan:

- Details how all health; social care and community providers will respond to both anticipated and unpredicted surges in demand.

- Identifies the shared risks across the health and care system and the joint mitigations in place to reduce risk levels.

- Is a live working document and as such is updated up to the week before Christmas and then its impact will be evaluated in April 2016.

- Is delivered operationally through an agreed system wide surge and escalation plan (detailed within the document).

- Is guided by national frameworks and expectations such as the Public Health England Cold Weather Plan.

- Is written in the context that an NHS Constitutional Standards Recovery Programme is in place in Lincolnshire (discussed at Health Scrutiny on the 18th November 2015).

- Spans the whole system from promoting self-care and prevention through to how acute care will deliver both emergency/urgent and planned care.

The Health and Wellbeing Board are asked to note the following highlights from the plan:

- **Anticipate**
    - The national Cold Weather Plan and the supporting Met Office cold weather alerts came into force from the 1st November and are monitored by all partners.

    - The Surge and Escalation plan for Lincolnshire provides the triggers for a system wide response to three key tiers of response: maintaining business continuity, critical incident and major incident – the latter two can be site specific or take place on a system wide level.

- **Assess**
    - Risk assessment of the current hazards and threats to be monitored and mitigating actions delivered through the SRG and its working groups.

- **Prevent**
    - There is a locally agreed Winter Communications campaign in place across statutory and community services to support the *NHS Stay Well This Winter* campaign. The Lincolnshire communications campaign offer for this year has been recognised as good practice across the East Midlands.

    - The Flu Prevention campaign locally is under-way to promote vaccination to the key groups of children aged 6 and under, over 65's, pregnant women, people with long term health conditions and carers.

- **Prepare**
  - Individual providers plan's to maximise capacity of service provision and staff over winter (with particular reference to the Christmas and New Year period) are detailed.

- **Respond**
  - Providers mutually deliver their plans as one system and this is operationally coordinated by the SRG via on call directors/on call tactical level managers.

- **Recover**
  - An essential element of winter planning is reviewing and testing our local response (for example: for NHS organisations through formal testing against Emergency Preparedness, Resilience and Response (EPRR) standards) and identifying lessons for a post winter debrief session planned for April 2016.

2. Conclusion

The Lincolnshire SRG System Wide Winter Plan demonstrates a detailed and connected approach across health and care organisations to prepare, respond and recover to the presenting risks and challenges of this winter.

3. Consultation

The winter plan has been developed through consultation throughout October and November with all organisations represented on the SRG.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire System Resilience Group System Wide Winter Plan 2015-16

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 Gary James, Accountable Officer Lincolnshire East Clinical Commissioning Group and SRG Chair, who can be contacted on 01522 513355 or Gary.James@LincolnshireEastCCG.nhs.uk

This page is intentionally left blank

Lincolnshire SRG
System Wide
Winter Plan 2015/16

Reference No:	
Version:	0.5
Ratified by:	Lincolnshire SRG
Date ratified:	10th November 2015
Name of originator/author:	Sarah Furley – Urgent Care Programme Manager Sarah Stringer – Urgent Care Programme Manager Contact for information about this plan: Sarah.Stringer@LincolnshireEastCCG.nhs.uk
Name of responsible committee/ individual:	Gary James, Lincolnshire SRG Chair
Date Approved by committee:	10th November 2015
Date issued:	
Review date:	May 2016
Target audience:	All organisations represented in the SRG
Distributed via:	Email and website

Lincolnshire SRG System Wide Winter Plan 2015/16

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
0.1		New Document	17.10.15	Sarah Stringer
0.2		Amendments made after consultation meeting with partners	28.10.15	Sarah Stringer
0.3		Amendments made with updates from partners	09.11.15	Sarah Stringer
0.4		Amendments made with updates from partners	20.11.15	Sarah Furley
0.5		Summaries of all embedded documents added at request of Health and Wellbeing Board + Contents inserted	24.11.15	Sarah Stringer

Contents

1. Strategic Approach Statement

Background	It is an expectation of NHS England and the TDA that a robust system wide plan is in place for each winter. The System Resilience Group (SRG) must have assurance that all commissioners and provider's plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years. This Plan provides an overview of the key strands of our operations and provides the framework for partner organisations to work together.
Statement	It is the expectation that the Lincolnshire SRG will take all reasonable steps to ensure that all organisations can maintain or return to business as usual after a disruption to business continuity, after a critical incident or after major incident/emergency. The Winter Plan is operationalised through our Lincolnshire Surge and Escalation Plan which has recently been through a refresh which describes in more detail the tiers and triggers of incidence and response.
Responsibilities	Compliance with the plan will be the responsibility of all members of the Lincolnshire SRG with each of their organisations.
Training	Directors/Managers across organisations will be responsible for ensuring that all appropriate staff have appropriate training in line with this plan.
Dissemination	All organisation's websites Via E-mail
Resource implication	Resources across organisations have been committed via SRG to ensure winter resilience.

Plan Interdependencies

This Winter Plan 2015/16 should be read in conjunction with the following cross organisation documents:

- Major Incident Response Plan (IRPs)
- Multi Agency Pandemic Flu Plan
- Lincolnshire Surge and Escalation Plan
- Multi-Agency Adverse Weather Plan
- Local Transport Plan
- Individual Organisation Business Continuity Plans, Outbreak Plans, Infection Prevention Policies as appropriate.

We are clear locally about the expectations of NHS England and the TDA on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)
- Delivery of critical and emergency care services
- Delivery of out of hours services
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

The Plan is underpinned by the principles of integrated emergency management (IEM):

- **Anticipate** – be aware of new hazards and threats facing the health economy.
- **Assess** – the hazards and threats for likelihood of occurrence and the impact.
- **Prevent** by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.
- **Prepare** by having appropriate planning arrangements and management structures.
- **Respond** by managing the immediate consequences of an incident or emergency.
- **Recover** by having plans to return to normal activity following an interruption.

At a high level, our response to winter is to ensure we:

- Minimise the risk to patients/service users during a period when the service is under increased pressure
- Maximise the capacity of staff by working systematically and effectively in partnership
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes
- Maintain critical services, if necessary, by the reduction or suspension of other activities.

Distribution List

NHS England

- Leicestershire and Lincolnshire Area Team

TDA

Public Health England

- PHE (Lincolnshire)

Clinical Commissioning Groups

- Lincolnshire West Clinical Commissioning Group
- Lincolnshire East Clinical Commissioning Group
- South West Lincolnshire, Clinical Commissioning Group
- South Lincolnshire, Clinical Commissioning Group

Lincolnshire Community Health Services NHS Trust:

- LCHS Chief Executive
- Chief Nurse/Director of Operations
- LCHS Trust Board (Directors)
- Emergency Planning Committee
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

Lincolnshire Partnership Foundation Trust

- LPFT Chief Executive
- Director of Operations
- LPFT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

United Lincolnshire Hospitals Trust

- ULHT Chief Executive
- Chief Nurse/Director of Operations
- ULHT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- Site Managers (full cascade across staff).

East Midlands Ambulance Service (EMAS)

Lincolnshire County Council

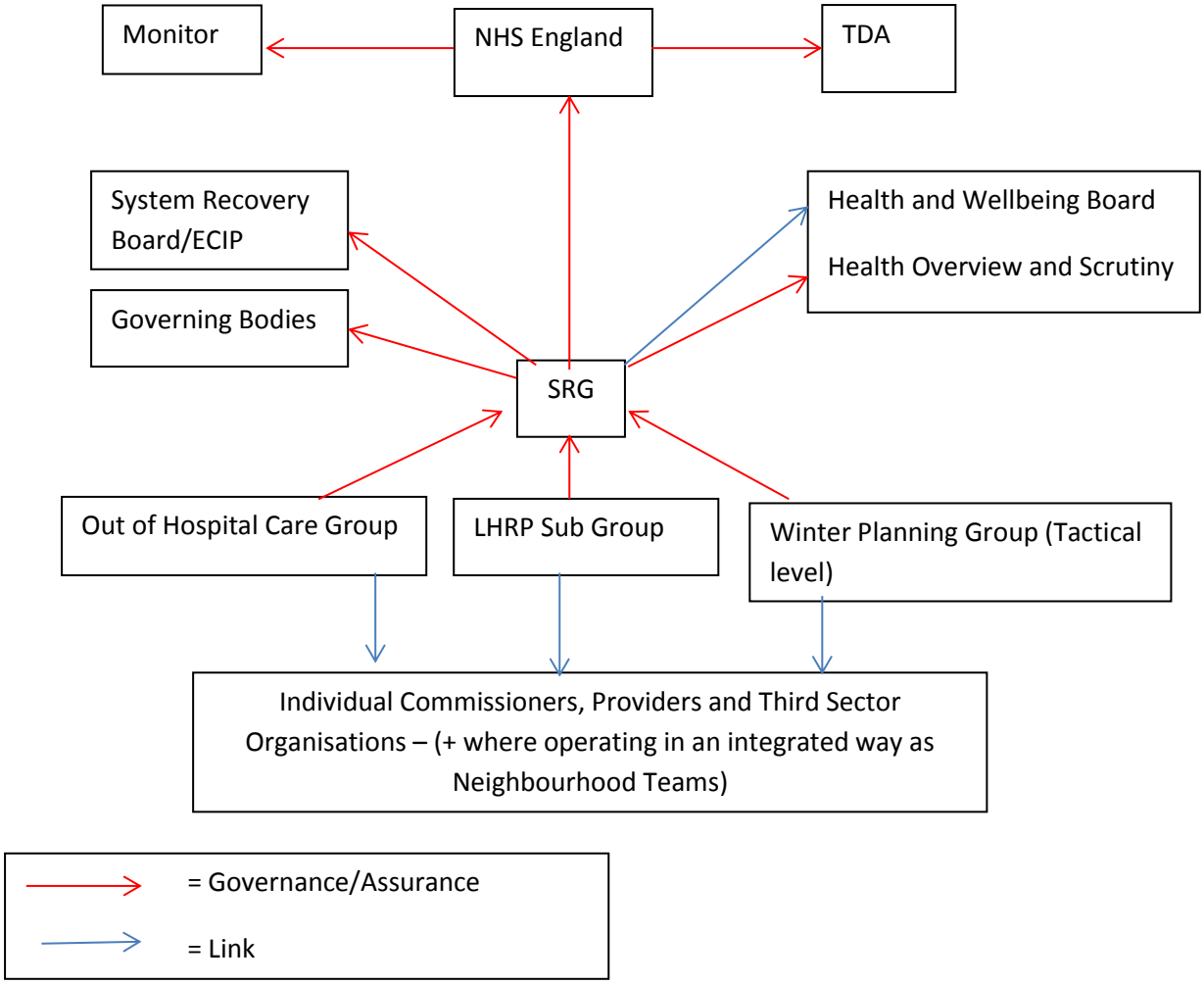
- Adult Care Services
- Children's Services
- Public Health
- Emergency Planning Unit/LRF/LHRP

Care UK 111 Service

Voluntary Sector

- Lincolnshire Care Association (LinCA)

Governance and Assurance Links



Future Proofing the Winter Plan

The work completed to the deliver the Plan through the 2015/16 winter period will continue to be shaped by emerging local thinking and national information, for example 'Transforming Urgent & Emergency Care Services in England', Urgent and Emergency Care Commissioning Standards and the imminent Emergency Care Improvement Programme (ECIP) Reports for the SRG.

2. Anticipate

2.1 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold weather Alert Service. The Service starts on 1 November 2015 and runs until the end of March 2016. Each member of SRG has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas.

The Cold Weather plan and its associated supporting documents ("*Making the Case: Why long-term strategic planning for cold weather is essential for health and wellbeing*" and action cards are available on the PHE website at www.gov.uk/phe/cold-weather-plan, accompanied by a cover letter from the Department of Health, PHE, NHS England and the Local Government Association.

The Local Resilience Forum (LRF) Severe Weather Plan:

This plan details the escalation and likely actions following notification of a Severe Weather Event. It ensures that a consistent approach to severe weather is taken, linking specifically to other pre-existing plans, triggers and actions. Specifically regarding winter the plan details actions for cold weather/heavy snow risk and for storms and gales risk.

Triggers are coordinated from the NHS Winter Weather warnings cascaded from Public Health England via the Met Office, aimed at the Health Sector. The NHS Winter Plan levels are as follows:

Level 0 – Year round planning

Level 1 – Winter preparedness and action. 1st November – 31st March

Level 2 – Severe Winter Weather forecast – Alert & Readiness (Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% Confidence).

Level 3 – Severe Weather Action (Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow).
Level 4 – Major Incident – Emergency Response declared by Central Government.

The Storms and Gales severe weather type does not have a plan written by another agency, and is the one weather type which may occur with little notice and significant community impact. The trigger for this event fits within the normal Met Office Severe Weather Warning methodology.

Different cells will be instigated at the LRF to coordinate response. This may include a requirement to enact the alternative fuel heating plan (for rural communities on heating oil/LPG supplies) and/or work with LCC Winter Maintenance teams.

2.2 Lincolnshire Surge and Escalation Plan

The local health and social care economy has developed a Surge and Escalation Plan - with triggers which supports the system to ensure there is sufficient overall capacity to meet demand. This Plan includes the sharing of information across the system in the form of daily SITREPs and triggers the move towards daily teleconferencing. The associated Information Sharing Agreements (for business as usual and a separate ISA for at times of Major Incident) facilitate this process. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2015/16, and includes the following elements:

(a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.

(b) A new SRG Dashboard - supported by Arden and GEM CSU which provides SRG with system wide performance indicators, including cancer, planned care and mental health. KPI's are shown against plan trajectories and national standards.

(c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan. The urgent care

leads group will provide identification, mitigation and escalation to the SRG of risks associated with delivery. The team will include all 8 partners and the communications team. In addition, a (face to face) working group met in the spring 15/16 to review performance and processes from winter 14/15 and include lessons learned in the refreshed 15/16 Surge and Escalation Plan. This working group had the same key partners.

(d) Developing plans with LMC and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/pharmacy initiatives to support winter.

(e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.

(f) A view on predicting and mitigating the impact of our winter actions on planned care. The SRG will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity. SRG will continue to assess the impact on referral to treatment standards (e.g.18 week performance) and work with CCGs to ensure that arrangements have been agreed to allow additional capacity to be introduced where necessary.

(g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

The daily Situation Report (SITREP) will be a key reporting tool through winter, and will enable the system to understand demand and capacity issues arising in partner organisations. This process is overseen by the Urgent Care Team and forms a key part of our escalation process through winter – as set out in the Surge and Escalation Plan.

Each provider uses the Surge and Escalation Plan to ensure it is delivering all appropriate responses in line with the escalation status. Across all health and care organisations the following tiers are agreed to and the triggers within each organisation for each level are detailed:

Level 1 – Business as Usual

Level 2 – Business Continuity - An incident or event that disrupts an organisation's normal service delivery, where special arrangements are required to be implemented, until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.

Level 3 – Critical Incident - Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from others.

Level 4 – Major incident - Emergencies (major incidents) are defined in the EPRR framework and the Civil Contingencies Act as instances which present a serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

This also provides a vehicle for identifying processes and responses that need further strengthening. The system wide urgent care leads (via the weekly Thursday afternoon teleconference) supported by the Urgent Care Team will be responsible for initiating any operational changes needed and reporting them to SRG.

Capacity and demand intelligence is becoming increasingly available from all local providers, and is being reviewed across the health economy as part of our SRG Dashboard.

2.3 Seasonally related illness

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each SRG provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The SRG has oversight of the Infection Control plan and will receive notification of any outbreaks.

As well as protecting against flu, the **NHS Stay Well This Winter campaign** will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS **'Stay Well This Winter'** campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18 degrees C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.

Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

The East Midlands Public Health England Communicable Disease Outbreak Management Plan and two action cards for Lincolnshire:

To summarise this plan does not cover routine communicable disease control activities undertaken by PH local teams, or specific major incidents such as a chemical attack or pandemic flu. It is for disease incidents where the threshold for internal management control by PHE is exceeded and the coordination of an Outbreak Control Team (OCT) is required.

A **communicable disease incident** can be defined as:

• Any incident involving communicable or infectious disease which presents a real or possible risk to the health of the public and requires urgent investigation and management.

An outbreak can be defined as:

• Two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample, who are linked through common exposure, personal characteristics, time or location;

• A greater than expected rate of infection compared with the usual background rate for the particular population and period.

Examples of communicable diseases include:

- Single cases of rare or serious diseases such as diphtheria, rabies, viral haemorrhagic fevers or polio;
- Exposure of a susceptible group of people to a person with a serious
- communicable disease infection, especially where there are limited options for treatment;
- Suspected, anticipated or actual events involving the microbial contamination of food, water or the environment;
- Healthcare associated infections where there may be an actual or perceived risk to the general public;
- Outbreaks of zoonotic infection in animals which present a risk to human health;

- Outbreaks and epidemics originating outside the local area which threaten the health of the local population.

There are a number of key **activities** which are essential to effective communicable disease control. These include:

- Notification of cases;
- Routine (and enhanced) surveillance;
- Detection;
- Risk assessment;
- Activation of special management arrangements;
- Investigation;
- Coordination;
- Communication;
- Application of public health control measures.

A variety of **interventions** are available to the Outbreak Control Team in planning the response and controlling the identified risks. Brief summaries of the main types of intervention are provided below:

• Public information;

• Enhanced hygiene;

• Restriction of movement;

• Restriction of access;

• Decontamination;

• Vaccination

• Prophylaxis.

3. Assess

The work of the Out of Hospital Group (launched in October 2015, replacing the Transitional Care Sub-group) and urgent care leads (via the weekly Thursday afternoon teleconference) will contribute to the ongoing assessment of key risks to the delivery of the Winter Plan.

This risk assessment process is correlated to the work completed under the LHRP Risk Assessment Working Group (Community Risk Register hazards and threats). This resulting risk assessment outlines the hazards and threats for likelihood of occurrence and the impact.

Summary of identified risks to the delivery of the Lincolnshire System Wide Winter Plan

The risk assessment and mitigation plan attached as Appendix A sets out a current view of the risks and mitigating actions associated with delivery of this Winter Plan. The heat map below shows the current scoring for the risks identified.

Impact					
Catastrophic (5)			Workforce – seasonal illness Workforce – recruitment, retention and agency / locum availability		
Major (4)			Adverse weather, Seasonal illness	Bank Holiday cover, Managing demand and capacity –seven day working, Managing demand and capacity - flow Delayed discharges, Constitutional Standards	
Moderate (3)					
Minor (2)					
Limited (1)					
	Low (1)	Medium Low (2)	Medium (3)	Medium High (4)	High (5)
Likelihood					

SRG will monitor the actions monthly at their meetings to ensure all actions are being delivered, and challenge the system where they are not. The risks scores will remain and will only be revised when SRG has been assured that mitigating actions have taken place. SRG partners will ensure that any relevant risks are logged on their own organisation risk systems.

4. Prevent - by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.

4.1 Public Information

The provision of information to the public regarding services and accessibility is essential to ensure that we are able to more effectively manage demand through winter. CCGs across Lincolnshire have agreed to use the Winter Communications campaign in order to support demand reductions through winter. This work is being supported by the CSU. The communications messages will be tailored to the different audiences and the public communication campaign will be based on last year's Choose Well Campaign.

The Winter Communications campaign aims to:

- provide a consistent identity to promote the range of NHS services available to local communities;
- explain to the public how their local NHS services fit together;
- make it clear to the public that A&E and 999 services are for life-threatening and serious incidents only; and
- promote self-care and the use of high street pharmacies for common complaints.

To build on these aims, the Lincolnshire campaign will also:

- meet the needs, engage communities of interest to promote winter and Choose Well messages;
- work with voluntary and community sector organisations to promote awareness, patient education and acceptance;
- join up working across Lincolnshire to share best practice and enjoy economies of scale;
- focus on pressure points in the system, such as bank holidays and outbreaks of illnesses (e.g. flu) which put additional pressure on services;
- have the potential to be rolled out at any time of the year to support appropriate usage of urgent care services.

In addition it is crucial to understand that any communications campaign misses a crucial component if staff are not targeted to support and advise patients, and their friends/relatives. This will be included in the above campaign, and the SRG will have a key role in ensuring that we maximise the use of the campaign at all levels across our health and care economy.

During November 2015, the schedule of opening hours for services for the Christmas and New Year holidays across the health and care community will be agreed and published. The SRG will ensure that this information is shared across its partners, and will be seeking assurance that each organisation is sharing the information with its staff.

Communication Plan agreed across all agencies:

In summary the Communications Plan for Winter 2015/16 details the main communications messages all partner agencies will be promoting and the particular target audiences (elderly, parents of young children, carers, people who have long term health conditions). The plan details how agencies will promote the 'Stay Well This Winter' national NHS media messages. The particular week by week plans include:

November 2015

23 Prevent flu with good hand hygiene

30 Feeling under the weather - speak to your pharmacy first

December 2015

7 Make sure your medicine cabinet is appropriately stocked this Christmas

14 Don't forget repeat prescriptions in time for Christmas

21 Get the right care in the right place for your child over Christmas and New Year

28 Take care, not antibiotics this Christmas!

4.2 Flu Prevention

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons.

It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The SRG will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes). NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted

In addition, SRG will be seeking assurance that procedures are in place within community service providers (LCC, LCHS) for ensuring vaccination of the housebound patients and staff.

The national flu vaccination programme for children, which this year seeks to help over three million 2-6 year olds, as the programme is extended to children in school years 1 and 2.

For the first time, the youngest primary school children will be eligible to receive the free nasal spray vaccine, making this the largest school-based vaccination programme in England involving children in 17,000 schools.

As in previous years, the adult flu vaccine will also be offered for free to those in groups at particular risk of infection and complications from flu. The groups being offered the adult flu vaccine are:

- Pregnant women
- Those aged 65 or over
- Those aged under 65 with long-term conditions
- Carers

www.nhs.uk/staywell

In addition, Lincolnshire County Council and NHS Providers/Commissioners have pro-actively contacted their own front line health and social care staff to promote the uptake of flu vaccination.

Although it is seen as an employer's responsibility to protect staff from flu, LCC recognises that some social care providers may struggle to provide this. With that in mind, LCC has funded flu vouchers for contracted domiciliary care workers in the County; any surplus from the flu vouchers procured will be offered to contracted residential care homes for their staff.

The plans for communicable diseases (seasonal flu) are attached within section 2.3.

Multi-agency framework for pandemic influenza:

In summary the focus of the Multi-Agency Pandemic Influenza Contingency Framework is to address the roles, responsibilities, planning and response procedures for all organisations throughout Lincolnshire in preparation for and during an influenza pandemic. It is based on guidance published by the Cabinet Office, Department of Health and Public Health England and pays due regard to the duties and requirements defined within the Civil Contingencies Act 2004.

An influenza pandemic arises when a new strain of influenza virus emerges to which most people are susceptible. A new strain of virus is likely to transmit more easily to people if it contains genetic material from a human influenza virus. Important features of pandemic influenzas include:

a) Ability to spread widely.

b) Unpredictability.

c) Likelihood of arising outside the UK and spread to the UK within as a little as 4-8 weeks.

d) Likelihood of spreading rapidly once in the UK to all major population centres within 1-2 weeks, peaking possibly only 50 days from initial entry.

e) Possibility of subsequent waves of illness weeks or months apart.

The framework details the use of antivirals, specific guidance to schools and care homes, restrictions on public gatherings/use of public transport etc. The World Health Organisation (WHO) will identify at an international level the various phases of a pandemic influenza (i.e. Detection, assessment, treatment, escalation and recovery).

All agencies in Lincolnshire have collectively exercised in 2015 through Exercise Black Swan their respective influenza response plans. All NHS organisations have to report to NHS England through the Emergency Preparedness, Resilience and Response Core Standards their ability to respond to pandemic flu.

4.3 Business Continuity Plans

Business continuity plans are seen locally as a key vehicle for ensuring that quality and access to services is maintained through periods of system pressure and as the result of specific local circumstances and incidents.

Locally commissioners, through their contractual relationships with providers, ensure that business continuity plans are in place and up-to-date. All contracts held by Lincolnshire CCGs are based on the NHS Standard Contract. CCGs work closely with commissioners in Lincolnshire County Council on the commissioning of care home provision, reablement, home care and Wellbeing services. Again, the contractual standards for business continuity plans are a key element of the contract documentation. There are references throughout this Plan to the elements of business continuity plans which have a strong link to winter.

4.4 Maximising the role of Neighbourhood Teams with the Voluntary and Community Sector

Voluntary and community sector organisations play an essential role in maintaining contact with individuals and families through winter and promoting proactive self-care and informed choices. The delivery of contracts via Adult Care and Public Health commissioned services (such as the Wellbeing Service, the TED in East Lindsey initiative to combat loneliness and isolation) play a vital element in maintaining winter community resilience.

SRG partners will work through the developing Neighbourhood Teams to ensure that a range of Voluntary and Community Sector organisations are facilitated to participate, and ensure good communication channels exists to support potentially vulnerable individuals or families.

Neighbourhood Teams will work in a multi-disciplinary way to provide more joined up care. People will be treated and cared for closer to home where possible and will only be admitted to hospital when necessary. Neighbourhood teams are being developed to enable people to be:

- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to return home quickly and safely following a stay in hospital
- Supported to experience a good death when at end of life

Neighbourhood Teams (NTs) are aligning themselves to be able to receive appropriate referrals from GPs, Clinical Assessment Service and Contact Centre. Referrals will be directed to Care Liaison Officers (CLO) for each of the neighbourhood teams during weekdays (9am to 5pm). Referrals via this pathway would usually require a multidisciplinary NTs service provision. Single discipline referrals will be directed via the current direct route to enable quicker response.

The contact point NTs referrals will be via Neighbourhood Team Care Liaison Officer (NT CLO). The NT Care Liaison Resource details the specific named Care Liaison Officers in each of the NT areas. The Proactive Care Board are still developing the CLO role and operating hours. A referral to NTs via this pathway will initiate a multidisciplinary joint care plan developed across core services and the wider NT (including voluntary and community sector) to manage their ongoing care and discharge. This pathway will support the reduction of unnecessary admission and attendance at Urgent and Emergency Care Centres. The pathway will also support and facilitate discharges from acute and community hospital beds in a timely manner to reduce DTOC. Cayder, a patient record system which is

accessible by the NTs members is being trialled currently to support the patient flow through this pathway.

SRG partners are fully participating in the implementation of a Clinical Assessment Service (CAS) which will become active in a phased plan from November 2015. This integrated service provided by LCHS, Care UK, EMAS, LPFT and ULHT will provide enhanced clinical assessment with a view to decreasing the number of attendances at A&Es.

5. Prepare - by having appropriate planning arrangements and management structures

5.1 Maximising capacity

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand. Within the Lincolnshire health and care economy focus has been on:

(a) Additional Primary Care Capacity

CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Striving to improve its access
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients
- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Effectively utilising any extended hours provision to support improvements in access
- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.
- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

In addition CCGs are working with the LMC and NHS England to ensure that increasing demand in primary care is captured as part of the development of predictive modelling tools. CCG Governing Bodies have also worked with the LMC to identify new models of primary care provision at weekends – particularly Saturday mornings.

Christmas and New Year

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such:

- A full listing of negotiated opening hours for pharmacies will be available in late November 2015 which will be communicated with the public.
- NHS England wrote to all GP Practices to advise them that they would expect practices that normally operate extended hours on a Saturday, to provide these on Saturday 26th December and 2nd January. However this position has now changed nationally and practices will be offered the opportunity to re-provide these Saturday sessions within a 2 week period.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in none essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

(b) Acute Care

There are plans in place aimed at three benefits;

- to minimise hospital admission (hospital avoidance)
- to improve the flow of patients out of A&E into the hospital and through the hospital and,
- to reduce delayed transfers of care (DTOC) to release hospital beds.

The schemes supporting these three benefits are as follows;

Scheme	Benefits			When implemented
	Admission avoidance	Improve flow	Reduce DTOC to release hospital beds	
Increase therapy services in ULHT	X	X	X	Service already implemented until end of March 2016
Additional Physician to provide telephone advice to GPs referring into Grantham Hospital	X	X		Service already implemented until end of March 2016
Clinical Navigation (advanced nurse practitioner) at Lincoln and Pilgrim Hospital A&E Departments	X	X		Service started at Pilgrim Hospital with plans to start at Lincoln Hospital prior to Christmas. Both services running until the end of March 2016
Seven day pharmacy service in ULHT		X	X	Service started until the end of March 2016
Additional hospital beds (escalation beds) in ULHT		X		Service started. Funded until the end of March. Numbers of beds will be flexed depending on demand
Additional Discharge Team members in ULHT			X	Service started at Lincoln Hospital, starting at Pilgrim and Grantham Hospitals on 1-12-15
Increased number of porters in ULHT		X		To be implemented at times of surge in demand
Increased number of housekeeping staff in ULHT		X	X	To be implemented at times of surge in demand
Additional reporting capacity for MRI and CT scans in ULHT		X		Service started until the end of March 2016
Frailty Service at Lincoln Hospital and Pilgrim Hospital	X	X	X	Service started until the end of March 2016
Advanced Care Practitioners in Orthopaedic, Surgical and Respiratory care in ULHT	X	X		Started until end of March 2016
Two additional Consultants in A & E at Pilgrim Hospital	X	X		Recruitment challenges; funded until the end of March 2016
Mobile technology to support two areas; Discharge Team at Pilgrim Hospital and EMAS handovers in A&E at Lincoln Hospital		X		Implemented

(c) Planned Care Activity over winter

With the expected increasing demand from emergency admissions over winter, many acute hospital trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by "front loading" in-patient elective (surgical) activity through early or later months in the year. ULHT and Peterborough Hospitals have agreed this plan. It should be noted that day cases and outpatient appointments will

continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

(d)Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams

The CCG Urgent Care Team have planned and profiled demand throughout the year to take into account seasonal and demand variation. There are a number of projects that require delivery from across SRG partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. Work is underway to create fully functioning 'discharge hubs' in each of the acute hospital sites where multi-agency community teams actively 'pull' people out of hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care (CHC) and community services to ensure that transitional care services are able to cope with additional demand through winter and that a discharge to assess policy is facilitated.

This work is being coordinated by the Out of Hospital Group as well as working with providers on assessing current deficits and looking at strengthening services through winter. The local capacity management system (Cayder) is being explored to ensure visibility to SRG of transitional care capacity including delays in transfer of care to other settings, and demand coming through single points of contact across the county.

Since January 2014, Continuing Health Care Panels meet Tuesday, Wednesday and Thursdays to facilitate timely decision making in relation to Funded Nursing Care and Continuing Health Care eligibly for placements.

The Lincolnshire Community Health Services Winter Plan 2015-16 details the specific responses and offer this organisation can make this winter. This includes the roles of the LCHS contact centre, LCHS staff roles within Neighbourhood Teams, Urgent Care Teams (rapid response and out of hours services), LCHS Clinical Navigators within A&E's to help divert patients, integrated discharge hubs in hospitals to fulfil the 'discharge to assess' policy and LCHS teams lead role in coordination of transitional (intermediate) care.

Education/training offers to care home staff, telehealth, the role of LCHS run community hospitals and urgent care centres are also detailed within the plan.

(e) Local Authority Plans

The Local Authority has a critical role in ensuring that the system is able to cope though winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.
- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the SRG Winter Planning and Out of Hospital Groups and participates in teleconferences as required.
- The Emergency Planning Teams are in place to aid in the coordination of stand up processes for Critical Incidents (use of Incident Coordination Centre, additional loggist support, teleconference coordination) to respond to surge and escalation issues.

Lincolnshire County Council Adult Social Care Winter Plan:

This plan covers essential services to support the out of hospital pathways and flow out of acute hospitals. This includes:

- promotion of the flu vaccination scheme,
- the role of home care and reablement providers,
- the support for hospital based social work teams by community teams,
- public messaging,

- 7 day working of operational staff and 7 day teleconferencing only if the relevant escalation levels are reached (as per the Surge and Escalation Plan).

(f) Critical Care

The Management of surge and escalation in critical care services: standard operating procedures for adult critical care, paediatric intensive care, burns services, adult and child respiratory extra corporeal membrane oxygenation (ECMO) are found at:

https://www.england.nhs.uk/commissioning/ccs/

These national level plans operate on a tiered level of response from Level 0 to Level 3. A critical care network across the country operates to deliver critical care and the plans detail how these services are triggered via Emergency Preparedness, Resilience and Response (EPRR) routes and interface with locally delivered services. The appropriate REAP (Resource Escalation Action Plan) Action Cards for relevant agencies are detailed. For adult critical care, where ULHT face capacity issues in their own adult ITU, they will liaise directly (on a consultant to consultant) basis with the Critical Care Network for adults (to include access to ECMO beds).

(g) East Midlands Ambulance Service/NSL

EMAS are a key member of our local SRG. The current SRG dashboard includes EMAS performance and includes a focus on turnaround. This provides a tool by which the economy can understand capacity and demand and how the ambulance service works as part of the local system through periods of escalation.

The EMAS Seasonal Plan 2015-16 Lincolnshire Division details the:

- Availability of Fleet and equipment (the division has a max output of 66 Double Crewed Ambulances and 37 Fast Response Vehicles)
- Increase in emergency, urgent and hospital discharge/call demand (the key
- anticipated dates of surge based on previous year's history)
- Increase in hospital turnaround times (Due to increase in activity across the health economy, there will be an increase to crew turn-around times at acute Hospital units).

- Increase to staff sickness levels (adjustments made to rotas)
- Outbreak of pandemic influenza
- Pressure from external agencies
- Adverse weather (redeployment of patient transport services staff to A&E transportation, use of volunteer staff, use of Hazardous Area Response Teams etc).

NSL who deliver patient transport services are also a key member of our local SRG.
NSL Winter Plan – in principle NSL have agreed to provide additional discharge crews over the winter period, this is being negotiated via contracts with the next meeting planned for the 2nd December.

(h) Care UK – 111

The SRG Dashboard includes performance data for 111 and through the contractual process commissioners will ensure that 111 escalation plans are clear in terms of their communications into the system. The contractual route will also provide commissioners with the opportunity to test business continuity plans during times of surge, as well as daily information relating to demand and performance which will support the prediction of potential peaks in demand.

The Urgent Care Team is working with Care UK to ensure the updating of the Directory of Services (DOS) for 111 - with additional capacity commissioned and clear communications with partners via the implementation of the CAS.

The Care UK (NHS 111) Winter Plan details their plans for call volume forecasting, bank holiday modelling (peak demands for 111 services), for filling staff rotas through additional recruitment/incentives for staff and added resilience through networking cover between different call centres across the UK.

(i) Mental Health Support

The Lincolnshire Partnership NHS Foundation Trust's Winter Plan describes how the trust will continue to support the health and care system by offering the following core services: -

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access (telephone number is 0303 123 4000).
- Psychiatric Liaison Service for the county. The new multi-disciplinary MHLS will be based at Lincoln, Grantham, Boston and Peterborough acute hospitals and will take referrals of patients from acute trust staff and also undertake case-finding to deliver rapid assessment of mental health needs. The team will be Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas. Phased rollout is now underway in collaboration with each hospital site and it will be operational during November and December.
- Child and Adolescent Service self-harm pathway providing service into the accident and emergency departments to support patients and families.

6. Maximising the availability of staff

(a) Sickness absence

Each partner organisation will be aware of the impact increased sickness absence has on its ability to deliver high quality services during the winter months.

It is expected that there will be an increase in sickness absence due to flu and each partner organisation, being cognisant of this fact, should be working to deliver a flu vaccination campaign for their frontline staff, and other staff critical to its operations. Provider uptake rates for flu vaccine will considered by the SRG as part of overseeing delivery of this Plan

(b) Industrial Action

Each of the SRG partner organisations has developed business continuity plans through which it will test a range of scenarios which impact on the availability of key staff. These plans include scenarios dealing with the impact of industrial action.

(c) Working in Different Ways

ULHT and LCHS are working together to deliver a joint Therapy Professional workforce in light of high vacancy rates in both organisations.

Organisations are continuing to develop their clinical leaders, recognising our workforce as our greatest resource and developing staff to work in a dynamic, changing environment. As health and care system we are empowering them to make autonomous decisions at the time e.g. to prevent delays in patient care, which maximise efficiency and productivity and drives service improvement

Organisations are proactively working within the context of Lincolnshire Health and Care (LHAC) to design better ways of providing essential services, with access to safe, high quality services closer to home and avoiding admissions to hospital.

In addition to this, the absence of staff caused by other absences should be considered by the all partners, for example adverse weather, school closures etc. Each provider is aware of and has an adverse weather plan or process that supports staff to deliver its activities. Provider Business Continuity Plans should also cover staff absence that reaches a critical level.

SRG partners are ensuring that annual leave planning has taken place to ensure that staffing levels are maintained and capacity is maximised.

7. Excess winter deaths and Wellbeing

Public Health with partners and providers aim to reduce excess winter deaths and improve well-being, and are adopting the DH high impact interventions to address winter deaths and target vulnerable people in local communities. Partner agencies will be working to support

the implementation of the proposed NICE guideline 'Excess winter deaths and morbidity and the health risks associated with cold home', targeting vulnerable people.

Consistency checking with the new NICE Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes leading to the inclusion of **pregnant women as a 'vulnerable' group**.

Lincolnshire County Council Public Health is proactively delivering Affordable Warmth (Responders to Warmth) schemes this winter, and maximising referrals from primary care through single points of access.

The NHS, Adult Care and District Councils, with support from the voluntary and community sector, are identifying vulnerable patients and proactively targeting them with the following interventions to increase their resilience against the cold – particularly in relation to:

- Annual flu and pneumococcal vaccine
- Annual medicines utilisation review (MUR) and follow up support for adherence to therapy
- Full environmental assessments (including; equipment, telecare, insulation, support groups, access and transport)
- Assessment for affordable warmth interventions
- Regular review of benefits entitlement and uptake
- Assessment and support to prevent falls (Wellbeing Service)
- Promotion of healthy lifestyle and personal health promotion plan to include physical activity, hydration and nutrition – Every Contact Counts.
- Referral to telehealth/telecare,
- Addressing loneliness
- Referral for talking therapies (IAPT) for stress/low mood

8. Respond - by managing the immediate consequences of an incident or emergency

The local health economy has acknowledged that peaks and troughs in demand and capacity fluctuations are no longer a purely "winter" phenomenon and have relevance all year

round. Additionally various mechanisms have existed historically to manage these issues depending on the cause of the fluctuation e.g. increased demand on acute services, adverse weather, pandemic influenza.

The SRG has recognised the benefits and need for the development of a single, year round, system wide surge and escalation plan. Our refreshed Surge and Escalation Plan details the arrangements and procedures that SRG partners in Lincolnshire will utilise in the event of surge and capacity issues, irrespective of cause, affecting one or more partner in order to sustain the provision of high quality responsive care. Within this plan, escalation trigger levels, actions and responsibilities are clearly defined and shared amongst key stakeholders.

Lincolnshire on-call directors are responsible for both proactive and reactive management of capacity issues (surge and escalation or winter planning) and therefore will be involved in the management of critical incidents and major incidents, taking a lead role where these incidents affect patients registered to a Lincolnshire GP and a supporting role for patients in the wider area.

NHS England will lead (command) the response to wider area incidents and emergencies and take a strategic overview of surge and escalation issues, providing support to CCGs where it can add value.

9. Recover - by having plans to return to normal activity following an interruption

During the winter period the health and care economy will, through the SRG, review and learn continually to ensure that the highest quality care can be provided locally.

The SRG is aware that there is an increased likelihood that planned activity may be displaced by the potential actions taken locally. Therefore our SRG will ensure effective monitoring in order to manage the potential risks to patients should services need to be deferred. Our refreshed Surge and Escalation Plan includes refreshed arrangements for escalation and de-escalation and link to escalation communications outside Lincolnshire. This plan will be formally tested in winter to ensure as a system we are meeting Emergency Preparedness

Resilience and Response (EPRR) standards. A formal post-winter debrief session will be planned in April 2016.

10. Key Contacts

The following people can be contacted regarding the local plans in partner organisations.

Name	Title	Contact
EMAS		
Andy Hill	General Manager	Andy.hill@emas.nhs.uk
NSL		
Chris Dexter	Account Director	Chris.dexter@nslservices.co.uk
LCC		
Lynne Bucknell	County Manager – Adult Social Care	Lynne.bucknell@lincolnshire.gov.uk
Care UK		
Carolyn	Head of Contracts	Carolyn.andrews@careuk.com
LinCA		
Barry Earnshaw	Director	barry.e@zen.co.uk
ULHT		
Michelle	Director of Operations	Michelle.rhodes@ulh.nhs.uk
LPFT		
Jane Marshall	Director of Strategy, Performance & Information	Jane.marshall@lpft.nhs.uk
Ian Jerams	Director of Operations	ian.jerams@lpft.nhs.uk
LCHS		
Sue Cousland	Chief Nurse	Sue.Cousland@lincs-chs.nhs.uk
Carol Brady	Director of Strategy	Carol.brady@lincs-chs.nhs.uk
LECCG		
Gary James	Accountable Officer (CHAIR)	Gary.james@lincolnshireeastccg.nhs.uk
SLCCG		
Caroline Hall	Chief Finance Officer	Caroline.hall@southlincolnshireccg.nhs.
SWLCCG		
Allan Kitt	Chief Officer	Allan.kitt@southwestlincolnshireccg.nh
LWCCG		
Sarah Newton	Chief Operating Officer	Sarah.newton@lincolnshirewestccg.nhs

Appendix 1 – Risk Register

Risk Ref	Date Raised	Risk Description	Likeli-hood	Impact	RAG	Mitigating Actions
1	17-10-15	**Adverse Weather Conditions** – Current assessment is that there is no current information or relevant warnings of adverse weather conditions	3	4	12 A/R	The Met Office weather warning system will be monitored and utilised to anticipate and communicate short and medium-term threats which may be posed by the weather.
2	17-10-15	**Seasonal Illness –** Current assessment is that there is a "normal" expected level of viral illness (respiratory and gastrointestinal) during winter months. Last year, there was minimal seasonal illness.	3	4	12 A/R	Link with Public Health to utilise and monitor health protection and public health information using increase in prevalence in primary care as a local trigger. Links to communications team of public information and media messages.
3	17-10-15	**Workforce / Seasonal illness** - High risk that seasonal illness will further reduce staffing levels which are not resilient due to high vacancy rates	3	5	15 R	All partners have flu campaigns planned for front line staff. Business continuity plans in place for adverse weather affecting staffing
4	26-10-15	**Workforce – recruitment, retention and agency / locum availability** All organisations are reporting challenges recruiting staff and variable fill rates from agencies. The critical areas for vacancies are ULHT Nursing and therapies, some medical specialities (ED) and also therapy vacancies in LCHS.	4	5	20 R	The LETC has a programme of work in relation to nursing & midwifery (and ULHT are doing international recruitment again); in addition the LETC will add a system wide bank/agency plan to their next Workforce & OD programme group meeting.
5	17-10-15	**Bank Holiday Cover –** Christmas falls over four days incorporating a weekend. Risk of reduced staffing and high demand	4	4	16 R	Link with area team to ensure publication pf pharmacy and practice opening times over the Christmas/New year period. Providers producing staff rotas. NHS 111, CAS and OOH have contingency in place for extra capacity.
6	17-10-15	**Managing demand and capacity –seven day working** ULHT has experienced a high level of sustained pressure throughout the year and continues to experience pressures on Mondays and	4	4	16 R	Winter monies will be used to increase capacity where required; several ULHT schemes are specifically focused on weekend working for pharmacy, therapies, medical staff

		Tuesdays				
7	26-10-15	**Managing demand and capacity - flow**	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
8	17-10-15	**Delayed Discharges -** Delayed discharges have been an issue all year but always become more problematic over Winter and Bank Holidays	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
9	17-10-15	**Constitutional Standards** - Poor performance in A&E has not been isolated just to the winter period	4	4	16 R	As above plus media campaign to help patients "stay well" this winter

Meeting Date	Minute No.	Agenda Item & Action Required	Update on Action taken
09.06.15	**7**	**CHAIRMAN'S ANNOUNCEMENTS** 2015 Health Profiles - Members were invited to email the Programme Manager Health and Wellbeing regarding any issues they wanted to raise.	2015 Health Profiles for Lincolnshire were circulated to Board Members. No issues have been raised with the Programme Manager.
29.09.15	**15**	**CHAIRMAN'S ANNOUNCEMENTS** The Chairman to send a letter of thanks to Malcolm Swinburn on behalf of the LHWBB	The Chairman, on behalf of the Board, sent a letter of thanks to Malcolm Swinburn on 9 October 2015.
	16a	**ANNUAL ASSURANCE REPORT** That Gary Janes (Chairman of the Resilience Group) form Lincolnshire East CCG should be invited to attend the 9 December meeting. **Theme 4 – Improve health and social outcomes for children and reduce inequalities** – It was agreed that unintentional injury hospital admissions data from A & E should be made available to members of the Board **Theme 5 – Tackling the Social Determinants of Health –** It was agreed that the Public Health Consultant – Wider Determinants & Children would circulate to members of the Board, membership details for the Greater Lincolnshire Local Enterprise Health and Social Care Board.	An item on Winter Pressures is included on the HWB agenda for 9 December 2015. A briefing paper on Childhood Injuries in Lincolnshire provided to Board Members as part of Chairman's Announcements on 8 December 2015. Further clarification regarding the Greater Lincolnshire Local Enterprise Board, including details on membership, provided to the Board as part of Chairman's Announcements on 8 December 2015..

This page is intentionally left blank

Lincolnshire Health and Wellbeing Board – 8 December 2015

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

Healthwatch Lincolnshire

I am pleased to welcome Sarah Fletcher, Chief Officer Healthwatch Lincolnshire to the Health and Wellbeing Board as Healthwatch's new representative on the Board. She is joined today by John Baines, the new Chairman of Healthwatch Lincolnshire, who is here as an observer and will act as Sarah's deputy on the Board.

Public Health funding 2015/16

In June 2015 the Chancellor of the Exchequer announced plans to cut the public health grant by £200 million in 2015/16, the current financial year, as part of the Government's plans to reduce public debt. Over the summer the government consulted on a number of options on how best to distribute the £200 million savings between the 152 local authorities affected.

On 6 November 2015 the Government issued its response to the consultation which confirmed a flat rate reduction of 6.2% across all local authorities. For Lincolnshire, this means a reduction of £2,022,254 in the 2015/16 grant allocation. The saving will be implemented through a reduction in the fourth quarterly instalment of the grant, which will be brought forward from January 2016.

Review of the Joint Strategic Needs Assessment for Lincolnshire

Work to review the Joint Strategic Needs Assessment (JSNA) for Lincolnshire is ongoing on behalf of the Board. Engagement is taking place with stakeholders who influence and use the JSNA up to the end of December. As of the end of November, presentation has been made to 50 strategic meetings and boards, and to date this has been extremely positive with stakeholders keen to know more and to feed in their views on how our current evidence base, and the processes around it, could be improved. Recommendations for a refreshed JSNA, based on the feedback received, our experiences to date and best practice from other areas of the country, will be presented to the Board at the March meeting.

Engagement plans for the review were shared with Health Scrutiny Committee at their September meeting and actions resulting from that meeting have been addressed. This included the provision of a workshop session for committee members in November, to present further detail of the JSNA review and to provide an opportunity for the committee to draft its own response. Again, this was very well received and the committee's draft response will be shared and agreed at the full Heath Scrutiny Committee in December.

It is important that we retain an appropriate JSNA throughout the review and implementation period. Evidence will continue to be updated within the JSNA and, as an interim measure, all topic commentaries will be updated before the end of March 2016 to ensure that content continues to be up to date and relevant.

Update from the Pharmaceutical Needs Assessment (PNA) Steering Group

Since September 2015 the PNA Steering Group, on behalf of the Board, has been asked by NHS England to comment on five new pharmacy applications in Lincolnshire. The PNA Steering Group has responded to the applications line with the recommendations set out in Lincolnshire's PNA. A PNA is kept under regular review and any changes to Lincolnshire's needs or the provision of pharmacy services will result in the need for a supplementary statement.

Smoking Cessation Service

The new Smoking Cessation contract has been signed with North51 and the new provider will commence in January 2016. Full engagement with our NHS partners on the new service will therefore be taking place during December.

Hospital admissions caused by unintentional and deliberate injuries in children

At the last Board meeting it was agreed that unintentional injury hospital admissions data from A&E would be made available to members of this Board. Attached is a briefing paper which provides information on all A&E attendances for children aged 0 and 5 (inclusive) who are usually resident or have received treatment in Lincolnshire.

Greater Lincolnshire Local Enterprise Partnership

At the last Board meeting in September the JHWS Wider Determinants of Health Theme Dashboard Report made reference to need to make *'stronger linkages with the Greater Lincolnshire Local Enterprise Partnership (GLLEP) Health and Care Board',* and HWB Members requested more details on the Health and Care Board.

The GLLEP is a partnership between the private and public sector led by the private sector which works with government to improve the economic climate across Lincolnshire, North Lincolnshire and North East Lincolnshire. Growing the Health and Care Sector is a priority for Greater Lincolnshire in the GLLEP's Strategic Economic Plan. The Health and Care Sector leads on the GLLEP Board are Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, Lincolnshire County Council and Herman Kok, Lindum Group

Summary of childhood injuries in Lincolnshire – 2014/15

Using the HSCIC Hospital Episode Statistics (HES) dataset, the following summary looks at all accident and emergency (A&E) attendances for children aged between 0 and 5 (inclusive) who are usually resident or have received treatment in Lincolnshire. In place of any published indicator around A&E attendances due to accidents, a proxy measure has been adopted where any attendances with an A&E diagnosis code of between 1 and 16 have been grouped into the category of 'Accidental'. *Please note that as at the time of writing, 2014/15 HES data is considered provisional.*

Further analysis has been provided using the 2015 England Index of Multiple Deprivation (IMD) to determine if there is any correlation between childhood A&E attendances and levels of socio-economic deprivation.

Where single years of age are known, age-specific crude rates have been calculated, using ONS mid-2013 population estimates, by single year of age and shown per 1,000 of the resident population of 0-5 year olds.

Highlights

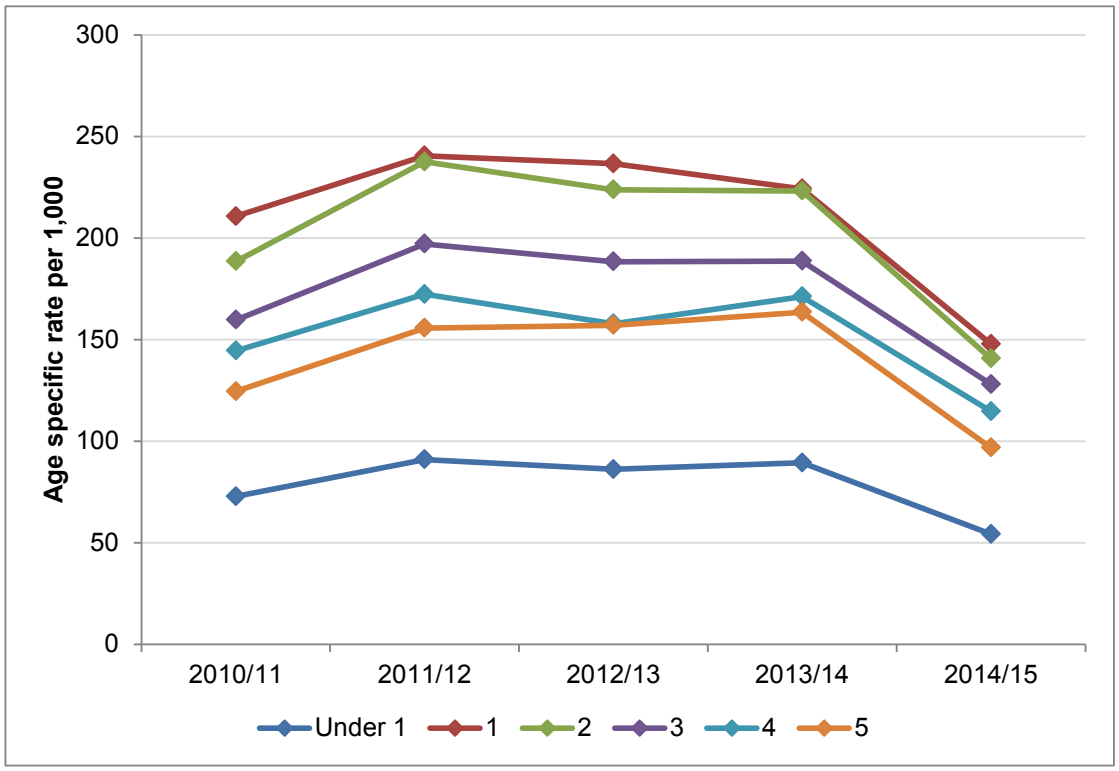
- In 2014/15, Lincolnshire had 5,453 A&E attendances where the patient was a child aged 5 and under. This equates to 114 in every 1,000 children aged under 5.
- 57% of A&E attendances in 2014/15 were for boys; however Boston, South Holland and West Lindsey had higher proportions of boys admitted to A&E.
- Despite an increase between 2010/11 and 2011/12, rates have seen a decline over the past five years with a noticeable dip in attendance rates in 2014/15. Attendances among 1 year olds have fallen by 30% since 2010/11; however at 148 per 1,000 in 2014/15, this represents the most attended age group. Comparatively, rates for under 1's and 5 year olds are much lower.
- Rates of A&E attendance are markedly higher in East Lindsey (173 per 1,000) and West Lindsey (160 per 1,000).
- There is a clear pattern between A&E attendances in children and the extent of socio-economic deprivation based on where they live. Rates of A&E attendances are higher in the most deprived quintile of households in Lincolnshire (153 per 1,000) with rates reducing as households become less deprived. 35% of the children who attended A&E in 2014/15 reside in areas ranked as the top 30% most deprived in England.
- During 2014/15, children were admitted with 15 out of 16 of the accident diagnosis conditions, with lacerations and head injuries being the most common primary diagnoses on attendance. For some conditions that can be broken down further into sub-categories, non-specific head injuries, contusions and thermal burns/scalds make up the highest proportion of attendances.
- 4.4% of attendances among 0-5 year olds were due to poisoning, which include by ingestion of prescriptive, proprietary and controlled drugs as well as alcohol and other harmful substances.

Table 1: A&E attendances in children aged 5 and under due to accidents, Lincolnshire: 2014/15

Year of age	A&E attendances		
	Number	Local 0-5 population	Age specific rate per 1,000
Under 1	416	7,669	54
1	1,159	7,843	148
2	1,161	8,254	141
3	1,042	8,142	128
4	915	7,980	115
5	760	7,849	97
Total 0-5's	**5,453**	**47,737**	**114**

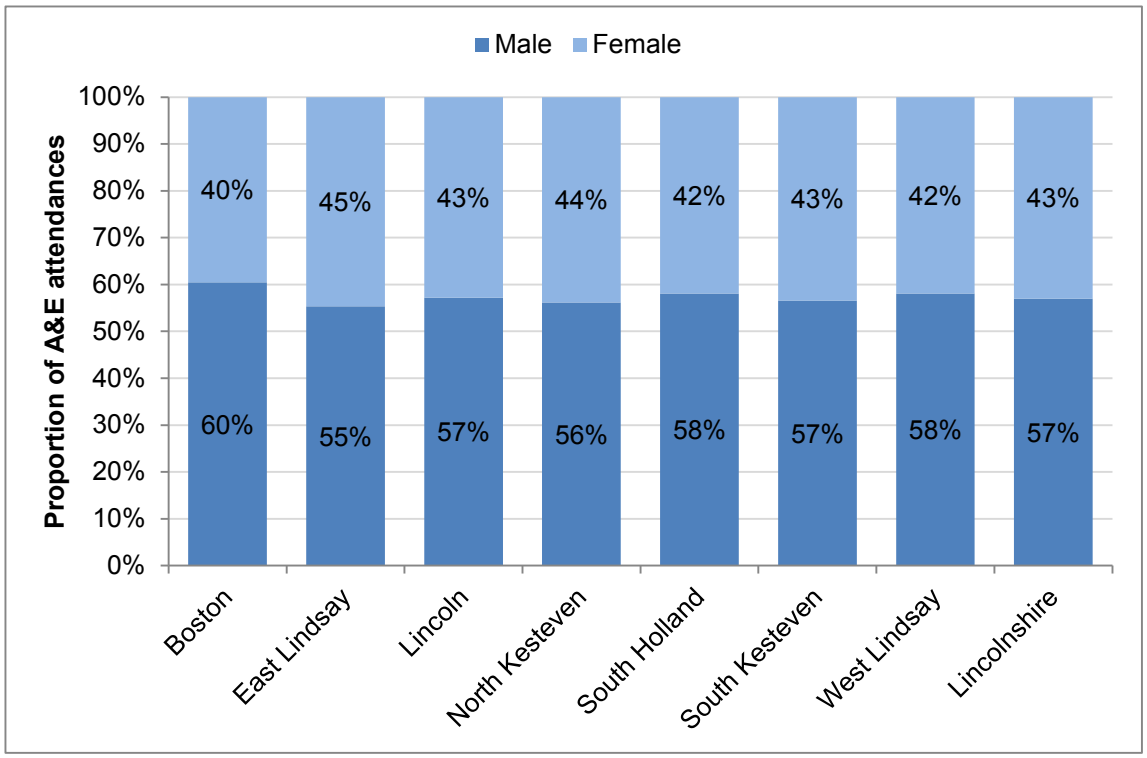
Source: HSCIC, Hospital Episode Statistics; ONS, Mid-year population estimates (2013)

Figure 1: Trend of A&E attendances in children aged 5 and under due to accidents, Lincolnshire, age-specific rate per 1,000: 2010/11 to 2014/15



Source: HSCIC, Hospital Episode Statistics; ONS, Mid-year population estimates

Figure 2: Proportion of A&E attendances in children aged 5 and under due to accidents, by gender and District: 2014/15



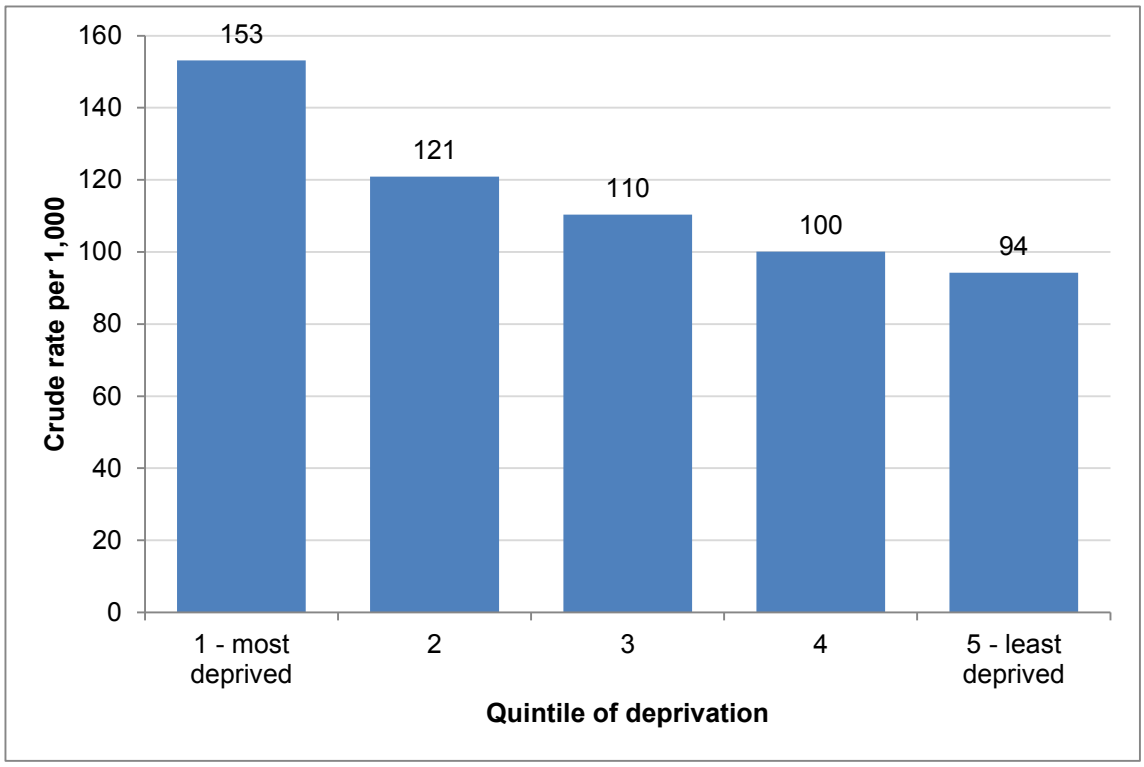
Source: HSCIC, Hospital Episode Statistics

Table 2: A&E attendances in children aged 5 and under due to accidents, by District, Lincolnshire, crude rate per 1,000: 2014/15

District	A&E attendances		
	Number	Local population	Crude rate per 1,000
Boston	329	5,037	65
East Lindsay	1,344	7,785	173
Lincoln	617	6,936	89
North Kesteven	452	7,015	64
South Holland	759	5,751	132
South Kesteven	1,064	9,166	116
West Lindsay	888	5,536	160

Source: HSCIC, Hospital Episode Statistics; ONS, Mid-year population estimates (2013)

Figure 3: A&E attendances in children aged 5 and under due to accidents, by quintile of deprivation, Lincolnshire, crude rate per 1,000: 2014/15



Source: HSCIC, Hospital Episode Statistics; ONS, Mid-year population estimates; DCLG, IMD 2015

Table 3: A&E attendances in children aged 5 and under due to accidents, by primary diagnosis condition, Lincolnshire: 2014/15

Description	Attendances	
	Number	Proportion
Laceration	1,557	28.6%
Head injury	1,145	21.0%
Foreign body	478	8.8%
Contusion/abrasion	475	8.7%
Soft tissue inflammation	397	7.3%
Dislocation/fracture/joint injury/amputation	348	6.4%
Sprain/ligament injury	320	5.9%
Burns and scalds	297	5.4%
Poisoning (including overdose)	238	4.4%
Bites/stings	139	2.5%
Muscle/tendon injury	49	0.9%
Electric shock	6	0.1%
Near drowning	2	0.0%
Visceral injury	1	0.0%
Nerve injury	1	0.0%
Total	**5,453**	

Source: HSCIC, Hospital Episode Statistics

Table 4: A&E attendances in children aged 5 and under due to accidents, by primary diagnosis condition and sub-analysis, Lincolnshire: 2014/15

Description	Attendances	
	Number	Proportion
Burns and scalds - chemical	5	0.2%
Burns and scalds - electric	12	0.6%
Burns and scalds - radiation	9	0.4%
Burns and scalds - thermal	249	12.2%
Contusion/abrasion - abrasion	112	5.5%
Contusion/abrasion - contusion	282	13.8%
Dislocation/fracture/joint injury/amputation - amputation	8	0.4%
Dislocation/fracture/joint injury/amputation - closed fracture	196	9.6%
Dislocation/fracture/joint injury/amputation - disclocation	52	2.5%
Dislocation/fracture/joint injury/amputation - joint injury	43	2.1%
Dislocation/fracture/joint injury/amputation - open fracture	21	1.0%
Head injury - concussion	38	1.9%
Head injury - other head injury	803	39.3%
Poisoning (including overdose) - controlled drugs	5	0.2%
Poisoning (including overdose) - other, including alcohol	154	7.5%
Poisoning (including overdose) - prescriptive drugs	40	2.0%
Poisoning (including overdose) - proprietary drugs	13	0.6%
Total	**2,042**	

Source: HSCIC, Hospital Episode Statistics

Created by the Public Health Intelligence Team, November 2015

Public Health Intelligence Team
Lincolnshire County Council
Orchard House
Orchard Street
Lincoln
LN1 1BA

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Pete Moore, Executive Director of Finance and Public Protection

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**8 December 2015**
Subject:	**New Psychoactive Drugs – Briefing**

Summary:

This report provides the Lincolnshire Health and Wellbeing Board with information on New Psychoactive Substances (NPS) and details the current situation in Lincolnshire. Specifically the briefing in Appendix A sets out approach being taken being taken in Lincolnshire, led by the Community Safety Partnership, to address the issue of NPS.

Actions Required:

The Lincolnshire Health and Wellbeing Board are asked to consider the Briefing attached in Appendix A and the impact that New Psychoactive Substances (NPS) might have on strategy and commissioning.

1. Background

Lincolnshire over the last few years has seen a considerable increase in the use of New Psychoactive Substances (NPS). This has led to the opening of retail outlets that has further compounded the problem by indicating to the wider community that these substances are both safe and legal.

Lincolnshire Community Safety Partnership has in the last three years responded to this challenge by delivering a focussed approach in respect of engage and educate, intelligence sharing and increased enforcement. Appendix A provides a more detailed briefing on the current situation in Lincolnshire.

2. Conclusion:

The response has seen considerable success in closing down retailers, we have engaged over 5000 young people in programmes, and over 1000 practitioners have participated in training. We continue to develop our intelligence to inform us and to allow us to maximise resources available. Enforcement continues utilising both Police and Trading Standards Legislation and our efforts are presently focussed on organised crime groups operating in Lincolnshire.

3. Consultation:

Consultation with partners has been managed through the Community Safety Partnership.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	New Psychoactive Drugs – Briefing

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 Mark Housley, County Officer Public Protection, who can be contacted on 01522 554593 or mark.housely@lincolnshire.gov.uk

New Psychoactive Drugs - Briefing

Requesting Officer/Board :	Health and Wellbeing Board
Author:	Mark Housley – County Officer Public Protection, Lincolnshire County Council
Date:	12.11.15

New Psychoactive Drugs Briefing:

1. Background to the New Psychoactive Substances:-

In recent years, the United Kingdom has seen the emergence of new drugs that have similar effects to drugs that are internationally controlled. These drugs can be collectively called New Psychoactive Substances (NPS).

Local perceptions that 'legal highs' are a growing problem is backed up by a range of information, much of it from the health sector. Latest figures on the number of deaths related to 'legal highs' shows there were 60 in 2013 compared with 10 in 2009 (A Councillor's Guide to New Psychoactive Substance; LGA; Jan 2015).

These drugs have been designed to evade drug laws. They are widely available and have the potential to pose serious risks to public health and safety and can even be fatal. The Advisory Council on the Misuse of Drugs (ACMD), the Government's independent statutory drug advisers, advise that the short-term harms of NPS can include paranoia, psychosis and seizures and that their long-term harms are often unknown. NPS are advertised and sold as 'legal highs', often under a variety of brand names, at low risk and are a significant reward for suppliers. There has been a rapid increase in the number and range of new substances and with greater ease of availability, with their open sale in offline retail outlets and through the global marketplace of the internet.

2. The nature and challenge of New Psychoactive Substances:-

The New Psychoactive Substances (NPS) area is a complex and fast-moving one which presents challenges in fully capturing the scale and the size of the issue, both locally and nationally.

2.1 Global picture:-

New Psychoactive Substances are a global issue. The fast-paced nature of the market has resulted in increases of availability - reports of increased and emerging use in some countries and the widespread trade in these substances is drawing international concern. The United Nations Office on Drugs and Crime (UNODC) indicates there is a worldwide spread of NPS, with 70 countries from all regions reporting the emergence of NPS in their drugs' market.

The NPS market is very dynamic with little known regarding the scale and links to organised crime. The ease of synthesis of NPS means that there are an increasing number of newer substances available. Knowledge and intelligence gaps about the trade in NPS are significant. The internet has provided a global marketplace and the emergence and sophistication of the dark web is concerning and gives a further platform for the growth of the market.

In terms of availability, users primarily obtain NPS from three main sources: online retailers, High Street retailers and non-retail vendors such as friends, family and street-level dealers.

2.2 The Market Supply:-

NPS are readily available online, but it does not appear that the majority of users directly purchase them from this source. The Crime Survey for England and Wales (CSEW) found that in 2013/14, 1% of regular illicit drug users reported that they sourced drugs over the internet (Home Office, 2014b). Although the exact figure is uncertain, internet purchases appear to be higher for NPS. A Eurobarometer poll of 500 young people (aged 15–24) in the UK found that in 2014, 6% of NPS users purchased NPS online 5 (European Commission, 2014). The most common source of both traditional drugs and NPS is from friends; although it is unclear the role that the internet plays in the social supply of NPS i.e. the extent to which friends who supply NPS to other friends obtain them from the internet.

The EMCDDA reported that in 2013 there were 651 online shops selling NPS and shipping to at least one EU member state, more than three times as many as 2010 (170 shops). In 2011, out of the 651 online shops identified, 121 of these were likely to be based in the UK (country breakdowns are not available for 2012 or 2013) (EMCDDA, 2014b; EMCDDA, 2011).

There are no precise estimates of the number of offline retail outlets in the UK selling NPS. However, in 2013, the Angelus Foundation attempted to estimate the number of headshops by searching the internet and gathering information from Trading Standard Offices. On this basis they estimated that there were over 250 headshops selling non-controlled NPS in the UK (PRNewswire, 2013). There are also recent reports of diversification in the NPS retail market, with NPS being sold from non-specialist outlets such as newsagents and petrol stations (Drug Scope, 2014).

In addition to published evidence on NPS, the Panel heard reports from a number of sources on the NPS market, summarised below.

2.3 International Supply NPS:-

Generally supplied from China, and, to a far lesser extent, India, in bulk and are then either repackaged and redistributed once they enter the EU or delivered directly to the UK. Wholesale web shops tend to offer named chemicals either ‘off the shelf’ or synthesised to order. The bulk importation of NPS is often done via mail and fast parcel services, and materials are then distributed further by retailers (online or offline), contacts and/or friends. New materials appear rapidly and if popular can quickly gain a foothold in the market, as was the case with mephedrone. NPS are also available for sale on the ‘Clearnet’ and on the ‘Dark Web'; generally the ‘Clearnet’ deals with non-controlled NPS and the ‘Dark Web’ controlled NPS. The National Crime Agency estimates there to be between 100 and 150 UK-based websites on the ‘Clearnet.’ The ‘quality’ of websites appears to differ widely with some reliably delivering orders and offering a complete ‘customer experience,’ using offers and vouchers to promote products and providing a rating opportunity, whilst others are ‘ghost sites’ which advertise goods and take money, but have no intention of delivering a product. A number of NPS websites are owned and operated by the same individuals and a number of site owners use ‘contact privacy’ services to hide their identity. Sellers do not always advertise all their products openly on their internet site and sometimes offer a more extensive list once they build a ‘rapport ‘with customers. Payment methods include bank transfers, E-money and virtual currencies.

There seems to be a move by suppliers selling non-controlled NPS on the 'Clearnet' to stay within the margins of current drug control legislation, with considerably fewer NPS products on open sale being found to contain controlled substances than was the case in 2011, a view supported by intelligence from the National Crime Agency and the latest data from the Forensic Early Warning System. Forensic analysis has found substances available online that are misdescribed or with brand names giving no information on contents; however, when stated, chemical names of active ingredients do now tend to reflect the contents of products. To avoid consumer protection and similar legislation, 'Clearnet' suppliers are usually careful to avoid any indication that their products are intended for human consumption, so dosage advice is offered in oblique wording, if at all.

'Dark web' sites such as 'Silk Road 2.0' operating through The Onion Router (TOR) sell illegal drugs of all types, including controlled NPS. The anonymity provided is likely to encourage the sale of illicit substances – 'dark web' sites tend to give more in-depth instructions to users on dosages and how to take certain NPS.

3. Prevalence of use of New Psychoactive Substances:-

The most robust data on drug use at the general household population level comes from the Crime Survey for England and Wales (CSEW). The Crime Survey, whilst not capturing the full range of NPS, has added questions on selected NPS over recent years. Mephedrone is the most prevalent of the NPS, though use has fallen from 1.3% in 2010/11 to 0.6% in 2013/14 (Home Office, 2014). The use of other NPS measured in the Crime Survey has remained stable or fallen. At its peak, prior to control, mephedrone was the 'market leader' in NPS and has not been replaced by a similarly popular NPS. It is likely that mephedrone use has fallen due to a number of factors such as control, a growing awareness of harms and increased purity and availability of drugs such as ecstasy.

4. Organised Crime Groups (OCG):-

Some NPS are currently supplied by organised crime groups (OCGs), either being used to adulterate controlled drugs or passed off as controlled substances. For example, the EMCDDA (2014c) report that 4-MA was predominantly supplied by the same OCGs that supplied amphetamine, and Europol has also recently reported some evidence of limited NPS production in Europe by groups involved in illicit synthetic drug production. Concern about possible growing interest of OCGs in the NPS area is also prompted by the observation of seizures of NPS which have been mixed with the same cutting agents that are typically found with drugs like cocaine or amphetamine. The available evidence only suggests limited OCG activity in the NPS area, however, as these substances become controlled, and in the context of the dynamic nature of the drug market, this could change rapidly and therefore vigilance on this issue is called for.

It should be noted that a sizeable Lincolnshire OCG began production of NPS in NK in circa 2012. This OCG supplied retailers and end users. This OCG moved to the North West (Manchester) and continued to expand, importing raw product from the likes of China. Enforcement work conducted by East Midlands Serious and Organised Crime Unit (EMSOU) led to a charge on the leader of the OCG for supply controlled drugs (on testing some NPS were found to contain controlled substance).

At Lincoln Crown Court his defence was that he was not aware of the controlled element. The Lincoln Jury found him not guilty. Since the court case both Police and Trading standards have worked together using both controlled drugs legislation and General Product Safety Legislation (GPRS). GPS has allowed Lincolnshire partners to close down visible retailers in Lincoln, Boston, and Gainsborough. This legislation not only allows Trading Standards to tackle retailers but the same legislation is being used to target both wholesalers and manufacturers, which include the OCG mentioned above.

During the summer of 2015 EMSOU and Trading Standards have continued to focus on the larger retailers, closing down shops and working to tackle retail from private homes. This has led to a significant seizure of product that has led back to a wholesaler in Humberside and back to the OCG Manufacturer in Nottinghamshire. Work is ongoing.

5. Enforcement:-

There are challenges around detection and identification of NPS compounded by the ever-changing chemical composition of the substances, availability of up-to-date indicative testing technology and the ensuing associated forensic costs. The intelligence picture about the trade, particularly on the internet, is very limited, as are police and Border Force Powers for dealing with substances not controlled under existing drugs legislation. Whilst at importation, Border Force can seize a package where there is clear evidence that the accompanying customs declaration is either incomplete or inaccurate in terms of description and/or valuation of contents, in the absence of definitive, 'real time' identification there are often no legal grounds available to support ongoing detention or seizure.

The National Crime Agency does not have many available powers if a website is not identified as selling products that contain controlled substances. The level of evidence needed to remove a website involves satisfying the domain name provider that an offence has been or would be committed. This has some difficulties if it involves an UK-registered site but can be significantly more problematic in a country without similar legislation or co-operation. The variety of e-currencies makes disrupting website sales more difficult to achieve. It can also be difficult to identify the people behind each website who may anonymise their identity.

The international legal position of individual NPS can therefore cause difficulties for enforcement agencies, particularly as different countries control NPS in different ways. The UK tends to have more extensive drug-specific controls in place, so if suppliers/retailers are based overseas, enforcement agencies need to establish the legal position of the NPS in the country it is being shipped from.

The 'new' legislation, written to enable both Police and partners to take direct action is presently at the white paper stage and should become law in April 2016, this is on track.

6. Use of legislation:-

While other legislation offers opportunities to regulate or prevent the sale of NPS, none of the options being used or contemplated is ideal as they are not designed to deal with the particular issues associated with NPS. Prosecuting authorities encounter a number of barriers that prevent their effective use. There has been a focus to date on using consumer protection legislation. This has proved problematic because the underlying objective behind consumer protection legislation is to create better regulated markets, rather than to shut down a certain sector of the market. However, as stated previously the GPRS has now been employed with considerable success in Lincolnshire.

Other forms of legislation are also applicable in some circumstances, such as the Intoxicating Substances (Supply) Act 1985. This Act prohibits the sale to under-18s of substances which the seller has reason to believe will be inhaled for the purpose of intoxication, and has been used to prosecute sellers of synthetic cannabinoids. Prosecutions under alternative legislation are often costly (with costs not likely to be recovered on conviction) and, depending on the offence being charged, local authorities may need to evidence the harms of particular products, which can be problematic. It is also questionable whether the sanctions for breaching much of this legislation (such as relatively small fines or forfeiture of products) are sufficient to provide a deterrent. This position may change as the applicability of the GPSRs to the NPS market is tested in the courts, but as NPS retailers adapt to the changing legal environment (as they have already done), a point may be reached where the GPSRs are no longer a useful tool. In these circumstances, other areas of legislation such as the Local Government Act 1972 may offer scope for action, but again their use will not be straightforward. Partnership working, for instance between trading standards officers and the police, can assist in overcoming the barriers to successful prosecutions mentioned above, as expertise and resources can be shared across organisations. The alternative legislation which has been applied to NPS is not an appropriate mechanism for a sustainable, effective response to this issue. However, given the right circumstances it can provide tools to disrupt the supply of NPS in local areas.

Case study: The Irish Criminal Justice (Psychoactive Substances) Act 2010

The Criminal Justice (Psychoactive Substances) Act 2010 (the 2010 Act) was introduced in response to the proliferation of headshops in Ireland. There were concerns about the potential serious health risks posed from NPS together with a noticeable increase in reporting of psychotic episodes being linked to use of NPS with users reporting to drug treatment services and A&E departments with ill effects.

It came into effect in August 2010 in Ireland and made it a criminal offence to advertise, sell, supply, import or export a psychoactive substance (not otherwise excluded), knowing or being reckless that it was for human consumption. The Act does not contain any offence for possession for personal use of these substances as it is targeted at those involved in trading in NPS rather than users.

A psychoactive substance is defined as a substance that has the capacity to stimulate or depress the central nervous system, resulting in hallucinations, dependence or significant changes to motor function, thinking or behaviour.

The 2010 Act does not deal with substances that are the subject of legitimate trade and focuses exclusively on substances intended for misuse. There are appropriate exemptions for tobacco, alcohol, food and medicines and provision for the further addition of exempted products as deemed appropriate.

The Garda Siobhan (Irish Police Force) were given powers to investigate offences and the legislation provides for an escalation through the use of prohibition notices, court issued 'prohibition orders' and 'closure orders' for failure to comply, with non-compliance of a 'prohibition order' punishable by up to five years in prison.

In terms of penalties, any person found guilty of an offence under the 2010 Act (other than under section 1529) is liable on summary conviction, to a fine not exceeding €5,000 or for imprisonment for a term not exceeding 12 months or both; or on conviction on indictment, to a fine or imprisonment for a term not exceeding five years or both.

Where an offence under the 2010 Act is committed by a corporate body and is proved to have been committed with the consent or connivance of, or to be attributable to wilful neglect on the part of any director, manager, secretary or other officer of any corporate body, or a person who was purporting to act in any such capacity, that person or officer will be guilty of an offence and liable to be proceeded against and punished as above.

The courts may, in addition to any other penalty, also order any substance, product, object or any apparatus, equipment or thing to which an offence relates to be forfeited and either destroyed or dealt with in such a manner as the court sees fit.

A Garda inventory of headshops in Ireland indicated that prior to the introduction of the 2010 Act there were 102 headshops.

7. Lincolnshire Approach:-

A NPS delivery group has been established under the Governance of the Community Safety Partnership and Public Protection. Since its formation in March 2014, the Lincolnshire New Psychoactive Group (NPS) has met bi-monthly to develop a co-ordinated response; to share intelligence and good practice. The key objective of the group has been: To Reduce the use of New Emerging Drugs in Lincolnshire and the subsequent risk to the wellbeing of our community. The Group has established four areas of focus:

1. Prevent through engagement and education; focus on Young People; Parents and Practitioners;

2. Improve Information and data sharing across partners; an improvement in data collection will support an improved understanding of the Lincolnshire challenge;

3. Communications Strategy; to compliment 1 and 2. To ensure, as a partnership we pool our skills and resource; that we employ a multi-media approach and that as a partners we present a united and consistent front to the Media and community;

4. Enforcement against suppliers; using both Trading Standards Legislation, General Product Safety Regulations alongside both Controlled Drugs Legislation and the new ASB toolkit.

As stated above a key objective of the Lincolnshire partnership is to ensure NPS are not retailed in the county. In recent weeks (Sept 15) intelligence indicates a move to large retailing from private addresses. These premises are still covered by GPRS and therefore Police and Trading Standards will be taking immediate action.

7.1 Engage and Educate:-

The Lincolnshire approach recognises the inadequacy of the existing legislation and has therefore focussed heavily on engaging and educating : young people within the school environment, ensuring young people are aware of the risks in taking NPS; engaging and educating teachers and other practitioners, enabling to recognise NPS and some of the consequences experienced by young people who have consumed and educating parents and the wider community, ensuring they influence their children to resist NPS.

Since the start of the NPS programme in excess of 7000 pupils have attended awareness sessions across 35 schools. We have offered training to parents at every school.

In respect of practitioners, this has been delivered by Addaction and Lincolnshire Action Trust. Addaction have delivered to teaching & support staff, we have delivered to staff from LEAP Housing, the Family Nurse Partnership and Youth Centres. In January and February they will be attending referral centres and other children support facilities such as Hill Holt Wood. Presently over 1000 practitioners have had training.

7.2 Intelligence and Information:-

Lincolnshire is, as reported by colleagues within NHS England, one of the leading counties in this arena and are clearly working hard to understand and tackle the challenge of NPS. We have in place a clear process that has improved intelligence collection. We are also aware that Data supplied by Addaction, Lincolnshire Action Trust and some Housing authorities, when analysed will give a good insight into the problem of NPS. At this time, due to other pressures we are unable to secure the appropriate level of analytical capacity to enable the data to be turned into useful management information.

We also have access to a developing data bank from Addaction and other key providers, who through their training and other intervention collect data; again, this requires further research, as does the potential data sat within our health partners.

It should be noted that in October 2014 a comprehensive problem profile was produced by Lincolnshire Police. The profile gave an insight into the national picture and where intelligence allowed some insight into the Lincolnshire problem, the profile underlined for the NPS Group the lack of quality data and intelligence in the county.

Since October 2014 further analysis has been conducted that demonstrates the market continues but has not evidenced the expected rise in usage, the product available continues to be: Vertex, Black mamba, Psyclone, Cherry Bomb, Mcat, Voodoo and Spice.

This is a priority action for the Chair of the NPS delivery Group.

7.3 Communications:-

Based on intelligence raised by the Police and partners at the NPS group, our communications strategy has been proactive focussing on informing the public of the risks associated with legal highs, and our progress with tackling the issues.

To help raise awareness we have setup information pages on the county council website, issued press releases, worked with the local media and included an article in the council's publication, County News. A partnership approach has been taken with Lincolnshire Police in these activities and we have shared information with our partners including District Council's for their own internal communications.

Given the recent incident figures for Lincolnshire, it has been agreed by the NPS group that we 'step up' our communications further and launch a comprehensive awareness campaign in 2015, which will consist of directly targeting people who may be at risk or who are already using these substances. This campaign should focus on education and prevention.

7.4 Lincolnshire Enforcement:-

Lincolnshire has a number of 'Head Shops' in Lincoln City, Gainsborough and Boston. The largest store is KATMANDU in Boston. Other stores include Nirvana, High St, Lincoln; Head Candy, Lincoln and Gainsborough and Marleys in Lincoln. Enforcement action has been taken against all Head Shops by Police & Trading Standards in partnership. Legislation includes the Drugs Act; Consumer Legislation and more recently ASB legislation.

7.5 Performance:-

The appropriate outcome for Lincolnshire in respect of NPS is to eradicate the supply and use of these dangerous substances in Lincolnshire. However, as an emerging issue, we do not yet have a clear picture in respect of use across different Demographic Groups, the impact of different drugs, the supply chain or whether we are experience growth.

There is already significant work at both a local and national level on prevention, education and treatment work around drugs. Some, or indeed many, of these interventions may be useful in preventing and treating the use of NPS. At this stage however there is too little evidence about what works in terms of NPS prevention and treatment to be confident that programmes developed for illegal drugs will work as well for NPS. Getting better information nationally and at a local level on

use, prevalence and user groups is therefore important. A Councillors Guide to New Psychoactive Substance; LGA; Jan 2015

Critical to the success of the Lincolnshire approach is to encourage reporting and recording thus enabling us, as a county, to better inform our actions to tackle the problem. Recent data, as in Table 1 below demonstrates the 'risk' in our approach. Lincolnshire, of the forces that responded to the FOI request, appears on face value to be the 'worst' county for NPS. This presentation is deeply flawed, the data collection is flawed and will vary between forces, and some forces will not have yet formulated any way of data collection, unlike Lincolnshire.

Table 1. FOI Results from Forces reporting Incidents relating to NPS

Police Authority	2010	2011	2012	2013	2014
South Yorkshire	-	6	18	118	465
Nottinghamshire	-	1	4	26	51
Wiltshire	-	2	1	1	14
Leicestershire	-	4	10	24	65
Derbyshire	-	0	8	27	77
Cambridgeshire	6	5	5	9	16
Lincolnshire	-	7	57	347	820
Avon and Somerset	6	5	2	11	33
Greater Manchester	5	1	6	29	104
Norfolk 2	20	35	93	258	
Hertfordshire	-	4	6	9	39
Northumbria	-	2	2	24	108
Devon and Cornwall	2	2	16	88	-
West Yorkshire	-	4	13	88	324
Cheshire	3	3	13	26	63
Northamptonshire	2	9	13	11	22

(THE CENTRE FOR SOCIAL JUSTICE)

We are aware, from data supplied by Addaction, that there has been a substantial increase in use of needle exchange for NPS use:

Q1 = 1 Q2 = 7 Q3 = 47

It should be noted that 46 of the needles required occurred within the City. Addaction offers the exchange facility in Boston and Grantham, Boston had one request in Q3. These statistics, cannot be considered statistical significant, but offers some indication in respect of an increase in demand.

Whilst MKAT is no longer a NPS, having been made illegal, use of the syringe and needle programme saw significant growth in Grantham from Q2 = 125 to Q3 = 169

8. References:-

- A Councillors' guide to tackling Psychoactive Substances, LGA, January 2015.

- http://www.local.gov.uk/publications/-journal_content/56/10180/6876239/PUBLICATION

(This report has relied on data from a number of sources and plagiarised large elements from a number of presentations. The author does not claim to be the source of the research highlighted in this document).

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Report on behalf of Lincolnshire Joint Commissioning Board

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**8 December 2015**
Subject:	**Update on activity – Lincolnshire Joint Commissioning Board (JCB)**

Summary:

This report provides an update on the activities of the Lincolnshire Health & Care programme, the Better Care Fund and the Joint Commissioning Board.

Actions Required:

The Health & Well board being are asked to note the activities of the Joint Commissioning Board

1. Background

The Joint Commissioning Board meets monthly and has responsibility for the joint oversight of the Lincolnshire Health & Care Programme and the Joint arrangements for the Better Care Fund. The purpose of this paper is to bring to members up to date with current activities and plans in relation to the Joint Commissioning Board.

Lincolnshire Health & Care Programme

The Lincolnshire and Health and Care programme is now in its third year. It is the overarching strategic change programme aimed at developing a health and care system which can respond to the challenges of the future i.e. limited resources; an ageing population; ever increasing expectation and ever improving health technologies.

The blueprint, the first phase, was signed off by all stakeholder organisations over the Winter of 2013 and since then the programme has been working towards finalising the more detailed recommendations for change, particularly those where there will be significant change and there is a requirement for a public consultation.

The key areas where public consultation will be required will be around where there is a need for significant service reconfiguration in particular where there will be either a reduced or a different requirement for Hospital based care.

The overarching vision for Lincolnshire Health and Care is the development of a system that aims to prevent ill health, support people as early on in their journey as possible and maintain their independence, choice and control at every stage of their journey.

A key principle is the extension of “care closer to home” with the development “Neighbourhood Teams” where a ” joined up service” is provided by both the statutory and the third sector will provide “wrap around” care that is both of a consistent quality but also feels very personal for those in receipt of it.

The consequence of successfully implementing such a strategy will be a reduced dependence on traditional hospital type services. The overarching vision is that ultimately we will need significantly less hospital based services than we do currently.

In order for the case for change to be fully made and improved, we are required to develop a strategic outline case. This outline case needs to be assured by NHS England who have the responsibility in law of ensuring that any proposed reconfiguration meets the key standards. The strategic outline case is also reviewed by the Clinical Senate which has a region wide responsibility for ensuring that proposed changes to services are both clinically evidenced and reflect safe high quality services. The key aim was to produce a consultation document following the approval by the Winter of 2015.

Following feedback from the Clinical Senate and initial review by NHS England it has been identified that despite the strategic outline case being very strong, with a compelling vision for modern services, there are a number of areas where further work needs to be undertaken. These principally revolve around the detail around the options for hospital reconfiguration.

In order to complete the process, an additional option appraisal process is being put in place using an expert group made up of clinicians and service leaders to analyse the various options and provide recommendations. This will then be reviewed by the LHAC Stakeholder Board and other partners with the aim of giving a clear whole community view on the recommended options prior to going to public consultation. This work will also enable us to address the key points raised by the Clinical Senate and NHS England. This will mean the public consultation is delayed until the end of the Winter at the very least, however, the programme remains in a very strong place and the work on the Neighbourhood Teams continues to develop. All partners remain committed to the process and work is ongoing preparing for the consultation process including identifying key stakeholders and planning for and preparing the consultation process.
We will keep the Health and Wellbeing Board updated as the strategic outline case is finalised and the assurance process with NHS England and the Clinical Senate is completed.

Better Care Fund

The JCB last reviewed progress on the £197.3m BCF pooled fund at its October meeting with an update on 2015/16 finances and performance metrics (1st quarter), a discussion on planning for 2016/17, and a short note on a £50k proposed bid for funding to support Neighbourhood Team development.

Operationally the BCF is reviewed at a monthly meeting of the BCF Task Group. This group has recently agreed to move to fortnightly meetings until further notice, to enable it to:

- lead a detailed review of 2015/16 BCF schemes being invested in across Lincolnshire. Nationally a BCF self-assessment toolkit has recently been developed to aid such reviews, and the Task Group last met on 19 November when it devoted the entire meeting to work on this review. The financial pressures on NHS colleagues are considerable in 2015/16 and expected to be equally challenging in 2016/17. Accordingly the 4 CCGs have written to the County Council stating that they cannot afford the £20m allocated to 'protect Adult Care' in 2016/17. The County Council have replied indicating it cannot accept this position and so these negotiations will be difficult and require considerable effort to find an acceptable solution for the partners.

- The outcome of the review as above will help to advise on proposed funding for 2016/17 at both an overall and scheme specific level. It is anticipated that the national requirement will be for an agreed position to have been reached by February 2016. Both JCB and Health and Wellbeing Board members will be aware of just how difficult this will be.

At the time of preparing this paper, work is being undertaken to complete the Q2 (July – September) return to NHSE, due to be submitted by 27 November. This return will indicate that:

- the full £197.3m 2015/16 planned investment is projected to be fully utilised

- the target of achieving a 3.5% reduction in non-elective admissions will have been achieved in the first quarter of 2015, will not have been achieved in the quarters ending June and September, and is currently viewed as very doubtful for the quarter ending 31 December 2015. Under the Pay for Performance national requirements this has already meant having to pay a penalty of £1.9m from the Contingency Reserve established in case of this eventuality. Whilst performance in general is reviewed monthly, the specific performance on non-elective admissions and performance on DTOC have been the subject of detailed review and discussion at the JCB, at the Task Group and also at the ProActive Delivery Board. The Health and Wellbeing Board has also received reports on performance at its last 2 formal meetings.

- interestingly the Q2 return indicates that three additional metrics may be introduced for 2016/17 around Integrated Digital Records, the use of risk stratification, and personal health budgets.

Nationally, NHSE have recognised the need to improve support to BCF arrangements at a local level and a number of support mechanisms are being developed. One of these is

that a pool of BCF Implementation Managers has been appointed with one person specifically supporting the East Midlands. Another is the establishment of a £1m Local Integration Support Fund with individual bids for a maximum of £50k being requested. . For Lincolnshire a business case/proposal focused on leadership and organisational development work within the Neighbourhood Teams and their contribution to integrated care is being developed, and we will know hopefully by the end of 2015 whether this bid has been successful.

The recently announced Comprehensive Spending Review (25.11.15) has now been analysed and the effects upon both health and social care and the BCF will be provided as a late briefing at Health and Wellbeing Board.

2. Conclusion

This report highlights the work of the Joint Commissioning Board over the last 3 months and indicates a number of challenges and issues that need to be resolved within the next few months.

3. Consultation

There are no matters requiring consultation.

4. Appendices

There are no appendices to this report.

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 Nigel Gooding, Head of Portfolio and Programme Office, Lincolnshire Health and Care who can be contacted on 01522 718051 or nigel.gooding@lincolnshire.gov.uk

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:	**8 December 2015**
Subject:	**Health and Wellbeing Grant Fund Projects – update report**

Summary:

At the meeting on 24 March 2015 the Board agreed to allocate £1,316,234.00 of the Health and Wellbeing Grant Fund on ten projects. This report provides the Board with an update on the projects.

Actions Required:

The Health and Wellbeing Board is asked to:

- consider and comment on the project updates contained in Appendix A,
- agree to receive the next half yearly update report at the Board meeting in June 2016.

1. Background

The Health and Wellbeing Grant Fund for Lincolnshire (the fund) was originally established in 2008 under a Section 256 Agreement between Lincolnshire County Council and NHS Lincolnshire. It was set up to support projects and initiatives which improve health and wellbeing in Lincolnshire. In November 2014 a revised Section 256 Agreement was signed between Lincolnshire County Council and the four Clinical Commissioning Groups and responsibility for allocating the remaining fund, totalling £1,328,661.00, was transferred to the Lincolnshire Health and Wellbeing Board. The process for allocating the remaining money was agreed by the Board on 9 December 2014.

In March 2015 the Board agreed to allocate £1,316,234.00 of the Health and Wellbeing Grant Fund on ten projects, and for the remaining unallocated money, totalling £12,427, to be held in reserve.

Since March one of the projects, '*Getting Lincolnshire Active',* has been withdrawn as Lincolnshire Sport's application to Sport England for match funding was unsuccessful. The project, which aimed to increase participation in sedentary individuals by using the *'My Activity Tracker System'* (MAT) (a platform to support individuals developed by Sport England), was reliant on receiving £300,000 of funding from Sports England and £150,000 from the HWB Grant Fund. A number of options for a smaller or scaled down project using just the HWB Grant were discussed with Lincolnshire Sport and referred back to the HWB Grant Fund Sub Group for consideration. However due to the reduced scale and impact the end benefits and outcomes were limited therefore a mutual decision was taken to withdraw the project.

Taking account of the money that would have been allocated to Lincolnshire Sport, the amount of unallocated HWB Grant Fund is now £162,427.00.

Formal Grant Funding Agreements are now in place for eight of the remaining projects with the final agreement due for signing shortly. Each agreement includes quarterly targets and arrangements for monitoring and evaluating the project's outcomes. Quarterly highlight reports along with any supporting evidence, such as case studies, are provided to the Programme Officer overseeing the Fund. A summary report detailing progress as at the end of quarter two is provided in Appendix A. This is the first report on the projects, and future reports to the Board will provide more detailed information on outcomes, including case studies, once the projects have become more established.

A number of the projects have experienced some delays in setting up due to problems in recruiting staff and/or volunteers or prolonged procurement processes. Only the 'My Rural Life' project was due to have been completed by the end of quarter two. However, delays caused by issues with Agresso have resulted in the late payment of invoices which has impacted on the delivery of the project. This project is now due to be completed in December 2015.

2. Conclusion

The Health and Wellbeing Board has been given the responsible for allocating and monitoring the remaining funds in the Health and Wellbeing Grant Fund. This is the first half yearly report on the projects since the funding was agreed by the Board in March and the Board is asked to note the information contained in Appendix A and comment on the progress.

3. Consultation

Not applicable.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health and Wellbeing Grant Fund – Update Report Oct 2015.

5. Background Papers

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

This report was written by Alison Christie, Programme Manager Health and Wellbeing, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

HEALTH & WELLBEING BOARD –
Update Report
November 2015

Amount available		**£**
		1,328,661.00
Project	**Provider**	
Get Started & Get into Healthy Lives	Prince's Trust	240,000.00
Care leavers mentoring project	Barnardo's	150,516.00
Let's Get Fizzical	Positive futures	40,720.00
Diabetes Education & Resource	4 CCGs	169,800.00
Step Forward	LCC - subcontractor	226,200.00
Assisting Low Income Households	City of Lincoln Council	98,000.00
Connecting Communities	East Lincolnshire CCG	120,302.00
My Rural Life	Sortified CiC	10,096.00
Lincs Carers Charter	Lincs Carers & Young Carers Partnership	110,600.00
Total remaining		**162,427.00**

Overview of Live Projects

Get Started & Get into Healthy Lives – Prince's Trust
Project lifetime: 01 July 2015 – 30 June 2018 (3 years)
Total allocated: £ 240,000.00
Total spend to date: £0.00
Total remaining: £240,000.00

Project Description
To support between 117 and 234 of Lincolnshire's disadvantaged and disengaged young people aged 16-25 through a 3-year project. Specifically aimed at promoting health and wellbeing amongst those young people taking part, the project will additionally provide training opportunities and routes to employment within Health and Social Care services.

Update Qtr2 July – September 2015

Targets 2015/16

Outcome	Annual target	Qtr 2 target	Actual	Qtr3 target	Actual	Qtr4 Target	Actual	Total
Get started projects	**3**	1	**2**	2	**(1 so far)**			**2**
Number of Get Into Programmes	**2**			1		1		**0**

Get Started
- Good progress has been made. Three 'Get Stated' projects have been delivered, one in Boston during June and two in Lincoln during September and October.
- Three month progress data for June includes
    - 10 young people completed the course
    - Five young people accessed training
    - Three young people accessed employment (including one working as a waiter in a Candy Park and one working in a factory)
- Developing six month progression monitoring process

Get Into
- No 'Get Into' programmes were time tabled in for this quarter.
- Currently having issues establishing links with ULHT to progress the 'Get Into Hospital Services' element. . Waiting to hear back from ULHT following initial contact.
- It was suggested that there may be some benefit in approaching the Health and Care work stream under the Greater Lincolnshire Enterprise Partnership and/or Lincolnshire Care Association (LinCA).
- Following a pilot last year the Co-Op has approached the Prince's Trust to deliver another course which is scheduled for January and there is currently a funding gap to deliver this. Prince's Trust are requesting that the H&WB fund can be used to deliver the programme in January. It is hoped that the programme will produce some very outcomes with one element being delivered around the pharmacy – but this is still to be confirmed. The important part of the programme is seeking employment for our young people so they do have to participate as much in our public services.

Care leavers Mentoring Project (Buddy Up) – Barnardo's
Project lifetime: 01 July 2015 – 30 June 2017 (2 years)
Total allocated: £150,516.00
Total spend to date: £18,815.50
Total remaining: £131,700.50

Project Description
To deliver a two-year Care Leavers Mentoring Project across Lincolnshire to improve outcomes for both:

- Care Leavers (CL)
- Volunteers

Mentors will deliver specialist interventions to sixty Care Leavers over the two years with a clear focus on supporting social inclusion.

Update Qtr2 July – September 2015

- Underestimated the recruitment time scales
- Project worker was recruited on 22 September and have been shadowing several programmes including the Education Employment Team and the Supported Lodging staff. Due attend the following training
    - Multi Agency Risk Assessment Conference (MARAC) training 7th October 2015
    - Child Sexual Exploitation level 3 training 3rd November 2015
    - Volunteer Card and Supported Lodging Train the Trainer 19th/20th November
    - Lincs Leaving Care Service /LCC joint development day 2nd December 2015
- 5 volunteers have been recruited; 3 Care Leavers and 2 external
- Developed a tool (outcome STAR) to measure outcomes for both volunteers and young people
- No targets were set for qtr.2
- After consultation with care leavers it was agreed to call the programme 'Buddy Up'

Lets Get Fizzical – Positive Futures
Project lifetime: 01 July 2015 – 30 June 2016 (1 year)
Total allocated: £40,720.00
Total spend to date: £0.00
Total remaining: £40,720.00

Project Description
Let's Get Fizzical is an award winning project developed by national sports charity StreetGames which engages inactive children aged 8 to 14 in sport. Positive Futures is seeking to pilot this model in 2 disadvantaged communities in Lincolnshire - Lincoln and Boston - reaching 8 schools in each area

Update Qtr2. July – September 2015

- Preparation Phase - As part of the preparation phase, have contacted a number of schools in the areas to be deliver the programme. Response was initially very slow on the uptake. This was due to the timing of the contact being towards the summer break and schools were winding down for summer. Since returning from summer have secured the majority of schools (13 of the 16) and will be able to confirm the remaining by early 2016.
- The incentives and resources have been acquired and distributed to the project areas

- 5 volunteers have been identified and will take up the training offer in early 2016. Three lead staff have been through the project familiarisation workshop, 12 coaches & 2 volunteers have been through the "Let Get Fizzical" activator workshop
- School Taster Sessions delivered – Have delivered a range of activities as part of 30 taster sessions reaching 830 young people in the schools so far with the remaining being delivered after Christmas
- Weekly Sessions delivered –Some schools have progressed to weekly delivery with the hope this will be completed before the Christmas break. The remaining weekly sessions will be delivered in the new year
- Initial PAQ C questionnaire (an online questionnaire to evidence physical activity at 3, 6, 9 month intervals) are being completed by young people
- Community Sessions – each area has community sessions available to the young people taking part

Diabetes Education& Resource – 4 CCGs
Project lifetime: 01 January 2016 31 December 2016 (1 year)
Total allocated: £169,800.00
Total spend to date: £0.00
Total remaining: £169,800

Project Description
The proposed project 'Diabetes Education and Resources' will enhance the current diabetes services provided within the community by GP Practices and Lincolnshire Community Health Services (LCHS). Patients with Type 2 diabetes referred to the service are invited to attend an education course (Spotlight), which aims to give newly diagnosed patients the knowledge and skills they need to effectively self-manage their diabetes.

Update Qtr2 July – September 2015
- There has been a delay in agreeing the final approach between the CCGs to ensure this project complements recent submissions made to the NHS Diabetes Prevention Programme.
- Funding agreement is now out for signature and the project will be rolled out from January 2016.

Step Forward – LCC (sub-contractors)
Project lifetime: 01 October 2015 – 30 September 2017 (2 years)
Total allocated: £226,200.00
Total spend to date: £0.00
Total remaining: £226,200.00

Project Description
To support adults age 18 and over that are unemployed and have a learning disability, Autism and/or a mental health condition and help them access employment opportunities.

Update Qtr2 July – September 2015
- This project was not due to start until October 2015.
- The Step Forward invitation to tender went live on 01 October 2015 and a tender information event was held on 12 October 2015.

- The closing date for tender submissions was 06 November 2015 and five submissions were received and will be evaluated from 16 November. Invitations have been sent out to potential steering group members, with a good response so far. The first meeting will take place towards the end of November once the providers have been selected.

Assisting Low income Households into work – City of Lincoln (Lincoln College)
Project lifetime: 08 September 2015 – 07 September 2019 (4 years)
Total allocated: £98,000
Total spend to date: £0.00
Total remaining: £98,000

Project Description
The project would be undertaken as part of the 'Universal Support Delivered Locally' (USDL) work being carried out, led by the City of Lincoln Council/ North Kesteven District Council shared Revenues and Benefits Service, supporting skills enhancing prospects of employment and increased salary, linked to the national Universal Credit rollout agenda.

Update Qtr2 July – September 2015
- This project was expected to start in May 2015, however following advice from Procurement Lincolnshire; the Project Manager was required to undertake a procurement process to identify the training provider.
- Lincoln College were successful in tendering for the project.
- No activities in this qtr. due to the commissioning process and slight delay in the start of the project.
- A set up meeting with Lincoln College is taking place in early December with the expectation that courses will begin in January 2016.

Connecting Communities – ECCG
Project lifetime: 01 July 2015 – 30 June 2017 (2 years)
Total allocated: £ 120,302.00
Total spend to date: £0.00
Total remaining: £120,302.00

Project Description
The Health & Wellbeing Grant Fund will be used to further establish and embed sustainability in to two residents led, fully constituted Partnership groups within two hard pressed communities Wainfleet and Winthorpe by funding two part-time local coordinators to develop and co-ordinate activities.

Update Qtr2 July – September 2015
- 2 Coordinators appointed
- Coordinators and residents attending training
- Continued development of Partnership Steering Groups in each community

Wainfleet
- Established relationship with existing community partnership and clarified the community coordinators role. Attending monthly partnership meetings and other planning meetings in between.

- Established contact with a wide range of partner organisations including; existing group, organisations, service providers, businesses and other potential partners. Arranged regular update sessions to connect all together.
- Currently mapping what is already happening and what facilities and resources are available.
- Supporting the Haven Project (Community Activities funded by Health Lottery Trust).
- Engaging wider community through a series of Pop-Up listening events in key locations, School, GP Surgery, Town Market etc. to establish the needs and aspirations of the community.
- Coordinator attended C2 4 day Assets & Resilience experiential learning event in Exeter.
- Community Partnership policy and procedure documents being developed to make the partnership more robust and up-to-date with relevant legislation requirements
- Training courses arranged and attended by resident volunteers, including Committee Roles & Responsibilities, V-Card Training, First Aid, Food Hygiene and Dementia friends Training. Other courses to follow.

Winthorpe

- Established relationship with existing community partnership and clarified the community coordinators role. Attending monthly partnership meetings and other planning meetings in between.
- Chairman of (WCP) Winthorpe Community Partnership attended C2 4 day Assets & Resilience experiential learning event in Exeter.
- Community Partnership policy and procedure documents being developed to make the partnership more robust and up-to-date with relevant legislation requirements.
- Engagement with a wide range of partner organisations including; existing group, organisations, service providers, businesses and other potential partners. Arranged regular update sessions to connect all together.
- Training courses arranged and attended by resident volunteers, including Committee Roles & Responsibilities, V-Card Training, First Aid, Food Hygiene and Dementia friends Training.
- Cancer support group being developed in the community – this was highlighted as a need within the community. Funding application being developed.
- Visit by 3 communities from Nottingham being organised.
- Engaging wider community through a series of Pop-Up listening events in key locations, School, Shops, street corners, community building.
- Community Newsletter being developed to engage the wider community.
- Community Plan in early stages of development.
- Coordinator supporting the WCP to become a registered charity CIO (Charitable Incorporated Organisation).
- District Councillor Grant applied for
- County Council Big Society grant applied for.

My Rural Life – Sortified CiC

Project lifetime: 09 April – 09 September 2015
Total allocated: £ 10,096.00
Total spend to date: £ 5,048
Total remaining: £5,048

Project Description

To develop a toolkit for people a risk of social isolation in the most rural parts of Lincolnshire. The toolkit will support individuals to self-manage in the future and minimise (or delay) reliance and need for future health and social care services.

Update Qtr2 July – September 2015

- The project is currently slightly behind schedule due to issues with Agresso resulting in the late payment of invoices. The latest timescale for the production of the Toolkit is December 2015 when it will be available both online and as a paper copy
- Engagement events were held between 28 September and 02 October at variety of sites across Lincolnshire which attracted 20 attendees and an additional 25 induvial completed 25 on surveys (45 of the target of 50) However a further 180 individuals have engaged at other events including Neighbourhood Teams and local Voluntary Sector Forums
- Significant work has been carried out with partners across the County resulting in 22 potential partners – these include: Age UK; Community Lincs; South Holland District Council; Healthwatch; British Red Cross and East Lindsey CCG

Lincs Carers Charter – Lincs Carers & Young Carers Partnership

Project lifetime: 22 June 2015 – 21 June 2017 (2 years)
Total allocated: £ 110,600.00
Total spend to date: £30,600
Total remaining: £80,000.00

Project Description

To establish a quality standard 'Kite' mark recognisable by all Lincolnshire Carers, Providers and Partners as a way of addressing some of the difficulties caused by rurality, poor transport infrastructure and sparsity of providers. It will also enable a connection with other areas of work, such as Carers & Employment, where SME's will be supported to meet best practice

Update Qtr2 July – September 2015

- Award Identity has been established.
- Marketing/Promotional Materials been developed and distributed.
- Carers Charter and Award Standards have been written – this will be a 6 month process.
- Application Process/Pack and accompanying documentation are now completed and in place – Carers and Young Carers have been involved in producing the application form and will be represented in the assessment panel.
- The charter has been promoted at 24 meetings and 10 events Working group/assessment panel has been developed.
- 2 organisations signed up and have already started the award (one being Harrowby Lane surgery in Grantham).
- Have completed engagement activities with 85 Carers.
- The accreditation is valid for one year.
- The CCGs have stated that all GP surgeries are to go through the process; this could cause capacity issues as each GP will apply separately.

Case studies and outcomes will be reported on in following reports once the projects have been established

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:	**8 December 2015**
Subject:	**Greater Lincolnshire proposals for devolved powers from Government**

Summary:
On 4 September 2015 Greater Lincolnshire submitted an expression of interest to the Government setting out its plans to bring more power and responsibility to the area. The proposal, signed by 21 organisations, representing the public and private sector, asks for a range of the central government's powers and associated funding to be devolved locally.

Actions Required:
The Health and Wellbeing Board is asked to note the details in this report and Greater Lincolnshire's Expression of Interest document attached in Appendix A.

1. Background

As a result of the referendum decision on Scottish Independence in May the Government introduced the *Cities and Local Devolution Bill* to Parliament. The Bill provides the legal basis to implement the Government's 'northern powerhouse' ambitions which will devolve powers to cities with elected 'metro mayors' and will empower towns and counties by building on growth deals.

Following the introduction of the Bill a ground-breaking deal was struck between the Government and the ten local authorities that make up the Greater Manchester Metropolitan Area. It was agreed that a significant range of powers, with associated funding, would transfer from Westminster to the Greater Manchester Combined Authority; to be headed by a directly elected Mayor. Shortly afterwards, the Government announced a major deal for Cornwall, with extensive transfer of powers and funds to that area without a mayoral model (due to geography and political landscape of the area).

From these forerunners, the Chancellor of the Exchequer announced on 21 July 2015 that he wished to negotiate further devolution deals with other parts of England that had an appetite for them. He set a deadline of 4 September 2015 for areas interested in moving quickly to submit

their proposals. A total of 38 proposals, covering 80% of the country, were submitted. Some have since been concluded, one of these being the North East of England. This is significant given the geographic scale of the area involved, encompassing as it does five Metropolitan Authorities and two County Councils, with a total population of 2m people. Other areas include the Tees Valley, Sheffield City Region, the West Midlands and Liverpool City Region.

Greater Lincolnshire submitted an expression of interest on 4 September 2015, a copy of the submission appends this paper. It was signed by the Leaders of the ten local authorities along with other public sector organisations including the six Clinical Commissioning Groups and the Chairman of the Greater Lincolnshire Local Enterprise Partnership. The submission sets out the ambition for the area, and invites the Government to enter into negotiations over a package of devolved powers and funds that could be used to deliver the ambition. The document focuses on the benefits of this approach including:

- Accelerating economic growth
- Improving transport links regionally, nationally and internationally
- Tailoring skills to the needs of local employers to boost employment opportunities in the county
- Managing flood risk
- Meeting the housing needs of all our residents
- Joining up health and care services to improve people's health and wellbeing

On 28 October 2015, representatives from Greater Lincolnshire met with the Minister for Local Government Marcus Jones MP to discuss the proposals. Since then further discussion have taken place with civil servants from relevant Government departments.

Work has also begun looking at the options of how a 'combined authority' could potentially be managed and governed. To ensure appropriate arrangements are in place it is proposed to establish a joint committee of the local authorities. The remit of this joint committee will be to have oversight of the continuing discussions with Government, develop the governance arrangements and to operate as the 'Greater Lincolnshire Leadership Board'. A paper outlining the governance arrangements, including proposals to undertake a governance review in the New Year, will be considered by each authority during November and December 2015.

2. Conclusion

The Greater Lincolnshire expression of interest provides genuine opportunity for the area to take on some responsibility from central government and to make more decisions locally to improve the quality of life and prospects for greater prosperity in Greater Lincolnshire.

3. Consultation

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Greater Lincolnshire: A Place to Grow….faster than anywhere

5. Background Papers

Document title	Where the document can be viewed
Cities and Local Devolution Bill	http://services.parliament.uk/bills/2015-16/citiesandlocalgovernmentdevolution.html

This report was written by Alison Christie, Programme Officer Health and Wellbeing, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

Greater Lincolnshire

A Place to Grow... faster than anywhere

A Place to Grow...faster than anywhere

This is a proposal from organisations in Greater Lincolnshire to accelerate growth and productivity in our economy, deliver a step change in our skills base, be at the forefront of new technologies, improve health and wellbeing outcomes and deliver radical public service reform for the benefit of our citizens. The guiding principle of this Expression of Interest is that the risks of commissioning and delivery are devolved to the local place where they are best and most efficiently managed. We make strong proposals for governance accordingly.

We are an economic powerhouse, key to the Midlands Engine, the Humber "Energy Estuary" and the Northern Powerhouse, integral to UK Plc and a major gateway to Europe. We have clear high-growth potential in key industry sectors and we have the space and political will to exploit this. If we can gain from the Government the devolution of a range of specific powers and control over the associated funding **we can achieve growth more quickly than anywhere else in the UK,** enhance our collective financial resilience and establish a sustainable platform for our area to thrive, adapt and innovate. We will;

- increase the value of the Greater Lincolnshire economy by £8bn;
- create 29,000 new jobs;
- deliver 100,000 new homes;
- redesign locally services for the administration of justice, health and social care, flood and water management and public safety.

Greater Lincolnshire has a population of 1,060,000. It consists of the Unitary Authorities of North Lincolnshire and North East Lincolnshire (both bordering the south bank of the Humber Estuary) together with the County of Lincolnshire and its constituent seven districts, bounded entirely by the Local Enterprise Partnership of the same name.

The area makes distinctive contributions worth £16bn GVA to the UK economy. Some of the most significant energy, food manufacturing and chemical industries in England are located here. It has the largest UK port by tonnage and the area's logistics companies serve the whole of the UK. Tourist visitors visiting the area generate more than £1bn business a year.

Accelerated Growth

The south bank of the Humber is at the centre of an emerging £100bn offshore wind market, with the potential to create wholly new supply chains. We will deliver an 'Energy Estuary' working with partners in all sectors across the Humber and create new UK modal shifts in transport across the north, decongesting the south east ports. We are at the centre of new offshore gas production in the southern North Sea and home to the 2nd largest chemical cluster (£6bn pa), the largest helicopter facility in England and the largest UK refinery cluster – 27 % of UK total capacity.

Food processing is a major sector for growth and innovation. The sector has potential for the growth of national and international companies and small businesses alike. Logistics is a key area for both food and freight and transport infrastructure is key to our future growth.

Southern Lincolnshire is growing fast because it is the most affordable housing area within an hour's commute of London and it acts as a strategic gateway into Greater Lincolnshire.

We plan to double the value of the visitor economy to £2bn over the next 5 years by capitalising on our heritage and environment assets.

We offer to…

- grow the area's three defining and most competitive sectors:
  - **agri-food** - 25% of England's grade 1 land, already producing 25% of the country's vegetables, which is vital to the food security of the UK. We also process 70% of UK seafood;
  - create an environment which encourages inward investment and develops **manufacturing and engineering** (a sector currently worth £1.8bn) to continue to develop innovative ideas and put Greater Lincolnshire on the map as a global manufacturing and engineering hub;
  - **a visitor economy** that attracts 17.4 million visitors per year to our world class heritage sites, our 550km^2 area of outstanding natural beauty and our major coastal resorts.
- boost the future defining advantages of the area:
  - the busiest ports in the UK, the largest UK port complex by tonnage and the largest Ro-Ro facility on the East Coast together with the biggest undeveloped deep-water estuary in Europe and the landside space to exploit a huge logistics opportunity. We will develop our unique estuary land assets to **create new logistics, manufacturing and trade routes** in order to become the North's 'Gateway to Europe';
  - becoming the renewable **energy and offshore wind** capital of Europe;
  - **health and care** – implement the GLLEP Care Sector plan encompassing community resourcing, improved housing, workforce development and research.
- drive this growth by putting expansion into new markets, modern telecommunications, infrastructure improvements and the skills of individuals and business owners;
- be an active contributor to the Northern Powerhouse and Midlands Engine and to participate in the Midlands Connect programme in order to encourage cohesion across the Midlands region;
- enable our universities, colleges, and intermediary organisations to support businesses to obtain investment funding through collaboration in innovative projects and through the elimination of the disjointed and cyclical bidding rounds;
- grow the economy more quickly through EUSIF devolution leading to speedier decision taking, delivery of projects and in reducing the costs of administration;
- develop Greater Lincolnshire's environmental offer as a direct contributor to the visitor economy and the health of our communities;
- deliver the Government's Rural Productivity Plan.

In order to do this we seek…

- **a pilot scheme for statutory agencies** (including Natural England, MMO, Highways for England, English Heritage and the Environment Agency), to be accountable to our new Greater Lincolnshire governance structure to deliver our ambitions for growth and to fast track delivery;
- **alignment with the local Growth Plan of business support budgets**, including those of the Business Growth Service, Manufacturing Advice Service, HEFCE

Catalyst and the UK Trade and Investment (UKTI) Export Advice service; Devolution of the governance of these funds to provide strategic leadership and integration of EU funded "opt ins";

- **appropriate share of Single Local Growth Fund monies**, and from devolved transportation capital, so that we can create a Greater Lincolnshire Investment Fund which enables us to invest in projects which will generate high quality jobs and housing. Funding for this will be augmented by ringfencing a proportion of the EU funding programme;
- **devolution of the management of our EU programme** including granting of Intermediate Body status. The EUSIF programme gives the LEP the opportunity to develop local solutions to economic opportunities, but the setting of strategies and the processing of applications is done nationally with limited involvement at the local level. Devolution will improve the speed with which projects come forward and thus help to promote productivity more quickly and reduce the costs of administration;
- approval for the South Humber Estuary coastal ports and airports **enterprise zone and the enterprise zones** currently being considered by the GLLEP;
- the **development of a strategic land use plan** that aligns our economic ambitions with private and public sector funding streams, streamlined planning and development process for major projects through enhanced CPO procedures / support to acquire locked critical land assets (similar to New Town Act powers) and site exemptions from use of 'zones' and local development orders.

Transport

Business leaders in Greater Lincolnshire have consistently identified connectivity as a significant enabler for prosperity. Connectivity includes access to high speed telecommunications. However, accessibility through transport is usually cited as the highest priority. Many of our growth sectors rely on good transport; especially food manufacturing and tourism.

We offer to…

- utilise the planning process and local investment funding (matched with LGF) to facilitate enhanced growth around the A1 and East Coast Main Line corridor, the A17 and A15, strategic routes to coasts and ports and to Skegness, Boston and Sleaford;
- invest in infrastructure (transport and housing) through a local infrastructure delivery plan, prepared by an Infrastructure Board that would involve other public sector partners such as EA, Network Rail, Highways England, Historic England, HCA and some private sector providers including utility operators and digital communications and infrastructure companies.

In order to do this we seek…

- **amendment to the Highways England programme** to give priority to connection points for A46/ A17/ A52/ A18 onto the strategic network e.g. A1 and M180 in order to produce faster east-west links as set out in the Midlands Engine commitments;
- commitment from the Department for Transport to allocate funding within its second Roads Investment Strategy for 2020;
- **recognition that the following road corridors within Greater Lincolnshire fulfil a national role** in moving people and goods:
  - A46 Newark to Lincoln and A158 Lincoln to Skegness;
  - A17 Newark to Kings Lynn;
  - A15 Lincoln to M180 to Humber Bridge;
  - A16 East Coast Route;
  - A52 from the Wash to the A1.
- rationalisation of the appraisal process for transport projects to considerably shorten timescales, and then implementation of the new process in conjunction with DfT;
- powers to adopt bus service franchise powers to be applied in appropriate areas;
- powers to apply a discounted fuel duty scheme to support transport in rural areas;
- phased implementation of the outcomes of the GLLEP's rail strategy, which supports the Midlands Engine commitment to improving rail services and seeks gauge improvements and electrification.

Skills

Greater Lincolnshire has a comparatively low skills base and is often described as a low wage, low productivity economy, with consequent lower GVA than the UK average.

One particular challenge to Greater Lincolnshire's growth is the difficulty in recruiting and retaining skilled workers in the health and care sectors. The GLLEP has produced a Health and Care sector strategy which identifies priorities, of which a Medical School is key. It is widely recognised that areas with a medical school find it easier to retain trained medical staff than those without. Other increasingly important sectors in the region, such as construction and engineering, defence and aerospace, also have significant skills needs and gaps in current provision.

A further challenge is the need to rapidly up skill and re-skill the workforce in order to access the thousands of new jobs that will shortly be arriving with the development of a new offshore wind industry.

This proposal promotes a pioneering approach to integrated skills development across the shared economic geography. We want to develop a workforce to drive the local economy, both through supporting existing businesses and attracting more diverse and higher value inward investment. We look flexibly across our boundaries to address skills for the southern part of the GLLEP area in a new and emerging skills partnership with Greater Peterborough, recognizing the real impact of travel to work areas and economic geography.

We offer…

- faster business growth, and lower unemployment;
- lower youth unemployment and fewer NEET (not in employment, education or training) because young people have better employability skills and understand the opportunities available to them locally;
- greater value for money – e.g. services for Work Programme clients will be integrated at local level reducing wasteful duplication; SME employer engagement carried out by different agencies will be joined up reducing duplication;
- a more integrated approach to the delivery of professional and technical skills with enhanced collaboration between employers, the GLLEP and providers, enabled perhaps through local outcome agreements;
- strong support for an 'area review' of the post-16 education and skills system to ensure that is responsive to local economic priorities; this should be comprehensive and thus include schools, academies, UTCs and colleges, as well as any relevant local authority, private sector and university provision;
- to re-shape and re-structure the Further Education (FE) provision within Greater Lincolnshire so that a new FE system is put in place with appropriate governance to ensure that it delivers people with the right skills in the right place;
- a boost to our economy, and productivity, by creating a local workforce that can fill the 200,000 job vacancies that are predicted to be available over the next ten years as our industries grow and as people retire by:
  - creating a seamless transfer from learning to work;
  - working closely with employers, the National Careers Service, and the Careers and Enterprise Company to shape their provision in line with our jobs and skills forecasts. We will also work closely with our SMEs in order to create more apprenticeships;
  - eradicating the very low HE participation rate locally through supporting the efforts of the all further education and higher education establishments in Greater Lincolnshire;
- providing sufficient supply of good education places that matches the pattern of economic growth and allows parental choice to achieve the education and skills necessary for 21st Century society;
- innovation and investment in new models of delivery for technical and professional skills against our skills priorities and to meet the specific needs of the related industries;
- support to schools, UTC and college leaders so that they can develop curricula which meet the priorities that are set out in the council's strategy framework for education;

- changing the landscape of education and skills development across the health and care sector, including flexible vocational routes and support to establish a Career College and a Post-Graduate Medical School followed by a Graduate Medical School;
- Support to restructure education and skills development in the health and care sector to enable flexible routes to medical, nursing and other care professions and match the needs identified in the area Health and Care sustainability programmes;
- support for the efforts of the higher education and skills sector in raising aspirations and creating sustainable integrated lifelong learning pathways at all stages of education, skills development and continuing professional development;
- educating and retaining high quality skilled graduates, and utilising the skills of the significant number of RAF personnel leaving the forces and settling in the area mid-career in order to contribute to local economic growth.

In order to do this we seek…

The powers to give strategic direction to the range of education and skills funding streams which could be integrated to maximise the potential of the emerging GLLEP Skills Strategy and to achieve skills development through devolving:

- **power to reshape and re-structure Further Education (FE) provision** within Greater Lincolnshire, in line with the governments invitation issued in the Rural Productivity Plan of August 2015;
- **funding streams of Post 16 Education Funding Agency and Skills Funding Agency (SFA) budgets;**
- responsibility for all of the **funding relating to career information, advice and guidance** (CIAG) for adults and young people, including a new Career & Enterprise Company;
- the transfer of the duty on schools around career information, advice and guidance (CIAG), to the GLLEP;
- an increased role in the coordination of the delivery of professional and technical skills across the region, following an 'area review' of the post-16 technical and professional skills system to ensure that is responsive to local economic priorities;
- responsibility for commissioning part of the Adult Skills & the Skills Infrastructure budgets (e.g. National Apprenticeship Service helpline) and to be an integral part of the area reviews of post-16 provision;
- **responsibility for identifying and managing the expansion of apprenticeships** in food, farming and tourism, in line with the commitment in the RPP, and in engineering and renewables;
- **devolved commissioning to the local level of the Youth Contract** supporting 16/17 year olds into education or employment;
- **decision making for local school funding**;
- control over the incentives on providers in order to provide more flexibility over who is entitled to receive support;
- for FE providers in Greater Lincolnshire to be given a duty to co-operate with the GLLEP's new joint skills board, and an SFA procurement regime that mirrors the LEP's strategies and offers some flexibility to move funding amongst headings;
- devolution of the responsibilities and resources of Health Education England, Skills for Health and Skills for Care and the power to reshape commissioning health and care education opportunities;
- **to commission locally adult universal benefits integrated with Council Tax benefits**, commission the next phase of the Work Programme; and to discuss joint accountability with DWP for the work of Jobcentre Plus.

Housing

With house prices eight times the average salary, pricing many people out of the housing market, there is a need to fix the housing market in Greater Lincolnshire if aspirations for economic growth are to be realised.

The volume of housing required allows for the pressure created as a consequence of the ageing population not releasing the housing stock in the face of requirements to house the growing workforce.

Local Authorities in Greater Lincolnshire have allocated significant amounts of land for housing. We are positive about population growth in conjunction with economic growth in the key sectors identified. We wish to minimise the time taken from allocation to build.

We offer to…

- deliver 100,000 new homes (consistent with the Greater Lincolnshire Strategic Economic Plan and emerging Local Plans), with an appropriate proportion of affordable housing and starter homes supported by appropriate infrastructure and our local public assets;
- develop and co-ordinate 'Right to build' schemes by the community;
- develop a Greater Lincolnshire Housing Partnership of registered providers, developers, and land owners together with HCA, LEP and Councils in the area.

In order to do this we seek…

- **enhanced powers to allow councils to use short hold assured tenancies,** to remove borrowing caps and allow councils and Registered Providers (RPs) to use prudential borrowing., and to allow financing through a council's general fund.
- to increase and improve the quality and affordability of housing supply through
  - the One Public Estate approach for land including control over nationally held public assets such as surplus MOD land and Network Rail land.
  - freedom to develop local housing rules on right to buy and housing stock financing and management;
  - **the pooling and devolution of central government and HCA resources** into a Housing Investment Fund;
  - devolved power for both Registered Providers and Local Authorities to set rents and retain right to buy receipts;
  - to explore a unique deal that specifically tackles the underlying causes of in- work poverty including linking the payment of Housing Benefit to the delivery of certain minimum housing standards in the private rented sector.

Water

We must prioritise tackling flood risk. We have a long and highly vulnerable coastline. No other part of Britain faces the scale of significant inundation from the sea as does Greater Lincolnshire.

A serious coastal flood in Greater Lincolnshire would seriously compromise the UK's capacity to produce high grade crops for up to seven years. Our action on this is acknowledged as one of the leading areas for collaboration to address flood risk but more is needed.

We wish to incentivise investment in water management and realise the potential for substantial private contributions to flood defence.

We offer to utilise…

- delegated powers and funding to deliver a 30% efficiency in developing projects currently subject to Defra's funding controls and approval processes;
- the Water Resources study recently commissioned by the Greater Lincolnshire LEP to devise means of applying spatial planning priorities and infrastructure funding and provide water resources for an expanding manufacturing sector and a growing population;
- the water resources study to manage flood risk as well as a range of coastal flood defence investments and other minor local schemes.

In order to do this we seek…

- delegation of decision-making powers over flood risk management priorities (including large-scale coastal management schemes) and resources in the medium-term programme (MTP) from national to the local level to increase the effectiveness of our existing partnership arrangements;
- **tax incentives for agri-food businesses and the steel industry** to develop water resources or water efficiency measures on their sites;
- **freedom to extend the arrangements for tax relief for businesses** contributing to flood relief schemes benefitting from national funding to include privately proposed and funded schemes that meet the objectives of the Local Flood Risk Management Strategy and the LEP Growth Strategy;
- **devolution of the EA powers around flood risk operations** and use of the capital funding within the Medium Term Programme (MTP).

Health

Our acute health sector faces significant issues in respect of both performance and financial viability. We have above average growth in our elderly population. We have plans across our area (Lincolnshire Health and Care (LHAC) and 'Healthy Lives Healthy Futures') which reflect the NHS 5-year view in seeking an integrated strategic approach to health and social care reform which fairly and accurately incorporates the priorities of the full range of NHS and social care stakeholders, including acute trusts.

Clinical Commissioning Groups and local authorities will continue to collaborate while each retains their statutory function.

We offer to deliver…

- a substantially more integrated approach to health and care service planning and delivery in Greater Lincolnshire, offering better outcomes and more cost effective health and care services;
- greater support to people with physical and mental health issues to be active in the workplace;
- further development of neighbourhood based services including a significant increase in care delivered closer to home and improved outcomes;
- a model for emergency care, urgent care and planned care services that delivers safe, high quality services which are affordable and sustainable;
- a substantial increase in physical activity levels and engagement in arts and cultural activity to improve health outcomes and reduce demand on acute NHS services.

In order to do this we seek…

- **devolution of the range of commissioning resources that support the health and wellbeing** of Greater Lincolnshire people. These include the resources of Public Health England, NHS England and Health Education England;
- greater coordination of Local NHS and Social Care Commissioners with a devolved place-based health & social care budget with a minimum four year settlement;
- **integrated commissioning of all community services**. This includes health and social care delivered services;
- joint commissioning of DCMS sports, physical activity, culture and arts programmes to align with local health and wellbeing strategies.

Public protection

Crime is local. Altogether 92% of prisoners from Lincolnshire reside in Lincolnshire prisons but the drivers of crime and anti-social behaviour lie in our communities, and solutions are also to be found there.

There are current proposals, which we believe we can assist with, to provide better access to Magistrates Courts services through reducing the estate and re-investing savings.

We offer to deliver…

- improved access to justice whilst making savings through the integration of courts with the local public estate;
- to reduce re-offending rates through integration of Offender Management with Community Safety, Health and Safeguarding programmes.

In order to do this we seek…

- **transfer of the commissioning of Prison Services to local political control;**
- **transfer of the administration of HMCTS and the MoJ estate** to be delivered by local authorities in the area.

Our leadership

We believe that bringing the risks of commissioning and delivery to the local place enables them to be best managed. We understand that government expects robust structures of governance to be put in place to enable this to take place. We rule nothing out in terms of new governance in seeking to deliver our new agenda for growth.

We anticipate that the range of powers and funding sought in this expression of interest may take us into territory for which the governance arrangements would be no less than a Combined Authority. We wish to enter into discussions with the Government over the precise governance arrangements that would be most appropriate in order to fully secure the scale of devolution that we seek.

Whilst this prospectus requests devolved powers we in turn will distribute powers differently. In achieving our ambitions our approach to governance will be:

- to enable people do things for themselves as individuals;
- to empower community partners at a local level;
- to encourage private, public and third sector organisations to align their activities with our ambitions;
- for the devolution partners to identify gaps, prioritise and utilise the devolved powers and resources in the delivery of our ambitions.

We will strengthen neighbourhoods and communities by devolving powers and funding from the Greater Lincolnshire level to individual constituent councils or groups thereof.

We recognise that for many activities political boundaries are crossed and we will continue to interact with our neighbours. We shall work collaboratively with those organisations that share many similar characteristics and operate beyond our area including those in Peterborough, Hull, East Riding of Yorkshire, Kings Lynn and West Norfolk, and on our western boundary.

It is also hoped the Government will accept the arguments for a more flexible approach to the current council tax referendum limits and processes nationally. This would also fit well with the principles of local accountability and decision making which underpin the approach to devolution.

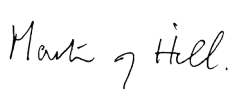
We offer…

- a governance arrangement that will provide transparent democratic accountability and an effective interface for ministers whist continuing to ensure that specialists such as clinical commissioners maintain a strong voice;
- integrated democratic leadership of local authorities working with elected bodies including the PCCs bringing these elected leaders together with the NHS leadership and the Chair of the LEP.

In order to do this we seek…

- as well as potential flexibilities around the local element of business rates we wish to explore with the Government flexibilities around use of capital receipts and borrowing powers for critical infrastructure investment. We recognise that any package of freedoms and developments over the medium term will need overall fiscal neutrality for the Greater Lincolnshire partners and HM Treasury;
- **Government to review the funding allocation formula for Greater Lincolnshire** to ensure it matches the actual needs profile of our population;
- power to acquire nationally held local public sector land, including non-operational MOD land, for the overall benefit of the region – thereby giving improved and effective strategic planning for enterprise, housing, growth and infrastructure. Subsequently we would also want to keep any capital receipt for the sale of any land in our control.

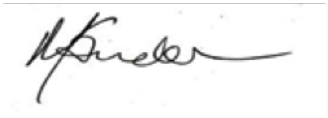
We believe that, in discussion with government, we can develop these proposals to form a strong, viable and transformational plan for Greater Lincolnshire, and we ask government to engage with us to that end.



Cllr Martin Hill OBE
Leader of Lincolnshire County Council

Cllr Lord Gary Porter
South Holland District Council

Cllr Craig Leyland
East Lindsey District Council



Dr Margaret Sanderson
Chair of North Lincolnshire CCG

Mark Webb
Chair of North East Lincolnshire CCG

Dr Allan Kitt
Chief Officer South West Lincolnshire CCG

Cllr Lady Liz Redfern
Leader of North Lincolnshire Council

Cllr Ric Metcalf
City of Lincoln Council

Cllr Peter Bedford
Boston Borough Council

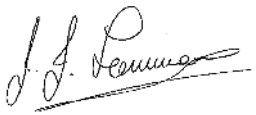
Dr Peter Holmes
Chair of Lincolnshire East CCG

Dr Sunil Hindocha
Clinical Chief Officer Lincolnshire West CCG

Dr Kevin Hill
Chair of South Lincolnshire CCG

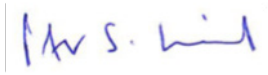
Cllr Ray Oxby
Leader of North East Lincolnshire Council

Cllr Bob Adams
South Kesteven District Council



Cllr Jeff Summers
West Lindsey District Council

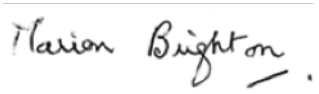
Prof. Mary Stuart
Vice Chancellor University of Lincoln



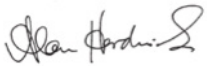
Rev. Prof. Peter Neil
Vice Chancellor Bishop Grosseteste University

Margaret Serna
Chair of the Board of Corporation Lincoln College Group

Ursula Lidbetter MBE
Chair of Greater Lincolnshire LEP



Cllr Marion Brighton OBE
North Kesteven District Council



Alan Hardwick
The Police and Crime Commissioner for Lincolnshire

UNIVERSITY OF LINCOLN

BISHOP GROSSETESTE UNIVERSITY

Greater Lincolnshire
Local Enterprise Partnership

The Lincoln College Group

The Police and Crime Commissioner for Lincolnshire

NORTH LINCOLNSHIRE COUNCIL
www.northlincs.gov.uk

SOUTH HOLLAND DISTRICT COUNCIL

East Lindsey DISTRICT COUNCIL

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

CITY OF Lincoln COUNCIL

West Lindsey District Council
The Entrepreneurial Council

BOSTON BOROUGH COUNCIL

SOUTH KESTEVEN DISTRICT COUNCIL

districtnk
100 flourishing communities
North Kesteven District Council

Lincolnshire COUNTY COUNCIL
Working for a better future

NHS
Lincolnshire West Clinical Commissioning Group

NHS
South Lincolnshire Clinical Commissioning Group

NHS
South West Lincolnshire Clinical Commissioning Group

NHS
Lincolnshire East Clinical Commissioning Group

NHS
North East Lincolnshire Clinical Commissioning Group

NHS
North Lincolnshire Clinical Commissioning Group

Health and Wellbeing Board – Decisions from 9 June 2015

Meeting Date	Minute No	Agenda Item & Decision made
9 June 2015	1	**Election of Vice-Chairman** That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board 2015/16.
	2	**Election of Chairman** That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2015/16.
	5a	**Minutes of meeting held on 25 March 2015** That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 24 March 2015, 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.
	7	**Chairman's Announcements** That the announcements as detailed be noted.
	8a	**Terms of Reference and Procedural Rules, Board Members Roles and Responsibilities**. 1. That the Terms of Reference, Procedure Rules, and Members Roles and Responsibilities as detailed at Appendices A, B and C be re-affirmed. 2. That the Assurance Framework as detailed at Appendix D be formally adopted.
	8b	**Joint Health and wellbeing Strategy Board Sponsors** 1. That the revised list of Board Sponsors as shown at Paragraph 1 of the report be agreed. 2. That the Theme Sponsor and Theme Lead – Role Descriptions detailed at Appendix A be agreed.
	8c	**Mid Term Review of the Joint Health and Wellbeing Strategy** That the Mid-term review of the Joint health and wellbeing Strategy as detailed in Appendices A to E presented be agreed.
	9a	**Meeting the Prevention Challenge in Lincolnshire** That then report be noted.

	9b	**Public Health on a Page** That the Public Health Plan to a Page be noted.
	9c	**Lincolnshire Health and Care** That the presentation be received.
	9d	**Better Care Fund** 1. That the report presented be noted. 2. That a further update on the Better Care Fund be received at the next meeting of the Lincolnshire Health and Wellbeing Board.
	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** That the forward plan for formal and informal meetings presented be received.
	10c	**Future Scheduled Meeting Dates** That the following scheduled meeting dates for the remainder of 2015 and for 2016 be noted. 29 September 2015 8 December 2015 22 March 2016 7 June 2016 27 September 2016 6 December 2016 (All the above meetings commence at 2.00pm)
29 September 2015	16a	**Annual Assurance Report** 1. That the outcome of the Board's Self-Assessment be noted and that the improvement plan detailed at Appendix B be agreed. 2. That the JHWS Scorecard and Theme Dashboards as shown in Appendices C – H be noted. 3. That the issues raised as detailed above be noted
	16b	**Lincolnshire Health and Wellbeing Board Engagement Framework** 1. That commitment be given to the principles underpinning the Health and Wellbeing Board Engagement Framework.

		2. That approval be given to the Health and Wellbeing Board Engagement Framework and the proposed approach to stakeholder engagement.
	16c	**Transforming Child and Adolescent Mental Health Services** That final approval of the Lincolnshire Plan on behalf of partners across the areas covered by South Lincolnshire CCG, Lincolnshire West CCG, South West Lincolnshire CCG and Lincolnshire East CCG be delegated to the Chairman of the Lincolnshire Health and Wellbeing Board, Councillor Mrs S Woolley to sign off, prior to its submission for assurance by NHS England on 14 October 2015.
	17a	**Joint Strategic Needs Assessment (JSNA) Review Update and Engagement Plan** That the report and attached Engagement Plan be noted.
	17b	**Lincolnshire Health and Care** That the verbal update be noted.
	17c	**Better Care Fund** That the report be noted.
	18a	**District/Locality Updates – Boston Health and Wellbeing Strategy and Action Plan** That the report and presentation be noted,
	18b	**An Action Log of Previous Decisions** That the Action Log of previous decisions of the Lincolnshire health and Wellbeing Board be noted.
	18c	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the Forward Plan presented for formal and informal meetings be received subject to the inclusion of the two items listed above.

This page is intentionally left blank

Lincolnshire Health and Wellbeing Board Forward Plan: December 2015 – June 2016

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**	**CCG Commissioning/Operational Plans** To receive a presentation from each of the four CCGs on their high level commissioning intentions for 2016/17. The Board will have the opportunity to inform and influence the Commissioning Plans by ensuring intentions take account of the Joint Strategic Needs Assessment and priorities in the Joint Health and Wellbeing Strategy.	**New Psychoactive Drugs (Legal Highs)** To receive a report which advices the Board on the rising use of Psychoactive Drugs and invites discussion from Members as to how the Health and Wellbeing Board and the Community Safety Board can work together on common issues. **Mark Housley, County Officer Public Protection** **Seasonal/Winter Planning** To receive a report from the Systems Resilience Group on the plans and arrangements being put in place to address any potential increase in demand over the winter months. **Gary James, Chairman, Systems Resilience Group** **Joint Commissioning Board – Update Report** To receive a report from the JCB which updates the Board on LHAC, the BCF and joint commissioning arrangements in Lincolnshire **Dr Tony Hill, Executive Director Community Wellbeing & Public Health and Glen Garrod Director Adult Care** **Health and Wellbeing Grant Fund – Update** To receive a report which provides a half yearly update on the Health and Wellbeing Grant Fund projects. **Alison Christie, Programme Manager Health and Wellbeing** **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	**Greater Lincolnshire proposals for devolved powers from Government** To receive a report which updates the Board on Greater Lincolnshire's proposals for devolution **Dr Tony Hill, Executive Director Communities & Public Health**

Formal Health & Wellbeing Board Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
22 March 2016 **2pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Joint Strategic Needs Assessment – Outcome of Review** To receive a report asking the Board to agree the recommendations arising from the review of the JSNA. **Chris Weston, Consultant Public Health** **CCG Commissioning/Operational Plans** To receive a report from each CCG which asks the Board to review the commissioning intentions/operational plans for 2016/17 against the priorities in the Joint Health and Wellbeing Strategy	**Joint Commissioning Board – Update Report** To receive a report from the JCB updating the Board on LHAC, the BCF and joint commissioning arrangements in Lincolnshire. **Joint Commissioning Board**. **Annual Report of the Director of Public Health on the health of the people of Lincolnshire 2015** To receive the Annual Report on the Health of the people of Lincolnshire. **Dr Tony Hill, Executive Director of Community Wellbeing and Public Health** **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	
7 June 2016 **2pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Annual General Meeting** Election of Chair and Vice Chair **Terms of Reference and Procedural Rules, roles and responsibilities of core Board members** Review and formal agreement **Alison Christie, Programme Manager Health and Wellbeing**	**Joint Commissioning Board – Update Report** To receive a report from the JCB updating the Board on LHAC, the BCF and joint commissioning arrangements in Lincolnshire. **Joint Commissioning Board**. **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	

Informal Health and Wellbeing Workshop Sessions: November 2015 – May 2016

Informal Health and Wellbeing Board Workshop Session Dates	Agenda Items
9 February 2016 – **2pm, Venue to be confirmed**	**Joint Strategic Needs Assessment** A workshop session providing the Board and wider partners with an opportunity to review and discuss the emerging options and recommendations arising from the review of the Joint Strategic Needs Assessment. **CCG Commissioning/Operational Plans** Informal discussion on the CCG draft 'Plan on Page' for 2016-17
3 May 2016 **2pm, Venue to be confirmed**	**Staffing levels & workforce development**

This page is intentionally left blank