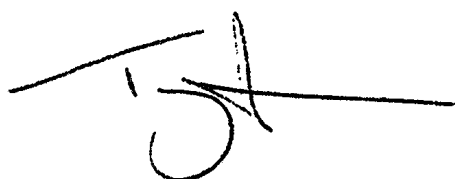


27 May 2016

**Lincolnshire Health and Wellbeing Board**

**A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 7 June 2016 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln LN1 1YL**

Yours sincerely



Tony McArdle  
Chief Executive

**MEMBERS OF THE BOARD (\*)**

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

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

**District Council:** Councillor Marion Brighton OBE

**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

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA  
TUESDAY, 7 JUNE 2016**

| <b>Item</b> | <b>Title</b>   | <b>Pages</b> | <b>Estimated Time</b> |
|-------------|--|--------------|-----------------------|
| <b>1</b>    | <b>Election of Chairman</b>  |              |                       |
| <b>2</b>    | <b>Election of Vice-Chairman</b>   |              |                       |
| <b>3</b>    | <b>Apologies for absence/Replacement Members</b>   |              |                       |
| <b>4</b>    | <b>Declarations of Members' Interest</b>   |              |                       |
| <b>5</b>    | <b>Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 22 March 2016</b>  | 5 - 18       |                       |
| <b>6</b>    | <b>Action Updates from the previous meeting</b><br><i>(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)</i>  | 19 - 20      |                       |
| <b>7</b>    | <b>Chairman's Announcement</b><br><i>(For the Lincolnshire Health and Wellbeing Board to note the Chairman's announcements)</i>  | 21 - 22      |                       |
| <b>8</b>    | <b>Decision/Authorisation Items</b>  |              |                       |
| <b>8a</b>   | <b>Terms of Reference, Procedural Rules, Board Members Roles and Responsibilities</b><br><i>(To receive a report from Alison Christie, Programme Manager Health and Wellbeing, which asks the Board to review and re-affirm the Terms of Reference, Procedures Rules and Board Members Roles and Responsibilities)</i> | 23 - 38      |                       |
| <b>8b</b>   | <b>Proposal for the development of the Joint Health and Wellbeing Strategy</b><br><i>(To receive a report from David Stacey, Programme Manager, Strategy and Performance, which asks the Board to consider the approach to be taken for the development of the next Joint Health and Wellbeing Strategy)</i>           | 39 - 42      |                       |

| Item       | Title   | Pages         | Estimated Time |
|------------|---|---------------|----------------|
| <b>9</b>   | <b>Discussion Item(s)</b>   |               |                |
| <b>9a</b>  | <b>Joint Commissioning Board - Update</b><br><i>(For the Board to receive verbal updates from: - Glen Garrod, Director of Adult Care with regard to the Better Care Fund; and Allan Kitt Leading Chief Officer concerning the Sustainability and Transformation Plan for Lincolnshire)</i>  | Verbal Report |                |
| <b>9b</b>  | <b>Lincolnshire Health and Care - Verbal Update</b><br><i>(To receive a verbal report from Allan Kitt, Leading Chief Officer, Lincolnshire Health and Care Programme, which will provide the Board with an update on the Lincolnshire Health and Care Programme)</i>  | Verbal Report |                |
| <b>9c</b>  | <b>Health and Wellbeing Grant Fund - Update Report</b><br><i>(To receive a report from Alison Christie, Programme Manager, Health and Wellbeing, which provides the Board with a half yearly update on the Health and Wellbeing Grant Fund Projects)</i>  | 43 - 52       |                |
| <b>9d</b>  | <b>District/Locality Updates</b><br><i>(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 tabled for this meeting)</i>  |               |                |
| <b>9e</b>  | <b>Joint Health and Wellbeing Strategy Theme Updates</b><br><i>(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.</i><br><br><i>To receive a verbal update from Theme 2 of the JHWS – "The future for older people in Lincolnshire")</i> | Verbal Report |                |
| <b>10</b>  | <b>Information Items</b>  |               |                |
| <b>10a</b> | <b>An Action Log of Previous Decisions</b><br><i>(For the Health and Wellbeing Board to note decisions taken since May 2015)</i>  | 53 - 58       |                |

| Item       | Title   | Pages   | Estimated Time |
|------------|---|---------|----------------|
| <b>10b</b> | <b>Lincolnshire Health and Wellbeing Board - Forward Plan</b><br><i>(This item provides the Board with an opportunity to discuss items for future meetings which will subsequently be included on the Forward Plan)</i>   | 59 - 60 |                |
| <b>10c</b> | <b>Future Scheduled Meeting Dates</b><br><i>(For the Board to note the following scheduled meeting dates for the remainder of 2016 and for 2017</i><br><br><i>27 September 2016, 6 December 2016, 28 March 2017, 6 June 2017, 26 September 2017 and 5 December 2017. Please note that all the above meetings start at 2.00pm)</i> |         | Verbal Report  |

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

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

Contact details set out above.

All papers for council meetings are available on:

[www.lincolnshire.gov.uk/committeerecords](http://www.lincolnshire.gov.uk/committeerecords)



**LINCOLNSHIRE HEALTH AND  
WELLBEING BOARD  
22 MARCH 2016**

**PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)**

**Lincolnshire County Council:** Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services), C N Worth (Executive Councillor for Libraries, Heritage, Culture), 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 Chris Weston (Consultant in Public Health, Health Intelligence)

**District Councillor:** Councillor J Summers (District Councils Representative)

**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 (Healthwatch Lincolnshire)

**NHS England:** Not represented

**Officers In Attendance:** : Nick Borrill (Acting Chief Fire Officer), Andrea Brown (Democratic Services Officer), Alison Christie (Programme Manager Health and Wellbeing) and Allan Kitt (Chief Officer South West Lincolnshire CCG)

**28     APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillor D Brailsford, Councillor Mrs M Brighton OBE (District Council representative), Dr Tony Hill (Executive Director of Public Health) and Jim Heys (NHS England).

It was reported that Councillor J Summers (District Council representative) had replaced Councillor Mrs M Brighton OBE (District Council representative) and Chris Weston (Consultant in Public Health) had replaced Dr Tony Hill (Executive Director of Public Health).

The Chairman expressed disappointment that the local area team for NHS England had not provided a replacement for Mr Heys.

**29     DECLARATIONS OF MEMBERS' INTEREST**

There were no declarations of members' interested at this stage of the proceedings.

**30**     MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD  
MEETING HELD ON 8 DECEMBER 2015

## RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting, held on 8 December 2015, be confirmed and signed by the Chairman as a correct record.

**31**     ACTION UPDATES FROM THE PREVIOUS MEETING

No comments were received on the action updates from the previous meeting.

**32**     CHAIRMAN'S ANNOUNCEMENTS

The Board were advised that the Chairman had been part of a peer review team for three unitary authorities in early March 2016. The Chairman thought that the Board would find the following points, highlighted during the review, of interest:-

- a. The length of the agendas in one authority was 400 pages which appeared to significantly hinder any progress;
- b. Each of the authorities under review had been unaware of the NHS Sustainability and Transformation Plans (STPs) until they were required;
- c. A number of agenda items considered by the Health & Wellbeing Boards under review were of interest but appeared to lack value to the work of the Board. The Chairman confirmed that Lincolnshire endeavoured to ensure that the consideration of any item was beneficial to the health and wellbeing of residents within the county.

**33**     DECISION/AUTHORISATION ITEMS**33a**    Proposals on the future provision of Lincolnshire's Joint Strategic Needs  
Assessment

Consideration was given to a report from Chris Weston, Chairman of the Joint Strategic Needs Assessment Steering Group, which provided recommendations arising from the review of the Joint Strategic Needs Assessment and asked for the agreement of the Board for those recommendations.

In addition to the programmes noted within the JSNA, the Board was advised that a new programme had been launched in relation to Diabetes Prevention. This programme was the first of its kind in the world and was wave one of the rollout. This was an exciting development for the county which would allow GPs to refer patients to the new service which provided tailored help for their diabetic requirements.

Since the last report was presented in December 2015, the Board were advised that 64 Stakeholder events had been held in addition to numerous stakeholder meetings which provided knowledge, opinions and thoughts in relation to the current JSNA. Feedback around the proposed JSNA had been good although one of the key

findings had been the concern that the document was perceived as a purely Public Health function as the shared responsibilities and ownership by statutory was not fully understood.

Current JSNA topics would form the basis of the fundamental review of the JSNA content during 2016/17 and the Board were advised that this review would be time limited to ensure that all topics had been considered.

During discussion, the Board raised the following issues:-

- The Chairman suggested that the Board give consideration to List 3 of Appendix B to the report and advise the Programme Manager, Health and Wellbeing, of their agreement, or otherwise, of the topics suggested for inclusion;
- Further to a recent meeting of the District Council's Health and Wellbeing Board, Councillor J Summers had been asked to provide comments on the document:-
  - There was concern regarding the level of the topics and the need for more promotions of the JSNA. There was general support of the JSNA as presented;
  - A suggestion was made that the District Council Housing Network could be the expert panel for housing and the Board were assured that wherever a natural partnership or group were available to take the lead they would be asked to do so. The proposal to use the District Council Housing Network was, therefore, fully supported to consider housing topics;
  - The need of veterans in the county was thought to be missing from the topics and that this should have a prominent role within the JSNA. The Board were advised that a considerable amount of work was ongoing in relation to the Military Covenant and the inclusion of support to veterans;
  - It had been agreed at the Lincolnshire District Council Network Health and Wellbeing meeting that Luisa McIntosh and Alison Christie would be conduits for information across the District Councils;
  - It was suggested that the issue of Female Genital Mutilation (FGM) should be included within the JSNA given the changing dynamic of populations across the country, despite this not being prevalent in Lincolnshire currently. The Executive Director Children's Services explained that this was considered by the Safeguarding Children's Board which was responsible for making all partners aware of mandatory reporting requirements. The inclusion of this area in to the JSNA would be considered should the demographic in the area change;
  - It was asked if the new definition of child poverty would be amalgamated within the JSNA and it was advised that there was not currently a topic specific to child poverty. National work was ongoing to review the performance information gathered to measure the impact of child poverty. It was stressed that all partners had a

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD  
22 MARCH 2016**

responsibility for child poverty but with different responsibilities attached. Linking together on this issue was key and all partners fed back into the Lincolnshire Child Poverty Strategy;

- Although the list of topics was considerable, the Board was assured that all Expert Panels would be time limited and where it was found that the work had been done previously, some would be shorter;
- Current JSNA topics had been grouped in to review cohorts with staggered start dates, noted at Appendix C to the report.

The Chairman asked Board Members to report back to their own organisations and requested that anyone with expert knowledge in topic areas be proposed for those Expert Panels.

**RESOLVED**

1. That the discussion and comments be noted;
2. That the recommendations for the future provision of Lincolnshire's JSNA, at Section 4 of Appendix A to the report, be agreed; and
3. That the comments of Board Members in relation to new JSNA Topics and those topics suggested by stakeholders noted on List 3 of Appendix B to the report be provided directly to the Programme Manager, Health and Wellbeing.

**33b Clinical Commissioning Group Commissioning/Operational Plans**

The Board received an update from each of the four Clinical Commissioning Groups on their commissioning intentions/operational plans for 2016/17 against the priorities in the Joint Health and Wellbeing Strategy.

South Lincolnshire Clinical Commissioning Group

Consideration was given to a report from Dr Kevin Hill on behalf of South Lincolnshire CCG which provided the Board with the 2016/17 Operational Plan for South Lincolnshire CCG.

The Board were advised that the Diabetes Prevention Plan had been a key focus for the CCG and confirmed that all six Clinical Commissioning Groups in Lincolnshire had signed up to the plan which targeted high risk patients.

The Board were advised that the CCG continued to focus on:-

- Mental Health;
- End of Life Care;
- Proactive Care;
- Neighbourhood Working;
- More Services at Local GP Practices;
- Care Closer to Home;
- Cancer Services; and
- Dementia Care



During discussion, the Board made reference to:-

- Page 34 of the agenda pack referred to commissioning of Home Start services for under 5's and the integration of partners working together and how successful this had been. It was confirmed that Health Visitors had reached the trajectory but there were no future plans to increase the numbers further;
- The Board requested a list of acronyms to assist members with their consideration of future reports;
- It was suggested that only one district council had been invited to complete an online survey which appeared to be a discrepancy in the level of engagement across the county. It was confirmed, however, that the intention was for all district councils to be invited to participate in the consultation process in relation to the Diabetes Prevention Plan and that these invitations were to have been issued by the respective CCGs. Dr Hill advised that he would contact his colleagues across the Clinical Commissioning Groups to ensure that the consultation information had been sent to all district councils as expected; and
- Commissioning Plans were currently in draft form awaiting approval from NHS England. It was acknowledged that the system was fluid which made the document difficult to follow on paper.

#### Lincolnshire West Clinical Commissioning Group

Consideration was given to a report from Dr Sunil Hindocha on behalf of Lincolnshire West CCG which provided the Board with the CCGs Plan on a Page 2016/17.

The Board were advised that there was an opportunity for better prescribing costs as noted on page 48 of the report. Page 53 of the report provided the Board with future models of the CCG which would become population based services rather than residents accessing a number of different organisations for care. It was also confirmed that district councils had formed a key part of the consultation process.

The Board were advised that the CCG continued to focus on:-

- Integrated Diabetes Care;
- Cardio Vascular Disease;
- Mental Health;
- Prescribing;
- Primary Care Strategy Implementation;
- Improved Cancer Standards;
- Childhood obesity; and
- Diabetes.

During discussion, the following point was noted:-

- Clarification was requested on page 53 of the report which made reference to Community Children's Services. It was explained that the whole community base would be reviewed to improve joint working and this would also include children's services and the links between health visitors, Surestart and other relevant organisations.

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD  
22 MARCH 2016**Lincolnshire East Clinical Commissioning Group

Consideration was given to a report from Dr Peter Holmes on behalf of Lincolnshire East CCG which provided the Board with details of the Operational Plan for 2016/17.

The Board were advised that the CCG continued to focus on:-

- The progress made in dementia and the replication of this in frailty;
- Musculoskeletal services;
- Diabetes Prevention;
- Prescribing;
- Cardiology services; and
- Development of a portal which would link various data systems in order to present a temporary viewpoint of patient records in one place. This would give all service providers the ability to look at all information systems which was intended to streamline services and improve patient care.

South West Lincolnshire Clinical Commissioning Group

Consideration was given to a report from Allan Kitt on behalf of South West Lincolnshire CCG which provided the Board with the Draft 1 Operational Plan outlining the key priorities for 2016/17.

The Board were advised that countywide work continued. Closer working with Lincolnshire County Council in relation to learning difficulties was looking at the possibility of breaking the dependence on hospital places and providing services closer to home whilst delivering the basics and ensuring that access to services is not extensively delayed.

The Board were advised that the CCG continued to focus on:-

- Urgent Care;
- Primary Care;
- Cancer Services;
- Planned Care;
- Mental Health, Learning Disabilities;
- End of Life Care; and
- Proactive Care

During discussion, the following points were noted:-

- It was envisaged that a step change in the provision of community services would improve patient choice by enabling providers to work together with all CCGs to provide a range of community based services. As an example, within the dermatology service, was given whereby photographs could be taken on an ipad/ipod and sent electronically to a dermatologist who would then confirm if a referral was required;
- It was acknowledged that one of the main reasons why it was not possible for patients to be discharged from hospital was due to the lack of appropriate accommodation once discharged. It was stressed that this was a key area

which required joined up working with relevant partners to ensure that patients could be safely discharged from hospital.

The Chairman thanked the four CCGs for the updates.

#### RESOLVED

That the updates on the Clinical Commissioning Groups Commissioning/Operational Plans, as presented, be noted.

#### 33c The Lincolnshire Better Care Fund (BCF) Submission 2016/17

Consideration was given to a report and presentation from Glen Garrod, Executive Director of Adult Social Services on behalf of the Better Care Fund (BCF) Task Group and Joint Commissioning Board. The Board were asked to approve the 2016/17 Better Care Fund submission.

The presentation given to the Board consisted of the following slides:-

- The Better Care Fund: A Recap on 2015/16;
- National Conditions;
- Integration Policy from 2016/17 (Comprehensive Spending Review November 2015; NHS England Mandate and Planning Guidance December 2015; and BCF Planning Guidance for 2016/17);
- Delayed Transfers of Care (DTC);
- Options for Targets (Schemes Impacting on DTC; and recommendation);
- Non-elective Admissions;
- Available Resources for 2016/17;
- The Contributions to Preventative Housing in Lincolnshire;
- Key Elements in a Preventative Housing Strategy; and
- Proposals for 2016/17;

The Chairman thanked the Executive Director of Adult Social Services for the presentation and invited the Board to ask questions.

During discussion, the following points were noted:-

- The Board agreed that integrated working of partners was key to the success of care provision in the future. It was suggested that where a few partners were working to provide a proportion of care in a particular service area that all the money from each partner be invested, in order to provide one jointly comprehensive service;
- Addressing acute care would be challenging within a community setting and, although some solutions would be relatively small, the difference made to services would result in a significant difference;
- It was thought that providers could then facilitate and reduce delays and have their own process to follow. Additionally, if providers had one assessor to build a relationship and develop a trust with this would also reduce times.
- It was reported that two areas of the country had trialled a non-means tested Disabled Facilities Grant (DFG);

- The Board expressed some impatience with the process and it was suggested that an update be presented to the Board in June which would also include the iteration of the STPs and the link between the two;
- The announcement made by the Chancellor in relation to the budget was not expected to make a significant impact on the BCF. However, the main concern remained regarding the content of the £1.5bn between 2017 and 2020. Should this not be 'new' money, it would present a new challenge and therefore the detail was required to ascertain where this funding would come from to support this level of investment.

**RESOLVED**

1. That the changes to the BCF national guidance and content for BCF submissions 2016/17 be noted;
2. That the creation of a contingency sum of £3m as part of the pooled fund arrangements to help manage NEA and DTOC be supported;
3. That a 'level of protection' for Adult Social Services for 2016/17 of £16.825m be supported;
4. That the priority attached to delivering improved NEA and DTOC in 2016/17 be noted; That a suitable forum for regular oversight of the performance against these two activities be identified by the Board;
5. That the proposal that allocation for DFGs for 2016/17 should reflect the allocation in 2015/16, i.e. no growth, be supported;
6. That the use of part of the DFG element of the BCF to support the development of a Preventative Housing Strategy be supported;
7. That a one-off investment from part of the DFG element of the BCF in the MOSAIC ICT platform, to ensure the Council's contribution towards meeting the National Conditions for both the BCF and integration are met, be supported;
8. That the provision from part of the DFG element of the BCF of a 'one-off' contribution to the contingency sum indicated in Resolution Number 2 (above) be supported;
9. That three Section 75 agreements (which would otherwise end) be updated to support the continuation of the BCF submission for 2016/17 (namely the 'Partnership Framework Agreement', 'Proactive Care' and 'Corporate') be agreed; and
10. That delegation to the Chair of the Health and Wellbeing Board any final decisions related to the BCF submission for 2016/17 that may be required in advance of a formal meeting of the Board, subject to any such request having been previously agreed by the five formal partners (four CCGs and Lincolnshire County Council) to the submission, be agreed.

The Chairman proposed that Agenda Item 8a be considered prior to Item 7. This was agreed by the Board.

**34**     INFORMATION ITEM**34a**     Lincolnshire Joint Ambulance Conveyance Project

The Board gave consideration to a report from Nick Borrill, Acting Chief Fire Officer, which provided the Board with information relating to the Joint Ambulance Conveyancing Project, a joint project between Lincolnshire Fire & Rescue, East Midlands Ambulance Service (EMAS) and Lincolnshire Integrated Voluntary Emergency Service (LIVES)).

The presentation to the Board included the following items:-

- Why are we doing it?
- How does it work?
- The Pilot
- The Numbers
- The Benefits
- Recommendations

The Board were advised that the project built upon the existing fire co-responder scheme which meant the fire service were mobilised to medical emergencies, following which a paramedic would be mobilised in a Fast Response Vehicle (FRV) who would make a clinical assessment before the patient was transported to hospital in the 'fire' ambulance.

The pilot was conducted from fire stations in Long Sutton, Woodhall Spa and Stamford over a 12 month period. Clinical and driver training was delivered but it was emphasised that fire and rescue staff had to incorporate this training in to their full-time roles. The pilot also looked at how to refine operational procedures and how to collect relevant data.

Some concern had been that fire crews were too far from the station to cover any fire calls should they arise. No fire calls were missed during pilot although some other co-responder calls were not answered.

Benefits of the pilot included a reduction in patient transport time, improvement in the availability of DCAs, 95% good/excellent rating in a patient satisfaction survey and a cost effective method of meeting demand with minimal impact on fire cover. The pilot also uncovered the potential for further efficiencies.

It was recommended that the JACP continue at the three pilot stations with the remit of the three being expanded, on a trial basis, to attend RED1/RED2 calls. It was also suggested that the programme be extended to an additional five fire stations across the county with the FRV model reviewed to optimise project capacity. It was further recommended that funding be secured for 2016/17 to support this with a further review scheduled in 2017.

During discussion, the following points were noted:-

- The ambulances used by fire crews were the same as those used by EMAS and was the vehicle used to transport patients to hospital;
- Deployments were the same as the existing co-responder scheme whereby EMAS screened calls and made decisions about where the nearest available asset was to the incident;
- Within the project, the asset was able to return to Lincolnshire once cleared rather than being deployed to Nottinghamshire or Derbyshire as was the case with EMAS assets currently;
- Due to the requirement for additional training, calls to under 12s were not permitted although this restriction was under review.

RESOLVED

That the presentation and comments be noted.

35 DISCUSSION ITEMS

35a Joint Commissioning Board - Update Report

The Board gave consideration to a report from the Chairman of the Joint Commissioning Board which provided details of the Terms of Reference having been updated to reflect the reporting structure of the Lincolnshire Health and Care (LHAC) Programme by the newly formed Programme Board.

RESOLVED

That the report be noted.

35b Lincolnshire Health and Care - Update Report

The Board received a presentation from Allan Kitt, Leading Chief Officer, Lincolnshire Health and Care (LHAC) which provided an overview of the following areas:-

- The Challenges (Overview);
- Quality and Safety;
- Demand for services;
- Financial Pressures;
- Staff Shortages;
- Public Feedback;
- Vision;
- Neighbourhood Teams and their benefits;
- Self-care – embedded within the LHAC model;
- The Care Portal – technology enabling transformation;
- Women and Children's;
- Planned Care;
- Urgent and Emergency Care;
- Mental Health Services;
- Workforce Solutions; and

- What happens next?

The Board were advised that the requirements of the Sustainability and Transformation Plans (STPs) had resulted in a change in the timetable for LHAC.

Gary James, Accountable Officer for Lincolnshire East CCG, was leading on the development and implementation of the Care Portal which would provide the systems local health professionals had requested. Lincolnshire East CCG were also leading this initiative across England.

During discussion, the following points were noted:-

- The Board asked if agency staff were approached by the Trust, during placements, to suggest a transfer to the Trust on a permanent basis. It was explained that a number of nurses preferred the flexibility provided by agency work but many hospitals were now offering a Bank giving the same flexibility;
- A national framework agreement was also in place which limited the prices paid to nurses by agencies but it was suggested that this was not currently adhered to. Additionally, the current NHS pay framework did not allow staff to easily move through the pay scales which increased the attractiveness of agency work;
- Although there was a requirement for a robust recruitment plan, it was acknowledged that many staff leave the NHS due to the culture and to better manage work life balance.

RESOLVED

That the presentation and update be noted.

35c Annual Report of the Director of Public Health on the health of the people of Lincolnshire 2015

Consideration was given to a report from the Executive Director of Community Wellbeing and Public Health, which provided the Board with the Annual Report on the Health of the People in Lincolnshire in 2015, an independent statutory report to Lincolnshire County Council which raised issues of importance to the health of the population of Lincolnshire.

Chris Weston, Consultant in Public Health, introduced the report which focussed on liver disease, and gave a presentation to the Board.

The presentation covered the following items:-

- Statutory Responsibility;
- Director of Public Health Annual Report 2015 (progress against the 2014 annual report recommendations);
- What is Liver Disease?;
- National Context (trend in the UK death rates);
- Annual Report Example Content (facts and figures; causes of liver disease; current interventions and recommendations);

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD  
22 MARCH 2016**

- Liver Disease in Lincolnshire;
- Alcohol Facts and Figures;
- Alcohol Current Interventions;
- Obesity Facts and Figures;
- Obesity Public Health Action;
- Viral Hepatitis Facts and Figures;
- Viral Hepatitis Public Health Action; and
- Recommendations;

**RESOLVED**

That the report and presentation be noted.

**35d District/Locality Updates**

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

**35e Joint Health and Wellbeing Strategy Theme Updates**

The Programme Manager Health and Wellbeing advised the Board that an update had been received from the Board Sponsors for Theme 2 (Councillor Ron Oxby and Dr Kevin Hill).

Due to time constraints, the Chairman proposed that this update be circulated to the Board for after the meeting.

**RESOLVED**

That the update for Theme 2 of the Joint Health and Wellbeing Strategy Theme be circulated to Board via email following the meeting.

**36 INFORMATION ITEMS****36a An Action Log of Previous Decisions****RESOLVED**

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

**36b Lincolnshire Health and Wellbeing Board - Forward Plan**

The Programme Manager Health and Wellbeing presented to the Board the current Forward Plan for consideration.



RESOLVED

That the Forward Plan, presented for formal and informal meetings, be received.

The meeting closed at 4.27 pm

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Lincolnshire Health and Wellbeing Board – Actions from 9 June 2015

| Meeting Date | Minute No. | Agenda Item & Action Required  | Update on Action taken   |
|--------------|------------|--|--|
| 09.06.15     | 7          | <b><u>CHAIRMAN'S ANNOUNCEMENTS</u></b><br>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         | <b><u>CHAIRMAN'S ANNOUNCEMENTS</u></b><br>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        | <b><u>ANNUAL ASSURANCE REPORT</u></b><br>That Gary Janes (Chairman of the Resilience Group) from Lincolnshire East CCG should be invited to attend the 9 December meeting.<br><br><b>Theme 4 – Improve health and social outcomes for children and reduce inequalities</b> – It was agreed that unintentional injury hospital admissions data from A & E should be made available to members of the Board<br><br><b>Theme 5 – Tackling the Social Determinants of Health</b> – 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 was included on the HWB agenda for 9 December 2015.<br><br>A briefing paper on Childhood Injuries in Lincolnshire provided to Board Members as part of Chairman's Announcements on 8 December 2015.<br><br>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. |
| 08.12.15     | 24         | <b><u>CHAIRMAN'S ANNOUNCEMENTS</u></b><br>Pharmaceutical Needs Assessment application– That the Chairman would write to NHS England regarding this application.  | A letter, from the Chairman, was sent to NHS England on 15 December 2015.  |
|              | 25a        | <b><u>CLINICAL COMMISSIONING GROUP COMMISSIONING/OPERATIONAL PLANS</u></b><br>Childhood Obesity – Healthwatch to provide the Board with the results of a survey conducted in schools (available at the end of January 2016).   | Healthwatch Lincolnshire's report on Food and Fitness was circulated to HWB Board Members as part of February's HWB Monthly Briefing. A copy of the report has also been sent the Lead for the JHWS Theme ' <i>Improve health and social outcomes for children and reduce inequalities.</i> '  |

Lincolnshire Health and Wellbeing Board – Actions from 9 June 2015

|                 |                 |   |   |
|-----------------|-----------------|---|---|
|                 | <b>27a</b>      | <b><u>Lincolnshire Health and Wellbeing Board – Forward Plan</u></b><br>Informal session of all relevant organisations to look at strategic issues, and enable partners to review the whole commissioning picture for Lincolnshire.   | The Informal Health and Wellbeing Board held on 9 February 2016 reviewed the emerging 2016/17 Commissioning intentions for Adult Care, Children's Services, Public Health and all four CCGs.  |
| <b>22.03.16</b> | <b>33a (3)</b>  | <b><u>Proposals on the future provision of Lincolnshire's Joint Strategic Needs Assessment</u></b><br>That the comments of Board Members in relation to new JSNA Topics and those topics suggested by stakeholders noted on List 3 of Appendix B to the report be provided directly to the Programme manager, Health and Wellbeing  | No comments were received following March's meeting. The governance of the JSNA Strategic Delivery Group has been revised to enable them to act on behalf of the Board and take responsibility for considering and agreeing changes to topic areas in the JSNA. |
|                 | <b>33c (10)</b> | <b><u>The Lincolnshire Better Care Fund (BCF) Submission 2016/17</u></b><br>That delegation to the Chair of the Health and Wellbeing Board any final decisions related to the BCF submission 2016/17 that may be required in advance of a formal meeting of the Board, subject to any such request having been previously agreed by the five partners (four CCGs and Lincolnshire County Council) to the submission, be agreed. | Cllr Woolley signed the BCF submission on behalf of Lincolnshire Health and Wellbeing Board following agreement by the five partners (four CCGs and Lincolnshire County Council). The final BCF documentation was submitted to government on 3 May 2016.        |
|                 | <b>35e</b>      | <b><u>Joint Health and Wellbeing Strategy Theme Updates</u></b><br>That the update for Theme 2 of the Joint Health and Wellbeing Strategy Theme be circulated to the Board via email following the meeting.   | The update was circulated to Board Members for noting on 24 March 2016.   |

# Agenda Item 7

**Lincolnshire Health and Wellbeing Board – 6 June 2016**

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

## **Pharmaceutical Needs Assessment (PNA)**

The PNA Steering Group met at the end of March 2016 to assess if any changes need to be made to the PNA document published in March 2015. Specialists were in attendance at the meeting to update the group on changes to demographics (i.e. the need) in the last year. A review of pharmacy applications dealt with by NHS England over this intervening time period was also carried out. The group was also tasked with assessing any other factors which may affect pharmaceutical provision in Lincolnshire. The group noted a new Pharmacy Wise in Wragby and the sizable new housing estates planned for areas of the county which could alter need in the future.

There is no evidence of significant change in provision or need in Lincolnshire since the PNA was published in March 2015. It is therefore agreed that there will be no further action required at this time. A further review will be undertaken at the next meeting of the PNA Steering Group in July 2016.

## **Joint Strategic Needs Assessment Review**

Work to review the four topics in Cohort One of the JSNA review is nearing completion. An Expert Panel event was held on 27 April 2016 for Breastfeeding, Pregnancy & Maternal Health, and Teenage Pregnancy topics. The new topic commentaries have been drafted and are currently being peer reviewed. The Expert Panel for the Immunisation topic was held on 5 May 2016 and review is expected to conclude by the end of June.

Arrangements for Cohort Two are in place and all Expert Panels are due to have taken place by the end of June. Three topic reviews have been brought forward from Cohorts Three – Alcohol, Drug Misuse and Mental Health – to link into existing partnership meetings.

Overall, the review programme is on plan to meet the March 2017 publishing deadline and will be in place to inform the development of the new Joint Health and Wellbeing Strategy. Further information on the review will be communicated to partners and key stakeholders through a regular e-newsletter. Information is also available on the [Lincolnshire Research Observatory](#).

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## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

|           |   |
|-----------|---|
| Report to | <b>Lincolnshire Health and Wellbeing Board</b>  |
| Date:     | <b>7 June 2016</b>  |
| Subject:  | <b>Terms of Reference, Procedural Rules, Board Members Roles and Responsibilities</b> |

### Summary:

The Health and Wellbeing Board (the Board) is required to review its governance arrangements at the Annual General Meeting. This paper asks the Board to re-affirm the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities.

### Actions Required:

The Board is asked to re-affirm the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities.

## 1. Background

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

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

The Health and Wellbeing Board became a formal committee of the County Council in April 2013. The Terms of Reference and Procedural Rules, detailed in Appendix A were adopted in September 2013 and are subject to annual review. The Terms of Reference

and Procedural Rules, along with the Board Member's Roles and Responsibilities and the Agenda Process, provide the formal governance arrangements for the Board.

These documents have been reviewed against current guidance and the Council's Constitution for accuracy and no changes have been identified. The Board is therefore asked to re-affirm these governance arrangements as set out in the attached appendices.

## 2. Conclusion

The Board is asked to re-affirm the governance documents.

## 3. Consultation

N/A

## 4. Appendices

|   |  |
|---|--|
| These are listed below and attached at the back of the report |  |
| Appendix A  | Terms of Reference, Procedural Rules and Board Member's Roles & Responsibilities |

## 5. Background Papers

| Document Title                  | Where the document can be viewed  |
|---------------------------------|---|
| Health and Social Care Act 2012 | <a href="http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted">http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted</a> |

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](mailto:alison.christie@lincolnshire.gov.uk)



**LINCOLNSHIRE HEALTH AND  
WELLBEING BOARD**

**TERMS OF REFERENCE and  
PROCEDURAL RULES**

June 2016

Next review date June 2017

**Lincolnshire Health and Wellbeing Board**  
**Terms of Reference and**  
**Procedural Rules**

**1. Context**

- 1.1 The full name shall be the Lincolnshire Health and Wellbeing Board (the Board).
- 1.2 The Board is established as a consequence of Section 194 of the Health and Social Care Act as a committee of Lincolnshire County Council.

**2. Aim**

- 2.1 The Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any Health or Social Care services in Lincolnshire to work in an integrated manner.
- 2.2 The Board must provide advice, assistance and support for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of such services.
- 2.3 The Board must encourage those involved in arranging the provision of Health-Related Services to work closely with the Board.

**3. Objectives**

- 3.1 To provide strong local leadership for improvement of health and wellbeing.
- 3.2 Monitor the implementation and performance of health and wellbeing outcome targets defined within the Joint Health and Wellbeing Strategy (JHWS).
- 3.3 Lead on the production and delivery of a Joint Strategic Needs Assessment (JSNA) and ensure that partner agencies use the evidence base as part of their commissioning plans.
- 3.4 Lead on the production of the Pharmaceutical Needs Assessment and liaise with NHS England to ensure recommendations or gaps in service are addressed.
- 3.5 Lead on the implementation of the Joint Health and Wellbeing Strategy (JHWS).
- 3.6 Confirm and challenge the joint commissioning plans for Health and Social care to ensure they meet the needs identified by the JSNA and in line with the JHWS.
- 3.7 Review any reconfiguration of Health or Social care services in Lincolnshire to ensure they support the outcomes of the Joint Health and Wellbeing strategy.
- 3.7 Maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and processes and prevent duplication or omission within Lincolnshire.

#### **4. Roles and Responsibilities of members of the Board**

- 4.1 To work together effectively to ensure the delivery of the JSNA and JHWS for the benefit of Lincolnshire's communities.
- 4.2 To work within the Board to build a partnership approach to key issues and provide collective and collaborative leadership for the communities of Lincolnshire.
- 4.3 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.
- 4.4 To champion the work of the Board in their wider networks and in the community.
- 4.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be disseminated and actioned to ensure the health and wellbeing of the community of Lincolnshire is improved.
- 4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations of the Board.

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

#### **5. Accountability**

- 5.1 The Board carries formal delegated authority to carry out its functions under Sections 195 and 196 of the Health and Social Care Act 2012 from Full Council.
- 5.2 Core Members bring the responsibility, accountability and duties of their individual roles to the Board and provide information, data and consultation material, as appropriate, to inform the discussions and decisions.
- 5.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve the health and wellbeing of the population of Lincolnshire.
- 5.4 The District Council Core Member will ensure that they keep all Districts advised of the work of the Board.
- 5.5 The Board will report to the Full Council and the NHS England via the Area Team (AT) by sending meeting minutes and presenting papers as and when requested.
- 5.6 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes on the Lincolnshire County Council website.
- 5.7 The members of the Board will also take part in round table discussions with the public, voluntary, community, private, independent and NHS sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.

## **6. Membership**

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

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

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

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

## **7. Frequency of Meetings**

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

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

## **8. Agenda and Notice of Meetings**

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

1. Apologies
2. Declaration of member's interests
3. Minutes from the previous meeting
4. Action updates from previous meeting
5. Chairman's Announcements
6. Decision/Authorisation Items
7. Discussion/Debate Items
8. Information Items
9. An action log of previous decisions
10. The work programme of planned future work
11. Date of next meeting

All papers for The Board to be provided to the Programme Manager Health and Wellbeing 15 working days before the date of the scheduled meeting for approval

with the Chairman. The appropriate committee report template should be used (See Agenda Process at Appendix C)

- 8.2 All finalised agenda items or reports to be tabled at the meeting should be submitted to the Secretariat no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.
- 8.3 The Secretariat will circulate and publish the agenda and reports at least five working days prior to the meeting. Exempt or Confidential Information shall only be circulated to Core Members.

## **9. Annual General Meeting**

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

## **10. Quorum**

- 10.1 Any full meeting of the Board shall be quorate if not less than a third of the Core Members are present. This third should include a representative from the Clinical Commissioning Groups and a Lincolnshire County Council Executive Councillor and either the Chairman or Vice Chairman.
- 10.2 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Board.

## **11. Procedure at Meetings**

- 11.1 Members of the Public may attend all ordinary meetings of the Board subject to the exceptions set out in the Access to Information Procedure Rules set out in Part 4 of the Lincolnshire County Council's constitution.
- 11.2 Only the Core and Substitute Members are entitled to speak through the Chairman. Associate Members and the Public are entitled to speak if pre-arranged with the Chairman before the meeting.
- 11.3 With the agreement of the Board, the Board can set up operational/working sub-groups to consider distinct areas of work to support the activities of the Board.
- 11.4 The operational/working sub-group will be responsible for arranging the frequency and venue of their meetings.
- 1.5 Any recommendations of the operational/working sub-group will be made to the Board who will consider them in accordance with these terms of reference.
- 1.6 The aim of the Board is to make its business accessible to all members of the community and partners with special needs. Accessibility will be achieved in the following ways:

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

## **12. Voting**

- 12.1 Each Core Member and Substitute Member shall have one vote.
- 12.2 Wherever possible decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus of opinion, voting will take place and decisions agreed by a simple majority. The Chairman will have a casting vote.
- 12.3 Decisions of the Board will be as recommendations to the partner organisations to deliver improvements in the Health and Wellbeing of the population of Lincolnshire.

## **13. Minutes**

- 13.1 The Secretariat shall minute the meetings and produce and circulate an executive summary and action log to all Core Members.
- 13.2 The Secretariat will send the draft minutes and action log to the Chairman within five working days of the meeting for comment.
- 13.3 The draft minutes, as agreed by the Chairman, will be circulated to Core Members.
- 13.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.
- 13.5 The Secretariat will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

## **14. Expenses**

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

## **15. Declarations of Interest**

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

## **16. Conduct of Core Members at Meetings**

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

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

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

**17. Review**

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

17.2 Any amendments shall only be included by unanimous vote.

## **DEFINITIONS**

### ***Exempt Information***

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

### ***Confidential Information***

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

### ***Associate Members***

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

### ***Health Services***

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

### ***Health-Related Services***

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

### ***Social Care Services***

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



## Lincolnshire Health and Wellbeing Board Responsibilities

Key responsibilities of **ALL** board members:

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

**All members of the HWB will be expected to**

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

- **Work collaboratively** with other board members in pursuit of HWB business;
- **Ensure** that the HWB adheres to its agreed terms of reference and responsibilities;
- **Listen** and respect the views of fellow Board members;
- **Be willing** to take on special tasks or attend additional meetings or functions to represent the HWB.

**Key roles and responsibilities of individual core board members:**

| Core Member  | Key Roles and Responsibilities  |
|--|---|
| <b>Lincolnshire County Council Executive members</b>               | <ul style="list-style-type: none"> <li>• Report any issues raised by the public to the Board</li> <li>• Report any issues raised by other councillors to the Board</li> <li>• Report any issues raised by other members of the Board</li> <li>• Provide strategic direction in relation to Lincolnshire's Joint Health and Wellbeing Strategy</li> <li>• Report publicly on the work and progress of the Board</li> <li>• Report to Executive on the work and progress of the Board</li> <li>• Promote and ensure co-production of all commissioning plans and proposals</li> </ul> |
| <b>Lincolnshire County Councillor</b>                              | <ul style="list-style-type: none"> <li>• Report publicly on the work and progress of the Board</li> <li>• Report any issues raised by the public to the Board</li> <li>• Report any issues raised by other councillors to the Board</li> </ul>  |
| <b>Executive Director of Community Wellbeing and Public Health</b> | <ul style="list-style-type: none"> <li>• Update the Board on public health related activity taking place in Lincolnshire</li> <li>• Report to the Board any relevant information provided from Public Health England (PHE) and report any relevant board matters to PHE</li> <li>• Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents</li> <li>• Lead the revision and publication of the JSNA</li> <li>• Lead the revision and publication of the Joint Health and Well-being Strategy</li> </ul>          |
| <b>Adults and Children's Executive Directors</b>                   | <ul style="list-style-type: none"> <li>• Report on commissioning activity to the Board</li> <li>• Provide relevant information requested by the Board</li> <li>• Contribute to the creation of the JSNA</li> <li>• Have regard to the JSNA and the JHWBS when developing commissioning and budget proposals</li> <li>• Report Board activity to assistant directors and heads of service</li> </ul>   |
| <b>Clinical Commissioning</b>                                      | <ul style="list-style-type: none"> <li>• Ensure that the Clinical Commissioning Group</li> </ul>  |

|  |  |
|--|--|
| <b>Group representative</b>                    | <p>members/partners directly feed into the JSNA</p> <ul style="list-style-type: none"> <li>• Have regard to the JSNA and the JHWBS when developing commissioning and budget proposals</li> <li>• Report commissioning activity to the Board</li> <li>• Report Board activity to other Clinical Commissioning Group members</li> </ul>  |
| <b>Lincolnshire Healthwatch representative</b> | <ul style="list-style-type: none"> <li>• Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board</li> <li>• Feedback board response to issues raised and activity undertaken</li> <li>• Promote community participation and co-production in support of activity</li> <li>• Ensure evidence from Healthwatch is fed into JSNA evidence base</li> <li>• Report on and from Healthwatch England</li> <li>• Ensure the Joint health and Wellbeing Strategy reflects the need of Lincolnshire's population</li> <li>• Provide reports to the Board on issues raised by providers or the public of Lincolnshire</li> </ul>  |
| <b>District Council representative</b>         | <ul style="list-style-type: none"> <li>• Promote the Boards intentions to District Council partners</li> <li>• Ensure evidence from the District Council is fed into JSNA evidence base</li> <li>• Feedback any issues raised by partner districts or the public to the Board</li> </ul>   |
| <b>NHS England representative</b>              | <ul style="list-style-type: none"> <li>• Update the board on any national Commissioning issues which will affect Lincolnshire's Joint Health and Wellbeing Strategy</li> <li>• Ensure evidence from Healthwatch is fed into JSNA evidence base for Lincolnshire</li> <li>• Feedback on any issues raised by the Board affecting Lincolnshire to the NHS Commissioning Board</li> <li>• report on direct commissioning activity</li> <li>• have regard to JSNA and JHWBs when developing commissioning and budget proposals</li> <li>• provide strategic direction in relation to Lincolnshire JHWB strategy</li> <li>• provide an opportunity for issues that fall within the Area Team role of NHS to be reported in a meeting held in public.</li> </ul> |

## Lincolnshire Health and Wellbeing Board Agenda Process

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

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

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## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

|           |  |
|-----------|--|
| Report to | <b>Lincolnshire Health and Wellbeing Board</b>                                 |
| Date:     | <b>7 June 2016</b>   |
| Subject:  | <b>Proposal for the development of the Joint Health and Wellbeing Strategy</b> |

### **Summary:**

This report sets out a proposed approach to developing the next Joint Health and Wellbeing Strategy for Lincolnshire. It has a specific focus on the framework and principles for how evidence from the Joint Strategic Needs Assessment will be synthesised and prioritised into the themes and priorities for the next Joint Health and Wellbeing Strategy through adopting a systematic methodology.

### **Actions Required:**

The Health and Wellbeing Board is asked to consider and agree the following proposals:

- That the prioritisation framework the HWBB adopts to develop the JHWS is rooted in the topics included within its JSNA
- The HWBB adopts the five core principles set out in the report within which the development of the JHWS will be undertaken
- The HWBB adopts the 9 criteria proposed and that these are worked up into a formal prioritisation framework that can be used for the purposes of developing the JHWS for Lincolnshire
- The proposed stakeholders identified as being involved in the initial engagement on the prioritisation framework
- The HWBB agrees the final prioritisation framework in September 2016 with a view to completing the prioritisation work by March 2017.

## 1. Background

A statutory duty under the Health and Social Care Act 2012 requires the Local Authority and each of its partner clinical commissioning groups to produce a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA).

The purpose of the JHWS is to set out the strategic commissioning direction for the next five years for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWBB) is due to end 2018 and the review of the JSNA which is being undertaken will be expected to form the basis upon which a new JHWS will be developed.

This report sets out a proposed approach to developing the next JHWS for Lincolnshire. It has a specific focus on the framework and principles for how evidence from the JSNA will be synthesised and prioritised into the themes and priorities for the next JHWS through adopting a systematic methodology.

### **Introduction: Why Prioritise?**

A method of prioritisation is required not simply to identify key priorities, but also to decide which priorities should be tackled, when and with what share of the available resources.

These decisions should be informed by the JSNA which will help inform how resources can be jointly and effectively targeted to meet health and social care needs and reduce health inequalities.

It is imperative that an appropriate prioritisation framework is agreed to enable the HWBB to focus on a small number of priority areas within the JHWS where members can take collective action to influence and direct resources to make a distinct and high impact contribution.

Adopting a prioritisation framework will assist with the prioritisation process in a systematic way, ensuring that the HWBB outlines a clear, rational approach and a defensible, transparent process for local decision making, whilst ensuring the active engagement of key stakeholders in the development of the JHWS.

There are many approaches to priority setting with no clear consensus as to the right tool, method or approach to use. This report, therefore, aims to outline an appropriate prioritisation framework within which the HWBB can develop its next JHWS for Lincolnshire.

Given the need to ensure the JHWS focuses on needs identified within the JSNA it is proposed that any prioritisation framework the HWBB adopts is rooted in the topics included within its JSNA.

### **What to Prioritise?**

The JSNA is an assessment of the current and future health and social care needs of the local community, the core aim of which is to develop local, evidence-based priorities for commissioning which will improve local health and wellbeing and reduce inequalities.

Adoption of a prioritisation framework will enable the HWBB to identify a small number of priorities to be included in the revised JHWS, ensuring a focus on collective action to influence and direct resources to where they will have maximum impact.

In terms of developing a prioritisation framework, evidence suggests that any prioritisation process should have the following five principle elements:

1. Stakeholder engagement (that builds public and patient confidence in the process)



2. A clear and transparent process
3. Careful information management
4. Decisions based on clear value choices (underpinned by a sound evidence base)
5. Selection of an agreed prioritisation methodology that takes into account the ranking/scoring of a range of factors, or 'criteria'.

It is therefore proposed that the HWBB adopts these as a set of core principles within which the development of the JHWS will be undertaken.

### How to Prioritise?

There are a range of prioritisation tools available across the health and care sector many of which have a specific focus towards economic based analysis of alternative courses of action in terms of costs and consequences, e.g. cost benefit or cost effectiveness analysis.

Whilst it is essential to ensure that the ability to have an effect on a priority over the life of the strategy is important it is equally critical that the prioritisation framework within which priorities are decided upon does not solely focus on an analysis of economic criteria, important as this is, particularly to commissioners.

For the purposes of this exercise it is, therefore, proposed that a variation on the multi-criteria decision analysis (MCDA) tool is used. Whilst complementing more widely used economic based prioritisation tools (such as cost effectiveness, cost benefit analysis) the MCDA approach is concerned with comparing impacts in ways which do not involve giving all of them explicit monetary values, although they may include data from cost-effectiveness or cost-benefit analyses.

Initially developed by HM Treasury this approach to prioritisation is increasingly being used within health and care as it allows for a range of criteria to be considered and scored. Each of those criteria can also be weighted in such a way as to recognise their relative importance to the overall decision and to the other criteria within the tool.

An initial 9 proposed criteria have been drafted to potentially be taken into account in developing a prioritisation framework in Lincolnshire. They can be summarised as follows:

- **Strategic fit** with national and/or local policy and outcome frameworks
- Potential to reduce or improve **health inequalities/equity**
- **Strength of evidence** demonstrating better outcome or being receptive to change
- Consideration of any economic evaluations undertaken to ensure **value for money**
- Likely **magnitude of benefit** relating to improved clinical and social outcomes
- Scale of impact in terms of the **number of people benefiting**
- **Public acceptability** based on wider recognition of the priority by the population
- Unintended consequences based on **risk of not investing/prioritising**
- Impact and likelihood to delay and prevent need through **supporting prevention**

It is proposed that the HWBB adopts the 9 criteria above and that these are worked up into a formal prioritisation framework that can be used for the purposes of developing the JHWS for Lincolnshire.

### Who should prioritise?

A common element of any prioritisation process is the need to include the opinions of a range of stakeholders; the first step therefore is identifying key stakeholders.

Statutory Guidance published by the Department of Health in March 2013, sets out who 'must' be involved and who 'should' be involved in the development of the JSNA and JHWS. Whilst acting as a 'checklist' of who ought to be involved, it steers clear of advising

how to ensure that involvement is meaningful and manageable, given the range and complexity of the differing stakeholders. The HWBBs local engagement plan partially resolves this in categorising stakeholders into three categories according to their level of interest and influence in our JSNA processes.

It is also necessary to ensure that statutory obligations set out in the Health and Social Care Act 2012 are met through involving Healthwatch and people who live or work in Lincolnshire in the development of the JHWS.

It is therefore proposed that the stakeholders involved in the initial prioritisation work which will inform the proposed priorities for the JHWS are:

- Member organisations of the HWB; and
- Stakeholders who are invited to informal sessions of the HWB; and
- Any other stakeholders identified in the engagement plan as having a high degree of interest and/or influence over the JSNA (and the needs associated with it)

This approach will ensure that stakeholders identified within the statutory guidance are fully consulted and the approach will be augmented by workshops with the wider community to enable any other interested parties to undertake the prioritisation exercise. A full consultation and engagement plan is being developed to support this work.

### **When to prioritise?**

Given the review of the JSNA is currently underway it is proposed that alongside this work the HWBB develops and agrees the prioritisation framework by September 2016 to allow the current review of the JSNA to inform prioritisation between February and March 2017. This will then allow the new strategy to be written and agreed in preparation for the existing JHWS ending in 2018.

## **2. Conclusion**

The HWBB is asked to agree a core set of principles as set out in this report that will support the development of the next JHWS for Lincolnshire.

## **3. Consultation**

A full consultation and engagement plan is being developed and it is proposed that this will be formally agreed by the HWBB in September 2016 to ensure that statutory requirements are met in the development of the JHWS for Lincolnshire.

## **4. Appendices**

None

## **5. Background Papers**

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

This report was written by David Stacey, Programme Manager for Strategy and Performance who can be contacted on 01522 554017 or [david.stacey@lincolnshire.gov.uk](mailto:david.stacey@lincolnshire.gov.uk)

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

|           |  |
|-----------|--|
| Report to | <b>Lincolnshire Health and Wellbeing Board</b>         |
| Date:     | <b>7 June 2016</b>                                     |
| Subject:  | <b>Health and Wellbeing Grant Fund – Update report</b> |

### **Summary:**

This report provides the Health and Wellbeing Board with an update on the Health and Wellbeing Grant Funded projects.

### **Actions Required:**

The Health and Wellbeing Board is asked to consider and comment on the project updates contained in Appendix A.

## **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 which gave responsibility for allocating the remaining money to the Lincolnshire Health and Wellbeing Board.

In March 2015 the Board agreed to allocate £1,316,234.00 of the Health and Wellbeing Grant Fund to ten projects. However, only nine of the projects were formally progressed as the Lincolnshire Sport's project was unsuccessful in securing match funding and was consequently withdrawn.

The My Rural Life project was completed in December 2015. This six month project, costing £10,096.00, developed a toolkit for people at risk of social isolation in the most rural part of Lincolnshire. The toolkit is designed to help people who live in the most rural

part of Lincolnshire to think about the risks of social isolation. By answering some simple questions people are able to see how much they could be at risk of isolation. The toolkit then gives information on what possible action can be taken to lower the risk. Details of the toolkit were circulated to Board Members in January 2016.

The Prince's Trust project, 'Get Started and Get Into Healthy Lives', which aims to provide support to 234 young people aged 16 -25 by providing training and routes into employment within health and care services, has not achieved its anticipated targets. It has struggled to engage young people in the 'Get Started' element of the project and the Trust has been unable to identify an appropriate delivery partner to support the 'Get Into Hospital Services' project.

Three 'Get Started' programmes were completed during 2015/16, involving 22 young people, at a cost of £39,999. The target was for three 'Get Started' programmes and two 'Get Into' programmes involving 65 young people.

Children's Services have also raised concerns about the projects compliance with the new requirements relating to Raising the Participation Age (RPA). RPA requires young people to continue in education, training or apprenticeships to the age of 18. This means all work based learning needs to be provided by a registered provider and lead to an accredited qualification (which includes English and Maths).

A meeting was held with the Prince's Trust in February 2016 to discuss what steps were being taken to address the lack of take up and to raise concerns regarding RPA. The Princes Trust agreed to provide further information on the work being done to improve performance and evidence on how the project relates to RPA. A report on the outcome of this meeting was taken to the HWB Grant Fund Sub Group in April 2016 and a decision was taken to cease the project. The Prince's Trust has been informed of this decision and the intention to service notice on this project.

A summary report on the seven remaining grant funded projects is contained in Appendix A. All these projects remain on plan and are delivering in line with the grant fund agreement.

## **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 second half yearly report on the projects since the funding was agreed by the Board in March 2015 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 March 2016. |

## 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](mailto:alison.christie@lincolnshire.gov.uk)

**HEALTH & WELLBEING BOARD –  
Update Report  
March 2016**

| <b>Amount available</b>              |   | <b>£</b>            |
|--------------------------------------|---|---------------------|
|                                      |   | <b>1,328,661.00</b> |
| <b>Project</b>                       | <b>Provider</b>                         |                     |
| Get Started & Get into Healthy Lives | Prince's Trust                          | 39,999.00           |
| 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          |
| <b>Total remaining</b>               |   | <b>362,428.00</b>   |
|                                      |   |                     |

## HEALTH AND WELLBEING GRANT FUND PROJECT - 2015/16 Q4 Report

| Project Name:                                    |   | Project Lifetime      | Total Allocated | Total claimed | Total remaining | Project Status |
|--|---|-----------------------|-----------------|---------------|-----------------|----------------|
| <b>Buddy Up (Care Leavers Mentoring Project)</b> |   | July 2015 - June 2017 | £150,516.00     | £56,443       | £94,073         | ●              |
| <b>Description:</b>                              | To deliver a two year Care Leavers Mentoring Project across Lincolnshire to improve outcomes for both Care Leavers (CL) and volunteers. Mentors will deliver specialist interventions to sixty care leavers over the two years with a clear focus on supporting social isolation. The project is managed by a full time project worker who is responsible for recruiting 20 volunteer mentors to work with the care leavers.  |                       |                 |               |                 |                |
| <b>Project Lead:</b>                             | Barnardo's  |                       |                 |               |                 |                |
| <b>Project Update:</b>                           | The project start date was 01 July 2015, the Volunteer Co-ordinator started in post in September. Since then the project has received 28 expression of Interest forms from potential volunteers of which 8 have been recruited, inducted and fully trained to support a young person. Delays in the recruitment of volunteers have largely been due to the length of time it has taken to receive DBS checks. All 8 volunteers have been matched with a young person and meet on average once a week, the Volunteer Co-ordinator is also developing group interventions with young people which will be explored in the next quarter. Currently it too soon to measure the outcomes for the young person, although one care leaver is already being supported into employment. Recording within the database has been set up to capture this information for the next Quarter |                       |                 |               |                 |                |

| Project Name:             |   | Project Lifetime      | Total Allocated | Total claimed | Total remaining | Project Status |
|---------------------------|---|-----------------------|-----------------|---------------|-----------------|----------------|
| <b>Let's Get Fizzical</b> |   | July 2015 – June 2016 | £40,720.00      | £28,154.15    | £12,565.85      | ●              |
| <b>Description:</b>       | Let's Get Fizzical is an award winning project developed by national sports charity StreetGames, which engages inactive children aged 8 – 14 years 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.   |                       |                 |               |                 |                |
| <b>Project Lead:</b>      | Positive Futures  |                       |                 |               |                 |                |
| <b>Project Update:</b>    | <p>In order to identify the schools that would participate in the phase of 'Let's Get Fizzical', Positive Futures arranged individual meetings with individual schools and cluster managers. A total of 10 schools are now participating in the project and 38 taster sessions have been delivered. 70 weekly sessions have been delivered and over 700 participants have attended the sessions.</p> <p>Community based sessions have been established at three locations, delivering 71 sessions with over 1000 attendees. These are all mixed activity sessions, designed to suit the target audience for 'Let's Get Fizzical'. The purpose of the community sessions is to enable children who have had a careful introduction to fun-based physical activities (in the school setting) to progress with confidence into mainstream activities in a community setting.</p> |                       |                 |               |                 |                |

| Symbol Key:     |           |               |                            |
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| + Ahead of Plan | ● On Plan | ◆ Behind Plan | ? Information not provided |

One of the main focuses going forward will be to encourage the children from school-based sessions to attend more of the community sessions. In addition to attending the community sessions set up specifically through this project, children are also starting to attend other community sessions delivered by Positive Futures in the area. This is a very positive result.

| Project Name:                             |  | Project Lifetime    | Total Allocated | Total claimed | Total remaining | Project Status |
|---|--|---------------------|-----------------|---------------|-----------------|----------------|
| <b>Diabetes Education &amp; Resources</b> |  | Jan 2016 – Dec 2016 | £169,800.00     | £8,278.91     | £161,521.09     | ●              |
| <b>Description:</b>                       | To enhance the current diabetes service provided within the community by GP Practices and Lincolnshire Community Health Services (LCHS). The project will support people who have been recently diagnosed with Type 2 diabetes and those at being at a high risk of developing Type 2 diabetes.  |                     |                 |               |                 |                |
| <b>Project Lead:</b>                      | 4 Lincolnshire Clinical Commissioning Groups   |                     |                 |               |                 |                |
| <b>Project Update:</b>                    | <p>The project went live in January 2016; however, due to unforeseen delays in starting the project, the updated diabetes education programme has not yet been extended county-wide. This is expected to start from April 2016 and ongoing monitoring will be undertaken and reported.</p> <p>The 'Diabetes Education and Resources' project will enhance the current diabetes services provided within the community by GP Practices and LCHS. The project will support people that have been recently diagnosed with Type 2 diabetes and those that have been identified as being at a high risk of developing Type 2 diabetes (known as pre-diabetes). Patients newly diagnosed with Type 2 diabetes are currently 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. As part of attending this course they will complete a workbook and access to other resources, these will continue to use to support them to effectively self-manage their diabetes.</p> <p>In the reporting period of January to March 2016, the following activities took place</p> <ul style="list-style-type: none"> <li>• Engagement with the partner CCGs and Lincolnshire Community Health Services</li> <li>• Commissioned design work for promotional material</li> <li>• Linked to Diabetes UK for joint working opportunities</li> <li>• Exploring links with the developing National Diabetes Prevention Programme</li> </ul> <p>The sessions and work books are now in draft form, the project will roll-out of the Spotlight education programme and with the launch of the National Diabetes Prevention Programme across Lincolnshire</p> |                     |                 |               |                 |                |

| Symbol Key:     |           |               |                            |
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| Project Name:          |   | Project Lifetime     | Total Allocated | Total claimed | Total remaining | Project Status |
|------------------------|---|----------------------|-----------------|---------------|-----------------|----------------|
| <b>Step Forward</b>    |   | Oct 2015 – Sept 2017 | £226,200.00     | £3,236.30     | £222,963.70     | ●              |
| <b>Description:</b>    | To support adults that are unemployed and have a learning disability, autism and/or a mental health condition and help them access employment opportunities, improve their employability and reduce worklessness.   |                      |                 |               |                 |                |
| <b>Project Lead:</b>   | Adult Specialist Services through contracted providers  |                      |                 |               |                 |                |
| <b>Project Update:</b> | <p>Following an open competitive tendering process contracts were awarded as follows:</p> <ul style="list-style-type: none"> <li>• Lot 1 Support for employers (countywide): Lincoln College</li> <li>• Lot 2 Support for young people aged 16-25 (countywide): no contract awarded</li> <li>• Lot 3 Support for adults aged 26 and over (Lincolnshire East CCG area): Boston College</li> <li>• Lot 4 Support for adults aged 26 and over (Lincolnshire West CCG area): Boston College</li> <li>• Lot 5 Support for adults aged 26 and over (South Lincolnshire and South West Lincolnshire CCG areas): Boston College</li> </ul> <p>The decision was made to withhold an award for Lot 2 for the following reasons:</p> <ul style="list-style-type: none"> <li>• only one tender submission was received, which was from an internal source; awarding a contract internally would have been contrary to the Council's Procurement &amp; Contract Regulations</li> <li>• the Supporting Employment Team has assured Specialist Adult Services that they are able to provide a service to young people aged 16-25 and suggested that the funding be re-allocated to support those aged 26 and over.</li> </ul> <p>Specialist Adult Services are working with representatives from the Health &amp; Wellbeing Board regarding the re-allocation of Lot 2 funding.</p> <p><b>January 2016</b><br/>This was the official start of the project. However, owing to delays in signing off the contract the delivery did not start until February 2016. Boston College also requested a delay in the start of engagement activities owing to advisers not having the opportunity to use the Work Star (part of the Outcome Star suite) until after the training in mid-February. The LCC Project Manager agreed to this in the interest of individuals, i.e. not to raise expectations by registering them for the programme and then delaying the start of activities. Contracts with Boston College and Lincoln College agreed and signed by both parties.</p> <p><b>February 2016</b><br/>Work Star training took place on 15<sup>th</sup> February 2016. In total, 18 advisers were trained from 8 organisations, including 1 from LCC Adult &amp; Community Learning. The latter requested a place so as to be able to use the Outcomes Star as part of their service delivery that could include Step Forward beneficiaries. The Outcomes Star licence is held by Boston College on behalf of the Step Forward network. Programme delivery commenced.</p> <p><b>March 2016</b><br/>Programme delivery continued. First claims for activities received. Boston College offered to contribute to the cost of folders for the</p> |                      |                 |               |                 |                |

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beneficiaries, to be used for storing and presenting documents. This was agreed and the folder design approved.

Up to the end of March, 18 beneficiaries have engaged with the programme, this figure is slightly behind target due to the delays in start-up of the program. However, activities reported up to the end of March 2015 all took place within 6 weeks, which demonstrates the level of demand for the service.

| Project Name:                                    | Project Lifetime  | Total Allocated | Total claimed | Total remaining | Project Status |
|--|---|-----------------|---------------|-----------------|----------------|
| <b>Assisting low income households into work</b> | Sept 2015 – Sept 2019   | £98,000.00      | £18,375       | £79,625         | ●              |
| <b>Description:</b>                              | This project is being undertaken as part of the 'Universal Support Delivered Locally' (USDL) work linked to the national Universal Credit rollout agenda. Adults in low income households will be supported to enhance their skills and helping them to improve their employment prospects and potentially increase their income.   |                 |               |                 |                |
| <b>Project Lead:</b>                             | City of Lincoln in conjunction with Lincoln College   |                 |               |                 |                |
| <b>Project Update:</b>                           | Due to the procurement process, the programme did not start until September 2015. Early indicators show that the training programme has proved very popular and uptake for the courses has been high, in response to the high demand the spend profile for the project has been adjusted to take this into account.   |                 |               |                 |                |
|  | The I.T. courses delivered by Lincoln College are self-directed learning in the Community Education Centre, so specific sessions are not delivered – learners are working towards their own individual learning aims with tutor support. This model allows greater flexibility for the learners to work at their own pace and fits around other commitments. To date 128 learners have accessed training, there have been 12 learners move into employment but many are still in learning so the impact will be longer term and 4 learners have made progression within their current employment. Of the 128, 53 learners have completed and gained accreditation so far. Only 4 learners have failed or withdrawn and the rest are still participating on the programme. |                 |               |                 |                |

| Project Name:                 | Project Lifetime   | Total Allocated | Total claimed | Total remaining | Project Status |
|-------------------------------|--|-----------------|---------------|-----------------|----------------|
| <b>Connecting Communities</b> | July 2015 – June 2017  | £120,302.00     | £62,068       | £58,234         | ●              |
| <b>Description:</b>           | This project is to further establish and embed sustainability into two resident led, fully constituted partnership groups within the hard pressed communities of Wainfleet and Winthorpe, by funding two part time local coordinators to help develop and co-ordinate activities.  |                 |               |                 |                |
| <b>Project Lead:</b>          | Lincolnshire East Clinical Commissioning Group   |                 |               |                 |                |
| <b>Project Update:</b>        | Health & Wellbeing funding commenced in July 2015. This is a collaborative approach to supporting individuals, families, and communities to develop the knowledge, skills and self-confidence they need to do things for themselves and improve their surroundings and build resilience effectively. The aim is for people to have the support they need to access the information, advice, tools, resources, and training needed to improve their community and prevent individuals, vulnerable people and those less well represented getting into a crisis situation. A wide range of consultation activity has taken place in both communities to build on previous work and highlight the main areas of concern |                 |               |                 |                |

| Symbol Key:     |           |               |                            |
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and issues that effect people's health and wellbeing

Hundreds of residents have taken part in the consultation from which a list of issues was collated and a number of developments have taken place to try and address these issues.

Issues highlighted included:

- Speeding
- Dangerous parking
- Lack of information – not knowing what is available or going on
- Lack of things for children & young people
- Transport
- GP appointments and in general health services
- Issues with GP practices
- Dog Fouling
- Housing

Some of the positive developments include:

- Residents have met with GPs and other Practice staff to discuss access issues.
- Residents have met with transport providers to discuss options.
- Health Services have provided residents with lists of information relating to health services , including pharmacies.
- Housing providers have been encouraged to meet around the table to discuss individual resident's issues.
- Dog fouling issues have been raised with the appropriate people and more awareness has been spread around the community.
- Children and young people's facilities have been built with the help of lottery funding.
- A range of activity/social groups have been set-up to address loneliness and isolation.
- Support groups have been set up to help people with dementia and cancer.
- Newsletters and digital communications have been set-up to enable residents and groups to communicate better.
- Health and Social Care service providers have been encouraged to support both communities.
- Wider support networks have been established and awareness raising continues to develop equity of service.

#### **Access to Services increased health & wellbeing**

Both Communities have increased their assets both physical and social by developing a range of activities and services and in Winthorpe recreational facilities have been developed for children and young people to increase participation and to increase community cohesion. This has led to an increase in people accessing community activity, which has had a positive impact on individuals' lives, combatting social isolation and loneliness by bringing people together socially, who then go on to join other activities, access services and training opportunities and make friends outside of the groups.

#### Symbol Key:

+ Ahead of Plan

● On Plan

◆ Behind Plan

? Information not provided

| Project Name:               | Project Lifetime   | Total Allocated | Total claimed | Total remaining | Project Status |
|-----------------------------|--|-----------------|---------------|-----------------|----------------|
| <b>Lincs Carers Charter</b> | June 2015 – June 2017  | £110,600.00     | £45,600       | £65,000         | ●              |
| <b>Description:</b>         | To establish a quality standard 'Kite' mark recognisable to all Lincolnshire carers, providers and partners as a way of addressing some of the difficulties caused by rurality, poor transport infrastructure and sparsity of population. It will also ensure a connection with other areas of work, such as Carers & Employment, where SME's will be supported to meet best practice.   |                 |               |                 |                |
| <b>Project Lead:</b>        | Lincs Carers & Young Carers Partnership  |                 |               |                 |                |
| <b>Project Update:</b>      | <p>The project went live in June 2015<sup>4</sup> and the Kite Mark award was promptly established. Marketing/Promotional Materials been developed and distributed and the Carers Charter and Award Standards have been written – this is a 6 month process. The Application Process/Pack and accompanying documentation are now completed and in place – Carers and Young Carers were involved in producing the application form and will be represented in the assessment panel</p> <ul style="list-style-type: none"> <li>• The Carer Awareness Training has been delivered to 9 organisations covering 230 people</li> <li>• 59 application packs out to organisations</li> <li>• 31 organisations signed up and working towards award</li> <li>• 2 organisations have achieved accreditation</li> </ul> |                 |               |                 |                |

| Symbol Key:     |           |               |                            |
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| + Ahead of Plan | ● On Plan | ◆ Behind Plan | ? Information not provided |

# Agenda Item 10a

## Health and Wellbeing Board – Decisions from 9 June 2015

| Meeting Date | Minute No | Agenda Item & Decision made   |
|--------------|-----------|---|
| 9 June 2015  | 1         | <p><b>Election of Vice-Chairman</b><br/>That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board 2015/16.</p>  |
|              | 2         | <p><b>Election of Chairman</b><br/>That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2015/16.</p>   |
|              | 5a        | <p><b>Minutes of meeting held on 25 March 2015</b><br/>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.</p>   |
|              | 6         | <p><b>Actions Updates from the previous meeting</b><br/>That the completed actions as detailed be noted.</p>  |
|              | 7         | <p><b>Chairman's Announcements</b><br/>That the announcements as detailed be noted.</p>   |
|              | 8a        | <p><b>Terms of Reference and Procedural Rules, Board Members Roles and Responsibilities.</b></p> <ol style="list-style-type: none"> <li>1. That the Terms of Reference, Procedure Rules, and Members Roles and Responsibilities as detailed at Appendices A, B and C be re-affirmed.</li> <li>2. That the Assurance Framework as detailed at Appendix D be formally adopted.</li> </ol> |
|              | 8b        | <p><b>Joint Health and wellbeing Strategy Board Sponsors</b></p> <ol style="list-style-type: none"> <li>1. That the revised list of Board Sponsors as shown at Paragraph 1 of the report be agreed.</li> <li>2. That the Theme Sponsor and Theme Lead – Role Descriptions detailed at Appendix A be agreed.</li> </ol>  |
|              | 8c        | <p><b>Mid Term Review of the Joint Health and Wellbeing Strategy</b><br/>That the Mid-term review of the Joint health and wellbeing Strategy as detailed in Appendices A to E presented be agreed.</p>  |
|              | 9a        | <p><b>Meeting the Prevention Challenge in Lincolnshire</b><br/>That then report be noted.</p>   |

**Health and Wellbeing Board – Decisions from 9 June 2015**

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|                          | 9b  | <b>Public Health on a Page</b><br>That the Public Health Plan to a Page be noted.   |
|                          | 9c  | <b>Lincolnshire Health and Care</b><br>That the presentation be received.   |
|                          | 9d  | <b>Better Care Fund</b><br><ol style="list-style-type: none"> <li>1. That the report presented be noted.</li> <li>2. That a further update on the Better Care Fund be received at the next meeting of the Lincolnshire Health and Wellbeing Board.</li> </ol>   |
|                          | 10a | <b>An Action Log of Previous Decisions</b><br>That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.  |
|                          | 10b | <b>Lincolnshire Health and Wellbeing Board Forward Plan</b><br>That the forward plan for formal and informal meetings presented be received.  |
|                          | 10c | <b>Future Scheduled Meeting Dates</b><br>That the following scheduled meeting dates for the remainder of 2015 and for 2016 be noted.<br><br>29 September 2015<br>8 December 2015<br>22 March 2016<br>7 June 2016<br>27 September 2016<br>6 December 2016<br>(All the above meetings commence at 2.00pm)   |
| <b>29 September 2015</b> | 16a | <b>Annual Assurance Report</b><br><ol style="list-style-type: none"> <li>1. That the outcome of the Board's Self-Assessment be noted and that the improvement plan detailed at Appendix B be agreed.</li> <li>2. That the JHWS Scorecard and Theme Dashboards as shown in Appendices C – H be noted.</li> <li>3. That the issues raised as detailed above be noted</li> </ol> |
|                          | 16b | <b>Lincolnshire Health and Wellbeing Board Engagement Framework</b><br><ol style="list-style-type: none"> <li>1. That commitment be given to the principles underpinning the Health and Wellbeing Board Engagement Framework.</li> </ol>  |

**Health and Wellbeing Board – Decisions from 9 June 2015**

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|                        |     | 2. That approval be given to the Health and Wellbeing Board Engagement Framework and the proposed approach to stakeholder engagement.  |
|                        | 16c | <b>Transforming Child and Adolescent Mental Health Services</b><br>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 | <b>Joint Strategic Needs Assessment (JSNA) Review Update and Engagement Plan</b><br>That the report and attached Engagement Plan be noted.   |
|                        | 17b | <b>Lincolnshire Health and Care</b><br>That the verbal update be noted.  |
|                        | 17c | <b>Better Care Fund</b><br>That the report be noted.   |
|                        | 18a | <b>District/Locality Updates – Boston Health and Wellbeing Strategy and Action Plan</b><br>That the report and presentation be noted,  |
|                        | 18b | <b>An Action Log of Previous Decisions</b><br>That the Action Log of previous decisions of the Lincolnshire health and Wellbeing Board be noted.   |
|                        | 18c | <b>Lincolnshire Health and Wellbeing Board – Forward Plan</b><br>That the Forward Plan presented for formal and informal meetings be received subject to the inclusion of the two items listed above.  |
| <b>8 December 2015</b> | 22a | <b>Lincolnshire System Resilience Group System Wide Winter Plan 2015/16</b><br>That the report on the joint health and care system approach to winter planning be noted.   |
|                        | 23  | <b>Action Updates from the Previous Meeting</b><br>That the completed actions as detailed be noted.  |
|                        | 24  | <b>Chairman's Announcements</b><br>That the announcement as detailed; and the verbal update provided be noted.   |
|                        | 25a | <b>Clinical Commissioning Group Commissioning/Operational Plans</b><br>That the Clinical Commissioning Groups Commissioning/Operational Plans presented be noted.  |
|                        | 26a | <b>New Psychoactive Drugs – Briefing</b><br>That the report be noted.  |

**Health and Wellbeing Board – Decisions from 9 June 2015**

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|                      | 26b | <b>Update on Activity – Lincolnshire Joint Commissioning Board (JCB)</b><br>That the report be noted.  |
|                      | 26c | <b>Health and Wellbeing Grant Fund Projects – Update Report</b><br><ol style="list-style-type: none"> <li>1. That the project updates as detailed in Appendix A be noted.</li> <li>2. That a half yearly update report on the Health and Wellbeing Grant Fund Projects be received at the 7 June 2016 meeting.</li> </ol>  |
|                      | 27a | <b>Greater Lincolnshire Proposals for Devolved Powers from Government</b><br>That the report be noted.   |
|                      | 27b | <b>An Action Log of Previous Decisions</b><br>That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.   |
|                      | 27c | <b>Lincolnshire Health and Wellbeing Board – Forward Plan</b><br>That the Forward Plan presented for formal and informal meetings be received.   |
| <b>22 March 2016</b> | 33a | <b>Proposal on the future provision of Lincolnshire's Joint Strategic Needs Assessment</b><br><ol style="list-style-type: none"> <li>1. That the discussion and comments be noted.</li> <li>2. That the recommendations for the future provision of Lincolnshire's JSNA, at Section 4 of Appendix A to the report, be agreed.</li> <li>3. That the comments of Board Members in relation to new JSNA Topics and those topics suggested by stakeholders noted on List 3 of Appendix B to the report be provided directly to the Programme Manager, Health and Wellbeing.</li> </ol> |
|                      | 33b | <b>Clinical Commissioning Group Commissioning/Operational Plans</b><br>That the updates on the Clinical Commissioning Groups Commissioning/Operational Plans, as presented be noted.   |
|                      | 33c | <b>The Lincolnshire Better Care Fund</b><br><ol style="list-style-type: none"> <li>1. That the changes to the BCF national guidance and content for BCF submissions 2016/17 be noted;</li> <li>2. That the creation of a contingency sum of £3m as part of the pooled fund arrangements to help manage NEA and DTOC be supported;</li> <li>3. That a 'level of protection' for Adult Social Services for 2016/17 of £16.825m be supported;</li> </ol>  |



**Health and Wellbeing Board – Decisions from 9 June 2015**

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|  |     | <ol style="list-style-type: none"> <li>4. That the priority attached to delivering improved NEA and DTOC in 2016/17 be noted; That a suitable forum for regular oversight of the performance against these two activities be identified by the Board;</li> <li>5. That the proposal that allocation for DFGs for 2016/17 should reflect the allocation in 2015/16, i.e. no growth, be supported;</li> <li>6. That the use of part of the DFG element to the BCF to support the development of a Preventative Housing Strategy be supported;</li> <li>7. That a one-off investment from part of the DFG element of the BCF in the MOSAIC ICT platform, to ensure the Council's contribution towards meeting the National Conditions for both the BCF and integration are met, be supported</li> <li>8. That the provision from part of the DSG element of the BCF of a 'one-off' contribution to the contingency sum indicated in Resolution Number 2 (Above) be supported;</li> <li>9. That three Section 75 agreements (which would otherwise end) be updated to support the continuation of the BCF submission for 2016/17 (namely the 'Partnership Framework Agreement', 'Proactive Care' and 'Corporate') be agreed; and</li> <li>10. That delegation to the Chair of the Health and Wellbeing Board any final decisions related to BCF submission for 2016/17 that may be required in advance of a formal meeting of the Board, subject to any such request having been previously agreed by the five normal partners (four CCGs and Lincolnshire County Council) to the submission, be agreed.</li> </ol> |
|  | 34a | <p><b>Lincolnshire Joint Ambulance Conveyance Project</b><br/>That the presentation and comments be noted.</p>  |
|  | 35a | <p><b>Joint Commissioning Board – Update Report</b><br/>That the report be noted.</p>   |
|  | 35b | <p><b>Lincolnshire health and Care – Update Report</b><br/>That the presentation and update be noted.</p>   |

**Health and Wellbeing Board – Decisions from 9 June 2015**

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|  | 35c | <b>Annual Report of the Director of Public Health on the health of the people of Lincolnshire 2015</b><br>That the report and presented be noted.  |
|  | 35e | <b>Joint Health and wellbeing Strategy Theme Updates</b><br>That the update for Theme 2 of the Joint Health and Wellbeing Strategy Theme be circulated to the Board via email following the meeting. |
|  | 36a | <b>An Action Log of Previous Decisions</b><br>That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.   |
|  | 36b | <b>Lincolnshire Health and Wellbeing Board – Forward Plan</b><br>That the Forward Plan, presented for formal and informal meetings, be received  |

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

| Meeting Dates   | Decision/Authorisation Item   | Discussion Item  | Information Item |
|---|---|--|------------------|
| <p>7 June 2016</p> <p>2pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL</p> | <p><b>Annual General Meeting</b><br/>Election of Chair and Vice Chair</p> <p><b>Terms of Reference and Procedural Rules, roles and responsibilities of core Board members</b><br/>Review and formal agreement<br/><b>Alison Christie, Programme Manager Health and Wellbeing</b></p> <p><b>Proposals for the development of the new Joint Health and Wellbeing Strategy</b><br/>To receive a report which asks the Board to consider the approach to be taken for the development of the next Joint Health and Wellbeing Strategy<br/><b>David Stacey, Programme Manager Strategy and Performance</b></p> | <p><b>Joint Commissioning Board – Update Report</b><br/>To receive verbal updates on the Better Care Fund and the Sustainability and Transformation Plan for Lincolnshire<br/><b>Glen Garrod, Director of Adult Care &amp; Allan Kitt, Leading Chief Officer</b></p> <p><b>Lincolnshire Health and Care – verbal update</b><br/>To receive an update on the LHAC programme<br/><b>Allan Kitt, Leading Chief Officer, LHAC Programme</b></p> <p><b>Health and Wellbeing Grant Fund – Update</b><br/>To receive a half yearly report on the Health and Wellbeing Grant Fund projects.<br/><b>Alison Christie, Programme Manager Health and Wellbeing</b></p> <p><b>District/Locality Updates</b><br/>Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships</p> <p><b>Joint Health and Wellbeing Strategy Theme Updates</b><br/>Standing agenda item for the Board to receive updates, by exception, from JHWS Themes:</p> <p>Verbal update from Theme 2 – <i>'The Future for older people in Lincolnshire'</i><br/><b>Cllr Ron Oxby &amp; Dr Kevin Hill, Theme 2 Board Sponsors</b></p> |                  |
| <p>27 September 2016</p> <p>2pm in Committee</p>  | <p><b>Annual Assurance Report</b><br/>To receive a report from the Programme Manager asking the Board to agree the Board's Assurance Report and Theme Dashboards.<br/><b>Alison Christie, Programme Manager</b></p>   | <p><b>Joint Commissioning Board – Update Report</b><br/>To receive an update report from the JCB on joint commissioning arrangements in Lincolnshire.<br/><b>Sunil Hindocha, Chairman of the JCB</b></p> <p><b>Lincolnshire Health and Care – verbal update</b></p>  |                  |

| Meeting Dates   | Decision/Authorisation Item  | Discussion Item   | Information Item |
|---|--|---|------------------|
| <p>Room 1, County Offices,<br/>Newland,<br/>Lincoln LN1 1YL</p>   | <p><b>Health and Wellbeing</b></p> <p><b>Prioritisation Framework for the Joint Health and Wellbeing Strategy</b><br/>To receive a report asking the Board to agree the prioritisation framework for the new JHWS and to agree the process for developing the JHWS.<br/><b>David Stacey, Programme Manager, Strategy and Performance</b></p> | <p>To receive an update on the LHAC programme<br/><b>Allan Kitt, Leading Chief Officer, LHAC Programme</b></p> <p><b>District/Locality Updates</b><br/>Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships</p>   |                  |
| <p>6 December 2016</p> <p>2pm in Committee Room 1, County Offices,<br/>Newland,<br/>Lincoln LN1 1YL</p> |  | <p><b>Joint Commissioning Board – Update Report</b><br/>To receive an update report from the JCB on joint commissioning arrangements in Lincolnshire.<br/><b>Sunil Hindocha, Chairman of the JCB</b></p> <p><b>Lincolnshire Health and Care – verbal update</b><br/>To receive an update on the LHAC programme<br/><b>Allan Kitt, Leading Chief Officer, LHAC Programme</b></p> <p><b>Health and Wellbeing Grant Fund – Update</b><br/>To receive a half yearly report on the Health and Wellbeing Grant Fund projects.<br/><b>Alison Christie, Programme Manager Health and Wellbeing</b></p> <p><b>District/Locality Updates</b><br/>Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships</p> <p><b>Joint Health and Wellbeing Strategy Theme Updates</b><br/>Standing agenda item for the Board to receive updates, by exception, from JHWS Themes</p> |                  |