Lincolnshire COUNTY COUNCIL
Working for a better future

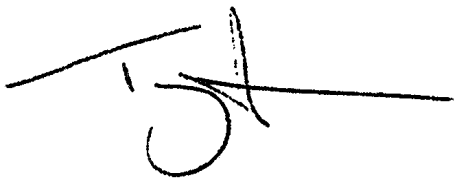
County Offices
Newland
Lincoln
LN1 1YL

18 September 2017

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 26 September 2017 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 P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) (Chairman), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes, C E H Marfleet, C R Oxby and N H Pepper

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

District Council: Councillor Donald Nannestad

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG and South West Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Stephen Baird (Lincolnshire East CCG)

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

(*) Permanent Membership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 26 SEPTEMBER 2017

Democratic Services Officer Contact Details

Name: **Andrea Brown**

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E Mail Address andrea.brown@lincolnshire.gov.uk

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

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

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

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
20 JUNE 2017

PRESENT:

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes, C E H Marfleet and N H Pepper

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Chris Weston (Consultant in Public Health (Wider Determinants))

District Council: Councillor Donald Nannestad (District Council)

GP Commissioning Group: Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and John Turner (South Lincolnshire CCG)

Healthwatch Lincolnshire: John Bains

NHS England: Jim Heys

Officers In Attendance: Andrea Brown (Democratic Services Officer) (Democratic Services), Alison Christie (Programme Manager, Health and Wellbeing Board), Carol Cottingham (Director of Service Redesign, Lincolnshire STP Delivery Unit), Sarah Furley (STP Programme Director) and David Laws (Adult Care Strategic Financial Adviser) (Finance and Public Protection)

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18.

COUNCILLOR MRS SUE WOOLLEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Dr Stephen Baird (Lincolnshire East CCG), Councillor C R Oxby, Sarah Fletcher (Healthwatch Lincolnshire), Dr Kevin Hill (South Lincolnshire CCG) and Tony McGinty (Interim Director of Public Health Lincolnshire).

It was reported that Chris Weston (Public Health Consultant – Wider Determinants of Health), John Bains (Healthwatch Lincolnshire) and John Turner (South Lincolnshire CCG) had replaced Tony McGinty (Interim Director of Public Health Lincolnshire), Sarah Fletcher (Healthwatch Lincolnshire) and Dr Kevin Hill (South Lincolnshire CCG) respectively, for this meeting only.

It was also reported that Councillor D Nannestad was in attendance as the District Council representative, for this meeting only, until this vacancy had been filled.

4 DECLARATIONS OF MEMBERS' INTEREST

There were no Members' interests declared at this stage of the proceedings.

5 MINUTES OF THE MEETING OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 7 MARCH 2017

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board, held on 7 March 2017, be confirmed and signed by the Chairman as a correct record.

6 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

7 CHAIRMAN'S ANNOUNCEMENTS

Further information was circulated to the Board which provided details of upcoming Joint Health and Wellbeing Strategy Engagement Events. The Chairman stressed that these events were key to sharing information to everyone within the county and colleagues were urged to cascade this information and utilise their own communication methods to promote the events also.

Details of these events could be found on the Lincolnshire County Council website at https://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article

It was suggested, and agreed, that formal thanks be extended to Councillor Mrs M Brighton OBE for her contribution to the Board, following her resignation as the District Council representative.

8 DECISION/AUTHORISATION ITEMS

8a Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members

The Board gave consideration to a report from Alison Christie, Programme Manager Health and Wellbeing, which asked the Board to reaffirm the Terms of Reference, Procedure Rules and Roles and Responsibilities of Board Members. It was proposed that a small working group be established to undertake a review of the Board membership to take account of changes that have occurred since the Board was first established in 2013, this includes the recent change of Government, the Lincolnshire Sustainability and Transformation Plan (STP), proposed establishment of a Housing Health and Care Delivery Group as well as the prioritisation setting process currently underway to develop the next Joint Health and Wellbeing Board Strategy.

A copy of the Lincolnshire Health and Wellbeing Board Terms of Reference and Procedure Rules was detailed as Appendix A to the report presented for the Board's consideration.

Concerns were expressed by Councillor D Nannestad, on behalf of the District Council Network, that the membership within the Terms of Reference did not reflect an increase in District Councillor representation and that the County Council Members of the Board did not attend the District Health Network, therefore not providing the two-way dialogue expected.

The Chairman gave assurance that these concerns would be considered by the working group. Following the County Council election, some new members of the Board held a seat at both County and District Council levels, therefore the Chairman was confident that there would be sufficient representation of the District Councils going forward.

Members were asked to provide expressions of interest for the working group to the Programme Manager – Health and Wellbeing as soon as possible.

RESOLVED

1. That the Terms of Reference, Procedure Rules and Board Members Roles and Responsibilities be reaffirmed; and
2. That a working group to review the membership, as detailed within the report, be established.

8b Housing, Health and Care Delivery Group

Consideration was given to a report by Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which asked the Board to consider and agree the Terms of Reference and governance arrangements and to provide strategic leadership and

direction to the Housing, Health and Care Delivery Group. The Board was also asked to identify a suitable Chair for the group.

It was explained that the previous Government had incorporated Disabled Facilities Grant funding (DFGs) into the Better Care Fund (BCF) in 2016/17 and revised guidance around its use had also been published. Housing for Independence (HfI) was an evolving agenda and, as the necessary partnerships and confidence developed, the Board recognised the need for a Strategic Housing Development Group. The key work responsibilities for the group would include:-

- Oversee and update the countywide Memorandum of Understanding (MoU);
- Be responsible for the Housing and Health Joint Strategic Needs Assessment (JSNA) topic;
- Be responsible for best use of the DFG budget and, potentially, associated funding from Adult Care and Community Wellbeing;
- Take ownership of the performance reporting template to monitor performance and activity related to DFGs across Lincolnshire and report on performance to relevant stakeholders on a regular basis;
- Agree priority work streams to address key housing issues impacting on Lincolnshire, such as delayed transfers of care (DToC); and
- Explore future pooled funding arrangements to secure best value for 2018/19 which should include the DFG element.

The Board agreed that this group was required in order to drive the housing agenda forward but also reiterated that the £5.2m DFG was designed to assist the health sector and adult social care for those living in Lincolnshire.

Members also believed that the group would benefit from having elected Members included within the membership in addition to key officers as the final decision to approve the spend of £5.2m would be that of Members. Following discussion, it was agreed to request attendance by the relevant Portfolio Holder or, should they be unable to attend, be replaced by the relevant senior officer.

Frustration within the District Councils was reported in relation to the difference in the report presented to the District Housing Network on the same topic. It was explained that District Councils wanted to support the Housing, Health and Care Delivery Group but it was thought that the group, themselves, should appoint a Chair rather than the Lincolnshire Health and Wellbeing Board.

The Executive Director of Children's Services agreed that the report was helpful and that this area was also a key priority for Children's Services. It was requested, however, that an additional key responsibility be added entitled "Leaving Care Children – offers for care leavers" to enable a joint agreement to be made for a housing offer for these young people. Additionally, it was noted that a robust offer for young people with learning disabilities to transition from children's services into adult social care and then on to independence was not included.

Assurance was given that the DFG funding would be monitored by this group and regularly reported back to the Board.

RESOLVED

1. That the Terms of Reference and Governance Arrangements for the Housing, Health and Care Delivery Group, as set out within the report, be agreed;
2. That strategic leadership and direction to the Housing, Health and Care Delivery Group by the Lincolnshire Health and Wellbeing Board, be agreed;
3. That the relevant Portfolio Holder be included within the membership of the Housing, Health and Care Delivery Group; and
4. That Councillor Mrs W Bowkett be identified by the Board as a suitable Chair for the Housing, Health and Care Delivery Group.

8c Integration of Services for Children and Young People with a Special Educational Need and/or Disability

Consideration was given to a report from Debbie Barnes, Executive Director for Children's Services, which identified the opportunities to improve outcomes for children and young people with special educational needs and disabilities through integration of commissioning and service delivery.

It was explained that this was a highly complex area and one which needed to be simplified. It was highlighted that the Local Authority was currently reviewing special school provision in order to provide facilities which catered for a wide variety of need rather than individual areas only.

The Board indicated support of the approach proposed.

RESOLVED

1. That a strategic intent to develop an integration plan for Health and Local Authority services for children and young people with special educational needs and disabilities be confirmed;
2. That CCGs be asked to commit resource to undertake the work required to review and remodel the current commissioning arrangements for health provision, following the commitment from LCC; and
3. That the proposal for this work to be governed via the Women and Children's Joint Delivery Board, reporting to the Lincolnshire Health and Wellbeing Board, be agreed.

8d Developing Integrated, Neighbourhood Working - Update

Consideration was given to a report from Carol Cottingham, Director of Service Redesign – Lincolnshire STP Delivery Unit, which set out the key elements of the Neighbourhood Working programme and provided an update of the current status of the programme.

It was explained that the creation of integrated Neighbourhood Care Teams and supporting 'self-care' networks was a flagship programme across Lincolnshire bringing health and care professionals, the third sector, local authority and independent organisations together to empower people and communities to take an active role in their health and wellbeing.

The Board was advised that there were now 8-10 multidisciplinary neighbourhood teams across the county and particularly noted the team in Gainsborough, based at the John Coupland Hospital, as a successful implementation of the model.

It was anticipated that a huge amount of work would have been undertaken on the infrastructure to enable more than four teams to be established by the end of March 2018. However, the Board was asked to consider any potential issues which may be faced during the process of bringing team together from very different organisations. Some of these issues had related to organisational change hence the decision to establish the System Executive Team in order to support staff whilst driving this forward.

Healthwatch Lincolnshire requested that robust measurable outcomes be implemented and it was confirmed that the offer was currently being worked through by CCGs with DTOC and Admissions, two of the key measures, linked to the BCF. A small group had also been established to develop an outcome framework to agree what each team needed to measure.

The Board was keen to ensure that rural areas were sufficiently captured by neighbourhood teams as that was a key area of service need for these services.

NHS England had noted that Lincolnshire was ahead of the rest of the country in respect of this area of work. It was further noted that the STP was fundamentally driven by neighbourhood teams and it was for partners to agree on how the saturation of technology could be enabled to reduce the need for residents to travel great distances to access these services. A trial to link medical records to enable immediate access to up-to-date information was underway and the results would indicate if this method would improve the service offered to patients.

The Board was assured that mental health was a key element within neighbourhood teams and that the way in which services were to be structured would ensure that the support would be readily available.

The Board asked that a commitment be made to the number of Neighbourhood Teams in place at certain points within the year and it was suggested that the first four teams be in place by the end of June 2017. This progress would be considered at the meeting of the Board in December.

RESOLVED

1. That the content of the Programme of Work be noted;
2. That the current progress and key actions be noted;
3. That the link between the Neighbourhood Working Programme and the Health and Wellbeing Board be developed and strengthened by regular updates and discussion regarding the programme at future meetings; and
4. That the Governance Structure outline in place to support this work be noted.

8e Health and Wellbeing in Lincolnshire: Overview of the 2017 Joint Strategic Needs Assessment

Consideration was given to a report by Chris Weston, Public Health Consultant – Wider Determinants, providing an overview of the topics in the new JSNA which was published in June 2017.

The Board received a demonstration of the infographic "Overview of Health and Wellbeing in Lincolnshire" which could be found on the Lincolnshire Research Observatory website using the following link:-

http://www.research-lincs.org.uk/UI/Documents/Health%20and%20Wellbeing%20in%20Lincolnshire%202017%20life%20map.pdf

The document allowed users to click on areas of interest across the whole JSNA which would, in turn, open another page providing detailed information on that topic. It was reiterated that although Public Health were coordinating this piece of work, they were not the owner of the document as many organisations had been involved in the process.

The infographic had been designed to make access to this vast online resource as easy as possible and, although this document had been published on 9 June 2017, it would be updated regularly as and when new information was received. The Health and Wellbeing Board Newsletter would request feedback on user experience.

The Chairman thanked Alison Christie, Chris Weston and the wider team for the extraordinary amount of work involved in preparing this document and ensuring that it was as user friendly as possible. The document would also contribute to all commissioning decisions made within health and social care and an evidence base was readily accessible whilst working through those processes.

A suggestion was made to cross reference the cost of alcohol and/or drug misuse with the cost of domestic abuse as it was thought that in many cases one could lead on to the other. It was acknowledged that there were some overlaps and something which the Board could give future consideration to.

The Board indicated that they would be proud to formally adopt the refreshed JSNA for Lincolnshire.

RESOLVED

That the refreshed Joint Strategic Needs Assessment for Lincolnshire be formally adopted and the evidence base to inform the development of the new Joint Health and Wellbeing Strategy be accepted and confirmed.

9 DISCUSSION ITEMS

9a Lincolnshire Sustainability and Transformation Plan (STP) Priorities and Update

Consideration was given to a report by Sarah Furley, STP Programme Director, which provided the Board with an update on the delivery of the Sustainability and Transformation Plan.

John Turner, Chief Executive Officer of Lincolnshire East CCG, introduced the report having taken over as the Senior Responsible Officer for the STP following the retirement of Allan Kitt. It was recognised and acknowledged that the requirements of the STP had not, previously, been conducive to partnership working but that this position had improved and all partners were now working towards an integrated health service.

The STP was now in the mobilisation phase for those aspects of the STP which could be moved forward to enable service provision in homes and personal settings if it were both appropriate and safe to do so.

Sarah Furley, STP Programme Director, explained the priorities and mobilisation of the STP which utilised and built upon the NHS operational plans, submitted in December 2016. The five key priorities for 2017/18 were highlighted to the Board, all of which had accountable measures attached to them:-

1. Integrated Care including Neighbourhood Teams and Urgent Care;
2. Operational Efficiency Solution;
3. Prescribing across the system and for all care groups;
4. Planned Care including Demand Management, MSK, Repatriation and elective care bed optimisation and pathway redesign; and
5. Mental health Out of County Placements

The three main areas of work currently ongoing included the previous Lincolnshire Health and Care (LHAC) programme, operational efficiency and the care portal.

At 11.50am, Dr V Bhandal left the meeting and did not return.

It was anticipated that the investment needed would become clear within the next three to six months.

During discussion, the following points were noted:-

- It was noted that the County Council continued to oppose the STP in its current form but that this view had been omitted from the document. Unless changes were made to the document, the position of the County Council would not change. It was acknowledged that the opinion of the County Council had been taken into consideration although this had not been specifically included within the report but the Board was assured that all concerns raised by the County Council, and by the public, were being considered and worked through to provide a solution suitable to all;

- Concern was raised in regard to the current financial deficit and that the five priorities given did not appear to include finance. The Board requested regular updates in relation to the financial considerations of the STP and the current deficit position;
- The running costs of the NHS estate was cause for concern with a reported £208m backlog of repairs for United Lincolnshire Hospitals NHS Trust. It was acknowledged that the STP was working alongside the One Public Estate programme which would also give consideration to the estate;
- In relation to workforce, a lot of good work had taken place in Lincolnshire and Midlands and the East Region with a considerable amount of modelling done. However, the Board remained concerned about the staffing turnover within the Trusts in Lincolnshire;
- The consultation process would require consideration by the NHS internally, followed by NHS England both regionally and nationally and therefore the timetable would be guided by these factors. It was hoped that the public consultation would be opened by the end of this calendar year or early into 2018. The Board was assured that this would not prevent engagement and discussions with partners up to that point. It was not possible, given the consultation process to be followed, to give definite consultation dates;
- The Governance Structure provided at Appendix A to the report was not clear to the Board and also gave cause for concern; and
- The Board were keen that the needs of Lincolnshire were given priority as well as those requirements of the NHS nationally. It was felt that this element of local need was currently missing from the STP.

RESOLVED

1. That the STP priorities be noted;
2. That the progress to-date be noted; and
3. That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.

At 12.20pm, John Turner left the meeting and did not return.

9b Better Care Fund (BCF) 2016/2017 and 2017/2018

Consideration was given to a report by Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which provided the Board with an update on the Better Care Fund (BCF) plans and included an update on the graduation bid and additional funding announced by the Chancellor in March 2017. The report also included performance reporting for 2016/17 and 2017/18.

The Board was asked to include this item as a standing item on the agenda for future consideration as progress was made. This was agreed.

In relation to Delayed Transfers of Care (DTOC), the Care Quality Commission (CQC) would produce a report which would be commissioned by the Government to review the worst performing 15 and the best 5 local systems in the country and produce a report which would be used by the Government. There was also concern that the £2bn (over 3 years) allocated to support social care and providers to deliver

successful transfers from hospital could risk not being reinvested in social care in 2020 if Government concluded that social care was not delivering on improved performance, notably related to DTOCs.

The Director sought to reassure the Board that Lincolnshire's performance was much better than the worst performing areas and had a close level of oversight to ensure there was no deterioration.

It was also reported that patients currently had the right to reject a residential care offer and remain in hospital, this was called the 'Choice Directive'. The Board was concerned that Government could penalise Local Authorities as a result of patient choice.

It was reported that the Graduation Plans submitted by Lincolnshire were in the Top 11 submissions but Government still had to pronounce on the selected list.

RESOLVED

1. That the BCF performance for the 2016/17 financial year and the performance achieved, be noted;
2. That the £3m Risk Contingency established for this financial year had been fully utilised by the CCGs in meeting the extra cost to ULHT despite the performance achieved on Non-Elective Admissions in 2016/17 be noted;
3. That the submission of the Graduation Plan and Lincolnshire's progress at being shortlisted for graduation be noted;
4. That the delays to the timetable for the submission of the BCF Plan and associated BCF Planning Templates be noted; and
5. That this item be added to future agendas of the Lincolnshire Health and Wellbeing Board as a standing item.

10 INFORMATION ITEMS

10a Lincolnshire Pharmaceutical Needs Assessment

An information report was received from Chris Weston, Public Health Consultant – Wider Determinants, which provided an outline of the arrangements for review of the PNA by the PNA Steering Group due to be republished in March 2018.

RESOLVED

That the report for information be received.

10b Health and Wellbeing Grant Fund - Half Yearly Update

A report by Alison Christie, Programme Manager Health and Wellbeing, was received which provided the Board with a half-yearly report of the Health and Wellbeing Grant Fund project.

Although there were some funds to be allocated, it was confirmed that this would be the decision of the Sub-Group. A meeting of this group was being arranged.

RESOLVED

That the report for information be received.

10c An Action Log of Previous Decisions

A report was received which noted the decisions taken since May 2016.

RESOLVED

That the report for information be received.

10d Lincolnshire Health and Wellbeing Board Forward Plan

The Lincolnshire Health and Wellbeing Board Forward Plan was received which provided the Board with an opportunity to discuss items for future meetings which would, subsequently, be included on the Forward Plan.

The Chairman requested that the Board's concerns in regard to immunisation, noted at the previous meeting, be referred to the Health Scrutiny Committee for Lincolnshire for further consideration.

RESOLVED

That the report for information be received and the request, as detailed above, be noted.

10e Future Scheduled Meetings Dates

RESOLVED

That the following scheduled meeting dates for the remainder of 2017 and 2017 be noted:-

26 September 2017;
5 December 2017;
27 March 2018;
6 June 2018;
25 September 2018; and
4 December 2018

The meeting closed at 12.34 pm

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Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
20.06.17	**6**	**TERMS OF REFERENCE, PROCEDURAL RULES, MEMBERS ROLES AND RESPONSIBILITIES** That a working group be established to review the membership of the Lincolnshire Health and Wellbeing Board.	Nominations to sit on the working group have been received by the Programme Manager Health and Wellbeing. Initial desktop research into best practice models of HWB membership has been completed and views sought on possible changes in membership from HWB Members. The working group is scheduled to meet in Oct 2017 to consider the information and make recommendations to the HWB meeting in December 2018
	8c	**INTEGRATION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH A SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY** That the proposal for this work to be governed via the Women and Children's Joint Delivery Board, reporting to the Lincolnshire Health and Wellbeing Board.	Updates from the Women and Children's Joint Delivery Board to be scheduled in the Lincolnshire Health and Wellbeing Board's Forward Plan, as required.
	9a	**LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) PRIORITIES AND UPDATE** That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.	The Sustainability and Transformation Plan and the Better Care Fund are standing items on the HWB's agenda
	10d	**LINCOLNSHIRE HEALTH AND WELLBEING BOARD – FORWARD PLAN** That the Board's concerns regarding immunisations be referred to the Health Scrutiny Committee for Lincolnshire.	The performance of the Immunisation and Screening Service was referred to the Health Scrutiny Committee for Lincolnshire following the Lincolnshire Health and Wellbeing Board meeting. An item on the Immunisation and Screening Programme is provisionally scheduled to go to Health Scrutiny in November 2017.

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Lincolnshire Health and Wellbeing Board – 26 September 2017

Chairman's Announcements

Membership Review

At our meeting in June, we agreed to conduct a review of the Board's membership. A three stage approach is being followed to gather evidence and information to inform the process. A desktop review (stage one) into different models and structures of Health and Wellbeing Board elsewhere in the country was completed during August. Stage two of the review involves gathering the views from the current Board Members and an email was sent on 30 August 2017 asking for your views on if the membership of the Health and Wellbeing Board should be extended or refreshed. Thank you for the responses received to date but there are still a number of Board Members who have not responded. The deadline for responded has been extended to the end of September therefore can I ask that all Board Members provide a response to hwb@lincolnshire.gov.uk

I would also like to thank the Board Members who expressed an interest in being part of a working group to review the findings of the review. The working group will meet towards the end of October and will make its recommendations to the Board in December 2017

Chair of the United Lincolnshire Hospital NHS Trust Board

On 23 August 2017, Dean Fathers, the Chair of the United Lincolnshire Hospital NHS Trust Board, announced that he was standing down owing to other commitments associated with new commercial and academic roles. He will be stepping down from the position at the end of October 2017. The recruitment process to appoint a new Chair is underway.

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Richard Wills, Executive Director, Environment and Ecomony

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Transport Services Group – 'Connected Lincolnshire' Initiative**

Summary:

Aligned to many other local authorities across the UK, Lincolnshire County Council's Transport Services Group manages and procures passenger transport on behalf of other directorates, operating as an integrated delivery team within the authority. The Group also focuses on sustainable and active travel, encouraging behaviour change with those residents and visitors that are able to do so. In summary, the Group serves the people of Lincolnshire by enabling them to travel in order to access their requirements.

Across Lincolnshire, passenger transport services are commissioned by different organisations and different departments within those organisations. Services range from statutory to discretionary provision and include socially necessary local bus services contracted by the Council, non-emergency patient transport services contracted by the NHS CCGs, commercial bus services, and demand responsive services run by the Council and community groups. The provision of accessible transport is important to a range of passengers – for example, jobseekers, those in education and those seeking healthcare. It also contributes to the well-being of older people and reduces social isolation – this is a particular issue for rural counties such as Lincolnshire.

The majority of passenger transport services are commissioned separately, rather than being co-ordinated or integrated. This leads to inefficiency in the use of resources – from vehicles, staff and skills to estates and financial resources. All transport commissioners are facing similar pressures, with delivery costs continuing to increase, public funding continuing to decrease, passenger demand and expectations continuing to rise and the level of passengers with more complex needs also increasing. As such, the inefficiency of the county's transport network needs addressing – this is the rationale for the *Connected Lincolnshire* initiative.

The report summarises the Transport Services Group's vision for the county's passenger transport solutions, aiming to create an efficient and effective integrated multi-modal passenger transport network and service by 2021. The two lead projects are:

- New integrated vehicle-based passenger transport network and service – focusing on the county's two lead commissioners of passenger transport, the Council and the NHS, this one-year Project would aim to propose a new passenger transport network and service, for implementation over the following 2-3 years.

- New integrated cycling and walking passenger transport network and service – focusing on these more sustainable modes of 'transport' and aiming to propose a new network and service for the county.

Underpinning work streams and projects are summarised in the report.

Actions Required:

The Transport Services Group requests the support of the Health and Wellbeing Board for its vision and the associated approach, work streams and projects.

1. Background

Local authorities' passenger transport delivery

Aligned to many other local authorities across the UK, Lincolnshire County Council's Transport Services Group manages and procures the following passenger transport on behalf of the Environment and Economy Directorate, Children's Services Directorate and Adult Care Directorate: Mainstream and SEND home to school transport; Post 16 education transport; Adult social care transport (including elderly person's care); Children's social care (including children with disability) and Local bus – supported fixed-route bus services and demand responsive transport. The Group also focuses on sustainable and active travel, encouraging behaviour change with those residents and visitors that are able to do so. In summary, the Group serves the people of Lincolnshire by enabling them to travel in order to access their requirements. It operates as an integrated delivery team within the authority, providing cost efficiency to the Council in taking this approach.

Local authorities have a statutory duty to identify transport needs and to provide services where these needs would not otherwise be met. They also have statutory obligations to provide home to school transport, social care transport and to secure local bus services where none are provided commercially and which the Council determines socially necessary. Commercial operators have no legal requirement to run loss-making services.

Across Lincolnshire, passenger transport services are commissioned by different organisations and different departments within those organisations. Services range from statutory to discretionary provision, including socially necessary local bus services contracted by the Council, non-emergency patient transport services contracted by the NHS CCGs, commercial bus services, and demand responsive services run by the Council and community groups. The provision of accessible transportation is important to

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All transport commissioners are facing similar pressures, with delivery costs continuing to increase, public funding continuing to decrease, passenger demand continuing to rise and the level of passengers with more complex needs also increasing. As such, the inefficiency of the county's transport network needs addressing – this is the rationale for the *Connected Lincolnshire* initiative.

Lincolnshire County Council and Total Transport

The Council is considered to be a leading authority regarding rural transport solutions and drivers of continual innovation and development. In 2015, the Department for Transport (DfT) launched the Total Transport Pilot Fund which aimed to assist local authorities in England to try new and better ways of delivering joined-up local transport in rural and isolated areas. A total of 37 schemes shared £7.6 million of funding to improve transport services in local areas. The Council was awarded funding from DfT's Total Transport Pilot Fund to deliver TotalConnect, a project that focused on the feasibility of integrating the organisation and delivery of transport services through the development of a one-stop-shop approach, covering demand-responsive local bus services, non-emergency patient transport (NEPT), community transport and home-to-school and adult social care transport. This work included feasibility analyses and an element of piloting for proof of concept. There were four key project strands for TotalConnect: Health transport integration; Voluntary sector transport; Information communications technology development; and Market development / moderation.

Whilst the TotalConnect Project did achieve some interesting findings, there were some significant barriers to achieving any significant change – these are explored in the next section.

Opportunities and barriers

The following is a summary of the key opportunities and barriers to the Council moving forward with the Total Transport approach, many of which will be shared by other local authorities. However, it is not intended to be an exhaustive list.

Collective long term vision, objectives and strategy

There is general agreement across local authorities and the DfT, that the delivery of passenger transport can be made more efficient and more effective, in part through an integrated approach. This concept is also demonstrated through Innovate UK's[1]

[1] Innovate UK is the UK government's innovation agency, Working to: determine which science and technology developments will drive future economic growth; meet UK innovators with great ideas in the fields we're focused on; fund the strongest opportunities; connect innovators with the right partners they need to succeed; help our innovators launch, build and grow successful businesses.

Connected Transport strand, and through the work of Catapult[2], each helping to transform the UK's capability for innovation and economic growth.

Unfortunately, at a national level, there is not a clear shared vision, objectives and strategy for achieving this. However, the imperative for financial efficiencies continues to increase, there is an opportunity to overcome this barrier using the momentum this brings. The strategy would need to reflect the different issues that the passenger transport sector has across the UK, including different geographical issues, cultural backdrops, resource levels etc.

There is an imperative for the public sector to work together and to work with the private and third sectors in order to agree and achieve a shared strategic direction. There are, however, some barriers to achieving this, including:

- Cultural approach by some public sector bodies can be one of independent working, often within the organisation and relating to external partnerships
- Procurement restrictions on the public sector can restrict developmental partnerships being formed with the private sector

In order to achieve a clear shared vision, objectives and strategy for passenger transport across the UK, a proactive, driven and coordinated approach would be required to enable it to happen and to overcome intrinsic barriers. To this end, there is a significant opportunity to build on projects such as Transport for Manchester, Transport for the North West, Transport for London, where there is momentum and innovation.

The Council's Transport Services Group is working with the DfT, Innovate UK, Catapult and the Knowledge Transfer Network[3] to strive for this cohesive approach, so that tangible benefits may be derived by, and for, Lincolnshire.

Scope of passenger transport

Due to the disparate nature of commissioned transport and delivery, in Lincolnshire there is a significant void in the understanding, knowledge and data surrounding the current transport network – for example, what it looks like on a daily basis and the resource use across all areas and across all transport commissioners. There is, therefore, the need for a mapping exercise before any review is undertaken. It is vital that passenger transport encompasses all possible modes of travel – motorised (car, motorbike, bus, train) and non-motorised (cycling and walking).

Public sector partnership

A key barrier identified by several local authorities as part of the Total Transport feasibility work has been the partnership approach needed between all parties within the public sector, including local authorities and the NHS. During the TotalConnect Project, the Transport Services Group worked to influence the CCGs regarding the Non-Emergency Passenger Transport (NEPT) procurement contract, including the option of dividing the contract into booking/scheduling and transport delivery. However, this was unsuccessful, in part due to the focus on procurement and the challenging timescales involved. There

[2] The Transport Catapult is one of eleven elite technology and innovation centres established and overseen by the UK's innovation agency, Innovate UK. It was created to drive and promote Intelligent Mobility, using new and emerging technologies to transport people and goods more smartly and efficiently.

[3] The Knowledge Transfer Network specialises in cross-sector collaboration and their team of innovation experts connect organisations to other businesses, academics and other innovation support providers. Transport is one of the industries supported by the Knowledge Transfer Network.

was emerging evidence to suggest that a different model could be successful (generated by a joint pilot) but from a risk management perspective the CCG Procurement Team considered it was not yet comprehensive and conclusive enough. However, reference to Total Transport was included in the NEPT contract specification, which encourages liaison with the Council and which could enable the scope of the contract to be reviewed in the light of collaborative developments, albeit the onus for this was placed on the provider rather than being driven by the CCG as the commissioner.

The new NEPT contract started in July 2017 with Thames Ambulance Service Ltd (TASL) as the new supplier for 5 years and there have been some initial delivery issues. The opportunity now exists to change the transport network before the next re-procurement begins, particularly as the CEO of TASL shares the Transport Services Group's vision for an integrated approach to the county's transport provision. There is a further opportunity with the impetus behind the NHS Sustainability and Transformation Plans being developed, which will require transport solutions to meet the changes in clinical design. More detailed information is provided below in this report.

Sustainable travel modes

Travelling by foot, by bike, by bus/coach, by rail or by car sharing is a key driver for change globally. Reasons widely accepted include: air quality improvement for health and environmental reasons, active travel for improved health, reduced traffic congestion required, the asset management requirements and limited infrastructure development availability to be able to manage the constant increase in vehicles and population levels. As such, there is a significant opportunity to drive this change. Encouraging behavior change to follow the sustainable travel hierarchy (see below) when travelling, whether it is part of your daily commute, for a business/study trip or for leisure, forms an important element in achieving this change. However, localities have to be able to provide the facilities to enable people to make the behavior change required.

The Council delivers projects focused on behaviour change, such as Access LN6 (2013-2015), Access Lincoln (2017-2020), but to date these projects have targeted specific geographic areas based on external funding. There is an opportunity to re-write a Cycling Strategy and a Walking Strategy for Lincolnshire, encompassing the Total Transport approach.

Funding and commercial viability

The public sector is not necessarily able to take a 'research and development' approach to its work. As such, any scoping, innovation and development usually requires external funding, which can be very difficult to access by the sector. This creates an automatic barrier to driving development and implementing change. Furthermore, local authorities need to work more closely with the commercial market providers for passenger transport

to analyse where their financial support and intervention is best placed, as opposed to where the commercial market is willing and able to deliver.

If a funding mechanism was to be made available to local authorities as an enabler for scoping and developmental projects; and if this mechanism was linked to a shared vision, objectives and strategy, local authorities would be more likely to work in partnerships, all heading in the same strategic direction. The Council's Transport Services Group is working with the DfT, Innovate UK, Catapult and the Knowledge Transfer Network to propose this approach to funding the public sector's passenger transport developmental needs.

Lincolnshire's vision and work streams

The Council has a vision for creating a *'Connected Lincolnshire' – an efficient and effective integrated multi-modal passenger transport network and service by 2021*. This vision is the next phase of the Total Transport approach.

In order to achieve this vision, the Council has identified the following work streams which will contribute. Each work stream requires a vision, objectives and strategy. A summary diagram is shown in Appendix A.

Lead projects

New integrated motorised passenger transport network and service	***New integrated cycling and walking passenger transport network and service***
Programme of infrastructure works underpinning the network and service	
Integrated passenger transport service delivery Integrated commissioning, procurement and delivery of new integrated passenger transport network and service	

These two lead projects are intrinsically linked, both aiming to re-design the current passenger transport network and service. Initially, the projects will be scoped separately due to the different travel modes involved and the difference in how the projects will need to be delivered. Both projects will map the current network and service, and propose a more efficient and effective network and service, with the associated resource savings it would potentially deliver. These projects will also propose how to integrate commissioning, procurement and delivery of the new network and service.

Key points regarding the motorised network and service:

- This will involve a one year scoping project followed by a 2 year implementation phase. A summary of the one year scoping project is provided in Appendix B – the project is named ' Integrated Passenger Transport Project'.
- This project would focus on the county's two lead commissioners of passenger transport – the Council and the NHS.
- There is significant momentum and a strong partnership approach currently in place between the Council, a CCG representative, a representative from the NHS Sustainability and Transformation Plan Team, and with Thames Ambulance Services Ltd (the current provider of Lincolnshire's non-emergency passenger transport, contracted by the CCGs).

- The NHS Sustainability and Transformation Plan Team is being asked to contribute financially to the project, however the Council's Transport Services Group intends to deliver the project regardless of this financial support due to the essential nature of this project for Lincolnshire's passenger transport network and service. It is intended that external funding would be sought for the 2 year implementation phase.
- A draft business case is intended to be circulated within the Council, the CCGs and the NHS Sustainability and Transformation Plan Team for approval, with an aim to begin the one year scoping project in October 2017.
- It is envisaged that significant efficiencies will be proposed at the end of the one year scoping project.

Key points regarding the cycling and walking-based network and service:

- This project has yet to be scoped but it is likely to require a similar approach as the motorised project above, i.e. a one year scoping project followed by a 2 year implementation phase.

Aligned to both projects will be an infrastructure strand, providing a programme of required infrastructure developments linked to planning and highways programmes.

Underpinning work streams

Data capture and analysis to manage the passenger transport network and service

ICT system to underpin centralised and integrated commissioning, procurement and delivery	
New back-office ICT system	**New passenger use portal (one-stop-shop)**
LCC/NHS Care Portal	

In order to underpin the lead projects, the initiative needs to create a data and analysis hub for passenger transport. This provision would be provided by the Transport Services Group and could support departments including Public Health. A new piece of analysis software has being purchased by the Transport Services Group to enable this work to be started. Furthermore, it would be prudent if a Joint Strategic Needs Assessment topic for passenger transport could be created to underpin this work stream.

In addition, there is an urgent requirement for the Transport Services Group to procure a back-office ICT system due to the current systems no longer being fit for purpose. The new software must be implemented in 2018 and it would seem sensible to ensure that this new system could enable the long-term integrated commissioning, procurement and delivery of the passenger transport network and service. As such, the procurement process will take into account the long term vision and approach.

Linked to this will be the development of a cohesive user website or portal, drawing together all travel modes and information into one place – a 'one-stop-shop' for passengers. Discussions are underway currently with the Council's IMT and Digital Engagement Teams to progress this work stream.

A further link is a joint LCC/NHS care portal, which is already being developed by the Council's Public Health Team. This portal will initially provide a portal for medical professionals to access a patient's data from one place. Eventually, a patient portal will be created within this. It is important that transport is tied into this project, as the patient portal would ideally enable patients to 'see' their transport bookings alongside their medical appointments.

Transport market development to create an ideal supplier market for new integrated passenger transport network and service Capacity and capability development and stabilisation		
Businesses and People Increasing capacity and capability	**Vehicles & Cycling** Technology and environmental development	**Ticketing** Technology advancement

In order to sustain an efficient and effective integrated passenger transport network and service, Lincolnshire needs an efficient and effective supplier market which is fit for purpose. There are numerous key issues with the current supplier market, many of which could be overcome by creating a shared market development plan with the suppliers. This will require high levels of stakeholder engagement to agree a shared vision and development plan for the market as a whole. The Transport Services Group aims to start working on this project during 2017/18. The implementation of the plan will require external funding, primarily being directed to the suppliers to enable them to develop in areas such as business development, staff capacity and capability, technology development regarding vehicles, cycling and ticketing.

Innovate UK and Catapult are currently working on numerous projects focused on telematics and other technology elements, which Lincolnshire could learn from rather than developing new projects. However, the issues surrounding the capacity and capability of the market suppliers are largely shared across the UK and have not necessarily been articulated or solutions sought. As such, the Transport Services Group intends to maximise this opportunity, which could seek to provide funding for trials and research and development with the supplier market.

Marketing and publicity Includes behaviour change

Legal Compliance Includes transport, procurement, financial, data

The remaining underpinning work streams are fundamental to the success of all the other projects and work streams. The Transport Services Group's approach to marketing and publicity will be consolidated and brought in line with the long term vision of an integrated network and service. It will be led by strategic marketing, to ensure that the relevant audiences are being targeted in the most successful way, using all different communication techniques and platforms.

Compliance with all legal requirements is essential and will provide parameters for the network re-design.

2. Conclusion

The Transport Services Group has a clear vision for the future of the county's passenger transport and it is committed to driving it to be achieved. The implementation will require:

- several work streams and projects to be scoped and implemented alongside each other
- strong partnership working, including with the NHS and market providers
- internal and external funding

There are no formal agreements in place regarding the delivery of this initiative. Therefore, support is requested from the Lincolnshire Health and Wellbeing Board for the vision and proposed work streams.

3. Consultation

There has not been any formal consultation regarding the content of the entire report. The vision has been shared in confidence with Transport Systems Catapult and innovate UK as part of our exploring potential partnership working.

The individual 'Integrated Passenger Transport Project' has been developed in partnership with the following parties:

- Martin Kay, Lincolnshire West CCG and lead on transport for all CCGs
- Craig Esberger, Lincolnshire West CCG and lead on transport for all CCGs
- Sarah Furley, NHS STP Team
- Annette Lumb, NHS STP Team
- Margaret Serna, CEO, Thames Ambulance Services Ltd
- Verity Druce, LCC, Transportation Services Group

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Summary of the Connected Lincolnshire initiative in Lincolnshire
Appendix B	Summary of the Integrated Passenger Transport Project

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 Verity Druce, Senior Projects Officer (Transport Services Group), who can be contacted on 01522 555156 or verity.druce@lincolnshire.gov.uk

Appendix A – Summary of the Connected Lincolnshire initiative in Lincolnshire

CONNECTED LINCOLNSHIRE

New integrated multi-modal passenger transport network and service by 2021

New integrated motorised passenger transport network and service – Integrated Passenger Transport Project

*[Design and implement a new **passenger** transport network for Lincolnshire that is as efficient and effective as possible, and is fit for the future]*

Re-modelled route network
Local authority commissioned transport
(home to school, social care, supported bus services, demand-responsive transport)
NHS commissioned transport
Public transport – includes rail where relevant
Any other vehicle based passenger transport

New integrated cycling and walking passenger transport network and service

Cycling routes and facilities (infrastructure, signage, storage, parking, short-term bike hire)
Walking routes and facilities (safe routes, signage)
Last leg journeys
Park and ride / bike / walk / public transport / parking costs
Car-sharing, car-clubs
Includes rail where relevant
Access Lincoln Project (DfT funded)

Infrastructure
Integrated to work streams above, co-designed programme linked to planning and highways programmes

Integrated passenger transport service delivery
Integrated commissioning, procurement and delivery of new integrated passenger transport network and service

Data capture and analysis to manage passenger transport network and service

ICT system to underpin centralised and integrated commissioning, procurement and delivery

New back-office ICT system

New passenger use portal (one-stop-shop)

LCC/NHS Care Portal

Transport market development to create ideal supplier market for new integrated transport network and service
Efficient, effective, stable and high standard across all suppliers including LCC-owned supplier

Businesses and People

Career path created – drivers and passenger assistants
Associated learning and development for capability development (incl. ICT, medical, customer care etc)
Capacity development – drivers and passenger assistants
Increase minimum wage nature of industry
Business development for providers, including leadership
Community schemes development project

Vehicles and cycling

Technology innovation linked to ICT back office system and ticketing
Capacity development with specific vehicle types (e.g. wheelchair access)
Vehicle innovation / greener vehicles development programme
Real time technology
Cycling technology development

Ticketing

Technology innovation linked to ICT back office system – smart cards, mobile apps for all providers etc
Contactless payment for passengers and commissioner

Marketing and publicity
Includes behaviour change, target audience work, development of ambassadors

Compliance
Includes transport, procurement, financial, data

Appendix B – Summary of the Integrated Passenger Transport Project

1. Background

Lincolnshire's passenger transport services are commissioned by different departments within different organisations. Services include:

- Commercial bus routes
- Socially-necessary local bus routes
- Demand-responsive bus routes (e.g. CallConnect)
- NHS non-emergency patient transport
- Home-to-school transport
- Social care transport
- Voluntary car schemes

Separate commissioning is potentially an inefficient use of resources - from vehicles, staff and skills to estates and finances.

2. Project aim and objectives

The aim of the Integrated Passenger Transport Commissioning project is first to map and analyse the existing transport network for Lincolnshire, and then design and ultimately implement a new **passenger** transport network that is as efficient as possible, fit for the future and is focused on its purpose – to transport people safely.

It is intended that each phase of the project will inform the next, with the project planning being an iterative process and the relevant approval being sought at each stage as necessary.

3. Potential project benefits

- Reduction in vehicle journeys
- Maximised use of resources (including vehicles, staff, skills and finances)
- Reduced reliance on ad hoc expensive transport (such as taxis or vehicles with high need medical equipment and staff)
- Savings from both provider-side efficiencies and integrated commissioning
- More effective use of Voluntary Car Schemes
- A single point of contact for *any* passenger
- Improved passenger experience (e.g. more flexibility, reduced waiting times)
- Improved connectivity for Lincolnshire residents
- Better implementation of IT to support transport services
- Reduction in carbon emissions

4. Potential project risks

This is a complex project with conflicting interdependencies. Expected issues include:

- Overall complexity and ambition of the project
- Delays in the delivery of the project timetable
- Identifying all transport within scope/identifying and involving all stakeholders
- Achieving internal buy-in from all commissioners/agreeing the project governance structure
- Conflicting organisational priorities and internal procedures e.g. procurement, data sharing
- Resource capacity to support trials and pilots
- Lack of consistent data to quantify benefits and demonstrate improvement
- Internal commissioning and cultural issues
- Ability of IT market to deliver appropriate systems to underpin delivery of the project
- Lack of flexibility within existing contracts
- Replicability/scaling of pilots
- Communications (internal and external)
- Public expectations of transport
- Criteria for access to NEPTs being clinically based

5. Project timescales and milestones

It is proposed that the Integrated Passenger Transport Commissioning project will be delivered over three years:

Phase 1 (estimated October 2017 – October 2018): Analysis of existing transport network, identification of efficiencies and agreement on a new model for the future.

Phase 2 (estimated October 2018 – October 2021): Implementation of the new transport network.

6. Governance

LCC intends to lead the project with involvement from all stakeholders. It is proposed that the project be overseen by a Project Board, including senior representation from LCC, local NHS organisations and other transport commissioners as appropriate.

Links would be made with existing strategies and ongoing work that has a transport element (e.g. the STP) to ensure no duplication of effort and that the outcomes of this project are consistent with other work streams.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Active Lincolnshire

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Physical Activity – 'Whole System Approach'**

Summary:

The DCMS strategy, Sporting Futures, 2015, set out the government's approach to developing an 'Active Nation'. Sport England followed the shift in strategic direction with their strategy: *Towards an Active Nation, 2016.*

The presentation aims to explore the following:

1. Key changes in the direction of travel nationally and how this will impact locally
2. Evidence base aligned to JSNA and local strategic priorities
3. What we know about Lincolnshire's physical activity levels
4. Whole System approach
5. Creating a 'Physical Activity Alliance' to drive forward the agenda

Evidence based links to JSNA and country strategic priorities:

- Mental Health& Emotional Wellbeing (Children & Young People)
- Physical Activity
- Cancer
- COPD
- Diabetes
- Stroke
- Mental Health (Adults)
- Dementia
- Falls

In partnership with Sport England, the County Council, District Councils and other key stakeholders, Active Lincolnshire want to support Lincolnshire to become the most active county across the country. This can not be done in isolation and evidence shows to create a real sustainable shift in activity levels this must be done in a whole system approach i.e.

- Policy
- Physical Environment
- Organisations and institutions
- Social Environment
- Individual (previous work has focused in this area)

Active Lincolnshire are exploring the opportunity to create a 'Physical Activity Alliance' comprising of key stakeholders to drive forward the 'Whole System' approach to physical activity and seek feedback from the Health and Wellbeing Board on the direction of travel, ensuring we avoid duplication and work towards local priorities.

Actions Required:

1. Answer any questions on national and local context
2. Understand how Active Lincolnshire can support the H&W board drive forward on key priorities (avoiding duplication)
3. How can Active Lincolnshire collaborate to create a whole system shift in physical activity across the county
4. Understand the strategic fit of creating a 'Physical Activity Alliance' to drive forward the agenda

1. Background

The attached outcomes evidence review, identifies areas where there is good, mixed and a gap in the evidence based aligned to each of the 5 Sport England outcomes:

1. Physical Wellbeing
2. Mental Wellbeing
3. Individual Wellbeing
4. Social and community development
5. Economic development

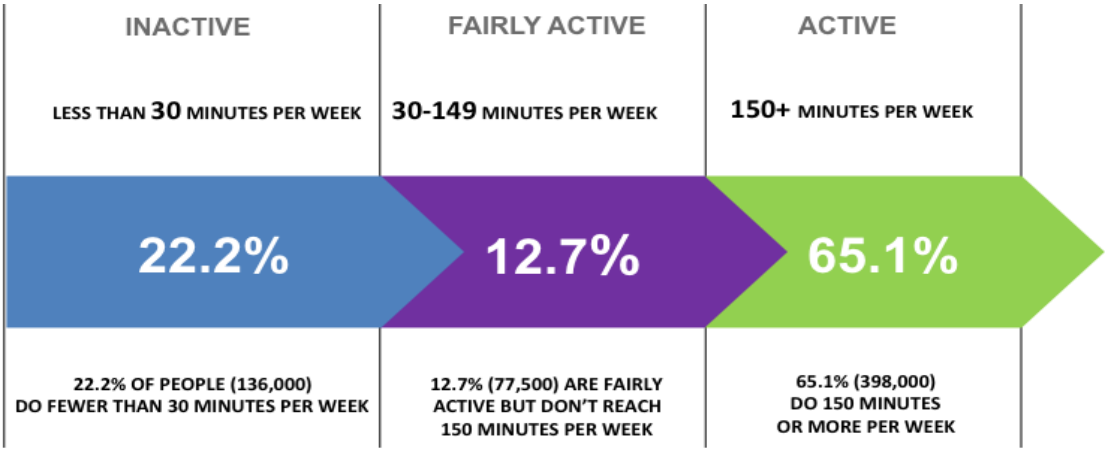
Each of the outcomes can be aligned to the local priorities identified within the JSNA, 2017. A particular focus can be drawn to these:

- Mental Health& Emotional Wellbeing (Children & Young People)
- Physical Activity
- Cancer
- COPD
- Diabetes
- Stroke
- Mental Health (Adults)
- Dementia
- Falls

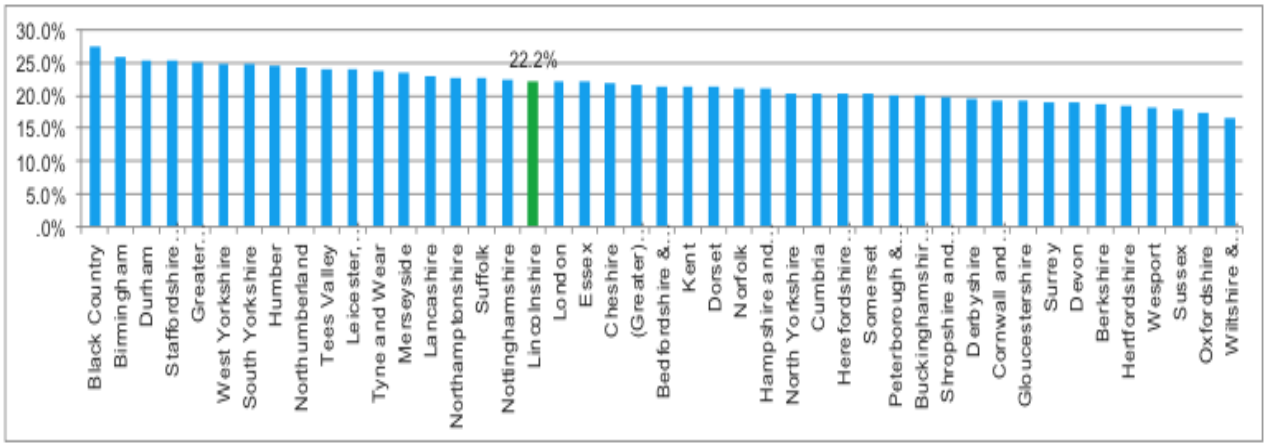
In addition, there is good evidence base the impact physical activity has on:

- **Social isolation**
- **Health Sector savings**

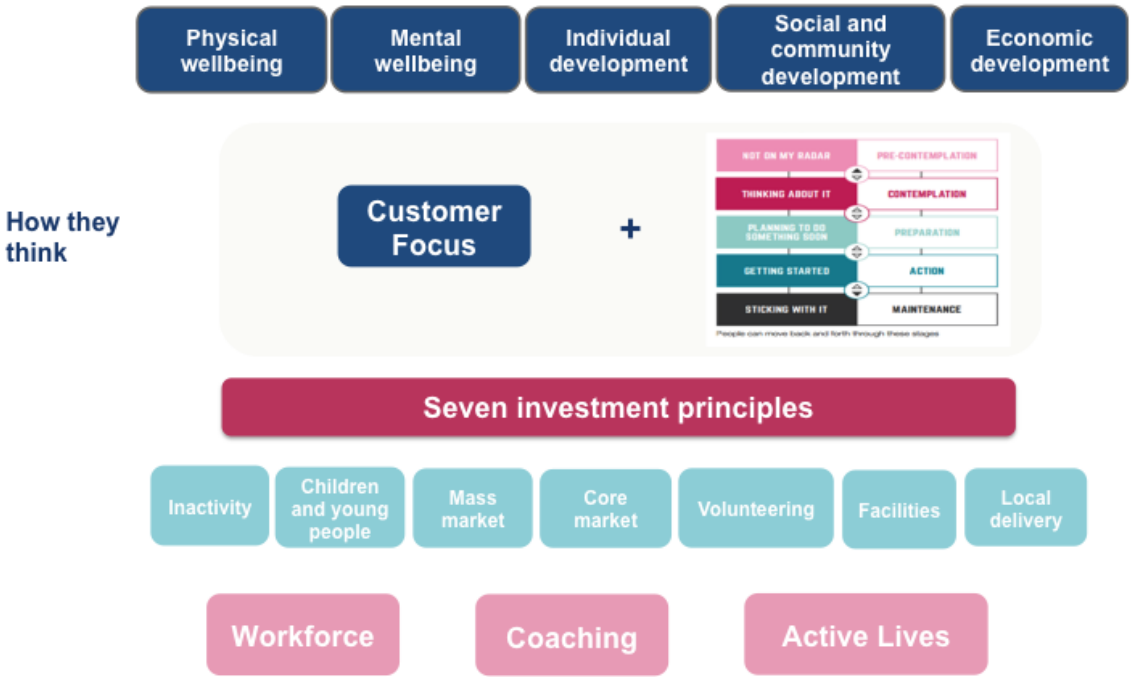
Given the benefits identified, physical activity levels across Lincolnshire remain lower than other parts of the country:



Note: The figures listed in this report include gardening activity



Sport England Strategy – Towards an Active Nation:



New role of County Sports Partnerships: What are we doing to address the level of inactivity:

1. **A strong granular understanding of the place and people** - Active Lincolnshire are currently developing our insight in the communities we service, to provide a clear understanding of who and why our particular population groups are inactive.
2. **Ability to broker and facilitate a much wider range of relationships** – developing a stakeholder engagement plan alongside the 'Physical Activity Alliance' development.
3. **Play an active role in the implementation of projects and relationships on Sport England's behalf** – continue to be this facilitator and enabler with existing and new projects. Drive investment into Lincolnshire based on needs identified through clear insight of our communities.
4. **Support local authorities** – by consent. Working with each local authority to understand local needs and share insight to drive investment based on needs.

Active Lincolnshire are also contributing to the development of evidence base, this has included working nationally with Macmillan to understand how to change lifestyle behaviours within Cancer patients. Lincolnshire's model has been nationally recognised for best practice. Our ambition is to build on this national evidence base to understand how this translates to Lincolnshire's communities.

2. Conclusion

There is a wealth of evidence base on how physical activity can impact on the wider determinants of health, as well as physical and mental wellbeing. Lincolnshire does however have a large population of inactive communities, with increasing health and social care costs. Working collaboratively and in a whole system based approach physical activity could play a key role in moving forward the wellbeing agenda across Lincolnshire.

3. Consultation

Initial thoughts on a 'Physical Activity Alliance' are included below:

The themes under the board could relate to specific topic areas, life course approach or key stakeholders as illustrated. Active Lincolnshire have not progressed the model yet and would be keen to understand what thoughts the Health and Wellbeing Board have on approaching the whole system change through this model.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Sport Outcomes Evidence Review Infographic

5. Background Papers

Document	Where can it be accessed
Sport England: Towards an Active Nation. Strategy 2016 - 2021	https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf
Sports Outcomes Evidence Review	https://www.sportengland.org/research/benefits-of-sport/sport-outcomes-evidence-review/
Sport Outcomes Evidence Review – Summary of the Review and Findings 2017	https://www.sportengland.org/media/11717/sport-outcomes-evidence-review-report-summary.pdf
Sporting Future: A New Strategy for an Active Nation (2015)	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

This report was written by Jo Metcalfe who can be contacted on 07990973600 or health@activelincolnshire.com

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THE OVERALL IMPACT OF SPORT AND PHYSICAL ACTIVITY ON...

PREVENTION OF MEDICAL CONDITONS

MAINTENANCE OF STRENGTH, BALANCE, MOTOR SKILLS

MANAGEMENT OF MEDICAL CONDITIONS

physical wellbeing

SOURCE OF ENJOYMENT AND HAPPINESS

IMPROVED SELF-ESTEEM

mental wellbeing

IMPROVED COGNITIVE FUNCTIONS

DEVELOPMENT OF SOFT SKILLS

IMPACT ON EMPLOYMENT OPPORTUNITIES

IMPROVED CONFIDENCE AND SELF-ESTEEM

individual development

MIXED EVIDENCE

physical wellbeing

- IMPROVED QUALITY OF SLEEP
- INCREASED ENERGY LEVELS
- HEALTHY DEVELOPMENT IN EARLY YEARS

mental wellbeing

- REDUCED ANXIETY, STRESS, DEPRESSION
- IMPACTS AROUND DEMENTIA

individual development

- EDUCATIONAL BEHAVIOUR AND ATTAINMENT
- INCREASED LEVELS OF SELF-EFFICACY
- REDUCTION IN ANTI-SOCIAL BEHAVIOUR

social and community development

- VOLUNTEERING AND SOCIAL ENGAGEMENT
- HELPING NEW MIGRANT COMMUNITIES INTEGRATE

economic development

- ECONOMIC VALUE OF CRIME REDUCTION

social and community development

REDUCING ISOLATION

BRINGING PEOPLE TOGETHER FROM DIVERSE BACKGROUNDS

PROMOTING ENGAGEMENT AND CIVIC TRUST

economic development

EMPLOYMENT AND EMPLOYABILITY

SPORT TOURISM

HEALTH SECTOR SAVINGS

GOOD EVIDENCE

- IMPACT ON VOLUNTEERS AND SPECTATORS
- LARGE SCALE EMPRICIAL STUDIES
- TYPES OF EXERCISES

GAPS

- MITIGATE NEGATIVE IMPACTS
- IMPACT ON OLDER INDIVIDUALS
- IMPACT ON SUBGROUPS
- LONGITUDINAL STUDIES

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Lincolnshire COUNTY COUNCIL
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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment (PNA) 2018**

Summary:

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every 3 years. Data contained within the assessment will be used to plan pharmaceutical services in the county to best meet local health needs.

The production of the 2018 PNA for Lincolnshire has commenced, and a draft PNA is being prepared to go to consultation between Monday 11 December 2017 and Saturday 11 February 2018. A final PNA is expected to be published by 1 April 2018.

Actions Required:

1. To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by April 1 2018 has commenced
2. To receive the Terms of Reference for the 'Lincolnshire PNA Steering Group'
3. To receive the project plan timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2018 Lincolnshire PNA

1. Background

The Pharmaceutical Needs Assessment (PNA) is a report of the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners,

planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

The first PNA was completed on behalf of Lincolnshire HWB and submitted to NHS England by April 1 2015, as was required by law. The next PNA is due by April 1 2018.

The HWB has requested Lincolnshire County Council Public Health prepare a revised assessment for 1 April 2018. Lincolnshire County Council has convened a PNA Steering Group to support the development of the PNA.

An external pharmaceutical expert resource, Soar Beyond Limited, has been commissioned to support the preparation of the draft PNA 2018 report. Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015, and have been commissioned to support 12 to date in 2017/18.

The PNA Steering Group held its first meeting on 11 July 2017. At this meeting a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the PNA were agreed.

The steering group are presently consulting with and gathering views from service providers, commissioners, and Lincolnshire public on current pharmaceutical service provision

2. Conclusion

The draft PNA 2018 is currently being prepared in close consultation with the external consultants, Soar Beyond Ltd. The draft assessment will be considered by the Steering Group at a meeting on 10 November 2017.

Upon recommendation of a draft PNA by the Steering Group, the assessment will be put to HWB members at the meeting on 5 December to approve for consultation. Pending approval, it will be made available for a mandatory 60-day consultation.

The results of consultation will be considered by the Steering Group at its meeting on 27 February 2018, and a final PNA produced with recommendation for the HWB to publish, at its meeting on 27 March 2018.

The final PNA must be published no later than 31 March 2018

3. Consultation

A public questionnaire has been produced by the PNA Steering Group to seek views and comments on current pharmaceutical service provision. Supported by community pharmacies, GP practices, libraries, Healthwatch, and the local authority and CCGs communications teams, the questionnaire have been made available through various channels. A total of 1145 have been received from all ages group above the age of 16 years. A summary of the responses has been provided in Appendix C.

In addition, a commissioner questionnaire, pharmacy contractor questionnaire, and dispensing GP practice questionnaire have been compiled, to ascertain current commissioning and provision of services.

Response are being analysed and will help inform any further public engagement to be undertaken during the consultation and the Equality Impact Assessment (EIA).

A 60-day consultation is a mandatory component of the Pharmaceutical Needs Assessment (PNA) preparation. The consultation follows a period (June – September 2017) of data gathering on health needs, service provision and views of residents on the existing levels of pharmacy provision. The proposed consultation will be on the findings of the draft Pharmaceutical Needs Assessment, approved by the HWB at its December meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA
- In your opinion, how accurately does the draft PNA reflect each of the following? (current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, future pharmaceutical needs of Lincolnshire's population (over the next three years)
- Any other comments
- We will also collect some (optional) basic data about the respondent (in line with LCC guidance)

The Pharmaceutical Regulations mandate that the consultation must be for a minimum of 60 days. The planned dates for the consultation are from 11 December 2017 to 11 February 2018.

The regulations also list a range of stakeholders whom must be consulted. A stakeholder list has been developed, in conjunction with the Steering Group, and used to help distribute the questionnaires.

Additional to its approval of a draft PNA for the HWB to approve, the PNA Steering Group will propose a consultation plan for the draft PNA. The Steering Group has membership of some of the key stakeholders – pharmacy (represented by the LPC), health services (represented by the CCGs, LMC, LCC), residents (represented by Health Watch, and LCC and CCG engagement leads).

The EIA will be used to identify any vulnerable groups which may need to be targeted. As a minimum, it is envisaged that the draft PNA will be consulted through the following methods:

- Questionnaires: distribution through pharmacies, libraries and other venues and online through Health Watch, CCGs newsletters and LCC website
- Talks: presentations at various groups where dates allow – and then distribution of questionnaires
- Media: traditional and social media communications

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire PNA Steering Group Terms of Reference
Appendix B	Lincolnshire 2018 PNA Project Plan
Appendix C	Summary report on the public questionnaire

5. Background Papers

Document	Where can it be accessed
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	http://www.legislation.gov.uk/uksi/2013/349/contents/made

This report was written by Chris Weston, Public Health Consultant, who can be contacted on 01522 553006 or chris.weston@lincolnshire.gov.uk

APPENDIX A: LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT STEERING GROUP TERMS OF REFERENCE

1. Background

In order to provide pharmaceutical services providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list. For their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need in the Pharmaceutical Needs Assessment (PNA) for the area.

From April 2013 the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs from the former primary care trusts (PCTs) to Health and Wellbeing Boards. At the same time the responsibility for using PNAs as the basis for determining market entry to the pharmaceutical list transferred from PCTs to NHS England.

2. Purpose

The Health and Wellbeing Board (HWB) has the legal responsibility for producing a PNA every three years. A revised PNA for Lincolnshire needs to be published by 1 April 2018.

The purpose of the PNA Steering Group (PNA SG) is to develop the revised PNA on behalf of the HWB.

The PNA SG will set the timetable for the development of the PNA, agree the format and content, oversee the statutory consultation exercise and ensure the PNA complies with statutory requirements.

3. Role

The PNA SG has been established to:

- Oversee and drive the formal process to review the PNA for Lincolnshire, including the 60 day statutory consultation exercise;
- Ensure the published PNA complies with all the statutory requirements set out in the appropriate Regulations;
- Promote integration and linkages with other key strategies and plans including the Lincolnshire Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy for Lincolnshire and Lincolnshire's Sustainability and Transformation Plan;
- Establish arrangements to regularly review the PNA following publication, including issuing subsequent supplementary statements in response to any significant changes.

4. Key Functions

- To oversee the PNA process
- To approve the framework for the PNA
- To approve the project plan and timeline, and drive delivery to ensure key milestones are met
- To ensure the development of the PNA meets all statutory requirements

- To determine the localities which will be used for the basis of the assessment
- To undertake an assessment of the pharmaceutical needs of the population including:
    - Mapping current pharmaceutical service provision in Lincolnshire
    - Reviewing of opening hours and location of services
    - Using the JSNA & other profile data to review of the health needs of the population
    - Analysing current and projected population changes in conjunction with existing patterns of service provision
    - Identifying any gaps in service provision and proposed solutions on how gaps can be addressed
    - Consideration of future needs, including housing growth, and its impact on the development of services - in terms of essential, advanced and enhanced service provision.
- To produce a draft PNA for consultation
- To ensure active engagement arrangements are in place
- To oversee the consultation exercise ensuring that it meets the requirements set out in the Regulations
- To consider and act upon formal responses received during the formal consultation process, amending the PNA document as appropriate
- To ensure the Lincolnshire Health and Wellbeing Board is updated on progress and that the final PNA is signed off by the Board by the end of March 2018.

5. Membership

Core membership will consist of:

- Consultant, Public Health (LCC)
- Programme Manager Health & Wellbeing (LCC)
- Programme Manager Public Health Intelligence (LCC)
- Primary Care Support Contract Manager (NHS England – Leics & Lincs area)
- Chief Executive Officer, Healthwatch Lincolnshire
- Chief Officer, Local Pharmaceutical Committee
- Representative, Local Medical Committee
- Representative, Clinical Commissioning Groups

In addition to the PNA SG core membership, specific expertise will be requested as required in order to meet specific elements of the Regulations, for example LCC's Community Engagement Team will be asked to support and advice on the consultation exercise.

Soar Beyond are not a core member however they will co-chair the meetings alongside the professional LCC lead. Each core member has one vote. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core Members in attendance. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

The following are core members which are required for quoracy:

- Consultant, Public Health (LCC) – Chair
- Chief Officer, Local Pharmaceutical Committee
- Representative, Local Medical Committee

- Representative, Clinical Commissioning Groups
- Primary Care Support Contract Manager (NHS England – Leics & Lincs area)

6. Reporting Arrangements

- The PNA SG will report to the HWB as required and at key decision points
- The Professional LCC Chair of the PNA SG will provide regular updates on progress to the Chairman of the HWB and the Director of Public Health.

7. Frequency of Meetings

The PNA SG will meet, either on a face to face basis or virtually (conference call or email discussion), every 4 – 6 weeks or in accordance with the project plan.

Following publication of the agreed PNA, the SG will be convened on a quarterly basis to fulfil its role in timely maintenance of the PNA.

The meetings will be administered by Public Health, Lincolnshire County Council.

8. Declarations of Interest

Declarations of interest will be a standing item on each PNA SG agenda and the details will be recorded in the minutes. Where a member has a conflict of interest for any given item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

If any issues arise concerning conflicts of interest, these will be reported to the HWB.

9. Steering Group Member Responsibilities

Members of the PNA SG will:

- commit to attend meetings regularly
- nominate a deputy, wherever possible, to attend meetings on their behalf in their absence
- actively contribute to the compilation of the revised PNA and any subsequent supplementary statements
- come to meetings prepared with all documents and contribute to the debate
- understand that the discussions at the PNA SG are confidential, unless stated otherwise, and are not to be disclosed to any unauthorised person
- declare any conflicts of interest which might have a bearing on their actions, views and involvement within the PNA SG

10. Review

These Terms of Reference will be reviewed on an annual basis.

Revised July 2017

APPENDIX B: LINCOLNSHIRE 2018 PNA PROJECT PLAN

		Owner	07/07/2017	14/07/2017	21/07/2017	28/07/2017	04/08/2017	11/08/2017	18/08/2017	25/08/2017	01/09/2017	08/09/2017	15/09/2017	22/09/2017	29/09/2017	06/10/2017	13/10/2017	20/10/2017	27/10/2017	03/11/2017	10/11/2017	17/11/2017	24/11/2017	01/12/2017	08/12/2017	15/12/2017	22/12/2017	29/12/2017	05/01/2018	12/01/2018	19/01/2018	26/01/2018	02/02/2018	09/02/2018	16/02/2018	23/02/2018	02/03/2018	09/03/2018	16/03/2018	23/03/2018	30/03/2018
Stage 1	Project Start	SB																																					
Stage 1	First Steering Group Meeting	SB																																					
Stage 1	Data collation including questionnaires	SB																																					
Stage 2	Second Steering Group Meeting to agree and lock down the data	SB												19																									
Stage 2	HWB meeting to receive paper on process & initial feedback from Questionnaires	CC													26																								
Stage 3	Complete draft PNA including recommendations	SB																																					
Stage 3	Circulate draft PNA to Steering Group and NHSE	SB																		30																			
Stage 3	Third Steering Group Meeting-agree draft PNA	SB																			10																		
Stage 3	HWB meeting to agree Draft PNA for consultation	CC																							5														
Stage 3	Consultation(63 days)	SB																								11													
Stage 4	Produce consultation report and draft final PNA	SB																																					
Stage 4	Circulate draft Final PNA to Steering Group	SB																																	16				
Stage 4	Fourth Steering Group Meeting-agree final PNA	SB																																		27			
Stage 4	HWB meeting to agree draft Final PNA for publication	CC																																					27
Stage 4	Convene steering group to receive/inform comments from HWB (pm)	SB																																					28
Stage 4	Amend final PNA for feedback from HWB	SB																																					28
Stage 4	Submit final PNA to local authority	SB																																					29
Stage 4	Upload Final PNA onto Council or Observatory (TBC) website, and make 'live'	CC																																					29

APPENDIX C: SUMMARY RESULTS FROM THE PUBLIC QUESTIONNAIRE

- 72% of respondents visit a pharmacy at least once a month for themselves.
- 60% of respondents visit a pharmacy for someone else at least once a month
- 84% of respondents have a regular pharmacy they visit, with two-thirds reporting their choice of pharmacy is one closest to home.
- 60% travel to their chosen pharmacy by car, 31% walk and 2% use public transport

- The average travel times to their chosen pharmacy by the respondents were as follows:
  - 0-15 minutes: 79%
  - 16-30 minutes: 16%
  - Over 30 minutes: 5%

- 9% of respondents experience difficulty in accessing a pharmacy:
  - 46% of which reporting this to be parking
  - 16% of which reported this to be location
  - 6% of which reported wheelchair or other access problems

- 45% of respondents prefer to visit pharmacy Mon-Friday, whilst 45% had no preference

- 8% of respondents use or have used an internet pharmacy

- 261 other general comments were received; the majority were positive; less than 5% were negative

A breakdown of respondents is provided below:

Age group breakdown:

	Questionnaire responses
15 and under	0.00%
16-19	0.93%
20-24	2.90%
25-34	6.45%
35-44	8.04%
45-54	16.17%
55-64	22.34%
65-74	27.76%
75-84	12.43%
85 and over	2.06%
Prefer not to state	0.93%

32% of responses were male, 68% were female

Respondents were asked to note any disability:

	Questionnaire responses
Yes, a physical disability	19.02%
Yes, a mental health disability	2.69%
Yes, a learning disability	0.29%
Yes, a sensory impairment (e.g. hearing or vision)	4.51%
No	69.07%
Prefer not to state	4.42%

Marital status:

	Questionnaire responses
Single (never been married or in a civil partnership)	10.58%
Divorced or dissolved civil partnership	8.48%
Civil partnership	1.91%
Married	60.06%
Widowed or surviving partner from a civil partnership	9.34%
Separated (but still legally married or in a civil partnership)	1.91%
Not applicable	2.29%
Prefer not to state	5.43%

Ethnic background:

	Questionnaire responses
White - English / Welsh / Scottish / Northern Irish / British	94.31%
White - Irish	0.76%
White Gypsy or Irish Traveller	0.28%
White - Other	0.38%
Mixed / Multiple - White and black Caribbean	0.28%
Mixed / Multiple - White and black African	0.09%
Mixed / Multiple - White and Asian	0.00%
Mixed / Multiple - Other	0.00%
Asian / Asian British - Indian	0.28%
Asian / Asian British - Pakistani	0.00%
Asian / Asian British - Bangladeshi	0.00%
Asian / Asian British - Chinese	0.09%
Asian / Asian British - Other	0.00%
Black / African / Caribbean / Black British - African	0.09%
Black / African / Caribbean / Black British - Caribbean	0.00%

	Questionnaire responses
Black / African / Caribbean / Black British - Other	0.00%
Other ethnic group - Eastern European	0.19%
Other ethnic group - Arab	0.00%
Other ethnic group - Other	0.00%
Prefer not to state	2.37%
Where 'Other' is answered, please specify:	0.85%

Main language:

	Questionnaire responses
English	99.13%
Other (please specify)	0.87%

Religion/belief:

	Questionnaire responses
No religion	26.48%
Hindu	0.20%
Buddhist	0.61%
Muslim	0.10%
Jewish	0.00%
Sikh	0.00%
Christian (including Church of England, Catholic, Protestant and other Christian denominations)	62.42%
Prefer not to state	8.66%
Other (please specify)	1.53%

Sexual orientation:

	Questionnaire responses
Heterosexual	86.67%
Gay man	0.62%
Bisexual	1.13%
Lesbian	0.51%
Prefer not to state	10.77%
Other	0.31%

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Lincolnshire COUNTY COUNCIL
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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Lincolnshire STP

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Sustainability and Transformation Partnership (STP) Update**

Summary:

This report provides information on the progress since the last report to the HWB in June 2017.

Actions Required:
To note the progress in the last 3 months.

1. Background

1.1 Context

The Lincolnshire STP is one of 44 partnerships established nationally to deliver proposals that have been drawn up locally to improve health and care in the area that we serve.

The Lincolnshire health system developed and approved the Sustainability and Transformation Plan in October 2016. Its aim was to meet the challenges set out in the NHS Five Year Forward View – better health, transformed quality of care delivery and sustainable finances. Development of this plan has fostered a collaborative approach to plan around the health needs of the Lincolnshire population rather than an individual approach by 7 separate statutory health organisations.

1.2 Seven Key priorities

Lincolnshire has been working on seven key priorities since April 2017.

1.2.1 Mental Health

- The psychiatric intensive care unit opened in July 2017, enabling male patients with the most intensive mental health needs to be cared for locally without the need to travel out of the county. Discussions are taking place regarding a similar unit for women with the focus on high dependency care opposed to intensive care.
- Transformation Funds have been identified and recruitment has started for three services which are;
    - Psychiatric Clinical Decisions Unit
      This is a new service; building work is expected to be completed by November 2017 with an anticipated service start date of January 2018. The benefits of the proposed service contribute to reducing out of area placements and to the wider system in terms of taking patients for assessment that have presented to A&E departments.
    - Enhancement of Crisis Resolution and Home Treatment teams
      The investment will increase the number of staff in these teams in order to provide increased home treatment episodes, avoid admissions and facilitate discharge from the inpatient wards. Service expansion expected from January 2018.
    - Bed Managers
      It is expected that the introduction of the bed managers will have an immediate effect on the number of patients travelling out of area and more importantly the average length of stay of those patients out of area. These posts will enhance the current five days a week 9am-5pm bed management provision to a seven day service that operates outside of core hours.

1.2.2 Neighbourhood Teams

- Gainsborough – the integrated neighbourhood team has passed the half way point in its 100 day improvement programme and evaluation of impact to date has been collected and learning is about to be shared with the next wave of implementer sites. Key findings are that staff are focusing on what matters to the individual opposed to what is the matter with the individual with case studies demonstrating improved outcomes such as reduced hospital stay. In addition, there has been improved use of the voluntary sector meaning that it is easier to access the wide range of support available, evidenced through an increase in social prescribing.
- The next wave of implementer sites has been identified and they are all preparing to start their 100 day programme of improvement from October 2017. The five sites are; Spalding, Grantham – Rural and Town, Boston, Lincoln South Federation area and Stamford.
- The objective is for these six sites above to be fully operational by end of March 2018 and the rest of the county to be covered by March 2019. The Better Care Fund has invested in this programme.

1.2.3 Implementation of GPFV

In the last three months, the following impact has been seen.

- 26 additional GPs in post via International recruitment.
- 3 Clinical Fellows in place across the county.
- Changes to primary care delivery model are underway, with a number of practice mergers across the county. The number of practice in this calendar year has reduced from 101 to 90.
- There have been successful applications to deliver clinical pharmacists

1.2.4 Acute Care Reconfiguration

Work continues to finalise the preferred options that will be consulted on with the public. The services being considered are learning disabilities, hyper acute stroke services, breast care services, Grantham A&E services and women and children services.

- Learning Disabilities – the preferred option and the consultation plan is being considered by the Health Scrutiny Committee on 11 October 2017, with a regional NHSE Assurance Check Point meeting on 26 October 2017. Should these key decision points be successfully concluded, public consultation is planned to start this calendar year.
- Public Consultation for the remaining four acute care services will be next year, with a number of key gateways still to be completed.

1.2.5 Urgent and Emergency Care Transformation

- The main focus of the work is the recovery of the A&E 4 hour standard.
- The Urgent Care Streaming Service will be in place in October with a phased implementation.
- A gap analysis has taken place between the current Lincolnshire out of hospital urgent care services with the national Urgent Treatment Centre standards. Commissioning intentions are now being decided now in order to meet these new standards next year.
- The Better Care Fund has also invested in this programme to support a "Quick Response" Service as part of Transitional care which will start before this winter.
- Grantham A&E - Over the next few months, whilst working with stakeholders (on the detailed plans) before consulting the public on the long term solution; ULHT, LCHS and South West Lincolnshire CCG are working together to explore an interim 24 hour urgent care service for Grantham hospital. This work is being led by clinical staff to ensure Grantham residents will be able to access services for urgent care quickly and easily, day and night. The plan is to develop and implement this in the next few months ready for this winter.

1.2.6 Operational Efficiencies

Co-ordination of this workstream had not commenced prior to the formation of the team in July 2017. Schemes are therefore at varying rates of development depending on how advanced the original ideas were. There are now five programmes within this workstream;

- Prescribing Programme – progressing well, 10 projects identified with savings been achieved against plan.
- Brief has been completed for the non clinical estate programme and recommendations for reducing non clinical estate are on track to be delivered by the end of this fiscal year.
- Back Office reviews (mergers) are advancing, initially with estates and ICT service provision in provider trusts.
- Some of the procurement schemes are also progressing, e.g. Pathlinks and joint working with procurement teams, although detailed work plans are yet to be finalised.
- Workforce planning and conversion of staff cost reductions into tangible plans are proving more challenging – joint discussions are now being co-ordinated across the 7 organisations.

1.2.7 Planned Care

This programme is as follows;

- Transformation of MSK services across Lincolnshire – 18 month programme with approval from all 4 CCGs to proceed. On track.
- Reduced demand and referral to secondary care – this includes 4 projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval. All progressing well and on track except RMS. This has experienced delays although not recovered time is now moving forward. There will be a loss of saving caused by this delay.
- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become "Wave 2" of the national Elective Care Transformation Programme that supports health economies to implement innovative interventions, i.e. the 100 day improvement plans. The 100 day methodology is a structured, facilitated programme to implement transformation at speed. It is designed to give frontline specialty teams the space and tools to innovate rapidly, test new ideas and gather learning as they progress, with explicit permission from local system leadership to go beyond incremental change. Three specialties have been identified to go through the 100 day programme; dermatology, diabetes and ophthalmology. The 100 days starts in November 2017.

2. Conclusion

Good progress is being made in delivering the STP in Lincolnshire; however the plan remains high risk.

3. Consultation

Public Consultation for acute care reconfiguration will take place next year.

4. Appendices

Not applicable

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 Sarah Furley, who can be contacted on 07964 304558 or sarah.furley@lincolnshireeastccg.nhs.uk

Lincolnshire COUNTY COUNCIL
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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing on behalf of the Joint Commissioning Board.

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Better Care Fund**

Summary:

This report provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plans including an update on the preparation of the BCF Narrative Plan and related Planning Templates. Updates are also provided on the graduation bid, the iBCF funding made available for 2017/18, and on performance.

Actions Required:

Lincolnshire Health and Wellbeing Board to;

- Note the BCF report update
- Approve the Narrative Plan shown as Appendix A

1. Background

The Lincolnshire Better Care Fund for 2016/17 was £196.5m. Lincolnshire's fund is one of the largest in the country and this does help us to have some influence at national level. The fund is expanding and is £226m in 2017/18 and £235m in 2018/19. For 2016/17 both Non Elective Admissions (NEA) and delayed transfers of care (DTOC) were a priority, primarily because both nationally and locally NEAs and DTOC have increased and are causing additional financial pressures particularly to NHS partners. For 2017/18 the key performance areas are the same as in 2016/17 though there is an ever-increasing focus on DTOC performance.

BCF 2017/18 and 2018/19

The BCF Narrative Plan and related Planning Template were submitted to NHSE on 11 September as required. The key milestones beyond this date are:-

Milestone	Date
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities). All submissions will need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net	11 September 2017
Scrutiny of BCF plans by regional assurers	12 – 25 September 2017
Regional moderation	w/c 25 September 2017
Cross regional calibration	02 October 2017
Approval letters issued giving formal permission to spend (CCG minimum)	From 6 October 2017
Escalation panels for plans rated as not approved	w/c 10 October 2017
Deadline for areas with plans rated approved with conditions to submit updated plans.	31 October 2017
All Section 75 agreements to be signed and in place	30 November 2017
Government will consider a review of 2018-19 allocations of the IBCF grant provided at Spring Budget 2017 for areas that are performing poorly. This funding will all remain with local government, to be used for adult social care.	November 2017

The key **financial** elements of the plan include:-

- An overall BCF Plan of £226.2m for 2017/18 and £235.4m for 2018/19 with the increase predominantly relating to the iBCF funding of over £17m (£22m in 2018/19) , increases in DFG funding, and increases in the aligned CAMB budget
- Agreement that the 'Minimum Mandated Expenditure on Social Care from the CCG minimum' complies with national requirements for a 1.79% and then 1.9% increase, making the amount provided for the Protection of Adult Care Services £17.13m in 2017/18 and £17.465m in 2018/19.
- Over the three years of the overall iBCF funding to March 2020 the funding will be invested in:

	2017/18	2018/19	2019/20
	%	%	%
Meeting adult social care need	23	56	70
Reducing pressures on the NHS	44	17	14
Stabilising the social care market	33	27	16

The key **performance** elements of the BCF Plan are shown in Appendix A, in the Narrative Plan on page 41-48.

Main issues within these relate to:-

- Delayed Transfers of Care (DTOC) - An ever increasing focus is being placed on the DTOC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTOC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve the nationally set DTOC targets
- Non Elective Admissions (NEAs) – the BCF Plan also assumes that the nationally set target for NEAs is also achieved.
- In both the above areas the Plan is required to identify whether 'stretch targets' should be set. This challenge has been discussed within LCC and the 4 CCGS, at the JCB and also at the Lincolnshire A&E Delivery Board. It has been agreed that we will not include a stretch target in either of these areas.

Graduation

Graduation – this is the Government's latest phrase for moving local areas from the BCF to the full integration of health and social care. The benefits of being a 'graduation pilot' are still being determined nationally, though proposed benefits include a reduction in bureaucracy and the need to report to (and be reviewed by) central government.

Lincolnshire's Graduation Plan provides a strong evidence base of the ambitions for the Lincolnshire health and social care community. It builds on existing strengths whilst expanding into areas mutually agreed across the community as activities to strongly link within the plan. We also intend that our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

Our Expression of Interest (EoI) for Graduation was submitted in May and we are on a shortlist to be selected as a Graduation area.

2. Conclusion

The Lincolnshire BCF Narrative Plan and related Planning Template has now been submitted to NHSE and we await the outcome of the assurance process. The Board is asked to note, comment and approve the Plan. Note that any minor changes to the wording within the plan will be able to be made following the national/regional approval process.

Our bid for Graduation is on a shortlist, and we await a final decision including what benefits result from having being awarded Graduation status

3. Consultation

Risk log included for each delivery board are included within the Narrative Plan.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire BCF Narrative Plan 2017-2019

5. Background Papers

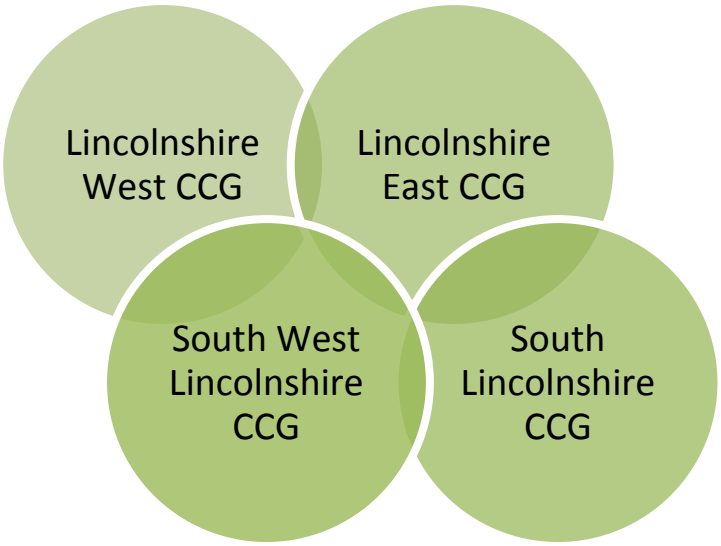
No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by David Laws who can be contacted on (01522 554091) or (David.Laws@Lincolnshire.gov.uk)

Lincolnshire Integration and Better Care Fund

Narrative Plan 2017/19

September 2017



Lincolnshire COUNTY COUNCIL
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List of Abbreviations

ASC	Adult Social Care
BCF	Better Care Fund
CA	Carers Association
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CHTA	Care Home Trusted Assessors
DASS	Director of Adult Social Services
DCLG	Department of Communities and Local Government
DFG	Disabled Facility Grants
DTOC	Delayed Transfers of Care
H&WBB	Health and Wellbeing Board
HHCDG	Housing Health and Care Delivery Group
iBCF	Improved Better Care Fund
INCT	Integrated Neighbourhood Care Team
IPC	Integrated Personal Commissioning
JCB	Joint Commissioning Board
LCC	Lincolnshire County Council
LCHS	Lincolnshire Community Health Services NHS Trust
LD	Learning Disabilities
LGA	Local Government Association
LHAC	Lincolnshire Health and Care
LinCA	Lincolnshire Carers Association
LPFT	Lincolnshire Partnership Foundation Trust
MDT	Multi-Disciplinary Team
NKDC	North Kesteven District Council
NT's	Neighbourhood Teams
PHBs	Personal Health Budgets
PWC	Price Waterhouse Cooper
RAG	Red, Amber, Green
S75	Section 75
SKDC	South Kesteven District Council

SET	System Executive Team
STP	Sustainability and Transformation Plan
UEC	Urgent Emergency Care
ULHT	United Lincolnshire Hospitals NHS Trust

Appendices

Appendices	
Appendix A	Graduation Plan
Appendix B	• BCF Corporate Risk Register • BCF Proactive Care Delivery Board • BCF Specialist Adult Services Delivery Board Risk Register • BCF Women's and Children's Delivery Board Risk Register • BCF Integrated Community Equipment Delivery Board Risk Register
Appendix C	SALT Diagram
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Appendix E	DToC Improvement Plan

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Introduction/Foreword

Lincolnshire's Better Care Fund (BCF) Plan is submitted on behalf of the health and social care 'system leaders' in Lincolnshire. Much of the detail within the Plan is also reflected in the STP and links effectively with the Joint Health and Wellbeing Strategy for Lincolnshire, for which the Engagement Plan for the next Strategy has recently been approved by our Health and Wellbeing Board.

Lincolnshire's BCF for 2017/18 totals £226m making it one of the largest pooled budgets across the health and social care community in England. The fund comprises a mix of CCG and LCC funding in addition to the DFG funding coming from DCLG:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
NHS Lincolnshire East CCG	£16,319,341	£16,611,457	£16,927,074
NHS Lincolnshire West CCG	£14,453,218	£14,711,931	£14,991,458
NHS South West Lincolnshire CCG	£8,012,544	£8,155,969	£8,310,932
NHS South Lincolnshire CCG	£9,869,455	£10,046,119	£10,236,995
Lincolnshire County Council - iBCF	-	£17,371,326	£23,857,616
Disabled Facilities Grant funds	£4,884,203	£5,291,137	£5,698,071
Additional CCG Contribution	£63,000,000	£75,139,617	£76,453,132
Additional LCC Contribution	£77,257,376	£78,939,743	£78,939,743
Total	**£193,796,137**	**£226,267,298**	**£235,415,021**

These funds will be invested in the following key areas:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£69,011,000	£85,862,650	£87,135,165
Community Health	£26,818.558	£32,265,031	£28,920,450
Social Care	£97,966,579	£108,139,617	£119,359,406
Total	**£193,796,137**	**£226,267,298**	**£235,415,021**

Of which the BCF expenditure from the CCG Minimum contribution comprises:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£6,011,000	£6,011,000	£6,011,000
Community Health	£25,818,588	£26,384,475	£26,998,894
Social Care	£16,825,000	£17,130,000	£17,456,565
Total	**£48,654,558**	**£49,525,475**	**£50,466,459**

The proposals have also:-

- Been discussed and approved by the Lincolnshire Health and Wellbeing Board and has the personal support of Cllr Sue Woolley who chairs the Board. Cllr Woolley approved the Plan on 11 September 2017 prior to its submission to NHSE

- Discussed and approved at the Lincolnshire Joint Commissioning Board

- Discussed and approved by:-
    - Lincolnshire East CCG – Chief Officer Gary James
    - South West Lincolnshire CCG – Chief Officer John Turner
    - South Lincolnshire CCG – Chief Officer John Turner
    - Lincolnshire West CCG – Chief Officer Dr Sunil Hindocha

- Also discussed and agreed at the Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCGs, the Chief Executives of the three main health providers United Lincolnshire (United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS), the chair of the local Medical Committee and the County Council in the form of both the Chief Executive and the Executive Director as above. We are fully aware of the financial and service challenges to NHS colleagues, notably at ULHT which the Lincolnshire STP seeks to address. We also intend that the initiatives described in our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

- At officer and member level within Lincolnshire County Council, including the Executive, Adults Scrutiny Committee and the Council's Corporate Management Board

The plan builds on our Graduation submission, which has been short-listed for graduation status.

The plan has also been shared with and is supported by the Lincolnshire Care Association (LinCA) which is a strategic partner representing the interests of Social Care and many housing providers within the independent and voluntary sector in Lincolnshire.

What is the local vision and approach for health and social care integration?

Lincolnshire Health and Care Vision

Lincolnshire's H&WBB, in collaboration with its broader health and social care community, are committed to delivering the following vision:

Lincolnshire Health and Care Vision

A sustainable and safe health and social care economy for Lincolnshire

Lincolnshire residents will have access to safe, sustainable and good quality services, which focus on keeping them as well as possible to reduce the need for unnecessary hospital care or long term residential services. This will mean a shift in the balance towards delivering more care in the community.

The Lincolnshire BCF submission aligns with the preceding and overarching vision for health and social care in Lincolnshire, LHAC. This is consistent with the approach taken for the BCF in both of the previous two years

Key Principles

The key principles to deliver this vision are:

- People are engaged and informed (building resilience to facilitate self-care).
- Services move from fragmentation to integration.
- A focus on proactive care rather than reactive care, which will include a focus on prevention.
- Shared decision-making with decisions based on evidence.
- Continuous quality improvement.

Links to STP and Services in 2019/20

There is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders within the Lincolnshire Sustainability and Transformation Partnership. There is shared acceptance that the "status quo" is neither safe nor sustainable which is the driver behind creating our vision. This has been developed by all organisations, drawn from engagement with over 18,000 people as part of our engagement programme and underpinned by proposals developed in our clinical expert reference groups with input from hundreds of clinicians.

STP Vision: To achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation.

By 2019/20, our vision will have enabled Lincolnshire to:

- Be on trajectory to a stable and financially sustainable position.
- Deliver integrated, personalised proactive care through multi-disciplinary Neighbourhood Teams.

- Focus on outcomes, safety, quality and experience.
- Deliver measurable results.
- Develop innovative roles to attract staff and address recruitment issues.

How will it be different for patients?

- Residents will take more responsibility for their own health, both in managing long term conditions and in making healthy lifestyle choices to keep fit and well.
- They will be able to access their records via the Care Portal to assist them with caring for themselves if they have self-limiting or long-term conditions.
- They will know who their GP is but are likely to have initial consultations with a range of primary care and community based health and care staff, often via phone or using telemedicine.
- They will find they don't need to explain their health and care issues in detail or repeatedly.
- For ongoing health and care issues, their main contact may well be their GP.
- They can expect that most diagnostic tests and specialist consultations will be undertaken locally.
- If they need specialist emergency or planned care, they may need to travel to an acute hospital but will be able to return to their own community very quickly.
- They will find that all those caring for them are well trained and motivated, working effectively with their colleagues, and that their care is delivered in comfortable surroundings.
- They will be able to access the right service first time and will consistently receive good quality, safe care wherever they live in the county.

The plan also sets out how on a practical level, Lincolnshire will deliver the five year forward view with the development of multi-specialty community providers, a different relationship between commissioning and the acute sector based on an alliance type model.

The plan outlines a very different future than at present for Lincolnshire with primary care and community services playing an increasingly central part in the system with greater integration between health and social care and services which are built around patients and citizens rather than services that they have to fit into.

The figure below summarises the Lincolnshire Sustainability and Transformation Plan on a Page.

The STP Financial strategy inclusive of the Better Care Fund recognises the Better Care Fund has supported service delivery and financial balance in social care over the last four financial years; and any review for the use of the targeted funding will be carefully considered to ensure that a sustainable service can continue to be delivered until 2020/21.

Lincolnshire Sustainability and Transformation Plan on a Page

Our Vision

To achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation

Our Objectives

Develop Multi-speciality Community Providers alongside integrated strategic commissioning arrangements	System financial plans achieved annually and financial balance is achieved by 2021	High quality and effective services	Keeping people well and healthy	Change the relationship between the individual and the care system
Develop a network of community hospitals and primary care hubs supporting Neighbourhood Teams	Move care from acute hospitals to neighbourhood networks providing care closer to home	Simplified pathways for specific diseases based on what works well with fewer people travelling out of county	A smaller but more resilient acute hospital sector providing emergency and planned care	Develop resilient specialist mental health inpatient facilities in county

Clinical and financial performance and outcome improvement

2016/17

Drive delivery of 16/17 recovery plans for NHS
Constitutional Standards, Quality Innovation Productivity and Prevention Programmes and Cost Improvement Programmes

2017/18

Deliver further financial improvement
- Realise benefits of Operational Efficiency and Commissioning Priorities /RightCare projects in 2017/18
- From 2018 onwards, realise further benefits in reduction in variation and demand plus deliver improved outcomes

Engage and consult with the public, finalise clinical redesign and start to implement

2018/19

Promote prevention and early intervention and implement primary care strategy
- Build equitable mental health and emotional wellbeing capacity
- Achieve fully integrated health and care neighbourhood networks
- Reduce bed stock
- Establish Multispecialty Community Providers by 2020

2019/20

Deliver a smaller but more resilient acute hospital sector
- Centralisation of fragile services and specialties to achieve critical mass and resilience

2020/21

Clinical and financial sustainability secured
- Improvements in health and patient experience outcomes demonstrated
- Staff engagement results will be in top quartile by 2019
- 300 lives saved from mortality that is preventable by 2021.
- Non elective admissions are reduced by 10% by 2021

Better Care Fund and Proactive Care

The Better Care Fund supports delivery of the proactive care work stream within the STP (in particular Neighbourhood Networks and Neighbourhood Teams).

The vision for good proactive care comprises the identification and coordinated proactive management of people to prevent illness where possible, manage ill health and long term conditions, and avoid unnecessary crises. Core components of this include:

- Activating patients, their carers to look after themselves and their own care needs - building resilient communities
- Genuine cross-professional cross-organisational working, including primary care, community nursing, mental health practitioners, social care professionals, hospital based expertise and diagnostics, third sector and others – focussed on the needs of the populations
- Sharing of information around needs, up to date care plans, interventions and carer responsibilities.

The Proactive Care Workstream is building on a well-established programme of work focused on delivering a full population based, preventative, pro-active approach which enables a strong sense of community and that emphasises 'self-care'. However when more intensive care and support is required it will be excellent, responsive and wherever safe to do so delivered in, or as close to, people's own home as possible.

The Better Care fund will support delivery of the following key metrics within the STP.

Key Health and Wellbeing Indicator	STP (Current)	National Benchmarking	Target 2021
Delayed transfers of care attributable to NHS and Social Care per 100,000 population	16.8	12.3	Top Quartile
A&E attendances	358414	N/A	-27.5%
Emergency admissions for urgent care sensitive conditions per 100,000 population	CCG Range: 1,871 to 2,395	2609.20	1,800
Management of long term conditions per 100,000 population	688.6	806	Remain top quartile
Emergency bed days per 1,000 population	CCG range: 0.54 to 0.58	0.68	0.52

Better Care Fund and Prevention and Early Intervention

The health and care improvement and sustainability gains possible through effective prevention interventions, delivered at scale, are described in the Lincolnshire STP Prevention Plan. The interventions required (already commissioned or in development) need to be sustainable over timeframes measured in decades rather than in the 5 year window of the STP and the timeframe of this BCF Plan.

For full benefit to occur a system of prevention needs to be in place that addresses both the longer term needs of the population whose behaviour is leading them towards being future consumers of health and care as well as addressing the needs of people already in some difficulty.

The STP Prevention Plan seeks to describe the wider framework to be delivered for Lincolnshire people, clearly identifying those interventions that are in place and those which require investment and development. A summary of this framework is contained in the figure below.

The BCF is playing a pivotal role in delivering this framework for local people in a number of key areas, including:

- Expansion of the capacity and range of interventions available through the 'Making Every Contact Count' (MECC) programme of work. A strong evidence base and track record for this programme means the larger scale delivery of these interventions through the local health and care system will:
-
    - Provide more health and care workers with a framework for having preventatively orientated conversations with service users;

- Enable more service users to reflect, with guidance and support on actions they can take to address wellbeing issues from smoking to loneliness;
- Reduce exacerbations of existing long term conditions and reduce the need for higher cost intervention and support.

- Accelerating the integration between housing, health and care organisations will add a structured set of housing led interventions to support wellbeing as well as addressing the housing barriers to independence. This development is, and will grow more traction through BCF investment in:
-
    - Providing rapid, and eventually 'real time' housing adaptation interventions for local people at risk of losing independence;
    - Integrate housing intervention into prevention, reablement and discharge planning systems in a systemised fashion;
    - Develop new pathways for people with specific needs across the system including programmes for people stuck in mental health services as a result of hoarding and people with complex cardio vascular problems;
    - Develop a capital strategy to inform a building and housing redevelopment programme to be taken forward in partnership with housing authorities, housing providers and health and care organisations.

- Ensuring the shift towards self-care is supported at scale across the visions for both STP and the BCF by developing the pathway of information, support resources and networking of local service delivery necessary for population level change. This will see:

    - Joint directories of services and libraries of information to support people to take well informed actions of their own to address their wellbeing risks;
    - Agreed pathways and approaches to referral to self-care and prescribing of social interventions embedded into the working of neighbourhood teams as they develop and grow;
    - Voluntary sector hubs developing alongside neighbourhood teams to support the voluntary and community sector to organise and respond to social prescribing and support citizens to find the solutions they need.

2. Key Facts and Figures about Lincolnshire

Lincolnshire is one of the largest counties in England, with a land area of 5,937 square kilometres. The county has a diverse geography, comprising large rural and agricultural areas, urban areas and market towns, and a long eastern coastline. The population density in Lincolnshire is approximately 124 persons per square kilometre, less than a third of the average for England and Wales.

2.1 Population

Population Estimates

- The population of Lincolnshire is currently estimated to be 736,700 (based on ONS 2015 Mid-Year Population Estimates), a rise of 0.7% (5,200 persons) on the previous year.
- Over the past ten years Lincolnshire's population increased by 8.8%, which is higher than both the East Midlands (8%) and England (8.3%). Although the rate of Lincolnshire's population growth has increased in recent years, latest figures show it is below the national rate of growth (See Figure 2).

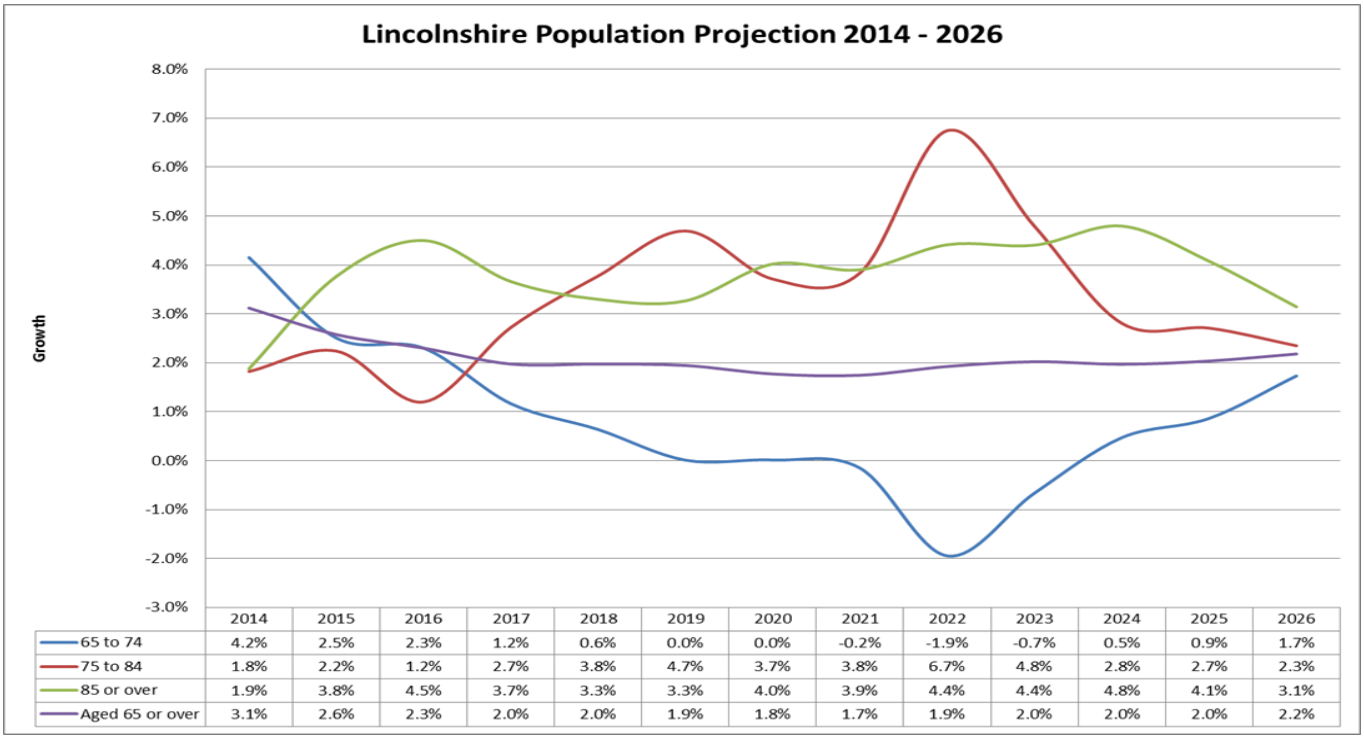
Population Projections

Projections indicate that by 2039 the population growth in Lincolnshire will be 14% which is below the projected national growth rate of 17%; the population in Lincolnshire is projected to increase by approximately 103,000.

The rate of change is not uniform across the county. Between 2014 and 2039 South Kesteven's population is projected to see the largest growth at 18%, followed closely by South Holland (17%). East Lindsey, however, has a much lower predicted growth rate of 10% (See Table 1).

- Projections indicate that by 2039 the population growth in Lincolnshire will be 14% which is below the projected national growth rate of 17%; the population in Lincolnshire is projected to increase by approximately 103,000.

- The trend towards an ageing population profile will continue, with the proportion of people aged 65 and over projected to increase from 22% in 2014 to 30% in 2039.
- Most of the districts will also see a change in the proportion of older people, although figures will vary significantly. Nationally, the number of older people is projected to rise from 18% in 2014 to 24% by 2039. In Boston 21% of the population was aged 65 or over in 2014 and this will rise to 25% in 2039, whilst in West Lindsey 23% of the population was aged 65 or over in 2014, projected to rise dramatically to 32% in 2039.
- The following chart demonstrates the increasing percentage of the population who are/will be 75+ and 85+, the key population ages for our older people services.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
65 to 74	4.2%	2.5%	2.3%	1.2%	0.6%	0.0%	0.0%	-0.2%	-1.9%	-0.7%	0.5%	0.9%	1.7%
75 to 84	1.8%	2.2%	1.2%	2.7%	3.8%	4.7%	3.7%	3.8%	6.7%	4.8%	2.8%	2.7%	2.3%
85 or over	1.9%	3.8%	4.5%	3.7%	3.3%	3.3%	4.0%	3.9%	4.4%	4.4%	4.8%	4.1%	3.1%
Aged 65 or over	3.1%	2.6%	2.3%	2.0%	2.0%	1.9%	1.8%	1.7%	1.9%	2.0%	2.0%	2.0%	2.2%

2.2 Deprivation

- Lincolnshire has areas that are ranked amongst the most deprived in the country, but also has areas that are ranked amongst the least deprived in the country.
- The general pattern of deprivation across Lincolnshire is in line with the national trend, i.e. that urban and coastal areas show higher levels of deprivation than other areas. Areas that are most deprived tend to be, but are not restricted to, Lincoln and other market towns (e.g. Boston, Gainsborough, Grantham, Sleaford and Spalding). The Lincolnshire coastline, particularly the towns of Mablethorpe and Skegness are amongst the most deprived 10% of neighbourhoods in the country.
- A higher proportion of people in Lincolnshire are now officially ranked as living in England's most deprived areas compared to the previous data release in 2010.

2.3 Mortality Rates

- Since 2011 there has been a slight fall in the number of people in Lincolnshire dying from causes considered preventable, the current rate is 179.2 deaths per 100,000. This is better than both the East Midlands and England averages. However, there is a significant variation across the county with the highest rates being in Lincoln (227.7), Boston (209.1) and East Lindsey (203.6), whilst the lowest rate is in North Kesteven at 138.9 deaths per 100,000.

2.4 Disabilities

Physical Disability and Sensory Impairment

- 15% (60,000) of adults aged 18 to 64 living in Lincolnshire have a long term illness or physical disability.

- 38,000 of adults over 65 have a long term illness or disability that significantly limit their day-to-day activities, whilst a further 44,000 people experience a lesser impact on their day-to-day activities.

- And there are 51 people per 1000 working age adults in receipt of DLA higher than both the regional and national average

Learning Disabilities

- It is estimated that there are over 15,000 individuals with a learning disability in Lincolnshire. Over 70% of people registered with a GP as having a learning disability had a health check during the previous year.

- Individuals with a learning disability that may require community supported living services are predicted to rise from 647 in 2015/16 to around 850 by 2020.

Mental Health

- Lincolnshire has an increasing percentage of people with high anxiety levels
- 2 percent of patients with a diagnosis of depression.

Progress to Date

Lincolnshire has, for a number of years recognised the value of closer working to secure better outcomes which includes integration. As such our approach has been pragmatic: we develop our journey together building integration where there is a clear business case. We believe this is likely to deliver more sustained improvements, through integration that better wins the hearts and minds of those who will operationalise our collective ambition. In 2013 local stakeholders across the public, private and not-for-profit sectors devised the Lincolnshire Health and Care Programme (or LHAC). This commenced with an analysis (involving PWC) of future funding requirements and available budgets, service pressures and quality considerations with respect to health and social care. This local initiative helped inform the BCF submission for 2015/16 and 2016/17. Indeed, the level of public engagement and analysis undertaken in LHAC was also extensively utilised by NHS colleagues in their production of the STP for Lincolnshire in December 2016. The heightened pressures on acute care have also added impetus and gravity to the need for significant changes to the local health and care system which this plan is, in part, directed towards.

We recognise that pooled funds are not, in themselves sufficient and in both learning disability and mental health there are also integrated teams and management as there now are with 0-19 Children's services. We are eager to build out from these areas of success, notably in evolving our integrated Neighbourhood Team model.

Neighbourhood Teams (Major pump-priming Investment of £4m planned over two years)

The six areas we are now working with are:

- Gainsborough and surrounding area x 5 Practices – 40,000 population
- Lincoln South GP Federation x 6 Practices – 45,000 population
- Boston x 7 Practices – 71,000 population
- Grantham x 13 Practices – 77,000 population
- Spalding x 5 Practices – 67,000 population
- Stamford x 3 Practices – 34,000 population

The evolving Neighbourhood Team work is beginning to see positive results with:-

- The core team are starting to have ‘a different conversation’ with the individuals they support – ‘starting with things that are important to people – these may not be health related’. – ‘there is a greater emphasis on the individual's priorities and recognising they are the expert in understanding their needs.’ (quotes from the team)
- Joint care and support plan that has been coproduced between users and professionals – feedback has been very positive.
- Quicker access to other professionals which has led to joint assessments and the individual only having to tell their story once.
- Co-location and the sharing of technology has really helped to develop relationships between a range of professionals who prior to this would have not known where to go for support, guidance, access to services – they are now using this opportunity to share best practice and learning.
- The extended use of the voluntary sector through developing an infrastructure has made it easier to access the wide range of support that is available in Gainsborough.
- Over the last 3 months there has been an increase in social prescribing activity in the area – this has either been through self-referral or through the core team.

- The core team are moving away from MDT meetings once a week to this is ‘business as usual’ – they are protecting the time that was used for MDT’s to share learning, ideas and suggestions that would improve outcomes for the individuals.

Neighbourhood Team short-term priorities include:-

- Working on and developing a joint assessment
- Medicines management in Care Homes in particular is an area of improvement the team are keen to work on.
- Continuing to have a ‘different conversation’ with individuals
- Sharing the new ways of working with other key providers i.e. EMAS.

As part of the utilisation of the allocated BCF funding each of the sites has been given clear objectives to be achieved:

- An agreed reduction in NEA for each Neighbourhood Locality – the target and trajectories currently being finalised.
- An agreed contribution to the required reduction in Delayed Transfers of Care
- An agreed reduction in A&E attendances for this area

As well as the above each site will be asked to demonstrate:

- How they have worked in a locality to develop the local, integrated team and how they have measured the team’s success.
- How, through integrated working, they have achieved more sustainable primary care.

Appendix C (SALT Poster) is a diagram describing Adult Care overall performance 2016/17.

Evidence base and local priorities to support plan for integration

Our BCF Plan is constantly evolving and a key ambition for 2017/18 is to be selected as one of the initially approved 'graduation' areas. The Graduation Plan (Appendix A) provides a strong evidence base of the ambitions for the Lincolnshire health and social care community. It builds on existing strengths whilst expanding into areas mutually agreed across the community as activities to strongly link within the plan. Examples include the work on Housing for Independence and Neighbourhood Teams referenced elsewhere in the plan and also includes:-

1. Integration of Children's Services 0-19 Children's Health Services

As an example, through a single management structure across four locality teams, it is believed that practitioners can better support families through the resources that are available, match need to available skills and expertise and put the needs of children first. One of the recent Ofsted inspections found that "the co-location of 0–19 teams has improved communication and promoted integrated practice. Inspectors saw many examples of highly effective early help practice which prevented escalation to statutory services".

Lincolnshire's Children's Service's aspiration is defined as: "PUTTING CHILDREN FIRST: Working together with families to enhance children's present and future lives". This statement sets out clearly the Council's ambition to work in a collaborative way with families, where children are placed at the heart of everything that we do to enhance their present and future lives. The Council is also further investing in a number of services that will have a strong interface with integrated locality teams - online counselling for young people and a new emotional wellbeing service will offer fast access to counselling support where young people do not meet thresholds for services such as CAMHS (see later Q.5), but still need support with emotional wellbeing concerns. The Council is also integrating sexual health services for young people aged 13+ with services for those under age 13. The total investment in all of these services is £11.5m per annum.

2. Integrated Personal Commissioning (IPC)

Lincolnshire was selected as one of the lead demonstrator sites for the delivery of IPC, a joint transformation programme across Health and Social Care. We have made excellent progress in agreeing the local core offer for Personal Health Budgets (PHBs), continue to achieve programme targets and have ambitious growth targets for 2017-18 and following years. The local IPC Board and PHB Boards have now been amalgamated, therefore promoting integrated programme governance and delivery arrangements, which include a plan for the further development of related care and assessment infrastructure.

Building on the success achieved so far we are now mainstreaming the 5 key shifts of the IPC delivery framework that have been developed collaboratively within the national programme, integrating care around the individual and their carers. IPC is playing an integral role within the Lincolnshire Integrated Neighbourhood Care Team (INCT) planning and delivery, putting the individual at the heart of our new model of care. IPC is working with our INCTs to identify and co-ordinate proactive management of people's care needs to prevent illness where possible, manage ill health and long-term conditions, and avoid crises:

- To deliver a population-based preventative programme for a better quality of life with enhanced health and wellbeing.
- To use a proactive approach, which enables a strong sense of community that emphasises 'self-care'

- To be able to direct people to the right services at the right time.
- To ensure that care and support provided is responsive, and wherever safe to do so, delivered in, or close to people's own home.

We are working hard to streamline and improve the pathways for CHC; ensuring health staff are trained and able to offer people a PHB with confidence. We continue to extend the offer for PHB beyond CHC focusing on mental health, learning disabilities and people with long-term conditions. We have been identifying opportunities such as LD health checks where we believe we can improve performance and offer greater choice to individuals.

3. Trusted Assessors

An example of an existing success is the development of the Trusted Assessor scheme which has received national recognition both for what it delivers but also for the strength of the relationship with the independent and third sectors.

LCC support LinCA via a grant agreement to employ Care Home Trusted Assessors (CHTA) who support Care Homes throughout Lincolnshire with hospital discharges to their homes. The CHTA's can support all care home discharges from all ULHT sites and Peterborough / Stamford Hospitals. The CHTA's speed up existing processes to reduce delayed transfers of care.

The care homes trust the CHTA professional assessment ensuring safe and timely discharges. In the two months from 1st April to the 31st May 2017 the CHTA saved 248 days delays for Lincolnshire resident.

4. Other successes and improvements include:-

- Scheme investments have been appropriately reviewed and this has aided significantly the determination of schemes to take forward into 2017/18 and indicatively for 2018/19
- Significant engagement between the commissioners (both CCGs and the County Council) with key health providers. This has helped to better understand where and why performance improvements are being made, and also where performance weaknesses are being experienced
- Similar gains (to the above note) have been made in working relationships with the independent and third sectors
- The Housing for Independence project (of which DFG investment is a key component) continues to be positively received. District Councils are working with commissioners to develop a Housing Sub-Group beneath the Health and Wellbeing Board and this has now commenced its work
- The involvement of the Lincolnshire A&E Delivery Board has commenced and will continue and work has been undertaken to better understand the needs of the Peterborough A&E Delivery Board. This will improve understanding of performance and the resulting financial impact of changes in performance; and will also aid the discussion on the establishment of appropriate stretch targets
- Ongoing improvements in the effectiveness of the performance management reporting (where substantial assurance was given in a recent audit report and where the following performance provides evidence of the performance information being provided across adult care services)

The 2017 - 2019 plans whilst building on earlier plans is significantly enhanced as a result of the additional iBCF funding and the continued expansion of DFG funding through to 2020. New services such as:

	2017/18	2018/19	2019/20
	£000	£000	£000
Trusted Assessors	100	100	100
Dementia Family Friends	420	420	420
Neighbourhood Teams	120	120	120
Carers	415	575	500
Housing for Independence	250	250	250
Making Every Contact Count – Public Health Prevention	42	42	42

mean that the BCF Plan can expand its coverage into areas recognised as important to improvements in the 4 key BCF performance areas as well as seeking to meet local objectives.

In summary, the Lincolnshire BCF is already one of the largest in the country and we wish to build the areas covered (e.g. Children's Services, effects of IPC programme, etc.) whilst also developing an increasing number of best practice schemes. The key focus will remain **delivering** on the four key national performance metrics and ensuring that where local performance targets are set, that they are appropriate are delivered on, and have the required funding to enable delivery to be successfully achieved.

Better Care Fund plan

Building on earlier successes our BCF submission has for the previous two submissions represented one of the top 5 pooled BCF budget amounts nationally – in excess of £193m for 2016/17, covering, in addition to core BCF services, such areas as learning disability, mental health, community equipment, residential placements; and 'we continue to build'. We recognise that pooled funds are not, in themselves sufficient and in both learning disability and mental health there are also integrated teams and management. We are eager to build out from these areas of success, notably in evolving our integrated Neighbourhood Team model. The new iBCF funding is enabling us to bring forward pump-priming funding to assist the CCGs and the whole health and social care community to further develop 6 Neighbourhood Teams.

The following table details the analysis of funding for the two years of the current plan and shows this is well in excess of the national allocation.

BCF Funding	2016/17	2017/18	2018/19
	£m	£m	£m
Community Equipment	5,800,000	5,800,000	5,800,000
LCHC Transitional Beds		1,880,556	1,921,556
Learning Disabilities	63,666,153	71,122,884	75,715,833
Proactive Care	50,345,761	59,847,208	64,388,467
CAMHS	5,365,000	12,374,163	12,374,163
Corporate		2,400,000	1,100,000
S75 Funding	**125,176,914**	**153,424,811**	**161,300,019**
Aligned Mental Health Budgets	68,619,223	72,842,487	74,115,002
Total BCF Budgets	**193,796,137**	**226,267,298**	**235,415,021**

Within this, as can be seen above, two 'aligned budgets' for mental health services, supporting integrated teams, have a value of £72.8m in 2017/18. These provide a sound platform – and momentum – on our journey of integration in support of our local vision.

The investments for the two main programme areas of Proactive Care and Specialist Services are listed in the following tables;

ProActive Care	2016/17	2017/18	2018/19
Intermediate Care	£5,700,000	£5,700,000	£5,700,000
Transitional Care		£1,230,000	£1,270,365
Neighbourhood Team	£26,586,558	£26,152,475	£26,766,894
DFG/CAP GRANT	£2,970,000	£5,291,137	£5,698,071
Intermediate Care - Reablement	£2,200,000	£2,200,000	£2,239,600
NHT- Comm int. reablement agency staff	£1,400,000	£1,400,000	£1,425,200
Carers OP	£100,000	£100,000	£100,000
7 day working - provider of last resort	£1,500,000	£1,500,000	£1,527,000
NHT - Co-responders	£150,000	£400,000	£400,000
7 day working - assessments and care	£300,000	£300,000	£305,400
NHT- Demographic growth	£2,125,000	£2,125,000	£2,163,250
Care Act	£2,000,000	£2,000,000	£2,030,825

inflation and NLW			£5,001,574
Demography			£316,710
Trusted Assessors		£100,000	£100,000
Dementia family Friends		£420,000	£420,000
Neighbourhood team dev		£120,000	£120,000
Housing for Independence		£250,000	£250,000
Making every contact count (MECC)		£42,000	£42,000
Market Stabilisation - AF HomeCare		£1,877,970	£2,325,105
Market Stabilisation - AF Direct Payments		£412,367	£225,284
Market Stabilisation - AF Residential Care		£1,124,977	£1,392,829
Staffing		£562,500	£1,500,000
Quick Response Service/Reablement		£1,383,782	£1,803,360
Adult Safeguarding		£490,000	£490,000
Nursing Associates		£50,000	
Enhanced Health (Care) in Care Home programme		£200,000	£200,000
Neighbourhood Teams – iBCF Funding		£4,000,000	
Carers Outreach		£375,000	£500,000
Carers – Everyone		£40,000	£75,000
Contingency Reserve/other	£5,314,203		
Total S75 Proactive Care	**£50,345,761**	**£59,847,208**	**£64,388,467**

Specialties (LD)	**2016/17**	**2017/18**	**2018/19**
Existing S(256) Adults	£646,000	£646,000	£646,000
Existing S(75) LD	£55,970,153	£61,079,154	£61,079,154
Personal Health budget	£100,000	£100,000	£100,000
Carers	£50,000	£50,000	£50,000
Specialist Services - Demographic Growth	£2,125,000	£2,125,000	£2,163,250
Specialist Services - Mental Illness Prevention	£375,000	£375,000	£377,475
Specialist Services - Future Risk Sharing	£4,400,000	£4,400,000	£4,479,200
Market Stabilisation SAS - Direct Payments		£577,730	£910,231
Mental Health Awareness Training		£20,000	
inflation and NLW			£939,714
Demography			£3,470,809
Waking Nights		£1,500,000	£1,500,000
Shared Lives		£250,000	
Total S75 Specialties	**£63,666,153**	**£71,122,884**	**£75,715,833**

The focus of both the minimum BCF investment and the entire current BCF pooled funding for 2016/17 was around social care and community health provision. There were no investments that were solely into the acute sector. This focus continues into 2017/18 as part of a broader strategy of building up primary and community resources. On this basis Lincolnshire expects to continue to invest extensively in NHS commissioned out of hospital services, will be boosting current investments in line with inflation, and utilising a significant sum of the iBCF funding to further expand these areas. This also provides consistency with the STP's focus around community provision and the planned reductions in acute sector spend.

In both 2015/16 and 2016/17 the 4 CCGs invested a significantly higher BCF sum in Adult Social Care than was prescribed nationally as the minimum requirement. These investments led to additional Adult Care funding of approximately £6m and have been used to support a range of services including Intermediate Care, Reablement, 7-day services, home care, etc. Whilst it is difficult to determine the full benefit of any one investment, all schemes have been reviewed on an annual basis and only receive ongoing funding if the benefits are clear. The reviews are led by the appropriate Joint Delivery Board with overall oversight by the JCB and the H&WBB. The reviews have been completed using the national review tools made available.

For 2017/18 this review process benefitted from the iBCF funding announced in the Chancellor's 2015 budget and enabled all schemes we wished to continue into 2017/18 to be appropriately funded.

The new/additional BCF funding was discussed and approved within the County Council, and also discussed and recommended at the A&E Board, at the S75 Finance Group and was discussed in detail at a number of JCB meetings. Other discussions have also taken place at the SET, with provider groups and with the third sector.

The total allocated DFG funding of £5.291m has been passported to the seven District Councils in Lincolnshire. The funding forms part of enhanced investment in a 'Housing for Independence' Programme. We recognise that appropriate housing is a key factor in determining whether an individual can maximise their independence in the community and avoid the need for, or reduce the length of delay in acute/non-acute hospital settings. Our proposals are currently intended to be a crucial component helping to make improved use of the much expanded DFG funding available in 2017/18 and future years. The proposal is much more than DFG focused and aims to integrate such funding into a wider programme that includes our joint equipment service and the roles of Occupational Therapists, Home Improvement services and District Council 'Design Teams'.

To achieve this ambition the Health and Wellbeing Board has established a Housing, Health and Care Delivery Group chaired by a District Council Member with strong representation from social care and public health. The purpose of the group is shown in the enclosed link.

http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=488&MId=4818&Ver=4

Assessment of Risk and Risk Management

The Risk Registers for Lincolnshire's BCF programme can be found in Appendix B.

- BCF Corporate Risk Register
- BCF Proactive Care Delivery Board
- BCF Specialist Adult Services Delivery Board Risk Register
- BCF Women's and Children's Delivery Board Risk Register
- BCF Integrated Community Equipment Delivery Board Risk Register

The Risk Registers are owned/are the responsibility of:

Corporate Risk Register – Lincolnshire's Joint Commissioning Board

All individual S75 Risk Registers – the appropriate Joint Delivery Board

Each Risk Register is reviewed by the JCB on a quarterly basis, and each Delivery Board is required to review their own Risk Register also on a quarterly basis. All Risk Registers were last presented to and reviewed at the JCB held on 22 August 2017.

The key risks within the 2017/18 BCF Plan are:-

- A risk that we are unable to deliver against the key national metric for Delayed Transfers of Care – specifically due to being unable to reduce Delayed Transfers of Care either in general or within nationally and locally required timeframes. The resulting costs and service impacts would put further pressures on the health sector with consequential impact on adult social care.
- Failure to achieve the required DTOC performance puts at risk both County Council and CCG funding in 2018/19. The iBCF funding is currently fully committed; hence any loss of funding would require the entire BCF programme to be re-assessed.
- A risk that we are unable to deliver against Non Elective Admissions, Reablement and Residential Admissions national metrics; hence the required service performance is not achieved and the cost of services across the health and social care systems is overly expensive and unaffordable.
- There is no financial headroom within the BCF Plan and no contingency provision. Any further pressures could only be funded by a re-assessment of the entire BCF Plan and activity resourced elsewhere.
- The Lincolnshire STP requires major service re-design and substantial financial savings. The impact of the 2017/18 financial pressures across the health and social care economy puts pressure on the system to address immediate/short term pressures set against the need to invest in medium term solutions and transformation set out in the STP.
- The BCF funding currently covers the three years to March 2020. Projects/initiatives supported must have viable exit strategies or viable financial sustainability solutions and this depends heavily on future Government Policy.

Financial risks are specifically reviewed and discussed at a monthly S75 Finance Officers Group comprising of Chief Financial Officers from the CCGs, senior finance officers from the County Council and the Lincolnshire BCF Manager. To help support the ongoing assessment of risk:-

- The Chief Executive and Executive Director of Adult Care and Community Wellbeing attend the weekly SET meeting where the overall approach to health and social care initiatives is the key focus

- BCF performance is regularly reported to Lincolnshire A&E Delivery Board, with a strong focus on DTOC performance
- A DTOC Summit is being arranged for October 2017. This will enable all key partners involved in DTOC performance to meet and develop further understanding of the issues, how to deliver improvements in DTOC performance and how (and where) to best measure DTOC performance
- Risk is a regular element of the reporting to H&WBB

Lincolnshire's approach to risk is pro-actively reviewed from a strategic, tactical and operational perspective at least once per quarter at the JCB and by the Delivery Boards who are seen as the key owners of the risk, and the risk registers in their respective areas. For 2015/16 and 2016/17 a Risk Contingency was established and that funding has now been fully utilised. It has been agreed at the Health and Wellbeing Board, at the JCB, and within the County Council that for 2017/18 no financial risk contingency will be established. The concept going forward is one of designing and investing in schemes that will help mitigate cost pressures across the whole health and social care system, and as such to deliver on BCF targets. Systems are in place (and are being further developed as a consequence of the additional iBCF funding), to ensure ongoing monitoring of all BCF funded schemes and that they are each contributing as required to both national and local BCF targets. The outcomes of these reviews will feed into quarterly reports to the respective Delivery Boards and to the JCB.

The iBCF funding has also created the opportunity to fund new initiatives and seek innovative solutions. The A&E Delivery Board is seen as the appropriate vehicle to review new Business Cases and this is particularly appropriate given the known overall financial pressures on the acute sector in Lincolnshire, and also the service and financial impact of increases in DTOC and Non-Elective Admissions in this business area.

The supplementary iBCF funding has enabled Lincolnshire to invest additional sums in market stability initiatives. Such initiatives comprise 33% of the additional funding and have enabled £5.744m to be available to support measures in this area. The council has a strong commissioning and contracting team who undertake work and share information and ideas across the whole health and social care system and this currently benefiting and will increasingly benefit the whole health and social care community as integration gathers further pace.

The council has in the last two years undertaken major reviews of the homecare and reablement contract areas and has made improvements in each of these key areas. A review of the residential market is being undertaken to enable new contract arrangements to be in place by April 2018. It is expected that this will provide NHS commissioning activity for residential care to be pooled for better effect.

National Conditions 1: A jointly agreed plan

The BCF Plan has been:-

- Discussed and approved by the Lincolnshire Health and Wellbeing Board and has the personal support of Cllr Sue Woolley who chairs the Board. Cllr Woolley approved the Plan on 11 September 2017 prior to its submission to NHSE

- Lincolnshire's HWB has been actively involved throughout the preparation of the BCF Plan for 2017/19 including:-

Health and Wellbeing Meeting Dates	Discussion
6th December 2016 (note 1)	BCF update, Performance update, DFGs, Integration Self-Assessment, Graduation update
7th March 2017	BCF update, Performance update, Integration Self-Assessment update, Graduation update, Internal Audit report on BCF Performance Reporting
20th June 2017	Agreement to the establishment of the Housing, Health and Care Delivery Board and its remit/membership, DFGs, BCF update, update on STP and Integrated Neighbourhood Working,
26th September 2017	BCF update including details of the BCF Plan and Planning Template

Note 1 – the December 2016 meeting also agreed 'that delegation be given to the Executive Director of Adult Care and Community Wellbeing in consultation with the Chairman of the Lincolnshire Health and Wellbeing Board the responsibility to submit the BCF Plan 2017-2019'

- Discussed and approved at the Lincolnshire Joint Commissioning Board

- Discussed and approved by:-
    - Lincolnshire East CCG – Chief Officer Gary James
    - South West Lincolnshire CCG – Chief Officer John Turner
    - South Lincolnshire CCG – Chief Officer John Turner
    - Lincolnshire West CCG – Chief Officer Dr Sunil Hindocha

- Also discussed and agreed at the Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCGs, the Chief Executives of the three main health providers United Lincolnshire (United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS), the chair of the local Medical Committee and the County Council in the form of both the Chief Executive and the Executive Director as above. We are fully aware of the financial and service challenges to NHS colleagues, notably at ULHT which the Lincolnshire STP seeks to address. We also intend that the initiatives described in our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

- At officer and member level within Lincolnshire County Council, including the Executive, Adults Scrutiny Committee and the Council's Corporate Management Board.

Discussed at Lincolnshire's A & E Delivery Board at various recent meetings and to be presented at the Board's next meeting on 19 September. Also to be tabled as early as possible at Peterborough A & E Delivery Board.

The plan builds on our Graduation submission, which has been short-listed for graduation status.

The plan has also been shared with and is supported by the Lincolnshire Care Association (LinCA) which is a strategic partner representing the interests of Social Care and many housing providers within the independent and voluntary sector in Lincolnshire.

The Commercial Team work closely with commissioners across the health and social care market and also with the provider market. An example of good practice is evidenced in the linked paper headed Strategic Market Support Partner Procurement.
http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=550&MId=4887&Ver=4

The paper seeks approval for a change in commissioning arrangements for a range of relatively new services that have been provided through grant funding arrangements for 2+ years. It is considered that the new arrangements will benefit the council, the eventual provider and the Lincolnshire market. Other examples of pro-active thinking are being developed with health commissioners, and will enable better use to be made of available health and social care funding, lead to efficiencies, and to a stronger provider market across Lincolnshire

iBCF Funding
There has been considerable discussion at all the above fora about the opportunities provided by the iBCF funding. The additional funding which provides over £70m over the three years to March 2020 is fully recognised as:

- Meeting adult social care pressures
- Reducing pressures in the NHS
- Ensuring that the local social care sector provider market is supported

There has been considerable discussion with LinCA and the wider provider market on how to use the additional funding. This is particularly important as:

- The council is currently engaged in discussions with the residential sector about the triennial review of fee rates
- The council in 2015 successfully reviewed homecare arrangements re-configuring the provider market. It is important that the opportunities created by the additional funding, provides a further boast to the improvements made in 2015, and that these are sustainable beyond the three year period of the additional iBCF funding.

The Supplementary iBCF funding has in entirety been invested in additional services and additional payment to service providers as the council seeks to stabilise the social care market. The council has specifically resolved not to use any of the new funding to meet existing budget pressures or to address savings targets for the council and/or social care. Over the three years of the overall iBCF funding to March 2020 the funding will be invested in:

	2017/18	2018/19	2019/20
	%	%	%
Meeting adult social care need	23	56	70
Reducing pressures on the NHS	44	17	14
Stabilising the social care market	33	27	16

DFG Funding
The entire DFG funding of £5,291,137 allocated to Lincolnshire by DCLG for 2017/18 was passported to the 7 District Councils in June 2017. The allocation to each District Council is shown below:-

District Council	2017/18 Allocation (£)		District Council	2017/18 Allocation (£)
Boston	481,386		South Holland	585,287
East Lindsey	1,562,286		South Kesteven	733,770
Lincoln	641,018		West Lindsey	602,093
North Kesteven	685,298			

The inclusion of DFG funding within the BCF, and in particular the expansion of such funding, has created the opportunity to make stronger connections between multiple sources of funding to secure improved housing options that address housing, social care and health needs. Lincolnshire has had a developing 'Housing for Independence' agenda for some time and the H&WBB has established a Housing, Health and Care Delivery Group. The H&WBB sought support from amongst others, the District Council Network to help shape and develop the governance arrangements and the Group's terms of reference.

The Group's key responsibilities include:-

- Be responsible for best use of the DFG budget and potentially associated funding from Adult Care and community Wellbeing
- Agree to support and direct the modernisation of DFGs in Lincolnshire
- Take ownership of the performance reporting template to monitor performance and activity related to DFGs across Lincolnshire and report on performance to relevant stakeholders on a regular basis
- Agree priority work streams to address key housing issues impacting on Lincolnshire such as DTOC, etc.
- Explore future pooled funding arrangements to secure best value for 2018/19 which should include the DFG element

The Delivery board has begun to meet and has established the following early actions:-

Action	
The first HHCDG next week, with the first agenda report titled " **DFG Performance and Data update"**	The report is clear and states that the HHCDG will be: • Responsibility for the best use of the Disabled Facilities Grant (DFG) budget, and any other funding potentially associated with it; • Support and direct the modernisation of DFGs in Lincolnshire
The above report seeks to confirm how HHCDG wish to progress with a data performance and expenditure of DFGs, giving them 3 options	• Develop and embed a locally agreed template based on national research from Foundations (who were commissioned by DCLG to provide local support to modernisation of DFGs). • Purchase support from DFG Analytics Service that will, for a cost, work in partnership with Foundations to provide an external service capturing data and provide analytical support. • Continue to develop the local template, with the aim to include it within Mosaic for a go live date of April 2018.
We now have our first agreed policy from NKDC	It includes • Safe and Secure Grants • Hospital Discharge Grants • Adaptations for People with a Learning Disability • Fast – track adaptations
SKDC Work in Progress on a new adaptations policy to support the BCF objectives.	This policy has been drafted and waiting for approval at the next members committee meeting. It is similar to NKDC, but slightly more generous.
Established a firm understanding and working relationship with Procurement Lincolnshire. Active work and participation from 6 DC, SHDC have not engaged following service and staff change.	District Position Statement completed for 6 out of 7 DC. SWOT analysis in relation to different procurement approaches completed. Procurement options appraisal paper for DFGs with rationale. Work in progress Legal support sought in order to put to bed "the individual Council Contract Procedure Rules" We are getting a better understanding of what we can do on a county wide basis to support a smoother more sleek DFG process.
DTOC Proactive work underway to see how the DFG budget can support DTOC cases. The first complex DTOC case which can be supported using the DFG budget is hosting a multi-agency Meeting on the 5th Sept to start the process and capture results.	A topic for concern here is the volume of hoarding cases, and the lack of any understanding to the scale of the problem and long term solutions.
Hospital Housing Link Worker A 12 month pilot has been agreed. The worker will be the link between the hospital, the patient and the housing provider to ensure each work together to enable a smooth and safe discharge and continuation of care to avoid re-admittance to hospital.	Joint co-production of a JD and advert. Interviews will be conducted in partnership with County and DC.

National Conditions 2: NHS contribution to Social Care

Our approach to the BCF in both 2015/16 and 2016/17 indicates not only our overall commitment to going beyond the minimum, but provided a significantly higher baseline than the national minimum requirements. In both 2015/16 and 2016/17 the 4 CCGs have invested a significantly higher BCF sum in Adult Social Care than was prescribed nationally as the minimum requirement. These investments led to additional Adult Care funding of approximately £6m and have been used to support a range of services including Intermediate Care, Reablement, 7-day services, home care, etc. Whilst it is difficult to determine the full benefit of any one investment, all schemes have been reviewed on an annual basis and only receive ongoing funding if the benefits are clear. The reviews have been completed using the national review tools made available.

In the last 12 months the financial state of the NHS both nationally and locally has become clear and represents a significant deficit. Additionally, future BCF funding is being split and additional sums (iBCF) for the protection of adult care are being routed from central government direct to Councils (though still part of the BCF pool locally). Agreement has been reached on the level of funding for the Protection for Adult Care Services which **will ensure Lincolnshire complies with national directions for a minimum level of protection set down by NHSE.** This proposal has the support of the four CCGs, the Executive of the Council and the Lincolnshire Health and Wellbeing Board.

The 2016/17 sum was £16.825m and this has been increased to £17.13m for 2017/18, this is an increase of 1.8% and meets the national requirement. For 2018/19 the plan provides for a sum of £17,456,565 an increase of 1.9.% and is in accordance with national requirements.

These figures are summarised in the following table and the detailed investments are shown in the table shown overleaf.

	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£17,126,168	£17,451,565
Planned Social Care Expenditure from the CCGS Minimum	£16,825,000	£17,130,000	£17,456,565
Annual % Uplift Planned		**1.80%**	**1.9%**
Minimum Mandated Uplift % (Based on inflation)		**1.79%**	**1.90%**

The schemes funded from this sum are essentially those which have been ongoing over the last two years and have been subjected to a review using the BCF National Toolkit.

The schemes are:-

	2016/17 Expenditure	2017/18 Expenditure	2018/19 Expenditure
Reablement	£2,200,000	£2,200,000	£2,239,600
Community Integrated Reablement Service and Agency Staffing	£1,400,000	£1,400,000	£1,425,200
Provider of Last Resort	£1,500,000	£1,500,000	£1,527,000
7 Day Working	£300,000	£300,000	£305,400
Demographic growth	£2,125,000	£2,125,000	£2,163,250
Transitional Care		£1,230,000	£1,270,365
Care Act	£2,000,000	£1,712,500	£1,743,325
Demographic growth	£2,125,000	£2,125,000	£2,163,250
LPFT Mental Illness Prevention work	£375,000	£137,500	£139,975
Pooled Fund Section 75	£4,400,000	£4,400,000	£4,479,200
Carers Breaks	£150,000		
Co-Responders	£150,000		
Integrated Personal Commissioning	£100,000		
Better Care Funding Total	£16,825,000	£17,130,000	£17,456,565

In an attempt to limit the rising wave of demand and reduce the pressure on Adult Care, investment has been made in well evidenced preventative and short term services, such as reablement, homecare, transitional care and carers. Other schemes more broadly support adult care, though all schemes within the above list have the full support of CCG's and have also been discussed at the Lincolnshire Accident and Emergency Board.

National condition 3: NHS commissioned out-of-hospital services

The detailed spending plan submitted in the BCF Planning Template shows the extent to which the Lincolnshire BCF plan is investing in NHS commissioned services out of hospital with the vast majority of the BCF minimum pool invested in this key area. This includes not only NHS community services and social care services but a range of prevention services such as community equipment, neighbourhood teams, co-responder service, etc**.**

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	**2017/18 Expenditure**	**2018/19 Expenditure**
Mental Health	£6,011,000	£6,011,000
Community Health	£26,384,475	£26,998,894
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£8,480,000	£8,650,865
Other	£0	£0
Total	**£40,875,475**	**£41,660,759**
NHS Commissioned OOH Ring-fence	£14,073,735	£14,341,136

The above table demonstrates the focus of the investments within the plan is away from the acute sector and towards out-of-hospital services.

In fact the overall BCF makes no direct provision for acute sector provision. The additional CCG and County Council investment within the overall £226m funding for 2017/18 is similarly structured and again makes no direct provision for acute sector funding.

The plan does though recognise the significant service and financial difficulties of the acute trust, and the plan with its focus on prevention and improvement in DTOC and Non-Elective Admissions seeks to reduce pressures on the acute sector.

The Plan also makes no specific provision for a Contingency Reserve, with a positive decision taken to invest the available funding in services to prevent/mitigate DTOC and Non-Elective Admissions rather than make funding available to meet additional costs incurred from any increases in these activities.

National Condition 4: Managing Transfers of Care

The national 4-hour target has been challenging to achieve at all three acute hospital A&E departments in Lincolnshire and has not been achieved consistently since 2014. A contracted trajectory was been agreed with the commissioners and Regulators however the system is significantly underperforming against the national standard and is struggling to deliver improvement.
Understanding the capacity and demand of the system's local workforce has become an important issue to quantify. It is especially important when considered alongside:

- Strategic Shift
- Neighbourhood teams
- Understanding the resources available to a patient population- workforce planning.

In summary, there are known workforce challenges across the health and social care system in Lincolnshire, such as labour market challenges in specific areas; there is a high reliance of agency staff to fill rotas, ageing workforce, location of specialised staff etc. In August 2016, a decision was made by United Lincolnshire Hospitals NHS Trust (ULHT), supported by NHS England, NHS Improvement and the local Clinical Commissioning Group, to temporarily close the Grantham Accident & Emergency Department between the hours of 18:30 and 09:00.
This decision was taken in response to a staffing crisis within our A&E departments, primarily at Lincoln County Hospital and the department remains closed overnight to date.
Despite our challenges, the long-term vision is to create an urgent and emergency care system that delivers the right care, first time for the majority of patients through a networked model seven days a week, and which is easy to navigate and understand.

The Lincolnshire system has taken a focused approach to the reduction of Delayed Transfers of Care and the number of patients waiting unnecessarily in hospital during July 2017 was 3.3 % of all occupied beds against a target of 3%. Implementation of Patient Choice; Home First; and Trusted Assessment models have been fundamental to reducing the number of DToC.
The standards are key elements of the Eight High Impact Changes with both the Trusted Assessment model and Discharge to Assess mandated as part of the NHS England Delivery Plan from September 2017.
Approaches are in place to guide short-term improvements, and addressing limitations to effective joint working has been prioritised. A **Patient Choice Policy** has been implemented to support people's timely, effective discharge from an NHS inpatient setting to a setting which meets their needs and is their preferred choice amongst the options available. The Policy applies to all patients, whether or not they need ongoing NHS or social care; based on national guidance.
The **Trusted Assessment** model developed in Lincolnshire has been adopted nationally and is effective in moving patients to through appropriate pathways away from the acute trust, coupled with implementation of **Home First** Principles we are confident that an improvement in DTOC is attributable to community based models of care and support following an acute episode of care.

There is agreement relationships between partners have improved over the past year; partners jointly own delayed transfers of care and collective action is being taken to tackle the issue.

Our plan aims to speed up progress of those needing acute or long-term care services and to reduce the number of people needing services in the first place. Lincolnshire's' home first ethos means the aim will be to return them home or as close to home as possible.

A delayed transfer of care improvement plan is in place and agreed by the system. The plan has been refreshed to reflect progress made by the system and national updates/requirements of UEC. The refreshed plan has been developed by the Urgent Care Working Group and will be signed off formally at A&E Delivery Board in September.

The **joint hubs** are engaged in early discharge planning; the implementation of SAFER and **Red to Green** has enabled further joint planning to take place however the acute trusts implementation plan for SAFER requires refinement to support pace and progress against discharge targets. NHS and ASC discharge teams combine on all sites to fast stream simple discharges led by the wards and complex via the hub's ongoing drive to;

- Effective decision making for patients (safe care)
- Ensure staff are well led and motivated
- Ensure patient has a clear and agreed reason for admission to bed based care – Home First
- Clear pathways of care with milestones and accountabilities – Acute and Transitional care
- Red/Green day operating framework to manage the day and the stay for every patient
- Measurement one version of the truth
- Active in-reach for discharge planning and decision making
- Well led, engaged and motivated workforce
- Individual and team accountability

The Home First principles are embodied in the system and there are agreed Transitional Care Pathways. The Care Home Trusted Assessors continue to build strong and positive relationships between; health, ASC and Independent providers The 'Pride and Joy' system to monitor patient flow and improve performance, will be fully in place by March 2018 currently the system is operational on one site within the acute trust and plans are in place to extend its use. Within some areas we have 7 day working patterns. **Access to 7 day services** is arranged in some areas with established access to a range of services however not all discharge services are available on a 7 days basis. Seven day working will be implemented fully by March 2018. The system exercises the patient choice policy across all discharge pathways and is working to establish a single programme of work to enhance care home support.
Our main focus and drivers are;

- Effective decision making for patients (safe care)
- Ensure staff are well led and motivated
- Ensure patient has a clear and agreed reason for admission to bed based care – Home First
- Clear pathways of care with milestones and accountabilities – Acute and Transitional care
- Red/Green day operating framework to manage the day and the stay for every patient
- Measurement one version of the truth
- Active in-reach for discharge planning and decision making
- Well led, engaged and motivated workforce
- Individual and team accountability

Overview of funding contributions

Lincolnshire's BCF totals £226.267m for 2017/18 and £235.415m for 2018/19. Both the County Council and the 4 CCGs make significant additional (non-statutory) contributions to the fund, continuing the approach to integration and the BCF demonstrated in recent years. The additional contributions reflect:-

- the high level of integration of health and social care in Lincolnshire
- the historic extent of S75 agreements, particularly around Learning Disabilities, but also Community Equipment, CAMHS, etc.
- the extent of aligned budgets and joint work in the provision of Mental Health services
- the ambition for Neighbourhood Teams development

In particular the funding for 2017/18 and 2018/19 has been positively influenced by:-

- The discussions that have taken place at
    - Health and Wellbeing Board
    - At each and every Joint Commissioning Board
    - At the various Joint Delivery Boards
    - At the A&E Delivery Board. Noting that the Lincolnshire A&E Board is used as the initial vehicle for the assessing of the VfM of new Business Cases seeking iBCF funding and/or links to the funding streams within the BCF Plan
    - Both within Lincolnshire County Council and at the 4 CCGs
    - The weekly SET meetings where the whole system of health and social care integration (and improvement) comes together

- Key deliberations have included:-
    - The importance of housing to the overall agenda – this contributed to the establishment of the Housing, Health and Care Delivery Board. Extensive discussions have taken place with the 7 District Councils across Lincolnshire on the establishment of this group, its membership and terms of reference, and how DFG funding and other related funding can be best invested. The Council has also committed £0.5m per annum for DFG investment and is funding the cost of additional staff to support the new Delivery Group and the Housing for Independence agenda
    - Neighbourhood Teams – the creation of the £4m fund for Neighbourhood Teams including a focus on how these will improve all key performance metrics but particularly DTOC
    - Prevention – pages 11-12 of the Plan describe how the plan links to prevention and in particular to the STP Prevention Plan
    - Market Stabilisation – significant iBCF funding is invested in market stabilisation and LinCA in particular has been heavily involved in the planned additional investment in the residential and home care market
    - Reablement – with Allied Healthcare involved in the discussions on how to improve the Reablement service and where to make best use of additional iBCF investment
    - Carers – significant additional iBCF funding is being invested in Carers and the carers sector, including providers, have been involved in the plan for the use of the additional iBCF funding and how to make better use of existing funding streams
    - Reference to the JSNA and how population number and their movement require:

- The investment in funds to meet the rising numbers of the over 75 and over 85 population – iBCF funding has been invested to meet the increasing demand for residential and home care services, for reablement services, direct payments, etc
- A strong focus on Prevention with funding made available eg for Making Every Contact Count
- Housing Need

The Lincolnshire Accident and Emergency Delivery Board has received a BCF update report in all recent months and will continue to do so. The Board:-

- Has made recommendations on the targets to be set for all performance metrics but particularly for DTOC and NEAs
- Has received and will continue to receive regular (monthly) BCF performance monitoring reports
- Is responsible for recommending to the JCB all new iBCF investments developed through fully assessed Business Cases
- Will receive the BCF Narrative Plan 2017 -2019 at its meeting on 19 September 2017

The funding sources are summarised in the following table:

	2016/17 Gross Contribution	**2017/18 Gross Contribution**	**2018/19 Gross Contribution**
Total Local Authority Contribution exc iBCF	£82,141,579	£84,230,880	£84,637,814
Total iBCF Contribution		£17,371,326	£23,857,616
Total Minimum CCG Contribution	£48,654,558	£49,525,475	£50,466,459
Total Additional CCG Contribution	£63,000,000	£75,139,617	£76,453,132
Total BCF pooled budget	**£193,796,137**	**£226,267,298**	**£235,415,021**

The Plan Is also based on local agreement that **all** the components of the Better Care Fund pool that are earmarked for a specific purpose are being planned to be used for that purpose and that this has been agreed with the relevant stakeholders. The BCF Planning Template plan therefore confirms that:-

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?	Yes	Yes
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

In particular it should be noted that:-

- Care Act funding of £2m has been agreed within the Plan for 2017/18 and £2.03m for 2018/19
- Carers have always been appropriately supported within BCF funding, but the opportunity provided by iBCF funding means that a further £415k is available to support careers initiatives in 2017/18. Extensive discussions with the carers sector and our strategic provider 'Carers First' has taken place to ensure best use is made of this additional funding and a business case to indicate how the proposed funding benefits (BCF and other funding) and outcomes, has been prepared

Programme Governance

Lincolnshire has a long history of health and social care integration activity and has well-developed governance arrangements. Having an overall pooled budget of circa £226m means we have a wide range of long-standing arrangements in place, which have built on earlier arrangements which already supported large scale and value S75 agreements.

Appendix D provides a summary of BCF Governance. Key to the governance are:-

- Health and Wellbeing Board (H&WBB) – the Board receives regular updates on the BCF to both develop policy principles and to review and monitor activity. As examples the June H&WBB received two separate reports http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=488&MId=4818&Ver=4 which;
    - Established a Health, Housing and Care Sub-Group to respond to the ever expanding link between the housing agenda and the needs of the health and social care sectors. This builds on earlier Housing for Independence work and also on the expanding funding made available through DFGs. Note the sub-group will include senior member or officer representation from each District Council in Lincolnshire and also a number of health representatives
    - A general update report advising the H&WBB on progress with H&WBB matters including the development of the plans for 2017/18

- Joint Commissioning Board (JCB) – the JCB meets monthly and more frequently if required. It comprises the Accountable Officers and Chief Finance Officers of the 4 CCGs, senior officers including the Director of Adult Care and Community Wellbeing, and Director of Children's Services and the BCF Manager.
- Joint Delivery Boards are in place for each programme area and a S75 agreement is in place for each area. These meet either monthly or as required. They are required to report at least annually to the JCB on the effectiveness of governance and progress within their respective S75's. They are also required to update the JCB quarterly on their assessment of key risks.
- Section 75 Finance Group – this group comprises the Chief Finance Officers of the 4 CCG's, finance representatives of the County Council and the BCF Manager. This group reviews both financial and performance issues and provides advice to the JCB.
- Accident and Emergency Delivery Board receives regular updates on the BCF with a special focus on
    - DTOC performance and also wider performance matters
    - BCF funding and the allocation of resources
    - Receiving and advising the JCB on Business Cases from any sector (including third sector), which develop proposals that address the key BCF performance areas or which meet wider BCF ambitions

  (Note information is also provided to the Peterborough A&E Delivery Board).

In addition to these groups strong linkage exists to the:

- Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCGs, the Chief Executives of the three main health providers United Lincolnshire (United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS), the chair of the local Medical Committee and the

County Council in the form of both the Chief Executive and the Executive Director of Adult Care and Community Wellbeing
- The STP Financial Bridge Working Group which includes the finance directors of the 4 CCG's, the 3 main health providers, the County Council and supported by the PMO leading the Lincolnshire STP.

The breadth of these groups helps ensure that health and social care are part of one overall system. It also ensures that the County Council has full understanding of the STP work, of service and financial issues across the health sector and especially at United Lincolnshire Hospital Trust (ULHT); and that all parties are working to a common agenda. The inclusion of District Housing Authorities in the Sub-Group of the H&WWB demonstrates the understanding that housing is a key part in the wider ambitions of our BCF agenda.

Lincolnshire is fully committed to a 'sector-led improvement' approach and to participating in peer-led activity. Peer-led activity within the County Council in recent months has included a peer review of Adult Social Care Services focusing on key lines of enquiry within (a) Adult Frailty and Long Term Conditions (b) Adult Safeguarding. Indeed the independent Chair of the Safeguarding Board has agreed to pilot a Peer Review of Boards with the LGA, as an initiative that may develop into a national programme; and on behalf of the East Midlands Region SAB Chairs Network has co-ordinated a national audit of the impact of Safeguarding Adult Boards with a peer to peer approach.

The Health and Wellbeing Board used the LGA Integration and Self-Assessment Toolkit at a meeting in November 2016, and at the March 2017 meeting received detailed feedback from partners and agreed to focus activities on (a) promoting closer integration between health, care and housing and (b) progressing with the ProActive care agenda, that includes Neighbourhood Team development.

In addition a number of officer colleagues have been involved in peer reviews including: Glen Garrod – Lead DASS and Peer Reviewer for Warwickshire and Derbyshire, Pete Sidgwick – Derby City (July 2016), Emma Scarth – Leicestershire County Council (April 2016) and Rutland Council (March 2017), Carolyn Nice – Leicester City (March 2016),and David Laws visited Northamptonshire County Council to assist with their BCF preparations, On a broader regional basis we have engaged regularly with opportunities to share and learn from each other:

- Glen Garrod, Rob Croot (Chief Financial Officer at Lincolnshire West CCG) and David Laws (BCF Manager) presented a half day seminar at a Regional event in August 2016 in Leicester entitled 'The Lincolnshire Experience'
- Glen Garrod and Allan Kitt (now former Chief Operation Officer at South West Lincolnshire CCG) co-presented at an East Midlands integration event in January 2017

At member level, Cllr Sue Woolley, Chairman of the HWB, is also actively involved **at a national level** in a wide range of Peer Challenges. Since June 2016 these have included:-

- Gloucester – Delivering Prevention and Health Inequalities
- Bracknell Forest – Health and Wellbeing Peer Challenge
- North Somerset – Delivery Prevention and Health Inequalities
- West Berkshire – Preventions Matters Training
- Hertfordshire – Public Health and Prevention
- Coventry / Warwickshire – System wide care and Health Peer Challenge Pilot
- Bath / Somerset – Prevention Matters
- Litchfield – Prevention Matters

Governance is also aided by regular audits by Internal Audit teams of the CCGs and the County Council. In 2016/17 audit reports included:-

- A PWC (CCG Internal Audit) led review of the BCF governance and in particular the effectiveness of the JCB
- A Council led review of performance reporting

In 2017/18 an audit has already commenced which will review:-

- The governance process for agreeing expenditure from the pooled fund
- The quality of documentation in place to support expenditure incurred
- The level of financial reporting received by each CCG to assess whether this provides sufficient detail to enable each Governing Body to understand how the funding has been spent and to hold the JCB to account for decisions made

National Metrics

HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	**18,330**	**18,446**	**18,717**	**18,520**	**18,520**	**18,638**	**18,916**	**18,728**	**74,014**	**74,802**

Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan
	Annual rate	**613.7**	**574.4**	**648.7**	**648.8**
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Numerator	**1,029**	**982**	**1129**	**1150**
	Denominator	**167,671**	**170,955**	**174,043**	**177,258**

Reablement

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	**76.0%**	**82.0%**	**80.0%**	**80.0%**
	Numerator	**728**	**820**	**800**	**800**
	Denominator	**958**	**1,000**	**1,000**	**1,000**

Delayed Transfers of Care

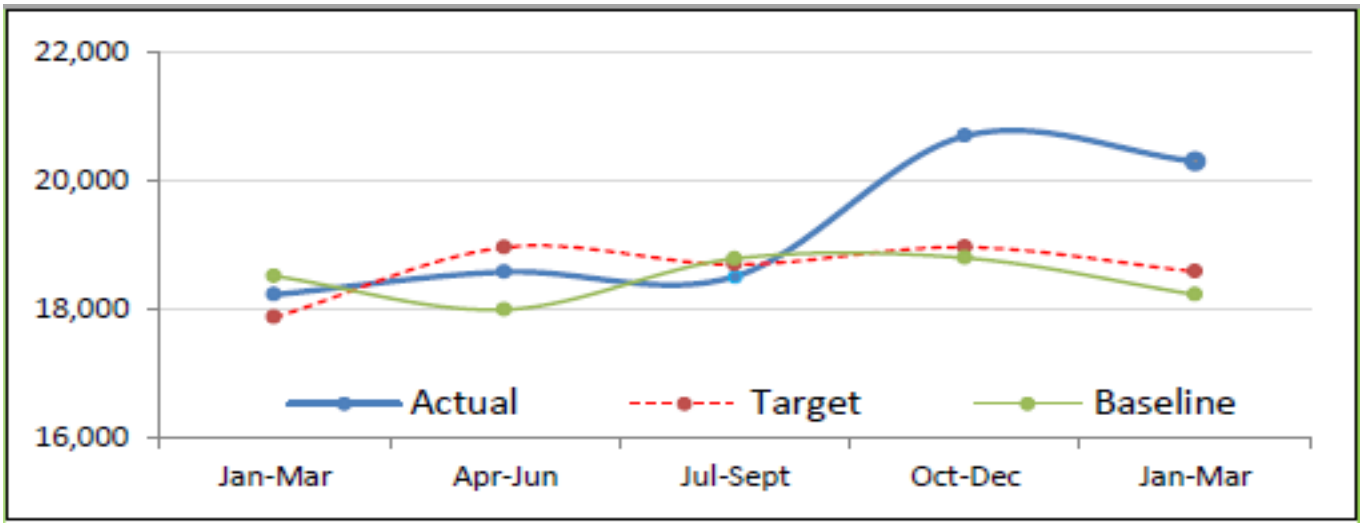
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)

	16-17 Actuals	**17-18 plans**				**18-19 plans**			
	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Quarterly rate	1383.5	1235.1	1076.5	840.6	823.2	835.5	823.2	835.5	818.6
Numerator (total)	8,341	7,446	6,490	5,068	4,993	5,068	4,993	5,068	4,993
Denominator	602,877	602,877	602,877	602,877	606,565	606,565	606,565	606,565	609,933

Non-elective Admissions

Our ambitions for NEA performance were not met other than in the first quarter of the BCF performance period through 2016/17.

The planned reductions for last year were 2.7% in each quarter of the year. A total of 20,299 admissions were made during Q4, which is 1722 more than the original CCG plans. Only the South CCG have consistently experienced monthly admission rates lower than the planned reduction, saving 29 admissions in the area this quarter; an 0.8% reduction. All CCGs except the South saw an increase in admissions against plan within the last quarter of the year.



This chart shows Lincolnshire performance on NEAs from Q4 2015/16 to Q4 2016/17. The baseline shows the previous year's performance

In Quarter 4, the volume of non-elective admissions to hospital was 11% higher than the same time last year, and 1,722 admissions higher than the target for the quarter. Performance is variable across the county with South Lincolnshire CCG having achieved the target in 11 of the 12 months. Other CCGs have not been so successful and discussions are ongoing to understand how to achieve best practice.

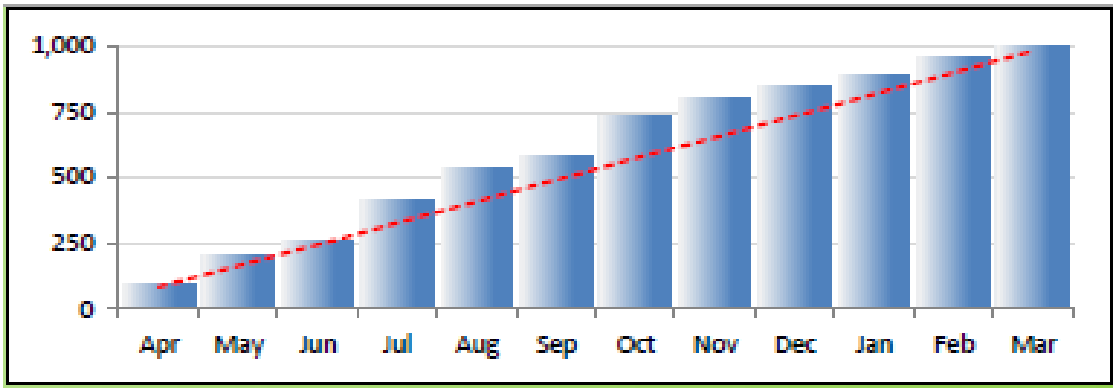
For 2017-19 the targets have been retained at the CCG agreed levels – with no stretch being set.

BCF schemes planned for 2017/19 to support Non-elective admissions include;

- Reablement
- Neighbourhood Teams
- Making every contact count
- Co-responders
- Community equipment

Admissions to residential care homes: How will you reduce these admissions?

Increased demand for residential care has resulted in 85 more permanent placements than planned in 2016/17, which is just less than a 10% deviation from the target. Towards the end of the year, the rate of admissions to residential care slowed. It is believed that all of the placements were appropriate and required in meeting citizen's needs and the Council's statutory requirements. Alternatives are always explored and placements approved on a case-by-case basis, and it appears that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. Over the last 2 years, the ratio of people in residential care to community has been static at 1:2, suggesting we are consistently placing people as appropriate.



Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, actual numbers – 2016/17

The targets for 2017/18 and 2018/19 have been set based on our current understanding of demand for social care in Lincolnshire. We believe that the rise in demand experienced last year, will continue into 2017/18 and 2018/19. There are a number of BCF schemes planned for investment which will mitigate this rise in demand to some extent – therefore enabling a level rate of permanent admissions.

These are

- Investment in community based services through Market stabilisation schemes for homecare, direct payments and reablement.
- Increased capacity in social care assessment teams - increasing time for assessments and creative support planning
- Investment in the housing for independence agenda and renewed DFG commitment

Additionally the Council intends to work with District Councils and housing providers during the next three years to increase Extra Care housing provision, in high demand areas of the County. To support this programme the Council has allocated £8m capital. This programme is also referenced on the leading political groups manifesto.

(Note: research evidence supports an expansion of extra care as an alternative to residential care).

The targets set for 17-19 anticipate a slight increase in residential admission numbers – this is expected to achieve a consistent annual rate of admissions based on population levels

	14/15	15/16	16/17	Planned 17/18	Planned 18/19
Annual rate	584	611	599	649	649
Numerator	960	1029	1031	1129	1150
Denominator	164,314	168,468	172,133	174,043	177,258

Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Our 2016/17 SALT data shows that only 3% (796) of new requests for support result in a permanent admission to residential or nursing care. A much greater proportion of new requests are dealt with through access to universal services and signposting (55%), short term support (13%), ongoing low level support (11%) or long term community support (6%).

Effectiveness of re-ablement: How will you increase re-ablement?

The performance of the Lincolnshire Reablement Service, commissioned by the Council, is key to ensuring that people are still at home 91 days after discharge. In 2016/17, two thirds of all people who were offered reablement or intermediate care after a hospital visit received the service provided by Allied healthcare. The remaining third were offered a range of intermediate care services provided through the NHS community health provider.

This service (Allied), commissioned by the Council, is also a major factor in enabling people with a social care need to leave hospital promptly. The performance of this service is felt to be one of the reasons that delayed transfer of care due to social care is much lower than the national average. The service helps people stay at home through visits to provide support to regain skills following a crisis, illness or injury. Allied Healthcare took over this service in November 2015 and has increased its capacity to take on referrals since then. Currently the service makes 560 visits a day and over 300 new people a month receive this service.

	14/15	15/16	16/17	Planned 17/18	Planned 18/19
Annual %	78.8	76.0%	75.4%	80%	80%
Numerator	650	728	504	800	800
Denominator	825	958	668	1000	1000

In Lincolnshire, the reablement service is commissioned by the Council and provided by Allied healthcare, with Intermediate care provided by Lincolnshire Community Health Services. The end of the 2016/17 year provides an opportunity to determine the effectiveness of the providers in terms of people being at home 91 days after their reablement or intermediate care. An analysis of the data has shown that people who received reablement were much more likely to be at home 91 days later than those who had intermediate care.

2016/17 91 day indicator – effectiveness during 3 month sample window

Provider	Number of people receiving the service	Number still at home after 91 days	Percentage
ALL	668	504	75.4%
Allied Healthcare	450	383	85.1%
NHS LCHS	218	121	55.5%

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services

The intention is to increase the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital based on both growth in reablement capacity and improved outcomes (notably in the performance of LCHS). The targets set for 17-19 are consistent in the intention to achieve 80% in both years. This is felt to be a realistic target – with a focus on improving performance and the NHS provider from current levels to the 80% through

a combination of further investment in the capacity of the service through BCF schemes and improved performance.

The availability of iBCF funding has enabled us to significantly expand the reablement service. Additional funding is available:

- 2017/18 - £1,383,782
- 2018/19 - £1,803,360
- 2019/20 - £1,803,360

Meaning that approximately £5m is available over the three years of the iBCF. The funding:-

- Is available to support additional Reablement
- Is also to fund expansion/development of the Quickstart and HART services and link to the expansion of the KAYDER software development
- Is being planned in consultation with Allied, the Council's provider of the Reablement service

Delayed transfers of care

The DToC Improvement Plan for Lincolnshire is shown as Appendix E. The plan has been agreed and signed off by the Urgent Care Working Group and signed off by all system leaders at A&E Delivery Board on 20 June. It is important to note the plan has been signed off and is owned by both Commissioners and Providers, and has the support of the County Council and the four CCGs.

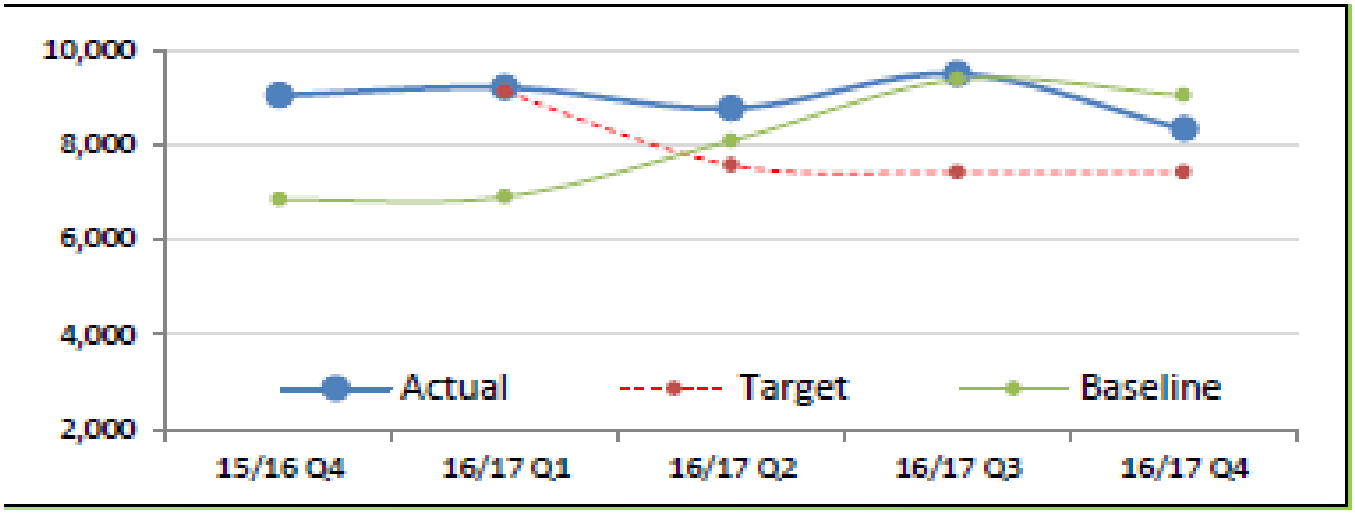
The ongoing focus in making improvements in DToC performance include the:

- Consistent Implementation of the HUB model
- Alignment of processes internal to providers
- Right sizing capacity
- Avoidance of adding further interim beds
- Delivery of admission avoidance actions
- BCF – impact of investment to social care support within the trusts and reductions to domiciliary services
- PACE of development and delivery within other aspects of the STP plans

Over the past year, the planned reductions in delayed transfers of care in the County have not been met. The pattern in 2016/17 was that the target was met in the first month of the year, but was not achieved in the following months. There were a total of 8,341 delayed days for patients in Q4, 916 higher than the target of 7,425 days. The trend throughout the year is linear and consistent, compared to 2015/16 where delayed days showed a more pronounced increase throughout the year.

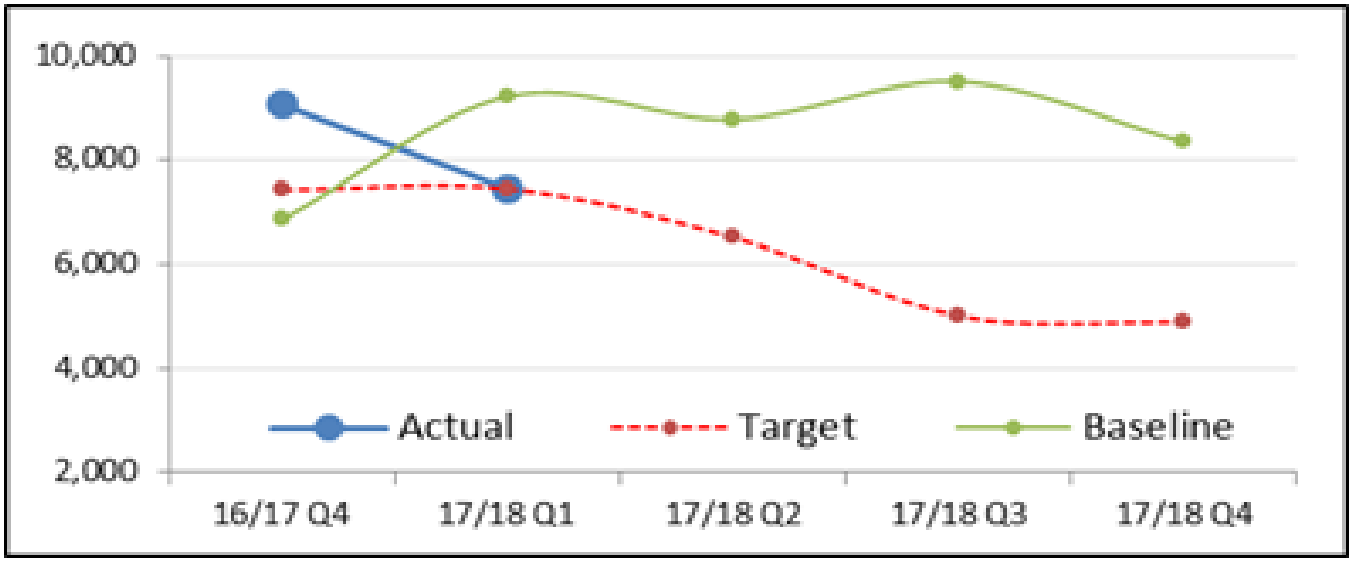
The proportion of non-acute delays has continued to fall and is now 35% of total delayed days. Social Care delays account for 23%, higher than figures reported throughout Q3, but lower than reported in January (25%). NHS delays account for 71% of delayed days, up from January, but lower that the figures reported in Q3. Latest DToC data (June 2017) show that delays attributed to Social Care are now 15% and those attributable to the NHS are now 71%. The overall figure for delayed days at the end of June 2017 is 900 days lower than Q4 2016/17 at a total of 7,446 which continues the trajectory towards the November expected target.

In terms of delay reasons, 68% of delayed days relate to waiting for further non-acute care, residential or packages in the persons home. The proportion of delays attributed to these reasons is broadly consistent with Q3. Housing delays are higher than expected and the proportion of delays attributed to housing has increased steadily throughout the year, peaking within Q3 and now dropping to 4% of delay reasons.



Delayed transfers of care (delayed days) performance Q4 2015-16 to Q4 2016/17

Targets for 2017/19 have been set to achieve the National expectations in NHS DToC by November 2017, and then sustain a reduction over the period. The total DToC target for November contains a stretch target for Social Care attributable delays. The performance in Quarter 1 of 2017/18 has been positive, with a reduction in line with our planned target for the period. Targets set have been determined and agreed jointly with NHS and Council involvement.



This chart shows improved performance in Q4 2016/17 and Q1 of 2017/18

Schemes planned for 2017/19 will target a reduction in DTOCs, these specifically include;

- Housing for independence and funding for DFGs
- Market stabilisation for homecare, reablement and residential care
- Trusted assessor posts based in acute hospitals to speed up discharges when patients are transferred to residential or nursing care

Approval

Signed for on behalf of: **LINCOLNSHIRE COUNTY COUNCIL**

By Glen Garrod……...

On …….

Director of Adult Social Services, Lincolnshire County Council

_____

Signed for on behalf of: **LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP**

By Gary James ……..

On…….

Accountable Officer Lincolnshire East CCG

_____

Signed for on behalf of: **LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP**

By Sunil Hindocha ……

On…….

Accountable Officer Lincolnshire West CCG

_____

Signed for on behalf of: **SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

By John Turner ……..

On…….

Accountable Officer South Lincolnshire CCG

_____

Signed for on behalf of: **SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

By John Turner ……..

On…….

Accountable Officer South West Lincolnshire CCG

_____

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Development of the Joint Health and Wellbeing Strategy for Lincolnshire**

Summary:

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).

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWB) is due to end 2018 and in March the HWB agreed an approach to developing the next JHWS for Lincolnshire.

This approach included a series of stages of engagement with the aim of the HWB:

- Identifying what the HWB felt the priorities for the next JHWS should be (utilising a previously agreed prioritisation framework);
- Understanding the views of people who live and work in Lincolnshire;
- Enabling Health Scrutiny Committee to have an opportunity to feed their views into the process;
- Ensuring that groups representing the views of people with protected characteristics (as defined by the Equality Act 2010) have their voice heard as part of developing the next JHWS for Lincolnshire

The engagement on the prioritisation of JSNA to inform the development of the next JHWS for Lincolnshire has been extensive in seeking and obtaining the views of over 400 people directly representing over 100 organisations and groups across the county as well as individual members of the public.

There has been a high degree of commonality across the engagement in terms of both prioritising the JSNA evidence as well the reasons for these decisions and some associated thematic areas for the HWB to consider as part of developing the JHWS further.

Actions Required:

The Health and Wellbeing Board is asked to:

1. Receive the evaluation report detailing the engagement on the next Joint Health and Wellbeing Strategy for Lincolnshire;

2. Discuss and agree the priorities for further development into the next Joint Health and Wellbeing Strategy for Lincolnshire;

3. Agree the members of the Health and Wellbeing Board who will lead on the further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire.

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 (HWB) is due to end 2018 and in March the HWB agreed an approach to developing the next JHWS for Lincolnshire.

This approach included a series of stages of engagement with the aim of the HWB:

- Identifying what the HWB felt the priorities for the next JHWS should be (utilising a previously agreed prioritisation framework) through a systematic assessment of the evidence in the JSNA. Alongside the work of the HWB to identify priorities based on the JSNA a robust process of engagement has been undertaken over;

- Understanding the views of people who live and work in Lincolnshire in coming to conclusions about what priorities the new JHWS should focus on;

- Enabling Health Scrutiny Committee to have an opportunity to feed their views into the prioritisation process for the next JHWS;

- Ensuring that groups representing the views of people with protected characteristics (as defined by the Equality Act 2010) have their voice heard as part of developing the next JHWS for Lincolnshire (the EIA for the engagement process is attached to this report as Appendix B)

In order to achieve this an engagement plan for identifying the possible priorities for the next JHWS was developed that covered the following key stages of engagement:

1. Apr – May 2017: Six workshops with member organisations of the HWB (applying the agreed prioritisation framework to the evidence included in the JSNA);

2. Jun – Jul 2017: Seven countywide public engagement workshops and an online survey to identify the views and priorities of people who live and work in Lincolnshire (based on the JSNA evidence base);

3. Jul 2017: Health Scrutiny Committee Working Group to obtain the committees views and priorities;

4. Aug 2017: Reference Group to gather views & insight from groups representing people with protected characteristics regarding their key priorities for the new JHWS for Lincolnshire

Feedback has been provided to an informal session of the HWB (on 5 September 2017) where the initial findings from the various stages above have been presented and attendees given the opportunity to reflect on the outcome of the engagement as well as discuss the possible approach to the next stage of development for the JHWS.

Analysis of Engagement

A full analysis report on the outcome of the engagement is provided as Appendix A to this report. This sets out the detailed analysis of the findings from each of the four engagement stages above both regarding the priorities that each stage identified as well as a thematic analysis of the reasons for these decisions and some proposals regarding the potential impact of this on the decisions of the HWB regarding developing the new JHWS.

<u>JSNA Based Priorities</u>
There was a high degree of commonality across the different engagement stages and in summary the overall emerging priorities identified from the engagement are:

- Mental Health – both Adults & Children/Young People
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

The HWB is asked to consider these proposed priorities and decide whether they wish to take forward all of them into the next JHWS for Lincolnshire or whether they wish to focus the strategy on a fewer amount of priorities behind which they believe they can also seek to address some of the thematic issues set out below.

Thematic responses

As well as commonality in the JSNA topics which were prioritised across the engagement process there was also a high degree of overlap in the reasons and rationale as to why people chose the priorities they did. The most common of these were:

- Strength of evidence that taking a preventative approach could have an impact on peoples health and wellbeing;
- The scale of need within the population both now and in the future for the area of need;
- That the prioritised need had a high degree of overlap and impact on a number of other areas of need within the JSNA;
- The scale of impact not just on health and wellbeing outcomes but also on the quality of life of individuals, carers, families and communities;
- That the evidence showed that the prioritised need was affected by inequalities and so it was felt that this could be impacted by addressing the need;
- The prioritised need was having an impact on multiple partner organisations and service provision/pathways and so addressing the need as a priority would drive forward closer partnership working to improve people's health and wellbeing.

These could be considered to form the basis for some core thematic priorities for the JHWS to focus on including the need for a **strong focus on prevention and early intervention**, for **collective action across organisations** in order to address the priority areas of need, and for **addressing inequalities and equitable provision of services** based on needs of the population.

Feedback from the Informal Health and Wellbeing Board Session

An informal session of the HWB was held on 5 September 2017 at which approximately 30 people attended a workshop to receive a presentation on the findings of the engagement. A mix of HWB members and other invited stakeholders were then given an opportunity to discuss the findings of the engagement and consider what the priorities should be for the next JHWS. The session also included some time for attendees to discuss the future delivery model for the next JHWS and how the strategy might be structured.

Discussion of engagement findings detailed a high degree of support for the areas identified through the engagement with significant amount of the conversation focusing on mental health. There was also a general support for focusing on a few priorities that can be broken down into very clearly defined areas of work and this was specifically mentioned in relation to mental health, given the breadth of the topic both in terms of scale of need and scope of services, partners and potential impact on other needs. Other conversations also picked up on the need to focus on prevention but, more importantly, to focus on integration across not just health and social care organisations but the wider community.

Regarding the second discussion on structure and delivery of the JHWS the attendees broadly supported a clearly defined set of actions through delivery planning so that there is a degree of transparency and accountability in the delivery of the new strategy. Some discussions also supported an approach where the JHWS becomes a rolling programme

in which, through regular review, it can change and move onto other priorities over the life of the strategy. There was also a clear view that regular progress/highlight reporting was critical to ensure transparency and assurance. Finally a number of attendees discussed that the potential mechanism for delivery of the JHWS could be through specific task and finish groups with delegated responsibilities from the HWB but also accountable to the HWB. It was also commented that this might help in bringing together a wider set of organisations into a more active role regarding the work of the HWB.

Lastly, across both areas of discussion, there were multiple examples of attendees raising the need to clearly define the relationship between the JHWS and the Sustainability and Transformation Planning (STP) in Lincolnshire and that this included defining the role of the HWB within the governance of the STP.

Continuing Engagement with stakeholders

Engagement with stakeholders has been extensive and inclusive, with an engagement database created for the purpose of this process detailing 900+ contacts. Over 400 people have actively participated in the engagement process.

Whilst the purpose of the engagement was to share the JSNA evidence base regarding local needs, with the aim of gathering peoples opinion on what they consider to be the key priorities in the new JHWS, there was a strong desire amongst those who were involved in the process that the HWB can continue to engage wider stakeholders in the development and implementation of the new strategy. Many comments have been made during the engagement regarding peoples continued involvement in the process, with it not being seen as 'one-off' time limited engagement.

Feedback on JSNA

As well as feedback relating to the development of the priorities for the next JHWS there was also feedback received regarding the JSNA for Lincolnshire and this was primarily concerned with suggestions and observations relating to perceived gaps in the current JSNA evidence base and also amendments and changes to existing JSNA topics. This has been detailed as part of the analysis report at Appendix A and will continue to be reviewed as part of the ongoing process of maintaining the JSNA.

2. Conclusion

The engagement on the prioritisation of JSNA to inform the development of the next JHWS for Lincolnshire has been extensive in seeking and obtaining the views of over 400 people directly representing over 100 organisations and groups across the county as well as individual members of the public.

There has been a high degree of commonality across the engagement in terms of both prioritising the JSNA evidence as well the reasons for these decisions and some associated thematic areas for the HWB to consider as part of developing the JHWS further.

The next stage of development will require the HWB to agree the priorities for inclusion in the next JHWS and agree the members of the HWB who will lead on further development and drafting of the JHWS.

As part of the next stage of development the HWB is also asked to consider the feedback from the Informal HWB session on 5 September 2017 regarding the possible form and structure of the new JHWS.

3. Consultation

Over 900 people have been directly contacted as part of this engagement process as well as wider communications and press releases to include members of the public in the engagement.

The seven countywide public engagement workshops were held in Lincoln, Sleaford, Gainsborough, Pinchbeck, Spilsby, Grantham and Louth. The total cost of these events was £1,084 at an average of £155 per event and just under £5 per person attending.

Level of engagement at each stage is detailed below:

Stage	Dates	Engagement Type	Level of Engagement
One	Apr – May 2017	Six workshops with member organisations of the HWB	10 attendees per workshop
Two	Jun – Jul 2017	Seven countywide public engagement workshops	220 attendees (representing over 60 organisations and groups as well as members of the public)
		Online survey	180 responses
Three	Jul 2017	Health Scrutiny Working Group	6 attendees
Four	Aug 2017	Reference Group	6 attendees (representing approximately 40 networked organisations)

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Developing the Joint Health & Wellbeing Strategy (2018): Analysis of the Engagement Feedback
Appendix B	Impact Analysis for JHWS Engagement 2017

5. Background Papers

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

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Lincolnshire COUNTY COUNCIL
Working for a better future

Developing the Joint Health & Wellbeing Strategy (2018)

Analysis of the Engagement Feedback

Report produced by the Strategy & Performance Team,
Public Health
August 2017

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Background Context

The Joint Health and Wellbeing Strategy (JHWS) is a document that aims to inform and influence decisions about the commissioning and delivery of health and social care services in Lincolnshire, so that they are focused on the needs of the people who use them and tackle the factors that affect everyone's health and wellbeing.

The production of the Joint Health and Wellbeing Strategy is a legal requirement under the Health and Social Care Act 2012, and responsibility for producing it rests with the Lincolnshire Health and Wellbeing Board (HWB).

The Lincolnshire Health and Wellbeing Board also has responsibility for the production of the Joint Strategic Needs Assessment (JSNA).The JSNA reports on the health and wellbeing needs of the people of Lincolnshire. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs.

In 2012, Lincolnshire's Health and Wellbeing Board produced Lincolnshire's first Joint Health and Wellbeing Strategy. The five-year Strategy covers the period 2013-2018.

During 2017, the Health and Wellbeing Board agreed an engagement approach and action plan for developing a new Joint Health and Wellbeing Strategy, using the updated JSNA as the primary evidence base. As part of the process, a series of engagement events took place in summer 2017, to gather the views and insights of key stakeholders, partners and the public.

Engagement to develop the new JHWS was phased, with four key stages:

1. Phase 1 (May-June 2017): Initial work undertaken, by nominated lead officers from organisational members of the HWB, across six workshops to review all the JSNA evidence and participate in a prioritisation exercise, identifying their top ranking priorities for (possible) inclusion in the new strategy.

2. Phase 2 (late June to July 2017): In order to engage wider stakeholders, seven public engagement events took place across the county. The workshops were attended by 220 people, with representation from over 60 local partners, organisations and groups.

   A public online survey supported this wider engagement phase with 180 responses received.

3. Phase 3: Review and feedback from Lincolnshire Health Scrutiny Committee

4. Phase 4 (August 2017): A focus (reference) group was held to obtain the views of seldom heard and special interest groups that we have identified within the Equality Impact Assessment (EIA), as potentially being affected by the new Joint Health and Wellbeing Strategy.

Feedback from the engagement process has been collated and analysed and forms the basis of this report. A summary report is also available.

Analysis of the Engagement Feedback

Phase 1: Health and Wellbeing Board (HWB) Board Prioritisation Workshops

Initial work was undertaken in May-June 2017 by nominated lead officers from organisational members of the HWB, to review all the JSNA evidence and participate in a prioritisation exercise, identifying their top ranking priorities for (possible) inclusion in the new strategy.

Two facilitated table discussions resulted in the following 'top 10' rankings:

JSNA Topic	Table 1 Weighted Score	Table 1 Weighted Rank
Obesity	109.00	1
Carers	108.00	2
Mental Health & Emotional Wellbeing (C&YP)	108.00	2
Cancer	106.00	4
Housing	100.00	5
CHD	99.00	6
Educational Attainment – Key Stage 4	98.00	7
Stroke	98.00	7
Alcohol (Adults)	97.00	9
Physical Activity	94.00	10

JSNA Topic	Table 2 Weighted Score	Table 2 Weighted Rank
Alcohol (Adults)	99.00	1
Mental Health - Adults	97.00	2
Housing	94.00	3
Suicide	91.00	4
Excess Seasonal Deaths	91.00	4
Dementia	90.00	6
Smoking Reduction in Adults	89.00	7
Obesity	87.00	8
Carers	87.00	8
Physical Activity	87.00	8

The green shaded topics indicate an overlap between the two tables in terms of high ranking JSNA topics. These were:

- Obesity
- Carers
- Housing
- Alcohol (Adults)
- Physical Activity

If the scoring from the two tables is **combined t**o show the overall (mean) score, the (top 10) highest ranking JSNA topics are:

JSNA Topic	Weighted Score (combined)	Weighted Rank (combined)
Obesity	98.00	1
Alcohol (Adults)	98.00	1
Carers	97.50	3
Housing	97.00	4
Mental Health & Emotional Wellbeing (C&YP)	95.50	5
Mental Health - Adults	94.00	6
Physical Activity	90.50	7
Cancer	90.00	8
Smoking Reduction in Adults	89.00	9
Dementia	89.00	9

A comparison between the highest ranking JSNA topics from the different phases of the engagement is detailed later in the report, drawing out the commonality between HWB ranking choices and those attending the wider public/stakeholder engagement workshops or completing the online survey.

Thematic analysis of the rationale for the HWB ranking choices has been undertaken and is summarised below.

Obesity

There is very strong evidence that preventing obesity will significantly improve an individual's health and prevent, or reduce the need for future healthcare services.

Available evidence suggests obesity is prevalent, affecting more than 7% of the local population with a worsening trend in some geographical areas and for some demographic groups, including older people. Clear evidence exists in terms of improved health outcomes in both health and life expectancy if obesity is prevented and/or addressed.

Addressing obesity/healthy weight management is included in both the NHS & PH Outcome Frameworks and is a priority both locally and nationally for multiple partners.

Alcohol (Adults)

Alcohol misuse and the associated risks to health are preventable. Evidence shows that 48 health conditions are linked to heavy alcohol use, with considerable risks to health outcomes as well as wider quality of life, relationship and monetary impacts.

There is a national Government Alcohol Strategy and in Lincolnshire, reduction of alcohol abuse is a Public Health priority and alcohol reduction features in the local Community Safety and Anti-social Behaviour strategies.

Costs attributed to alcohol misuse are significant, not just for those drinking but all others affected – including the immediate family, wider community and NHS and emergency services. .

Trend data suggests pockets of high risk – including alcohol related deaths and alcohol related liver disease.

Carers

Supporting Carers is a national and local priority. The value for money of unpaid carers is clear with huge savings made on health and care service costs, but they are often a 'hidden army'.

Carers need to be better supported in their role; their quality of life often decreases when they become a carer with worsening physical and mental health. Receiving support, having networks and reducing isolation greatly improves the quality of life both for the carer and the cared-for.

Housing

Improvements in peoples housing circumstances results in a significant improvement in their health and can delay or prevent use of healthcare services.

The topic area is broad and includes fuel poverty, vulnerable individuals and families, housing need, condition/housing stock and includes the unmet housing needs of various demographic groups.

Inequalities are evident, the population groups most affected include older people, low income families with children, those with disabilities/learning difficulties, those with mental health issues and the homeless or vulnerably housed.

There is a considerable impact on the quality of life for people experiencing issues such as overcrowding, housing that is unsuitable for people's needs e.g. disability/illness related, homelessness, cold homes/fuel poverty and housing shortages. The health outcomes of living in poor or unsuitable housing, or being homeless, is well evidenced and makes this topic area a priority for the HWB.

Mental Health & Emotional Wellbeing (Children and Young People)

Given the statistic that 1/10 children & young people are affected by emotional/mental health issues, as well as the effects on the wider family/population at large, this topic scored highly in the prioritisation exercise. .

The risk of not prioriting this need is high as the data and evidence presented shows a worsening trend when compared to regional and national data, which has been recognised in Lincolnshire with the securing of £1.4 million of Transformation Funds.

Comprehensive evidence exists showing the benefits of a preventative approach to supporting the Mental Health and Emotional Wellbeing of children and young people. It includes both benefits on an individual level (positive health outcomes of early/preventative action) and in terms of service savings/reduced costs of early intervention.

Mental Health – Adults

A significantly high number of adults are affected by poor mental health, ranging from anxiety through to more severe forms of mental illness. Data demonstrates need is worse in some areas when compared to regional & national data (depression rates, self-reported wellbeing) and where it is lower than national data (e.g. hospital admission rates) they aren't significantly lower. There is a worsening trend with a high level of need - with recognition that under-reporting may be a factor that needs consideration.

There is strong evidence of the impact of preventative action in terms of improvement in health outcomes (wider determinants, homelessness, substance abuse, etc.) and/or delaying or preventing the need for other services. Treatment & recovery outcomes improve with early intervention.

It is a priority area both locally and nationally for multiple partners and is included in the NHS, Adult Social Care and Public Health Outcome Frameworks.

Physical Activity

A strong evidence base exists to demonstrate the importance of physical activity in maintaining and improving health and preventing and/or reducing the use of healthcare services. Physical inactivity is the fourth greatest risk factor for premature mortality so preventative measures are needed.

The JSNA presents significant evidence of geographic and population-based inequalities, affecting multiple groups of individuals. This includes disabled people, those with learning difficulties, gender differences, low levels of physical activity in areas of deprivation and age-related differences. There are noted geographical variations too.

Given that Lincolnshire has lower than average physical activity participation rates relative to national rates, and/or a gradual worsening trend in all districts apart from West Lindsey, prioritising physical activity is seen as a priority for the HWB.

Cancer

Evidence suggests that diagnosis of cancers is rising and whilst mortality rates are reducing for many cancers, there are significant geographical variations that need to be addressed. Cancer prevalence and hence the need for treatment (& post-treatment care) is increasing - preventative work (including early detection) is a priority and needs to be ongoing given the 'indisputable' evidence that lifestyle changes affect cancer rates.

Early detection of cancer is included in both the NHS and Public Health Outcome Frameworks and is a priority both locally and nationally for multiple partners.

Smoking Reduction in Adults

Strong evidence exists to demonstrate that preventative action improves overall health & reduces the risk of a huge number of serious health issues/conditions. Smoking is the biggest cause of premature death in the country and is preventable.
.
Smoking reduction addressing a number of national requirements and indicators, as well as being a local policy priority across several partners (with a local plan and strategy in place).

There is significant evidence of geographic & population-based inequalities amongst those who smoke, affecting multiple groups of individuals. Marginalised individuals/groups are significantly & disproportionately affected including prisoners, those with mental health problems, travelling communities, low-income families and those in manual/low-paid work.

Data suggests that needs are stable and largely in-line when compared to other areas, although smoking prevalence in Lincolnshire is higher than national figures. However, there are geographical variations and higher than national average rates of smoking in pregnancy.

Dementia

Evidence shows that the early detection and management of dementia reduces the escalation of health and care needs. Whilst there is no evidence that preventative action can be taken to stop dementia from developing, risks can be identified and action taken (e.g. exercise and reducing alcohol intake) so that onset is delayed.

There are improvements in terms of quality of life if dementia diagnosis and management is at an early stage. Support for carers is crucial and the benefits of it are well evidenced in the JSNA commentary. This includes identifying resources and support networks and support provided from employers for those with caring responsibilities.

Dementia is a strategic priority locally and nationally, trend data suggests that it is a growing problem and with an ageing population in Lincolnshire, dementia diagnosis, management and support is a clear priority for the HWB given that age is the main determining factor for dementia.

Phase 2: Wider Engagement Workshops and Online Survey



During late June to July 2017, seven public engagement workshops were held across the county, attended by 220 people. In addition, a public online survey was developed which received 180 responses. The total numbers of those engaged at this stage was 400 people, with over 60 organisations and groups represented.

A full list of the organisations and groups represented is detailed in Appendix 1.

Taking each of the engagement methods separately:

Public Engagement Prioritisation Workshops

The table below details the collated scores across all seven wider engagement workshops, it presents people's first choice and then their re-ranked choices.

JSNA Topic	Total First Scores	Weighted Rank
Mental Health - Adults	145.00	1
Mental Health & Emotional Wellbeing (C&YP)	127.00	2
Dementia	89.00	3
Housing	77.00	4
Obesity	67.00	5
Carers	64.00	6
Financial Inclusion	57.00	7
Physical Activity	42.00	8
Cancer	42.00	8
Food & Nutrition	38.00	10

JSNA Topic	Total Re-ranked scores	Weighted Rank
Mental Health - Adults	146.00	1
Mental Health & Emotional Wellbeing (C&YP)	142.00	2
Dementia	89.00	3
Housing	89.00	3
Carers	86.00	5
Financial Inclusion	70.00	6
Obesity	52.00	7
Physical Activity	48.00	8
Food & Nutrition	43.00	9
Cancer	32.00	10
Maternal Health, Pregnancy & first few weeks of life	32.00	10

As can be seen, the JSNA priority topics themselves remain exactly the same in both ranking exercises, the only difference is a slight variation in scores with some topics e.g. obesity scoring lower in the re-ranking whilst others e.g. housing, scored higher following group discussion and feedback.

In addition, in the re-ranking exercise, 'Maternal Health, Pregnancy and first few weeks of life' entered as one of the 'top 10' ranking choices for participants.

The rationale for ranking choices can be briefly summarised:

Mental Health – Adults

- Poor mental health affects everything; quality of life, employment opportunities, physical health (can lead to inactivity, alcohol/drug misuse), confidence/self-esteem, relationships and family life - it impacts widely and detrimentally.
- Service provision is generally poor – little preventative/early intervention services or support, other than community or VCS provision (such as groups, self-help, diversionary activities) but this isn't specialist.
- Affects large numbers of people
- Poor mental health results in inequalities.
- The cost to the national economy of poor mental health is £105 billion a year, so it needs to be a priority.
- Services available if in crisis, but little early intervention other than online (Cognitive Behavioural Therapy) which doesn't suit all, including those lacking IT skills.
- Long waiting times to access services – 12 months+ is too long
- Many locally based support groups/self-help groups are struggling to survive with funding cuts. Impacts negatively on people when local support groups are no longer available.
- Early support is vital – it's cost-effective and prevents the escalation of (more costly) interventions.
- Other services are impacted – including the Police, Fire Brigade, Housing Associations/staff and other front-line workers who have to deal with people in mental health crisis, because the support available isn't adequate and people are *'left to struggle'*.
- Transition from Children's mental health services (CAMHS) to Adult services is disjointed and fragmented causing more stress and anxiety.
- Poor mental health interlinks with and affects many of the other JSNA topics – financial inclusion, alcohol/drug misuse, physical activity, cancer, suicide, smoking, etc.
- Unmet mental health needs exist for certain demographics (including ex-military personnel, those diagnosed with dementia, children with special educational needs and those with poor maternal mental health.
- Underfunded services – no parity with physical health despite the rhetoric.

Mental Health & Emotional Wellbeing (Children and Young People)

- Should focus on prevention to maintain positive mental wellbeing, this will prevent or reduce the strain on adult mental health services.
- More needs to be done in schools to help staff recognise signs of poor mental health in pupils and support them/signpost effectively.

- **All** children benefit from mental health awareness and support; holistic educational environments that focus on creating positive mental wellbeing benefit everyone.
- Young carers can be vulnerable and require support.
- Importance of early detection and support for children and young people requiring it.
- Seen to be a lack of local services for those requiring them, with long waiting lists.
- Social media bullying can be a problem
- Transition from Children's mental health services (CAMHS) to Adult services is disjointed and fragmented causing more stress and anxiety. Support needs to be person-centred and people cannot just 'fall off the radar' because of the different eligibility criteria for accessing Children's and Adult's Mental Health services.
- Poor Mental Health & Emotional Wellbeing in young people can be a contributory factor in drug and alcohol misuse. Obesity can have a similar connection to mental ill-health through lack of self-esteem, confidence and bullying. Proactive preventative action is required.
- Self-harming, suicides and eating disorders are a problem in this age-group.
- One in ten young people have a mental health problem, if it is not addressed it can cause them to miss school and fail their education – this can lead to unemployment or low earnings as an adult.
- There are mental health issues linked to SEND such as Autism and ADHD.

Dementia

- Growing numbers in Lincolnshire due to the ageing population. Is an increasing problem but can also be a hidden problem.
- Diagnosis process needs improving – early support is vital both for the person with dementia and their family.
- More awareness is resulting in greater diagnosis but there is a lack of support available once diagnosed.
- Cannot be prevented, but quality of life can be improved with the right support and networks.
- More people with dementia seem to go into residential accommodation – there is a lack of housing choices.
- Agencies and partners can help – Trading Standards for example are trained as 'Dementia Friends' to better support people they come into contact with. Wider awareness is growing (due in part to national coverage) and schemes to train people to be dementia-aware are to be encouraged.
- Statistics for vascular dementia show a decrease, improved lifestyle choices have improved rates.
- Support from employers needed for those with caring responsibilities for family members with dementia.

Housing

- Poor housing is the 'root cause' of many health and wellbeing issues – safe, secure and suitable housing is the basic 'building block' in having good physical and mental health.
- Housing has a broader impact - on social isolation, financial inclusion and on people's mental and physical health.

- Poor or unsuitable housing for those with physical/mobility issues can increase the risk of falls, which in turn could cause serious health problems at a later date
- Damp housing (causing mould and mildew) significantly impacts on physical health especially for the most vulnerable groups such as the elderly, frail, babies/children and those with poor physical health including respiratory/breathing problems.
- Fuel poverty is a local issue – rising fuel costs and those living in rural areas 'off the grid' and having to buy fuel in bulk are contributory factors.
- Housing affordability is an issue.
- The demand for social housing outstrips availability meaning many rely on private sector housing which can be expensive – e.g. Boston is a low wage area with a high rent economy, causing financial hardship for many in the 'rent trap'.
- This is a broad topic which includes homelessness.

Carers

- More care, support, and recognition are seen as needed for carers.
- Unpaid carers are a 'hidden army' – nationally, in the UK last year they provided 1,677 million unpaid hours of care, worth £132 billion.
- Carers' physical and mental health is affected by caring role and 69% report a significant impact on their personal wellbeing. Carers sometimes neglect their own health in order to look after other people.
- Someone needing care impacts on the whole family.
- If a carer were to fall ill, this creates a chain reaction of other issues including financial implications and sometimes a need for the cared-for to move into residential accommodation.
- Risk of isolation for carers.
- Young carers have different needs and require support to support them in their caring responsibilities. If not, their mental wellbeing can be adversely affected.
- Many carers' are not registered or known to services – they don't identify themselves as a 'carer'. This can make them isolated and unaware of the support they might be able to access. .
- Parent carers are important as they reduce the number of children who are in the care of society, which has a large financial cost. It was mentioned that many parent carers of those with a learning disability 'drop through the net'.
- GP's are often unaware of the number of patients with caring responsibilities – the number is underreported.

Financial Inclusion

- A lack of money negatively impacts on both physical and mental health; it causes stress, anxiety, isolation and can lead to serious mental health issues.
- Financial stability is a preventative measure to combat some mental health issues. It also links to the likelihood of living in stable and affordable housing.
- Loan sharks prey on vulnerable people, compounding debt problems and illegal lenders may use intimidation and violence to collect their debts.
- A lack of money impacts and influences choices – consuming less healthy foods which are often more filling, easily available and cheaper than healthier options.
- Poverty make result in harmful choices – such as alcohol and drug misuse

- Financial instability can pass from generation to generation.
- It can happen to anyone e.g. becoming ill with cancer can affect a person's ability to work, reducing their income, making housing payments difficult and getting them into debt. Access to timely benefit support is vital.
- There is a need for timely benefits advice, especially given the benefit reforms and the move to Universal Credit. People need support to understand the process.
- Inequalities are widespread, financial inclusion needs to be tackled and addressed in a multi-agency way – *'the poverty gap is far too big'.*
- There are geographical disparities and inequalities in Lincolnshire. An elected member, taking part in the table discussion, cited LRO figures that show the Earlesfield Estate is within the top 10% most deprived areas in the country. Comparing figures for educational attainment and fuel poverty there is a vast gap between this area and the Allington and Sedgebrook area, all of which are in the same constituency.
- Poverty impacts massively on a range of other topic areas including housing, health conditions, obesity, mental health, learning and life chances and criminal justice. The consensus was that it is really important to provide good support and advice for people to improve financial literacy, raise income levels and create financial stability, improving their life chances.

Obesity

- This subject links through to other topics as a contributory factor in other lifestyle issues such as Physical Activity, Diabetes, Cancer, and Healthy Eating. Therefore it was seen that prioritising this topic area could influence many more issues; preventative measures are key.
- Obesity in children - it relies on educating both parents and children on healthy eating and often requires changing behaviours and attitudes, including the need for regular exercise.
- Rate of obesity in children and adults is growing – the resulting health impact puts pressure on services and budgets.
- Preventative actions are cost-effectiveness, as is identifying and intervening early for those children who are becoming obese. Targeted intervention prevents other conditions developing and improves life chances.
- The role of awareness raising and healthy eating education is important; for children, schools play an important role in this.
- Investment is needed to provide support/resources to encourage people to make simple lifestyle changes.
- Obesity can be linked to underlying mental health problems, causing a lack of motivation, isolation and low confidence/mood.
- A family approach, starting with the child, has been found to be effective in preventing/tackling obesity.

Physical Activity

- Prevention through healthy lifestyle is key – supporting people to make better lifestyle choices, including regular exercise, improves a wide range of health outcomes.

- Cost effective as a service intervention – reducing or preventing the need for other health services.
- Links to many other JSNA topics including Obesity, Mental Health, Diabetes, Cancer, Food and Nutrition and Coronary Heart Disease.
- The evidence suggests that having access to open spaces will encourage people to be active. Investing here will help prevent poor social and health outcomes later on.
- Lack of money can be a barrier, some activities cost but others are free (walking, gardening).
- Geographical barriers to accessing facilities can be a problem in rural areas (lack of transport, lack of local provision, etc.)

Food & Nutrition

- Good food and nutrition is a preventative measure, promoting good physical and mental health. It reduces the metabolic syndrome conditions (i.e. increased blood pressure, high blood sugar, abnormal cholesterol, heart disease, stroke and diabetes) and can therefore prevent health problems such as Obesity, Diabetes, Coronary Heart Disease and Cancer,
- Along with physical activity, the importance of good food and nutrition should be introduced at an early age both at home and in an educational setting.
- Poor diet is a risk factor for many diseases and the main cause of obesity.
- Health inequalities exist – healthier food generally costs more on a calorie by calorie basis – cheaper foods are often unhealthier but are more filling and easily available, meaning that those on low incomes often chose them.
- Initiatives such as GEM – 'Grow, Eat, Move' provide positive example of interventions that can make a positive difference.
- Food labelling can be an issue; it can be confusing to people looking to make healthy choices.

Cancer

- For some cancers, preventative measures such as eating a healthy diet, moderate alcohol, not smoking, exercising, etc. play an important part. However, not all cancers are preventable.
- The needs of people living with and beyond cancer, including aftercare and dealing with the side effect of treatments, needs better support and recognition.
- There is a need to ensure that GP's and health professionals are kept up to date with symptom diagnosis. Early diagnosis saves lives.
- Cancer is seen as a growing problem that has a huge financial impact on both the patient and the NHS.
- Better cancer research is needed to prevent it.
- Needs to be prioritised to reduce the waiting lists for treatment.
- Postcode lottery in terms of treatment options/treatment location, depending on where you live. Some are treated out of county which can impact heavily on patients including additional costs, anxiety and affect family/caring responsibilities.
- More accessible information required regarding the causes, signs and symptoms of cancer. There is a need to educate young people in terms of spotting the signs of cancer and acting on them. Early detection is important.

- Some felt there was a lot of resources and support available for those with cancer, so they didn't prioritise it, but for many it was a priority topic given its prevalence and survival rates.

Maternal Health, Pregnancy & first few weeks of life

- Good ante-natal and post-natal care and nutrition is essential for both the health of the baby and mother. Good maternal health is preventative, reducing infant mortality rates but also providing protective long-lasting health benefits for both mother and baby.
- This topics links to other JSNA topics including Breastfeeding, Immunisation and Mental Health.
- New mothers need support and advice from professionals including safe sleeping, immunisations and breastfeeding.
- Ante-natal clinics should be local, ideally situated in local health hubs or Children's Centres to make them accessible.
- Service integration between maternity services and Ante-Natal care/Children's Centres could be improved.
- Pregnancy is often a 'trigger point' where parents are receptive to health information and behaviour change; this opportunity should be used by professionals to provide timely information, advice and support.

Public online survey

As detailed earlier, there were 180 responses to the online survey with 20+ local Voluntary and Community Organisations (VCSO) represented 3 private sector organisations and 11 public sector responses (excluding LCC colleagues).

Of those responding, 76% did so as an individual and 24% responded on behalf of an organisation.

When asked to select their 'top 5' priorities from the full list of JSNA topics, the following topics were selected:

JSNA Topic	Total	Weighted Rank
Mental Health - Adults	95 (53%)	1
Mental Health & Emotional Wellbeing (C&YP)	83 (46%)	2
Housing	60 (33%)	3
Physical Activity	59 (33%)	4
Dementia	57 (32%)	5

In terms of the 'top ten' highest scoring JSNA priorities, we can show this diagrammatically:

Comparing the ranking choices at phase 1 and phase 2, it can be seen that 'Financial Inclusion' and 'Food and Nutrition' are the only JSNA topic areas that are prioritised in the wider engagement workshops **that are not** prioritised by the HWB representatives.

Conversely, 'Smoking Reduction in Adults' and 'Alcohol (Adults)' are priority areas for the HWB representatives, but are not reflected in the wider public/stakeholder engagement workshops.

Analysis of the online survey responses, shows again there is commonality in ranking choices between the two phases, with all 'top 5' ranking choices from survey respondents matching those of both the HWB representatives and wider public workshop participants.

Taking into account the 'top 10' ranking choices of survey respondents, only the 'Learning Disabilities' JSNA topic is not prioritised **by either** the HWB representatives or the public workshop attendees.

In short, at phase 1 and 2, it can be clearly seen that there is considerable alignment and agreement over which JSNA topics are to be prioritised in the new JHWS.

Phase 3: Review and feedback from Health Scrutiny Committee

A prioritisation workshop took place in July 2017 with members of the Health Scrutiny Committee for Lincolnshire.

Members highlighted the need for the JHWS to target resources where they are most needed within Lincolnshire, in order to address the significant inequalities that exist between and within communities. This includes making services readily accessible, particularly for the most vulnerable members of the community. A number of other themes emerged from the workshop, namely:

- The JHWS should have a **strong preventive focus** which targets early intervention and education, noting the cost-effectiveness of this approach.
- The JHWS must be used as an important **evidence base** for the NHS in shaping their Sustainability and Transformation Plan (STP).
- **Inequalities** must be addressed with targeted service provision

- Concern that delivering the JHWS whilst **resources are already stretched** across the county will represent a significant challenge to the Lincolnshire Health and Wellbeing Board - how this will be addressed needs to be highlighted in the JHWS.
- Many of the JSNA topics are **inter-linked and inter-dependent**; prioritising one topic creates a 'knock on effect' in a number of other areas.

When asked to select their priorities from the full list of JSNA topics, the following topics were selected:

- **Mental Health**

Mental Health links to many other areas of need including suicide, drug and alcohol misuse, domestic abuse and smoking. Poor access to services for those with mental health needs, particularly children and young people, was emphasised.

- **Dementia and Falls**

Increasing needs linked to both issues because of an ageing population and the significant costs to the health and care economy as a result.

- **Carers**

Prioritised due to the number of unpaid Carers in the county and the level of support they provide, which would otherwise have to be met from health and care services budgets.

- **Financial Inclusion**

Affects a large portion of the community and not just those on low incomes or living in poverty. It also affects older people who might be asset rich (i.e. own their own homes) but are cash poor and, therefore, struggling to make ends meet. Tackling this priority also has an impact on addressing others areas of need such as Housing.

- **Road Traffic Collisions**

Due to the high number of deaths and serious injuries on Lincolnshire's roads, which is considerably higher in Lincolnshire than other areas, and the rural nature of much of the road network in the county, this was prioritised.

- **Learning Disabilities, Special Educational Needs and Autism**

Increasing demand for support services due to greater awareness and improved diagnosis (although challenges remain). The issue is seen to be interlinked with a number of other areas of need such as Financial Inclusion (through employment opportunities for people with learning disabilities) and Carers (as many of these individuals have their needs met through unpaid, informal family Carers).

Phase 4: Focus (reference) group feedback

A focus group of seven representatives was held in mid-August, to gather feedback from seldom heard groups. Those attending were primarily Peoples Partnership 'Strand Leads', who represented a diverse range of special interest groups. A mapping exercise demonstrated connections and links with over 40 local, regional and national groups in total. Appendix 2 provides further details.

This reach and insight provides valuable feedback to the process and strengthens the inclusiveness and diversity of our engagement approach.

When asked to select their 'top 5' priorities from the full list of JSNA topics, the following topics were selected:

JSNA Topic	Total - First Scores	Weighted Rank
Mental Health - Adults	6	1
Mental Health & Emotional Wellbeing (C&YP)	4	2
Falls	3	3
Carers	3	3
Physical Activity	3	3

JSNA Topic	Total - Re-ranked scores	Weighted Rank
Mental Health - Adults	7	1
Falls	4	2
Mental Health & Emotional Wellbeing (C&YP)	3	3
Carers	3	3
Physical Activity	3	3
Housing	3	3

As can be seen, the JSNA priority topics themselves remain exactly the same in both ranking exercises, the only difference is some slight variation in scores and the inclusion of 'Housing' in the re-ranking exercise (sharing the third highest ranking slot with three other JSNA topics).

It is interesting to note that **all** participants selected Adults Mental Health as one of their 'top 5' priorities, echoing wider engagement feedback from other sources.

Taking the prioritised JSNA topics in turn, participants made a number of key points in sharing the rationale behind their ranking choices:

Mental Health (The JSNA topics of 'Adult Mental Health' and 'Emotional Wellbeing of Children and Young People' were considered together):

- Mental Health (MH) must be prioritised - early intervention and support is vital to prevent/reduce problems from escalating.
- Inequalities and inequities exist both in terms of geographical variations (rurality, East Coast deprivation) as well as awareness, stigma and a lack of understanding amongst certain demographic and cultural groups.
- Poor MH affects the whole family/ wider unit as well as those experiencing it themselves.
- Impact on employment is notable (both for those working and those not in employment due to MH issues)
- A particular challenge and issue for carers – better support needed.
- Transition from childhood to adulthood is difficult with little support being seen to be available. A lack of clear responsibility regarding which service area should intervene compounds this with services for 16 – 19 year olds with MH issues, seen to be 'non-existent'

- Mental Health of those with Learning Disabilities – the transition from childhood to adulthood can present significant mental health challenges (increased anxiety, uncertainty, etc.) which require recognition, support and timey service intervention.
- Unacceptably long waiting lists (8.5 months) to access CAMHS (children's mental health services) and little preventative provision – more of a crisis response.
- Early intervention is key – but there is a lack of services to support this approach
- Suggestion that Children's and Adult's MH JSNA topics should be grouped together – to ensure no-one 'falls through the gap' during the transition from one team to another.
- Community networks are important – but they need support/resources to signpost effectively and it cannot be the preferred option as a means of cutting costs.
- Negative impact of (NHS) funding cuts to self-help and VCS organisations and group's - needs will go unmet.
- Role of neighbourhood teams – seen as *'not working'*

Falls

- Sight loss needs assessment and support straight away to prevent the escalation of problems. Early support is cost-effective.
- Falls are one of the biggest worries for some people due to a fear of losing independence and/or being hospitalised.

Carers

- Specialist advice is needed regarding carer's entitlement to benefits. Benefit advisors can support eligible people to claim significant amounts of money that would otherwise go unclaimed.
- Transitioning between benefits e.g. DLA to PIP and having to go through assessments/tribunal processes is difficult and *"sends [people] into meltdown".*
- Financial and MH concerns are prevalent – both require support.

Physical Activity

- It's not just about competitive sports; it's about inclusive play for children and family activities
- The environment and activities need to be friendly, accessible and motivating
- Physical Activity can improve mental health. Social Prescribing (gym membership) is seen as a positive intervention.
- Physical activity is important to older people as it improves their physical and MH, confidence and prevents falls through improving co-ordination/agility.
- Leisure Centres/facilities need to accommodate specific people's needs (like appropriate changing rooms)
- Targeted work needs to happen to ensure geographical coverage. There is little provision on the East Coast.
- Cost of activities can act as a barrier to participating for those on low incomes
- Free activities e.g. walking, running are available
- Introducing and encouraging activities like gardening, 'walk & talk' activities to support people's health. Anyone can organise these at little or no cost.

- Community groups find it hard to get funding – it is hard to evidence prevention and the cost effectiveness of funding such initiatives. Advice and funding support is needed for local groups, so they can better support the physical activity agenda.

Housing

- Living in poor housing negatively impacts on children's health
- Disapproval of the housing policy that removes carpets from Housing Association/ Council housing when it is re-let. Sometimes people can't afford to buy carpets and this adversely impacts on their MH. Cost effectiveness of purchasing carpets versus the service cost of people going into crisis – *"It is about the small things that can have a massive impact".*
- People on low income often live in poor housing e.g. families of people in prison. They can experience multiple inequalities.

Lowest scoring JSNA topic areas

In Phase 1, analysis shows that the lowest scoring JSNA topic areas from the HWB Board Prioritisation Workshops (collated analysis) are:

BOTTOM FIVE - AVERAGE WEIGHTED SCORES		
JSNA Topic	**Average Weighted Score**	**Average Weighted Rank**
Learning Disability	70.00	31
Physical Disability & Sensory Impairment	65.00	32
Falls	65.00	33
Educational Attainment – Foundation Stage	61.00	34
Young People in the Criminal Justice System	59.00	35

The results at Phase 2 are very different.

In Phase 2, the lowest scoring JSNA topics from the public engagement events (collated analysis) are:

BOTTOM FIVE - AVERAGE WEIGHTED SCORES		
JSNA Topic	**Total – First scores**	**Average Weighted Rank**
Suicide	7	32
Road Traffic Collisions	6	33
COPD	6	33
Teenage Pregnancy	5	34
Sexual Health	0	35

JSNA Topic	**Total – Re-scores**	**Weighted Rank**
Breastfeeding	4	33
Road Traffic Collisions	4	33
COPD	2	34

Teenage Pregnancy	2	34
Sexual Health	0	35

As can be seen, between the two ranking exercises there is agreement regarding 4 of the 5 lowest scoring JSNA topics – with Road Traffic Collisions, COPD, Teenage Pregnancy and Sexual Health all scoring low. However, there is no agreement between the wider public and HWB representatives as to the lowest JSNA priority topics – both groups have selected entirely different topics.

Keeping with the analysis at Phase 2, the lowest scoring JSNA topics (collated analysis) from the online survey are:

JSNA Topic	Total	Weighted Rank
Smoking Reduction in Adults	36 (20%)	35
Breastfeeding	34 (19%)	34
Road Traffic Collisions	16 (9%)	33
Falls	10 (6%)	32
Teenage Pregnancy	8 (4%)	31
Financial Inclusion	8 (4%)	31

It is not fruitful to do a similar exercise for those attending the Focus (Reference) group workshop as the small number of those attending would make the list of non-prioritised JSNA topics too lengthy, and would add nothing to our understanding.

In terms of drawing out the common low-scoring ('least important') JSNA topics, as the Matrix in Figure 1 below illustrates, there is some common agreement when comparing analysis of the online responses, with both the wider public engagement workshops, and the HWB Board workshops.

Figure 1: Collated list of 'least important' (lowest scoring) JSNA topics from the varying engagement methods

JSNA Topic	HWB Board Prioritisation Workshops	Wider Engagement Workshops	JHWS Online Survey
Road Traffic Collisions		x	x
COPD		x	
Teenage Pregnancy		x	x
Sexual Health		x	
Breastfeeding		x	x
Suicide		x	
Learning Disability	x		
Physical Disability & Sensory Impairment	x		
Falls	x		x
Educational Attainment – Foundation Stage	x		
Young People in the Criminal Justice System	x		
Smoking Reduction in Adults			x
Financial Inclusion			x

As can be seen, none of the JSNA topics have ranked 'least important' across all three of the engagement methods, but there is shared agreement across two of the methods for:

- Road Traffic Collisions
- Teenage Pregnancy
- Breastfeeding
- Falls

Interestingly, Falls is included as one of the 'top 5' priorities, for those attending the Focus (reference) group, largely due to the preventable nature of this issue.

Principles emerging from the engagement feedback

There are several 'stand out' priority areas for (possible) inclusion in the new JHWS and that cut across the varied methods of engagement. These are:

- Mental Health – both Adults & Children/Young People
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

In addition, a number of **principles** or **themes** can be drawn out from the engagement undertaken. Specifically, these can be noted as:

Preventative/Early Intervention

There is a strong focus on the need for preventative action. Those JSNA topic areas which prevent, reduce or minimise the escalation of health and care needs in future were often prioritised. These include prioritising the Mental Health & Emotional Wellbeing of Children and Young People; Falls, Physical Activity - the need for both preventative action and early intervention ran throughout many discussions. The cost-effectiveness of preventative action was also frequently cited.

An example of this is the Children and Young Peoples Mental Health and Emotional Wellbeing topic. It was strongly felt that positive mental well-being could be nurtured and supported in childhood and in early years, building resilience and coping techniques as the child progresses into teenage years and early adulthood.

Early support and treatment for young people presenting with mental health issues, including anxiety, depression or self-harm, was seen as vital, preventing or reducing the need for adult mental health interventions, at a later date.

Use of trend data

Trend data was an important consideration in ranking decisions – many peoples rationale included weighing up evidence regarding the severity of need, comparator data, etc. included in the topics infographic and commentary. The data often chimed with professional and personal experiences shared during the engagement process, many for example related to the data showing the high numbers of people experiencing mental health problems, and

the impact of this not just on the person but the impact this has on the wider family, service delivery (e.g. Housing officers, Fire and Rescue, Police) and the community at large.

Trend data relating to both Obesity and Dementia prevalence (current and future) informed ranking decisions across the different stakeholder groups.

Role of partner organisations

The role of partner organisations in addressing needs was often emphasised – including both statutory and non-statutory partners. Many professionals engaged in the process shared both the challenges and the opportunities to work in partnership to address some of the issues discussed. A wide range of partners was represented in the engagement process with over 60 organisations and group contributing. Many expressed an interest in continuing to be informed and involved in the development and implementation of the JHWS, as well as the wider work of the HWB.

Service considerations

Service considerations featured strongly – including identified service gaps, lack of services, underfunding, sustainability and equity in the provision of services across the county.

One reoccurring theme was the transition from Children's services (including Mental Health, SEND) to Adult services. Many expressed the frustration and challenges of being lost between two different systems, with different eligibility criteria and a lack of person-centred service provision meaning for some they felt they had 'fell off the radar'. Joined-up integrated services for 18-25 year olds was felt to be vital, with better service planning to ensure seamless service transitions.

Independencies of the JSNA topics

The interdependencies of the JSNA was frequently commented on – for some it made it difficult to choose 'just 5' topics. Many chose those topic areas that leant towards prevention, the rationale being that this would prevent, reduce or minimise the need for more interventionist and costly services at a later date.

Wider determinants

The wider determinants agenda was seen as important, especially needs relating to housing and financial inclusion. It was expressed several times that without the 'basics' such as enough money to live on and a suitable, affordable and warm home, physical and mental health outcomes were compromised. Maslow's 'Hierarchy of Needs' was referenced several times in the engagement process; with many commenting that they welcomed the broad approach to improving health and wellbeing that the HWB has adopted.

Health inequalities and health inequity

Health inequalities and inequity was a key consideration for many involved in the engagement process. These included inequalities in access, opportunities and outcomes. This was a particularly strong theme echoed in Health Scrutiny member's feedback and their chosen JSNA priorities.

Educative role

The need for educating and raising awareness of how to improve health and wellbeing was a theme; not just in terms of parents, the wider public and amongst different socio-economic groups (all of which were mentioned), but a wider understanding of needs, and how to address them, amongst clinicians, including GP's. This included improved Mental Health awareness, Autism, Cancer awareness (including spotting and acting upon the early warning signs).

Style of delivery considerations

Feedback included the importance of a certain style of delivery when addressing local health and wellbeing needs – 'self-help' and an enabling and 'person-centred' approach were all seen as important.

The transition points in peoples life can cause problems, not just in terms of a lack of joined up services, but also people can be confused by different eligibility criteria and variations in the services offered. This wasn't just in regards to age transitions from 'young person' to 'adult' but wider, including changes in health or employment status, as a person transitions through life.

Strategy

It was expressed that the strategy is reflecting a 'vision'. It ought to be a 5-year plan that is ambitious, reflecting multi-agency partnership working with integrated services that look beyond simple needs. The need to pool budgets and co-commission services was mentioned, along with the adoption of an innovative and visionary approach.

It is also notable that many of those involved in the engagement process expressed a strong desire to stay included in the process and contribute to the development and implementation of the new strategy.

An interest in the wider work of the Health and Wellbeing Board for Lincolnshire was expressed too, with 243 people signing up to the HWB e-newsletter as a direct result of their involvement in the JHWS engagement process.

Review of JSNA Topics

A number of additional JSNA topics were proposed during the engagement process. In addition, several points were made about the organisation/compilation of current topics.

Suggestions for **new** JSNA topics:

- Social Isolation and Loneliness
- Fragility (suggestion to have Fragility as a main topic not Falls/Dementia in isolation) It should include continence issues and not be targeted at the older demographic.
- Air Pollution and Air Quality (to include congestion, damp)
- Neurological Conditions
- Paid Carers (current JSNA topic covers unpaid Carers)
- End of Life /Palliative Care

- A JSNA evidencing the transition points in people's lives and how their needs alter accordingly (including whether services reflect and take account of these transition points).
- Liver Disease
- Transport – including 'transport poverty' (seen as affecting employability and isolation).
- Social Inclusion
- Employment
- Service Integration (across all services and including communication needs, referral routes, needs of vulnerable individuals).

Proposed changes regarding the content or organisation of **current** JSNA topics:

- A single JSNA Mental Health topic that includes Adult and Children and Young People, rather than two separate JSNA's. It was suggested that this might support more joined up mental health service delivery from child to young person through to adult.
- Physical Disability, Sight Loss & Hearing Loss seen as 'distinctly different' and therefore should not be grouped together in the same JSNA topic.
- Diabetes, Stoke & Brain Injury – all are seen to 'have a massive impact' on sight loss figures – not hearing loss. The JSNA commentary is not seen to reflect this.

Evaluation Feedback

At each of the engagement workshops, a simple evaluation form captured attendee's comments and suggestions.

In short, 203 completed evaluation forms have been completed, with 177 of those answering 'yes' to the question of whether the purpose of the workshop was met, 26 people answering 'unsure' and no attendees answering 'no'. Evaluation feedback was generally very positive.

Feedback from the early public engagement workshops was used to improve future workshop delivery with several changes made based on feedback received. These included small changes to the timings of the group exercises; name cards at the table and adding a group feedback slot to include feedback from each of the tables.

In addition, 243 people signed up to the HWB e-newsletter as a direct result of their involvement in the engagement process. An option to 'sign up' to receive communications was incorporated into our registration processes.

Salient comments have been captured in an 'Issue Log' for the project team to use in future planning processes, including ensuring that timely feedback is provided to participants following this stage of the engagement process. It is important to ensure that as the strategy develops, those involved in its development are kept informed as regards its progress, which includes identifying and sharing how their feedback has impacted on the new strategy. Once the strategy has been written, a simple 'You Said, We did' infographic can be created to simply, and visually, illustrate the impact of peoples involvement.

Other feedback methods will be ongoing including the developing of regular updates via the HWB Board e-newsletter, updated webpages and targeted communications via the engagement database created for this engagement process.

Continuing Engagement with stakeholders

Engagement with stakeholders has been extensive and inclusive, with an engagement database created for the purpose of this process detailing 900+ contacts. Over 400+ people have actively participated in the engagement process.

Whilst the purpose of the engagement was to share the evidence base regarding local needs, with the aim of gathering peoples opinion on what they consider to be the key priorities in the new JHWS, it is hoped that we can continue to engage wider stakeholders in the development and implementation of the new strategy. Many comments have been made during the engagement regarding peoples continued involvement in the process, with it not being seen as 'one-off' time limited engagement.

It is hoped that through good communication and effective methodologies, we can build on people's enthusiasm and engagement to date. A benefit of this will be the support that it will provide to the HWB Board in implementing the strategy, given it is a multi-agency, partnership strategy that impacts widely on many of the stakeholders and delivery partners that have been involved.

Going Forward (Recommendations for future action)

- There is a significant number of people, organisations and groups keen to remain involved and updated as the strategy gets developed as well keeping updated with the wider work of the Health and Wellbeing Board. 243 people signed up to the HWB e-newsletter as a direct result of their involvement in the JHWS engagement process. An option to 'sign up' to receive communications was incorporated into our registration processes.
- There is a strong need for people to see how feedback provided in the engagement process is used in the development of the new strategy. One workshop participant commented on their evaluation form "[I'm] n*ot sure if the workshop has met its purpose until the final strategy is produced".* This sentiment is echoed in many of the comments captured on evaluation forms – including those from the Focus Group attendees and those completing the online survey.
- There was involvement from academics (Bishop Grosseteste University) in the engagement process – seeing themselves as part of an ongoing discussion around health & wellbeing agenda-setting and policy shaping. These links can be built on.
- Make post-workshop feedback accessible (and available on the website).
- The development of a 'FAQ' document to explain common queries and questions raised during this engagement process, including for example how the JSNA topics are selected, as well as explaining the process in place for adding/removing JSNA topics. We need to emphasise that the JSNA is a continuous process, not an end product.
- Develop a realistic and meaningful process for involving stakeholders in the next steps of developing the new JHWS. Consider the role and contribution that they can make in supporting the implementation of the new JHWS.

- Ensure that a needs-led approach to identifying needs is complimented by an understanding and appreciation of the role that assets play in communities. Ensure that existing networks, community-based support and action is harnessed and nurtured. One participant commented that *"we must see the ageing population as a contributor to well-being, and not just a burden".*
- Ensure that the feedback and insight provided through this engagement process is shared with the STP engagement team.
- Explore the options offered through the engagement process to share feedback with interested partners, including CCG Patient Council and VCS infrastructure partners.
- Consider the impact that the current JHWS has had on improving health outcomes, engaging partners and reducing inequalities; to inform the development and implementation of the new JHWS.

Appendix A:

List of organisations and groups directly involved in the JHWS Engagement process

1 Life (Lincolnshire) (Health & wellbeing, sport, activity & learning provision)

Action for Children - Lincolnshire Short Breaks

Action on Hearing Loss

Active Lincolnshire

Addaction (inc. Young Addaction)

Affordable Therapy Concepts

Age UK

Alzheimer UK

Barnardo's

Bishop Grosseteste University

Boston Borough Council

Boston College

Boston Mayflower Housing Association

Bourne Town Council

British Red Cross

Butterfly Hospice

Carers First

Citizens Advice Lincoln (CAB)

City of Lincoln District Council

Co-op Chemist (Lincoln)

Community Lincs

CWCS Lincs

Deaf Blind UK

Diabetes UK

Disability Network (Lincolnshire)

Doncaster CCG

DWP (Dept. for Work & Pensions)

East Lindsey District Council

East Midlands Ambulance Service (EMAS)

English Federation of Disability Sport

Environmental Agency (gov.uk)

Fighting for Grantham Hospital (campaign group)

Framework Housing Association

GLNP

Healthwatch Lincolnshire

Hill Holt Wood

Homecare Direct

Homestart

JUST Lincolnshire

Kesteven & Sleaford High School

Learning Communities

Lincolnshire Association of Local Councils (LALC)

Lincolnshire Care Association (LinCA)

Lincolnshire CCG's

Lincoln College

Lincolnshire Community Health Services (LCHS)

Lincolnshire Community Foundation

Lincolnshire Community Land Trust

Lincolnshire County Council (various directorates)

Lincolnshire CVS

Lincolnshire Fire and Rescue

Lincolnshire Neurological Alliance (LNA)

Lincolnshire One Venues (a group of 9 arts venues across Lincolnshire)

Lincolnshire Partnership Foundation Trust (LPFT)

Lincolnshire Parent Carer Forum (LPCF)

Lincolnshire Police

Lincolnshire Rural Housing Association (LRHA)

Lincolnshire Safeguarding Adults Board

Lincolnshire Showroom

Longhurst Group Housing Association

Louth Seniors and Quality of Life Group

Macmillan Cancer support

Magna Vitae (provides leisure, health and swimming facilities in Lincolnshire)

Methodist Church (Louth)

Moulton Medical Centre (Spalding)

MS Society (Multiple Sclerosis)

New Life Church

North Kesteven District Council

PECT (Peterborough Environment City Trust)

Polio Survivors Network (Lincolnshire)

Positive Health (Lincolnshire)

Quit 51 (smoking cessation)

Riseholme College, Lincolnshire

Riverside training (training provider)

Royal British Legion

Royal Voluntary Service (Lincolnshire)

Shine Lincolnshire (Mental Health network)

Skills for Care (Lincolnshire) (adult social care workforce resources/training)

Sortified (Social Enterprise)

South Holland District Council

South Kesteven District Council

South Lincolnshire Blind Society

Sports England

St Barnabas Hospice

Thera Trust East Midlands (provides support to adults with a learning disability)

The Princes Trust

Tonic Health (community-based health and wellbeing hub)

Total Voice Advocacy

University of Lincoln

United Lincolnshire Hospital Trust (ULHT)

Vitality (Lincolnshire based programme of exercise classes)

Voiceability Lincolnshire

Voluntary Centre services (Lincolnshire)

Walnut Care (Home Health Care service)

West Lindsey District Council

Woodland Trust

YMCA (Lincolnshire)

Your Day-Your Say Ltd

Appendix B:

Details of the networks/organisations that the Focus Group (Strand Leads) are involved in [1]

Addaction

Adult Care – Lincolnshire County Council

Adult Social Care – Carers First

Alzheimer's Association

BACP – Member – Counsellor

BBO Projects Building Better Opportunities

Befriending Service (Age UK)

BME community networks (including Polish, Lithuanian, Mandarin, Bangladesh women, Tamil, Afghan & Cantonese men and women) – representing a total of 24 ethnic backgrounds

Carers Connect

CCGs (Lincolnshire)

Children with special needs (mainly in North Lincs)

Children's Centre Parents and Early Years

Chinese Church

CLINKS (works with prisoners and families)

Co-op Pharmacy

Co-production peer network

County Carers group – over 600 members, 4 groups across the county

CYPVSF (Children and Young People's Voluntary Sector Forum)

Disability Networks

East Lindsey Business networks

Education and supplementary schools

'Every-one' – Board member

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[1] Demonstrated in a mapping exercise undertaken as part of the Focus (Reference) Group workshop held on 15.08.17.
Strand Leads included Older People; Sensory Impairment; Children & Young People; BME; Carers and Learning Disabilities strand leads.

Family Network of Carers and Children with Learning Disabilities

GPs and United Lincolnshire Hospitals

Healthwatch Lincolnshire

Housing Associations (East Lindsey)

Learning Disability Partnership Board

LILP (Lincs Independent Living Partnership)

Lincoln University (Wellbeing Services and student nurses)

Lincolnshire Health and Care Managers Network

Lincolnshire Partnership Foundation Trust (Governor)

Lived in experience of being a carer for a 13 year old son with Learning Disability and Autism

Mental health Crisis Care Concordant member

National Network for Eye Clinic Liaison Officers

NCVO – Member

Neighbourhood teams

NHS – eye clinics

NHS – Ophthalmist network

NHS AIS group

NHS England – Integrated Commissioning

NHS Managed Care Network

Older Carers project (LCC)

Park Street Activity Centre/Services (Age UK Lincoln - activity centre for older people)

Peer groups

Prisons and probation service

Public Health

Shine – Mental Health Network & Hub

Sortified

South Holland Health and Wellbeing Network

Suicide prevention group

Toy library parents

Training Providers network

UK Vision Strategy Member

University of Lincoln – Autism Projects

VINCE - National Network for Counsellors of people with sight loss

Vision 20/20 - National Organisation supporting sight loss

Visionary - National Network for sight loss

Impact Analysis to Enable Informed Decisions						
Background Information						
Directorate	**Assistant Director Area**	**Service Area**	**Lead Officer**	**Person / people completing analysis**	**Date of workshop / meeting**	**Version**
Adult Care	Public Health		Lorna Leaston	Lorna Leaston & Ania Hewis		V3

Title of the policy / project / service being considered	Joint Health and Wellbeing Strategy (2018) Engagement	
General overview and description	To ensure we plan an inclusive and effective engagement that considers who we are engaging with, when & why. It ensures all those with protected characteristics are considered, all efforts are made to identify and remove barriers to engagement so that everyone can have an ample opportunity to comment – ultimately ensuring the engagement is meaningful.	
Current status	**New**	**LCC directly delivered** with Locality leads, CE team, wider partners
Timescales for implementation		
Analysis		
1. What is the current situation?	The Health and Wellbeing Board (HWB) has a duty to involve users and the public in the development of both the Joint Strategic Needs Assessment (JSNA) and the Joint Health Wellbeing Strategy (JHWS). Current JHWS runs until 2018. The new JHWS will be effective from April 2018. Engagement is needed to ensure that the new strategy reflects the current & future needs of the Lincolnshire population. This will strengthen local accountability, enabling HWB to access and use local intelligence in their decisions to identify priorities, address local needs and tackle the wider determinants of health. Through this involvement, the local community will have the ability to influence local services and have an understanding of what other factors have influenced service provision in their area. Due to the nature of the strategy it will be heavily based on existing population data, predominantly that which is contained within the JSNA. The information contained in the JSNA will be used to help inform the strategy along with the views of stakeholders, care providers, commissioners, patients and the wider community. As part of the process, our intention is to hold a series of Prioritisation Engagement events that will enable	

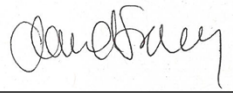
	us to narrow down, from a 'long list' of health and wellbeing priorities to a much smaller group of priorities for inclusion in the (new) Joint Health and Wellbeing Strategy (JHWS). **There will be three stages to this engagement**: **1st Stage** will consist of 6 workshops where nominated lead officers will review all the Joint Strategic Needs Assessment (JSNA) evidence and draft the priorities for inclusion in the next JHWS. As part of this phase, the HW Board is requested to nominate a lead officer from each of the representative organisations on the Board to undertake the prioritisation of JSNA evidence. **2nd Stage** will be a PUBLIC engagement. That is planned to take place between June-July 2017, following the publication of the revised JSNA topics. It is proposed that this engagement will take a form of: a) Six Public Engagement Workshops will take place across the county, one in each CCG area, in order to ensure the inclusion and engagement of wider stakeholders in the prioritisation process. Attendees will undertake a similar prioritisation exercise to identify the key JSNA priorities: they will consider evidence from the JSNA, rank the priorities, and give the rational for their ranking; following that, there will be a group discussion and an opportunity to change their original scores. AND b) Online Engagement in a form of an online survey will be available during the same 'engagement window' as an alternative/addition to the workshops At this stage there will also be a progress report presented to Health Scrutiny Committee to allow for a review of the initial prioritisation work and feedback to the HWB. Following this, discussion and moderation of the prioritisation will take place by HW Board members & wider invited stakeholders at an informal HW Board session. **3rd Stage** will be focused on the engagement with the targeted group of under-represented individuals /groups/protected characteristics. We propose to use existing network including People's Partnerships, Just Lincolnshire, as well as contacts within the localities. The engagement will be tailored to cater for the specific needs of those groups identified in order to enable meaningful engagement. This might include e.g. preparing accessible information, accessible venues, appropriate delivery of the workshops; effectively ensuring that no one is excluded from the opportunity to engage due to disability, health condition, low literacy/numeracy skills, language or other barriers to participation.

2. What are the drivers for change?	Current JHWS runs until 2018 and we are in the process of developing a new JHWS. It's a statutory responsibility of the Health and Wellbeing Board to ensure we have a comprehensive Health & Wellbeing Strategy that is based on evidence, and reflects current and future needs of the population – engagement is a big part of that.
3. What are the assumptions about the benefits?	Ensuring it's a transparent & democratic decision making process in terms of identifying local needs, so that all groups of Lincolnshire population are able to inform and influence the HW Board decisions re the health and wellbeing priorities for Lincolnshire; effectively informing commissioning decisions of health and social care commissioners in Lincolnshire, in order that they are focussed on the needs of service users and communities to tackle the health and wellbeing issues in Lincolnshire. All efforts will be made to ensure we get an input from different groups representing Lincolnshire population and can influence the commissioning of local services beyond health and social care, for example housing, to make a real impact upon the wider determinants of health. Public engagement will also be an opportunity to 'check-back' and verify the results of the prioritisation work done by lead officers in Stage 1 in order to see if there is a clear alignment of priorities. Through this process, people of Lincolnshire are expected to benefit from the engagement because the strategy development will be informed by the current local intelligence and will help: - reduce health inequalities - improve the health and wellbeing of people directly affected by the prioritised topics
4. The assumptions about any adverse impacts. Could it have a negative impact on anyone? If Yes, go to 6.1 and 6.2 If No, please explain how you know this is the case	YES, if • People don't know about it • The engagement is not planned and/or delivered properly. • People aren't able to input due to not being able to understand it's purpose or meaning • People aren't able to attend the workshops and/or access the online survey due to accessibility, low IT literacy or digital inclusion issues • The venue is inaccessible & doesn't take account of differing needs • The materials and communications are not accessible or planned well • Facilitators fail to lead an inclusive discussion, giving everyone a 'voice' or record all the comments • People do not have the opportunity to input during the discussion

	• The feedback isn't properly recorded or is misunderstood • The collective feedback is missed and doesn't feed into the decision making process • The feedback from the consultation is disregarded by the decision makers
6.1 Which groups / individuals could it have a negative impact on? Explain how you will ensure they are not negatively impacted on.	There is a danger that by not engaging properly with the marginalised groups and not considering the specific needs of people from all of the nine protected characteristics we would be disenfranchising them through the prioritisation process. The following section explains the specific issues that would need to be considered. **Gender** – it is important to involve female and male representatives due to the fact that some topics are off primarily female nature e.g. breastfeeding. The engagement should therefore include both male and female representatives. **Pregnancy and maternity** – involving mothers and pregnant woman as well as professionals who support this agenda like midwifes, health visitors, children's services, school nursing and voluntary sector is important. **Age** – the strategy affects people of all ages, therefore it's important to ensure that we involve all age groups as part of this engagement – this will include young people (0 – 19), working age people (16 – 65) and older people (50 +) as there will be considerations in terms of accessibility, understanding of topic, digital inclusion, transport, language and income. Also, the growing aging population in Lincolnshire will have an impact on demand for services, plus increase in life expectancy due to improved health outcomes and increase number of older people with disabilities **Disability** – • Physical impairment, e.g. mobility issues which mean using a wheelchair or crutches, will be taken into consideration - all venues chosen for engagement are risk assessed and accessible. • Sensory impairment, e.g. blind/having a serious visual impairment, deaf/having a serious hearing impairment - engagement will be open and publicised to people with sensory impairment and their carers (if applicable) to ensure their views are heard. • Mental health condition, e.g. depression or schizophrenia is one of the leading health issues in Lincolnshire - engagement will be open and publicised to people with mental health conditions and their carers (if applicable) to ensure their views are heard. During the public events we will aim to provide appropriate environment and accommodate their needs as much as we can.

	• Learning disability/difficulty, e.g. Down's syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder - engagement will be open and publicised to people with learning disability/difficulty and their carers to ensure their views are heard. During the public events we will aim to provide appropriate environment and accommodate their needs as much as we can. • Long-standing illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy - engagement will be open and publicised to people with those conditions. We will ensure that no flash lighting is used at the events. **Religion or belief** – the engagement must involve people of different religions and beliefs as their views, expectations, and access to services may vary depending on their belief e.g. access and potential for physical exercise issues with certain groups, i.e. access to women only sessions; potential issues with some engagement of groups in screening programmes such as Bowel Cancer screening or access to health services. The strategy is committed to improving the health, wellbeing and social inclusion of all people in Lincolnshire regardless of their **Race, Religion/belief, Sexual orientation, Gender reassignment, or Marriage and civil partnership status** and the engagement will ensure meaningful engagement of all the protected characteristics.
7. How are you testing your assumptions about adverse impacts?	Through the three stage engagement process that involves all stakeholders, professionals, community representatives, protected characteristics and members of the public in the process. To ensure we get representation from all the topics concerned, the below lists identifies protected characteristics that should be included in the engagement for the strategy.
7.1 What further evidence do you need to gather?	It is unknown at this point in time until the engagement has finished.
8. Who are the stakeholders and how will they be affected?	**Primary** (those directly affected, either positively or negatively by the organisation's actions)
	A full list of stakeholders is included in the 'compiled stakeholder list'
	Secondary (intermediaries, people or organisations who are indirectly affected by the organisation's actions)

	A full list of stakeholders is included in the 'compiled stakeholder list'
9. How are you assessing the risks and minimising the impacts?	Engagement with a wide range of stakeholders through a variety of means. The 3 stage engagement to ensure we gather the intelligence needed. Workshops and engagement will be well planned and undertaken with equality, diversity and health issues in mind
10. What changes will the Council need to make as a result of introducing the policy / project / service etc?	The feedback from this engagement will feed into the decision making process for the HWB to set the priorities and set commission intention services for the next 5 years.
11. How will you undertake evaluation once the changes have been implemented?	Not known at this point in time (?)

Further Details			
Are you handling personal data? If so, please give details.	No		
How was this analysis undertaken? Facilitated workshop? Who attended?	Draft 1 – Desktop Excercise		
Are you confident that everyone who should have been involved in producing this version of the Impact Analysis has been? If No, who needs to be involved?	Yes		
If this is new, or requires a decision by Councillors to revise, has this impact analysis been included with the committee report?	Yes, included in the HW Board report in September 2017		
Signed off by		**Date**	07/09/2017

* Cells of the form with shading will help you form your consultation plan, should you need to carry out a consultation as a result of Impact Analysis discussions.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Health and Wellbeing Grant Fund – Allocation of Remaining Funds**

Summary:

This report asks the Health and Wellbeing Board (the Board) to agree recommendations from the Health and Wellbeing Grant Fund Sub Group (the Sub Group) to allocate the remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups (CCGs). It is proposed the CCGs use the funds to support the development of neighbourhood working with a particular focus on building resilience in the Voluntary and Community Sector to enable multi-agency cooperation.

Actions Required:

The Health and Wellbeing Board is asked to agree:

1. The recommendation from the Sub Group to allocate all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups;

2. The proposal for the CCGs to use the funds to develop neighbourhood working with a specific focus on building resilience in the Voluntary and Community Sector;

3. Monitoring of the projects will be through existing reporting mechanisms for the development of neighbourhood working.

1. Background

The Health and Wellbeing Grant Fund for Lincolnshire (the Fund) was originally established in 2008 under a Section 258 Agreement between Lincolnshire County Council and NHS Lincolnshire. It was set up to support projects and initiatives which improve health and wellbeing within Lincolnshire. In November 2014, a revised Section 258 Agreement was signed between Lincolnshire County Council and the four Clinical Commissioning Groups (CCGs) which gave responsibility for allocating the remaining funds to the Health and Wellbeing Board (the Board).

In March 2015, the Board agreed to allocate £1,316,234.00 to ten projects. As previously reported to the Board, funding was later withdrawn from two projects and as at the end of August 2017; four projects have concluded with a further two due to complete by December 2017. The remaining two projects are due to finish in 2018/19. Monitoring reports, providing details on each project's progress against the outcomes agreed in the Grant Fund Agreement, are presented to the Board half yearly. The last update report was presented to the Board in June 2017.

The total amount of unallocated money remaining in the Fund (as at 1 April 2017), including accrued interest, is £369,016.00. In July 2017, the HWB Grant Fund Sub Group, made up of Cllr Woolley (LCC representative), Gary James (CCG representative) and Tony McGinty (Interim Director of Public Health) met to consider the merits of undertaking a further round of applications to the Fund. The Sub Group identified the development of neighbourhood working as a current priority area for the local health and care system requiring additional non-recurrent funding. The locally derived nature of neighbourhood working suggests a 'place based approach' should be taken to identify priorities for investment. However, the Sub Group felt the current application process and grant fund arrangements for allocating the Fund, were inappropriate for agreeing investment in local neighbourhood development.

Therefore the HWB Sub Group's recommendation to the Board is for the remaining balance of the Fund to be allocated equally between the four CCGs to support the development of strong neighbourhood working, with a particular focus on building resilience in the infrastructure of the Voluntary and Community Sector to enable high quality multi-agency cooperation. The proposal is to allocate the Fund using the existing funding mechanism established to manage the Better Care Fund (BCF) allocation to CCGs. Based on the current unallocated balance, each CCG would receive approximately £92,254.00 specifically to be used for Community and Voluntary Sector infrastructure development. Arrangements for the ongoing monitoring of the projects will be achieved through the current reporting mechanism for the BCF allocation with information being presented regularly to the Joint Commissioning Board and the Health and Wellbeing Board as required.

Funding for the existing HWB Grant Fund projects will continue and the existing grant fund arrangements will be sustained until all projects are completed. Any project underspends, in line with the grant fund agreements, will be returned to the Fund once the project has been completed and any outstanding money distributed to the CCGs by the same mechanism outlined above.

2. Conclusion

The Health and Wellbeing Grant Fund was established in 2008 as a time limited pot of money to fund pilot projects and initiatives to help improve health and wellbeing in Lincolnshire. Changes brought about by the Health and Social Care Act 2012, specifically the transfer of Public Health to the local authority, has meant that the fund has continued longer than anticipated. Despite allocating the bulk of the funds in 2015, a number of projects failed to start or have completed without using all the funds allocated to them. As a result there remains a balance in the Fund of £369,016.50. The recommendation from the Health and Wellbeing Fund Sub Group is for all remaining unallocated funds to be transferred to the four CCGs to support the development of neighbourhood working.

3. Consultation

Not applicable

4. Appendices

No appendices

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

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 September 2017**
Subject:	**Joint Health and Wellbeing Strategy (JHWS) 2013-2018 – Annual Dashboard Reports**

Summary:
In June 2015 the Health and Wellbeing Board (the Board) agreed the Assurance Framework which sets out how the Board will assess the progress being made to deliver the outcomes in the Joint Health and Wellbeing Strategy (JHWS). As part of the Assurance Framework each JHWS Theme is required to produce an annual theme dashboard. This report presents the JHWS Theme Dashboards for 2016/17.

Actions Required:

This report and Theme Dashboards are for noting.

1. Background

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

The current JHWS for Lincolnshire 2013 – 2018 was agreed in September 2012 and is based on the priorities identified in the 2011 Joint Strategic Needs Assessment. As part of the 2015 JHWS Mid-Term Review, the Board agreed to monitor and report against 34 primary indicators as a way of monitoring the progress being made to meet the outcomes and priorities in the JHWS.

The JHWS primary indicator scorecard, presented in Appendix A, shows 2016/17 year end data for the 34 primary indicators compared against national and regional averages.

Information tracking the level of change over the life of the JHWS is also provided. Over the course of the strategy, 19 primary indicators have seen an improving local trend and 15 have experienced a declining local trend.

The individual JHWS Theme dashboards are contained in Appendices B to F. Each dashboard includes a summary position statement which provides narrative linked to the primary and secondary indicators, as well as information on key achievements during 2015/16, and future challenges or opportunities that may impact on the Theme.

2. Conclusion

The Board has a statutory duty to produce a JHWS and part of the Board's ongoing role is to assure itself and partners that progress is being made to deliver improved health and wellbeing outcomes, including reducing inequalities. The Board is therefore asked to consider the information provided in the JHWS scorecard and Theme dashboards.

3. Consultation

Theme delivery groups and relevant partners were consulted during the preparation of the Theme dashboards

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	JHWS Score Card 2017
Appendix B	Theme 1 Dashboard - Promoting Healthier Lifestyles
Appendix C	Theme 2 Dashboard – Improve the health and wellbeing of older people
Appendix D	Theme 3 Dashboard – Delivering high quality systematic care for major causes of ill health and disability
Appendix E	Theme 4 Dashboard – Improve health and social outcomes for children and reduce inequalities
Appendix F	Theme 5 Dashboard – Tackling the social determinants of health

5. Background Papers

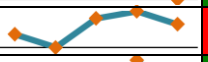
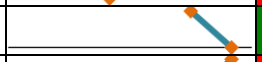
No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

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

Joint Health and Wellbeing Score Care (Key Indicators) **Appendix A**

Lincs CC (CC32) has 19 improving Indicators, 15 declining Indicators, and 0 static Indicators in this Report.

Theme	Primary Indicator	Latest Date	Latest Result	National Average	Regional Average	Lincs Average	Polarity	Change since 2012/13 baseline	Actual Change	% Change
1	% of physically inactive adults	Dec-15	30.2	29.214	28.854	29.09	Lower is Better		1.2	4.14
1	% of physically active adults	Dec-15	55.71	56.593	57.292	56.033	Higher is Better		-0.02	-0.04
1	Total quit smoking plans	Dec-16	49.01	49.9	55.752	53.479	Higher is Better		-5.977	-10.87
1	Excess weight in adults	Jan-13	70.07	64.39	65.882	69.12	Lower is Better		1.9	2.79
1	Smoking prevalence	Dec-15	17.1	17.335	17.92	19.156	Lower is Better		-2.509	-12.8
1	Smoking status at time of delivery	Mar-14	14.884	12.55	14.363	16.259	Lower is Better		-3.391	-18.56
2	Older people still at home 91 days after discharge from hospital	Mar-16	960	285.101	332.222	805	Higher is Better		310	47.69
2	Permanent admissions to residential and nursing care (18-64)	Mar-15	14.6	14.386	14.422	14.7	Lower is Better		0.4	2.82
2	Permanent admissions to residential and nursing care (65+)	Mar-15	585.1	683.552	676.7	674.533	Lower is Better		-199.5	-25.43
2	Health related quality of life for people with long term conditions	Mar-16	49.4	44.085	46.571	45.86	Higher is Better		1.5	3.13
2	Social Isolation: % of adult carers who have as much social contact as they would like	Mar-15	36.5	37.725	35.922	36.8	Higher is Better		-0.6	-1.62
2	Social Isolation: % of adult social care users who have as much social contact as they would like	Mar-15	44.8	44.605	42.089	42.28	Higher is Better		-0.4	-0.88
3	Excess under 75 mortality rate in adults with serious mental illness	Dec-13	264.1	358.648	358.922	255.4	Lower is Better		-5.3	-1.97
3	Recorded diabetes (against expected prevalence)	Mar-15	7.47	6.328	6.742	6.906	Lower is Better		1.124	17.71
3	Under 75 mortality from cardiovascular disease	Dec-14	78.74	72.921	74.101	85.122	Lower is Better		-14.385	-15.45
3	Under 75 mortality rate from cancer	Dec-14	137.93	138.613	139.219	145.671	Lower is Better		-14.811	-9.7
3	Under 75 mortality rate from cancer considered preventable	Dec-14	77.57	80.657	80.342	81.733	Lower is Better		-8.517	-9.89
3	Under 75 mortality from cardiovascular disease considered preventable	Dec-14	54.32	47.187	49.92	56.864	Lower is Better		-7.218	-11.73
3	Under 75 mortality rate from respiratory disease	Dec-14	31.55	30.952	31.311	31.892	Lower is Better		-0.55	-1.71
3	Under 75 mortality rate from respiratory disease considered preventable	Dec-14	16.37	17.437	17.054	15.675	Lower is Better		1.088	7.12
4	The proportion of young people Lincolnshire looked after by the local authority per 100,000	Mar-16	44	65.18	58.444	40.667	Lower is Better		9	25.71
4	Hospital admissions caused by unintentional and deliberate injuries (0-14)	Mar-15	114.65	109.455	94.953	119.32	Lower is Better		-7.54	-6.17
4	Hospital admissions caused by unintentional and deliberate injuries (0-4)	Mar-15	135.88	138.868	115.715	149.546	Lower is Better		-28.16	-17.17
4	Key Stage 1 Achievement gap between pupils eligible for free school meals and their peers	Aug-13	76	77.92	78.556	68.5	Higher is Better		11	16.92
4	KS2 Achievement gap between pupils eligible for free school meals and their peers	Jan-16	54	57.067	54.889	56	Higher is Better		4	8
4	Percentage of children classified as Obese - Reception	Aug-16	9	8.867	8.887	9.116	Lower is Better		-0.831	-8.45
4	Percentage of children classified as Overweight - Reception	Aug-16	12.6	12.957	12.938	13.496	Lower is Better		-1.567	-11.06
5	Employment for those with a long term health condition	Dec-16	17.4	12.424	13.078	12.717	Lower is Better		9.3	114.81

Theme	Primary Indicator	Latest Date	Latest Result	National Average	Regional Average	Lincs Average	Polarity	Change since 2012/13 baseline	Actual Change	% Change
5	Fuel poverty and fuel poverty gap	Dec-13	9.567	9.832	9.757	11.569	Lower is Better		-3.353	-25.95
5	ii - Gap in employment rate- learning disability	Mar-16	68.6	66.916	68.778	68.06	Lower is Better		1.8	2.69
5	i - Gap in employment rate- Long term health condition	Mar-15	6.8	8.805	5.767	8.4	Lower is Better		-3.2	-32
5	iii - Gap in employment rate- secondary mental health services	Mar-15	71.6	65.603	68.222	69.433	Lower is Better		2.7	3.92
5	Sickness absence - % of employees who had at least one day off in the previous week	Dec-13	2.48	2.43	2.588	2.41	Lower is Better		0.27	12.22
5	Sickness absence - % of working days lost due to sickness absence	Dec-13	1.73	1.523	1.713	1.673	Lower is Better		0.03	1.76

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Theme: Promoting Healthier Lifestyles
Outcome: People are supported to lead healthier lives

Theme Position Statement

Generally, the adult-based lifestyles indicators run similar to, but more often, worse than the England average. Smoking, obesity and sedentary lifestyles are poorer than the England average and continue to impact upon the health and wellbeing of communities in Lincolnshire.

This report compares Lincolnshire with the national average, county and district comparators. It also uses local prevalence information captured from within the NHS Health Checks, a cardio-vascular screening programme for adults 40-74 years; 24,821 adults screened in 2015/16 and 29,171 in 2016/17.

Smoking Prevalence

The consistent decline in the national smoking prevalence is demonstrated in the Table 1 below. The prevalence of adults in Lincolnshire who smoke tobacco is 17.7% (2016), which is 0.6% higher than in 2015. Since 2013, there has been a decline in smoking prevalence in the county, however in 2016 Lincolnshire departed from this trend. Lincolnshire remains worse than the national average.

Table 1: Smoking Prevalence by Percentage

Year	England	Lincolnshire
2012	19.3%	19.3%
2013	18.4%	20.0%
2014	17.8%	16.4%
2015	16.9%	17.1%
2016	15.5%	17.7%

The NHS Health Checks screen identified a 16.8% smoking prevalence amongst mid-life adults (2015/16) and 17% (2016/17).

The variation of the smoking prevalence by district council geographies is detailed below in Table 2, with North Kesteven having the lowest smoking prevalence and Boston the highest. Tobacco use is a major health inequality contributor for disease and premature death and the distribution of smoking prevalence across the districts reflects the health inequalities / deprivation spread throughout the county.

Table 2: Smoking Prevalence, by Council Area (2016)

Area	Value	
North Kesteven	11.1%	
South Kesteven	16%	
West Lindsey	18%	
East Lindsey	18.4%	
South Holland	19%	
Lincoln	21%	
Boston	24.9%	

Key: Benchmark against England value

Smoking Quit Rates

The total quit smoking plan indicator relates to a smoking cessation service quit rate that is reported to Public Health England on a quarterly basis. In recent years the annual quit rate in Lincolnshire has typically spanned 52% - 55% (2007-15). The quarterly figures for the two periods to the end of 2016 are 49.97% and 49.01% respectively. This represents a decline in quality within the service.

Smoking in Pregnancy

The Smoking at the Time of Delivery (SaToD) indicator reflects a level of smoking in pregnancy at birth. The current dataset records a decline in the percentage of pregnant women smoking from 18% in 2011 to 14.8% in 2013/14; compared to the national value of 12.5%. The reduction in smoking in pregnancy at that time was consistent with a national decline, yet remains worse than the national average.

Table 3: Smoking at Time of Delivery: Percentage Smoking

Year	England	Lincolnshire
2010/11	13.5%	18.3%
2011/12	13.2%	18.1%
2012/13	12.7%	13.8%
2013/14	12.0%	14.8%
2014/15	11.4%	*
2015/16	10.6%	*

Key: * denotes not formally published

A note of caution must be applied to this dataset post 2013/14, as the quality of the dataset beyond that time is questionable. Quarterly data submissions to the Department of Health digital services for all of Lincolnshire CCGs have a scale of `Unknown` results (16%-24%) for Lincolnshire residents; this is outside a national quality threshold (<5%). United Lincolnshire Hospital NHS Trust Maternity Services are currently working to improve the quality of the data. They are auditing the level smoking of pregnant women at booking and at delivery. Over an eight month period the percentage of pregnant women smoking at booking was 17%; at delivery 12.4% (unpublished data).

The SaToD data is published by CCG. Back in 2013/14 the respective quarterly SaToD data for CCGs is in Table 4:

Table 4: Smoking at Time of Delivery: Percentage Smoking by NHS Area (2013/14)

NHS Area	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
LECCG	19.5%	20.8%	20.9%	23.6%
LCWCCG	6.3%	10.7%	11.2%	12.9%
LSCCG	15.4%	14.6%	12.2%	13%
LSWCCG	7.8%	12.6%	12.0%	13.5%

There is a considerable east:west variation in the local prevalence of smoking in pregnancy across the county

Obesity

The measure of excess weight in adults is a relatively new indicator utilised in a refresh of the Active Peoples Survey. The indicator has been measured since January 2012 and is reported in three-year bands. This indicator incorporates both the overweight and obese indicators typically used within NHS systems. Lincolnshire has 70% of adults with excess weight and this compares less favourably with a national figure of 64.8%. Compared with the county's comparator local authorities, Lincolnshire has the highest levels of excess weight.

The NHS Health Checks record the screened adults' BMI producing overweight and obese statistics. For 2016/17, 65.2% of the adults screened were overweight and within that 26.4% were obese. This compares less favourably against last year's data when there were 64.5% overweight and within that 25.9% obese. There is variation in this indicator across district areas with Boston at 73% and Lincoln at 66%.

Table 5: Excess Weight by Council Area

Area	Value	
Lincoln	66.1%	
West Lindsey	68.1%	
South Kesteven	69.8%	
South Holland	70.0%	
East Lindsey	70.7%	
North Kesteven	71.5%	
Boston	73.8%	

Key: Benchmark against England value Better Similar Worse

Physical Activity

Theme: Promoting Healthier Lifestyles
Outcome: People are supported to lead healthier lives

The Active People Survey provides information on the England population's physical activity and inactivity levels. The percentage of the county's population surveyed to be inactive was 30.2% (December 2015); the percentage of the county's population determined to be active was 55.7%.

The NHS Health Checks have screened adults 40-74 years. Within a mid-life population of adults the levels of inactivity and activity recorded are 16.7% and 68% respectively (2016/17). This compares less favourably with last year's figure of 13% inactivity and 70% activity.

At a district level there is variation with South Holland recording a most inactive value of 35% compared with South Kesteven recording a least inactive value 26.3%. Similarly, South Holland has the least physically active value of 49.2% compared with South Kesteven of 59.1%.

Table 6: Percentage of People Physically Inactive and Physical Activity, by District Council Area

Physical Inactivity		
Area	**Value**	
South Kesteven	26.3%	
North Kesteven	26.7%	
West Lindsey	28.2%	
Lincoln	30.5%	
Boston	31.5%	
East Lindsey	33.9%	
South Holland	35.0%	

Physical Activity		
Area	**Value**	
South Kesteven	59.1%	
West Lindsey	58.1%	
North Kesteven	58.0%	
East Lindsey	55.5%	
Lincoln	54.0%	
Boston	53.4%	
South Holland	49.2%	

The Active People Survey results reported a national reduction in percentage of physical inactivity adults from 2005 to a peak in 2012, followed by a plateau. The improvements in physical activity levels nationally have been small increments, yet consistent.

Over the last ten years there has been a local plan to reduce the number of inactive adults and move them to partial or active participants – "more active, more often". In Lincolnshire, there had been in excess of 26,000 adults moving from inactive to more active between 2005 and 2012, but with a decrease subsequently (2015). For district council areas, Boston, East Lindsey (partial) and North Kesteven have had reductions in physical inactivity values over the time period 2012-2015. The remaining districts record a deteriorating set of values over time.

Table 7: Percentage of Physically Inactive Adults, by Council Area (2012-2015)

District Area	2012		2013		2014		2015	
Boston	34.1%		34.9%		29.4%		31.5%	
City of Lincoln	28.3%		28.1%		34.6%		30.5%	
East Lindsey	36.2%		29.2%		29.4%		33.9%	
North Kesteven	25.1%		22.2%		22.0%		22.9%	
South Holland	29.5%		33.2%		31.2%		35.0%	
South Kesteven	23.9%		26.9%		24.0%		26.3%	
West Lindsey	26.5%		27.9%		24.9%		28.2%	
Lincolnshire	29.0%		29.0%		28.2%		30.2%	

Key: Benchmark against England value Better Similar Worse

Table 8: Percentage of Physically Active Adults, By Council Area (2012-2015)

District Area	2012		2013		2014		2015	
Boston	49.6%		50.2%		54.6%		53.4%	
City of Lincoln	57.1%		56.3%		53.7%		54.0%	
East Lindsey	49.7%		55.2%		57.4%		55.5%	
North Kesteven	59.6%		62.1%		59.4%		58.0%	
South Holland	55.7%		51.2%		54.1%		49.2%	
South Kesteven	59.9%		58.4%		60.7%		59.1%	
West Lindsey	57.5%		53.3%		55.3%		58.1%	
Lincolnshire	55.7%		55.8%		56.9%		55.7%	

Key: Benchmark against England value Better Similar Worse

What's working well – examples of key achievements 2016/17

Theme: Promoting Healthier Lifestyles
Outcome: People are supported to lead healthier lives

Health improvement interventions have engaged with thousands of adults in the year 2015/16:

- Smoking cessation – 4,960 adults have set a quit date; 2,622 had a 4-week quit success (55% quit rate)
- Exercise referral – 3,988 adults engaged; 2,539 completed (64%) and 60% of completers go on to remain active
- Walking for Health – 74 weekly walks; 2,761 regular walkers; surveys completed report 81% walk more often and not take car, 65% able to walk greater distances 35% walk regularly, 29% had lowered their BP since walking, 24% had lost weight.
- Vitality - 43 classes supporting 574 adults per week.
- Weight Watchers – 2,707 adults engaged; 1,214 complete (64%). Across BMI ranges 25 ->40 82-90% lose weight, 64% lose greater than 3% weight loss and 48% lose greater than 5% weight loss
- Health Trainers – 4,510 adults engaged; 1,579 set personal health plans and 75% achieved their behavioural goals of increasing physical activity, improved dietary habits and reduce BMI.

The NHS Health Checks continue to effectively engage with primary care to select, invite and screen adults for cardio vascular risks. The programme performs above the national and regional targets.

The delivery of the Lincolnshire Tobacco Control Plan (2013-18) continues. Examples of collaboration and cross sector working include:

- work with Trading Standards, Police and Crown Prosecution Service: intelligence gathering, inspections and prosecutions for illegal or illicit alcohol / tobacco supply;
- the Lincolnshire Partnership Foundation NHS Trust adopting smoke-free places for their venues;
- district councils engaging with communities for smoke-free places
- young people's work to educate and support cessation, e.g. the BIIA Awards in Smoking Awareness.

The procurement of both treatment and recovery services for substance misuse and alcohol problems.

The continuation for the Walking for Health programme, with dedicated support from Lincolnshire Co-Op and three district councils (Boston, North Kesteven and South Holland)..

The maintenance of Vitality's 40 weekly exercise classes http://www.vitalitylincs.co.uk/

The new substance misuse recovery service is developing very quickly, this service links in with existing mutual aid services and gives anyone in recovery following issues with alcohol misuse a safe place to get support access mutual aid and get training to increase employability, it is currently Lincoln based but should be available across the county before the end of 2017.

Future Challenges

The Global Burden of Disease (2013) highlights the fact that the non-communicable disease risk factors for disease and premature death include: dietary risk, tobacco smoke, high BMI, high BP, low physical activity, diabetes risk, alcohol and drug use. With an ageing population and worsening lifestyle risk factors the burden of disease will continue and substantially fall upon the NHS and particularly primary care to manage.

The Mid Term Review of the Joint Health & Wellbeing Strategy alluded to a substantial shift in the landscape for health improvement post 2015. This change came about during 2015/16.

Lifestyle programmes that support the NHS have closed. Where programmes have moved to a self-funded basis there has been a substantial fall off in engagement, up to 90% reduction in one scheme, yet beneficial outcomes for successful completions. A minority of programmes have continued.

Less capacity for partnership working is being reported by partner organisations that now have little resilience to contribute beyond core business.

Theme: Promoting Healthier Lifestyles
Outcome: People are supported to lead healthier lives

The substance misuse treatment service is settling down following re-commissioning during 2016, the challenge now is to bring up performance to previous standards or higher with the reduced capacity, to achieve this new working practices need to be fully embedded and partnership working needs to be central to all elements of the service. This will take time but early indications are that this is starting to have some effect; the challenge will be to make sure it continues to improve and become best practice.

Future Opportunities

Grant opportunities from Sport England across seven key themes: Tackling Inactivity; Children and Young People; Volunteering; Taking sport and activity into the mass market; Supporting sport's core markets; Local; Creating welcoming sports facilities.

The procurement of a stop smoking service and the continued support for tobacco control by Lincolnshire County Council.

The refresh of the NHS health Checks in 2018.

An exciting time with new initiatives commencing with rough sleepers, offenders and wellbeing; it is vital that alcohol services take this opportunity to improve partnership working, engage with these agendas and become a core resource for other service to address alcohol issues across all agendas. The recovery service also needs to use their developing network to turn recovery from something that gets hidden to something that can be celebrated.

Theme: Improve the health and wellbeing of older people
Outcome: Older people are able to live to the full and feel part of the their community

Theme Position Statement

Lincolnshire faces the challenges of an ageing population with increasingly complex needs plus on-going demanding budgetary pressures across the health and care system. The latest Joint Strategic Needs Assessment for Lincolnshire (2017) evidences these challenges as:

- The number of people aged 65 to 74 years is projected to increase by 23% from 91,700 in 2014 to 112,700 in 2039. More significantly, people aged 75 years+ are expected to rise from 72,400 in 2014 to 141,000 (95% rise)
- By 2039, the number of people aged 65 years+ is predicted to total 254,400 which represents over 30% of Lincolnshire's population. Of this 24,400, over 89,800 people will be aged 80 years+ (35% of all older people)
- Over half of the county's residents aged 65 years+ live in rural areas

Primary Indicators update

- In Lincolnshire there has been an increase in the number of people staying 91 days at home after being discharged from hospital, which is positive. At March 2016, 960 people stayed 91 days at home after discharge compared to 650 in 2014, a rise of 47.6%. Lincolnshire is outperforming both the national and regional trend.
- Updated data continues to show a reduction in rate of people being admitted to residential and nursing care in Lincolnshire, which exceeds what has been achieved across the East Midlands and the rest of England.
- In Lincolnshire, health related quality of life for people with long-term conditions has also seen an increase. At March 2016, 49.4% of people with a long-term condition reported positive health related quality of life compared to 41.8% in 2015. Lincolnshire is outperforming both national and regional figures when comparing the average figures.
- In Lincolnshire the percentage of adult carers who have as much social contact as they would like has decreased slightly. At March 2013 there were 37.1% of adult carers that felt they had as much social contact as they would like and 36.5% at March 2015. Lincolnshire is outperforming regional figures when comparing the average figures, but not nationally.
- In Lincolnshire the percentage of adult social care users who have as much social contact as they would like has decreased slightly. At March 2013 there were 44.9% of adult carers that felt they had as much social contact as they would like and 44.8% at March 2015. Lincolnshire is outperforming regional figures when comparing the average figures, but not nationally.

Spend a greater proportion of our money on helping Older People to stay safe and well at home

Through the Lincolnshire Health and Care (LHAC) programme and Better Care Fund (BCF) initiatives (£196.5m in 2016/17), various services have been commissioned and projects established to address the health, care and well-being of Lincolnshire's older people. In terms of jointly commissioned services, this includes the Community Equipment Service (recommissioned contract commenced in 2016) and other Pooled Budget arrangements involving LCC and Lincolnshire Community Health NHS Trust (LCHS) for residential and nursing beds (£2.7m in 2016/17). Coupled with this, a proportion of the wider BCF allocation continues to be used to protect existing Adult Care services in Lincolnshire, including various provisions supporting older people across the county.

Develop a network of services to helping older people lead a more healthy and active life and cope with frailty

The Wellbeing Service continues to support people to live independently with support and/or technology in their own home, by providing more proactive, integrated, high quality support delivered through multi-disciplinary working. This includes the joining up information and advice services and making equipment, minor adaptions and assistive technology available quickly on a low level preventive basis

Theme: Improve the health and wellbeing of older people
Outcome: Older people are able to live to the full and feel part of the their community

The Wellbeing Service is also being linked into the roll out Neighbourhood Teams as part of the Sustainability and Transformation Plan (STP); it has also sought to increase its links with the wider self-care agenda. During the last 12 months the service has worked with the STP in the development of the Self-care Strategic Plan, the vision of which is to ensure that "people and communities have the confidence and motivation to improve and maintain their health and wellbeing".

Increase respect and support for older people within their community.

The number of adult social care users who told us that they have as much social contact as they would like continues to improve as shown in the table below. Lincolnshire continues to outperform both England and East Midlands levels however the difference is not significant.

Adult Social Care users who have as much social contact as they would like (increasing figures indicate better outcomes)

	2012/13	2013/14	2014/15	2015/16	2016/17
Lincs.	37.4	44.9	44.8	46.8	48.3
East Midlands	39.7	43.1	42.1	43.4	Figures awaited
England	43.2	44.5	44.6	45.4	Figures awaited

(Source: Adult Social Care Survey)

Every year Adult Care asked people who receive services if they feel safe and secure. In Lincolnshire people that feel safe and secure has decreased. During 2015/16, 93% of people felt safe and secure, compared to 86%during 2016/17.

What's working well – examples of key achievements 2016/17

Engagement and consultation with people who use services is critical to the development of strategies and plans across the Health and Social Care arenas. Various engagement mechanisms have been adopted over recent years to obtain feedback from Lincolnshire's older residents including (but not limited to) identifying their priorities for a good quality of life, which are outlined below:

I want to be active:

- Over 50's participation in physical activity programmes, such as healthy walks, outdoor gyms, 50+ classes and Vitality, continued to increase in 2016/17. Lincolnshire Sport has developed an online activity finder to allow people to search for activities to get involved with.

I want to be healthy:

- A review of the Falls JSNA topic page was completed in March 2017. There has been a continued trend of reductions in falls over the last 12 months.
- Age UK Lincoln & Kesteven has been running a Hospital Admissions Responds Team (HART) service since 2015 that have helped reduced the delayed transfer of care from hospitals and have been nationally recognised by the Better Care Fund National Network and further funding has been received to expand the service. Age UK Lincoln & Kesteven and LCC will be presenting in London at the High Intensity Care Model Event in September 2017. Within HART Age UK Lincoln &Kesteven have started a Falls Pathway pilot.
- A multi-agency dementia officers group continues to meets monthly to coordinate the Dementia Strategy Action Plan and the Dementia Strategy Refresh for 2018.
- Lincolnshire's Joint Strategy for Dementia 2014-2017 is currently being reviewed and updated. The Action Plan accompanying this strategy notes a number of achievements to date including, but not limited to, the following:
    - Dementia related information and advice available through various sources i.e. Lincolnshire Care Directory, Good Life Guide, Dementia Carers' Handbook and books on Prescription for Dementia (available through GP surgeries)
    - Eight Dementia Action Alliance established across Lincolnshire as part of the Dementia Friendly Communities initiative
    - A range of dementia awareness and education courses are available to carers across the county

  - On an annual basis, Dementia Awareness events take place each May across the county
- The Dementia Family Support Service has made a notable contribution to improving the health and wellbeing of people with dementia. Since October 2015, the DFSS has provided information, guidance and care navigation to over 2,300 people with dementia or to their family members.

I want to put something back into the community:

- Members from the Lincolnshire Senior Forums attend quarterly meetings of the East Midlands Later Life Forum to share experiences and good practice.
- In September 2016 representatives from Lincolnshire County Council Public Health Division, the University of Lincoln, Lincoln Elders Forum, St Barnabas, and TED (Talk Eat Drink) went on a research trip to Germany to learn more about work being undertaken by the University of Osnabruck called ' Living well in older age'. The group spent six days traveling around the areas of Osnabruck and Lingen meeting health and social care students and professors, a community group providing support in the community, and a day service who are developing purpose built accommodation for individuals with care needs in a residential area. The group visited a specialist Dementia Friendly and End of Life Care home and also a company that provides specialist equipment to people. The trip ended with a conference in Lingen which focused on life cycle of being well as a child and into older adults. The group gave a presentation on older people services in Lincolnshire, which was well received by German professionals and tutors. A report has been produced following the trip outlining the scope and findings of the visit, with recommendations.

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

- Trading Standards and Lincolnshire Police continue to raise awareness of scams, in order to protect vulnerable adults

I want to feel safe:

- Make Every Contact Count training has been delivered to various organisations in Lincolnshire to enable them to deliver lifestyle messages to the public, including older people.
- Adult Care continues to work to support people subject to the Deprivation of Liberty Safeguards (DoLS) and their families, providing advice and guidance. This has also included working with hospitals and care homes to address priority cases.
- The Lincolnshire Safeguarding Adults Board (LSAB) continues to fulfil multi-agency responsibilities in relation to the protection of adults at risk from abuse and neglect in line with the requirements made in the Care Act 2014.

I want to have relationships and not be lonely:

- Talk, Eat, Drink (TED) in East Lindsey, funded by the Big Lottery, went live in April 2015. The project is being managed by Community Lincs and aims to reduce rural isolation and loneliness amongst older people.
- Loneliness can affect anyone at any stage of their life. Lincolnshire County Council is looking at the best ways of helping residents to overcome loneliness at different stages of life, and which areas of the county may need additional support. An evidence-based report has been produced to identify the interventions that can help to combat loneliness and social isolation and this report will form the basis of the work that will be undertaken to help residents in Lincolnshire.

I want to be able to get around easily:

- Community Transport schemes continue to support older people across the county.

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

- Dementia Reading Well material launched in Lincolnshire Libraries as part of the Reading Well campaign and books on prescription scheme.
- Community Pharmacies have run advice and information campaigns targeted at older people, including dementia awareness, obesity and cancer.

- Development of Neighbourhood Teams has supported the more vulnerable elderly across all CCGs

I want to live at home for longer:

- Following the publication of the Joint Carers Strategy 2014-18 and the Care Act 2014, carers are now supported by the Care & Wellbeing Hub (located in the LCC Customer Service Centre), Carers First or by one of the Trusted Assessors for Carers based around the County, the majority of contacts are offered support to meet their particular needs as a carer.
- In 2016, over 11,500 people aged 65 years+ received community equipment, the value of which exceeded £5m.
- Adult Care is working with health colleagues, Age UK, and a range of organisations and providers across the county to focus everyone on: Home First. The guiding principles are Think Home first and Think Home fast. The intention is that patients are given the right care and services swiftly which are closer to home rather than in an acute hospital setting.
- Lincolnshire South Clinical Commissioning Group is funding additional beds within Holbeach Hospital that can provide interim care and avoid admission.
- Lincolnshire South Clinical Commissioning Group have commissioned transitional care beds to reduce Delay Transfer Of Care

I want to end my life with dignity:

- 'All About Me' document has been shared with all partners and encouraged to complete.

Future Challenges

- A growing ageing population with increasingly complex needs.
- Increasing financial pressures and budget reductions from central government affecting both the health and social care sectors, resulting in reductions of delivered services
- Increased reliance on the Third Sector and Faith communities. Reduced funding and increased difficulty in accessing wider grant funding has implications for future delivery from these sectors
- Increased reliance on volunteers with the need to continue to support communities and individuals in volunteering roles.
- Behavioural and cultural change is needed to support the development of community based self-care

A fundamental and far reaching challenge for Adult Care over the coming years arises from the Dilnot Review. This document proposes new arrangements for the funding of social care services either through the self-funded route or via the local authority, depending on the person's means tested asset threshold and cap on individuals' social care costs.

Future Opportunities

Proactive care in the community and an increased focus on prevention to reduce demand on acute services.

Further opportunities for health and social care integration including the pooling of resources.

Promoting the role of the Voluntary and Community sector, and making better use of community assets.

Increased partnership working across all sectors, in order to use reduced resources more effectively

Lincolnshire County Council intends to use the following principles when commissioning Adult Care services in future:

- Enhance quality of life for people with care and support needs
- Delay and reduce the need for care and support
- Ensure that people have a positive experience of care and support

Lincolnshire South Clinical Commissioning Group will be looking at the following opportunities:

- Introducing the Dementia Tool kit to promote early identification of patients with Dementia
- Reviewing Johnson Hospital to promote Care Closer to Home
- Funding received to support the management of patients with Diabetes
- Funding received for clinical pharmacy which will help ensure the medication reviews take place
- Considering a scheme to reduce medicines waste which will help with populations risk with medicines management
- Evaluating the GP in Care Home pilot
- Reviewing Continuing Heatlhcare (CHC) provision

Healthwatch Lincolnshire will be looking at the following opportunities:

- A commissioned piece of work to access all known service users of social care to gather appropriate feedback
- A commissioned piece of work to investigate the need of fall service provision and how best to deal with issues
- Self-care and social prescribing

Adult Care's Making It Real Action Plan sets out a number of opportunities that are being taken forward in partnership including:

- Working with neighbourhood teams and clinical leads to develop delivery options for the extension of Personal Health Budgets. The aim is for Integrated Personal Commissioning to be made available to those people who feel they may benefit from a pooled personal health and / or social care budget
- Exploring how we can further develop 'enhanced' support services for people who use services with a Direct Payment but are unable to take on the employment role
- Exploring how and if providers could improve choice of services for individuals, for outcome based delivery of services that supports providers to work in more flexible ways that enables people who use services and their carers to have choice and control
- Identifying opportunities to develop the Personal Assistant market

Theme: Delivering high quality systematic care for major causes of ill health & disability
Outcome: People are prevented from developing long-term health conditions, have them identified early if they develop them, and are supported to manage them effectively

Theme Position Statement

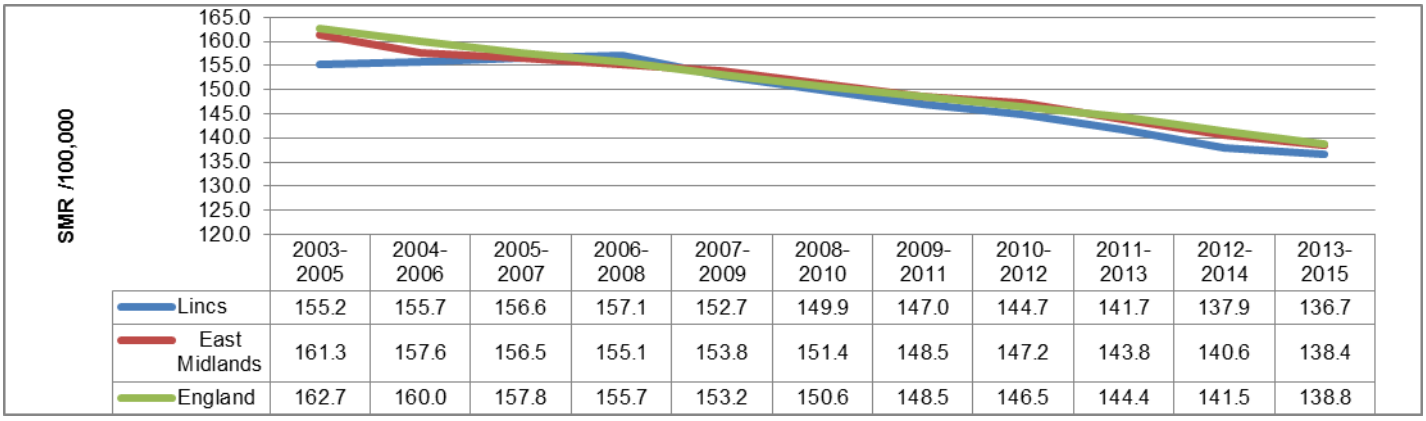
The prevention and management of long-term conditions (LTCs) is a significant challenge for health and social care. Overall 70% of the total expenditure on health and care in England is associated with the treatment of the 30% of the population with LTCs. There are an increasing number of people with more than one LTC[1]. Most LTCs are more prevalent in older age groups, for example, diabetes.

It is essential that people who have LTCs are provided with health and social care services and support to help them manage their care. Effective prevention, management and treatment interventions are essential. Theme 1 of the JHWS provides information on some of the public health interventions, for example, smoking cessation, that contribute to the prevention of the priority areas in Theme 3. Many of the key areas in the CCG Operational Plans support the delivery of the Theme 3 priorities and the Lincolnshire Sustainability and Transformation Partnership (STP) will significantly contribute to this Theme.

Cancer

- Cancer mortality rates (under 75 years) have decreased over the last decade; however, cancer remains one of the main causes of premature mortality. In Lincolnshire, the standardised mortality rate (SMR) from cancer (<75years) in 2003-2005 was 155.2/100,000, compared to 136.7/100,000 in 2013-2015.
- In Lincolnshire during 2013-2015, 3029 people died prematurely (<75years) from cancer, of which 1701 were considered preventable through public health interventions.
- East Lindsey and Lincoln have 'worse' premature mortality rates than England (2013-2015).

Figure 1: Under 75 Mortality from Cancer. SMR/100,000



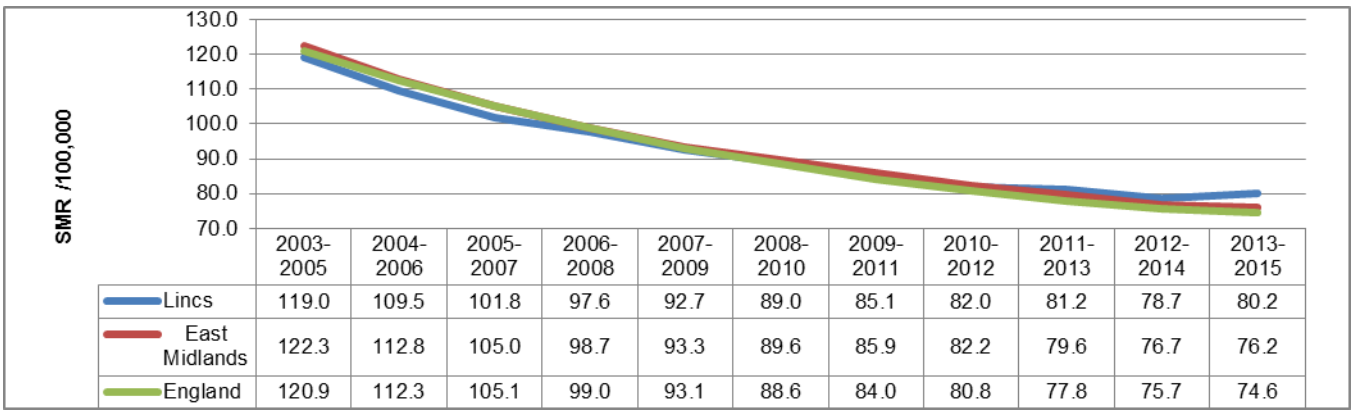
	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Lincs	155.2	155.7	156.6	157.1	152.7	149.9	147.0	144.7	141.7	137.9	136.7
East Midlands	161.3	157.6	156.5	155.1	153.8	151.4	148.5	147.2	143.8	140.6	138.4
England	162.7	160.0	157.8	155.7	153.2	150.6	148.5	146.5	144.4	141.5	138.8

Cardiovascular Disease (CVD)

- CVD is one of the major causes of death in under 75s. It includes all cardiovascular diseases, including heart disease and stroke.
- In Lincolnshire, the SMR from CVD (<75years) in 2003-2005 was 119/100,000, compared to 80.2/100,000 in 2013-2015.
- In Lincolnshire, during 2013-2015, 1761 people died prematurely (<75years) from CVD, of which 1207 were considered preventable through public health interventions. The rates for both of these indicators are 'worse' than the England benchmark.
- East Lindsey, Lincoln and South Holland have 'worse' premature mortality rates than England (2013-2015).

[1] Managing the care of people with long-term conditions; www.publications.parliament.uk/

Figure 2: Under 75 Mortality from CVD. SMR/100,000



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Lincs	119.0	109.5	101.8	97.6	92.7	89.0	85.1	82.0	81.2	78.7	80.2
East Midlands	122.3	112.8	105.0	98.7	93.3	89.6	85.9	82.2	79.6	76.7	76.2
England	120.9	112.3	105.1	99.0	93.1	88.6	84.0	80.8	77.8	75.7	74.6

Respiratory Disease

- In Lincolnshire, during 2013-2015, 706 people died prematurely from respiratory disease of which 380 were considered preventable through public health interventions.
- In Lincolnshire, the SMR from respiratory disease (<75years) in 2003- 2005 was 35.3/100,000, compared to 31.8 in 2013-15.

People with serious mental illness (SMI) are at some of the greatest risk of poor health and premature mortality, dying on average 20 years earlier than the general population due to preventable physical problems. This is due to a combination of factors including the side effects of anti-psychotic medication, lifestyle and difficulty in accessing mainstream health services[2]. Therefore, prevention, early diagnosis and early intervention are essential to reduce mortality rates for people with a SMI. Addressing excess mortality amongst people with a SMI is an indicator in the Public Health Outcome Framework.

Identification and Management of Long-Term Conditions (LTCs)

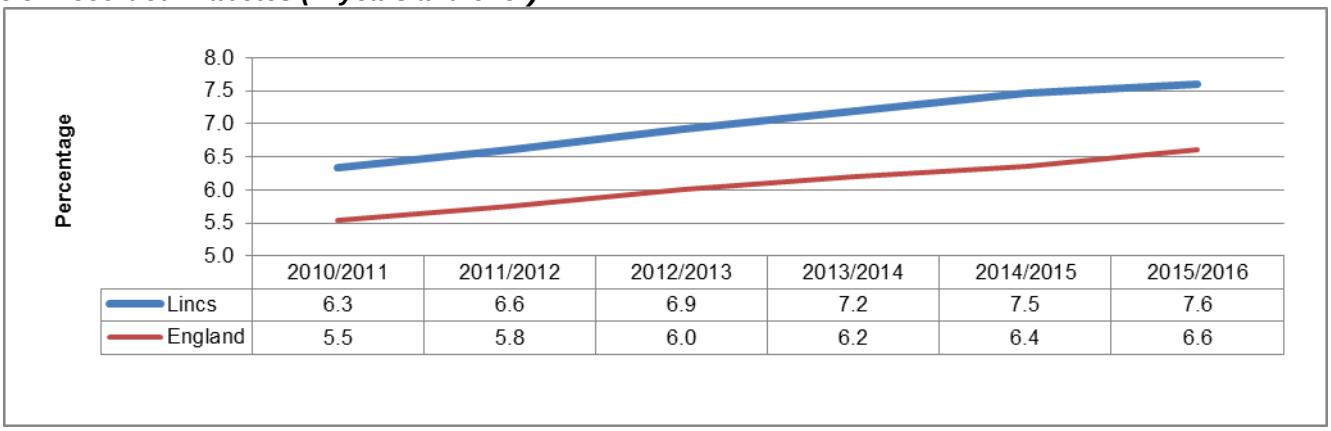
A range of interventions are commissioned and provided to identify people with LTCs, for example, the NHS Health Check Programme. In Lincolnshire, during 2016/17, 68.1% of people who were invited for a NHS Health Check were assessed. During 2016/17, Lincolnshire performed better than both England and East Midlands on both eligible people invited and assessed for a NHS Health Check.

The Quality and Outcomes Framework (QOF) requires general practices to maintain a register of people with certain LTCs. For example, during 2015/16, the recorded prevalence of diabetes amongst the Lincolnshire adult population was 7.59% (48413 people), with Lincolnshire East CCG having the highest prevalence (8.76%) amongst the four Lincolnshire CCGs. The number and percentage of people with diabetes is increasing year on year (Figure 3).

General practices, using the ongoing management QOF indicators, provide interventions for people on the disease registers, for example, effective control and monitoring (e.g. blood pressure, cholesterol and HbA1c) of diabetics.

[2] https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/05/serious-mental-hlth-toolkit-may16.pdf

Figure 3: Recorded Diabetes (17years and over)



	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Lincs	6.3	6.6	6.9	7.2	7.5	7.6
England	5.5	5.8	6.0	6.2	6.4	6.6

The RightCare Commissioning for Value programme[3] provides data on a range of pathways that address Theme 3 priorities, for example, diabetes, heart disease and stroke. This programme identifies where CCGs are performing better or worse than similar CCGs on a range of indicators across a number of pathways, for example, patients receiving the National Diabetes Audit (NDA) eight key processes. The programme identifies many care and treatment opportunities.

CCGs commission a range of service to support the delivery of Theme 3 and a range of national standards are used to deliver these services, for example, cancer treatment times.

Cancer Screening

NHS England has an objective to ensure effective commissioning of cancer screening programmes, for example, cervical and breast. Local Authority Public Health has a role in encouraging participation in screening programmes. In Lincolnshire, in 2016, both the breast and cervical screening programmes had coverage just below 80% (79% and 76.5% respectively). Overall in Lincolnshire both of these programmes have a better coverage than the England benchmark, however, in Boston and Lincoln, the cervical screening coverage is lower than in England (70% and 71.9% respectively).

What's working well – examples of key achievements 2016/17

- CCGs commission a range of programmes/services that are part of their operational plans that contribute to the achievement of Theme 3's outcomes, for example, cancer and stroke services.
- The Health System Cancer Programme Board for Lincolnshire is overseeing the redesign and improvement of cancer pathways. The programme of work aims to improve prevention activity, increase uptake of screening, facilitate early referral and reduce inappropriate referral, improve resilience within the system and provide a holistic approach to living with and beyond cancer. The *Be Clear on Cancer* awareness campaign has been supported locally with integrated local support from national charities such as Macmillan and Cancer Research UK.
- CCGs are continuing to develop Neighbourhood Teams as part of the Lincolnshire STP work stream. There is currently one pilot area for fully integrated neighbourhood working in Lincolnshire. There are a number of CCG areas following a multi-disciplinary team approach. CCGs have been allocated funding to develop integrated neighbourhood networking, and there will be a further five integrated teams operational during 2017. Each integrated team incorporates developments from the GP Five Year Forward View.
- The implementation of the Lincolnshire Self-Care Strategic Plan identified three key areas for development: information, health literacy and social prescribing. The Self-Care Implementation Plan supports the delivery of self-care across a spectrum, ranging from acute health and social care

[3] http://www.rightcare.nhs.uk/index.php/commissioning-for-value/

services to self-motivated behaviour change. Funding has been secured for a Library of Information, and a health literacy training programme has been developed. A social prescribing programme has been initiated at the Integrated Team Pilot site and a model has been developed for delivery at other sites (delivery is dependent on further funding).

- Lincolnshire CCGs are developing interventions across the NHS RightCare Diabetes Pathway[4]. Lincolnshire is part of the first wave of the National Diabetes Prevention Programme; a diabetes education programme has been developed using Lincolnshire Health and Wellbeing Board Funds; and national Diabetes Transformation Funds have been secured to develop work on the three diabetes treatment targets.

- The current CCG QIPP (Quality, Innovation, Productivity and Prevention) programme has a large focus on the RightCare Programme with the aim of improving outcomes and quality across a number of areas, for example, cancer and CVD.

- A range of public health programmes are commissioned and provided to address the Theme's outcomes, for example, NHS Health Check, smoking cessation services, Lincolnshire Wellbeing Service and Making Every Contact Count (MECC). (See Theme 1 for further information).

Future Challenges

- Despite the overall decline in mortality from the priority areas in this Theme (e.g. cancer and CVD), these conditions continue to cause significant premature mortality in Lincolnshire, with specific communities being particularly affected.

- The continued increase in the prevalence of long-term conditions, for example diabetes, is likely to continue given the age profile of the population and the lifestyles that contribute to this. People need to be provided with support and interventions to be able to manage these conditions.

- With the current financial challenges there is a concern regarding how funding decisions may impact on the prevalence and management of long-term conditions and the longer term mortality.

Future Opportunities

- Reducing premature mortality is an aim that is shared between the NHS Outcomes Framework and the Public Health Outcomes Framework. CCGs and local authorities have a significant impact on reducing premature mortality by determining which contributory factors have the greatest effect on their local population and commissioning and providing interventions accordingly. This includes prevention, population screening, risk identification/management and effective treatment.

- The delivery of the Lincolnshire STP will significantly contribute to the priorities and actions in Theme 3.

- The RightCare Commissioning for Value Programme and the resources that have been produced provide many opportunities to drive local action to reduce health inequalities and improve health outcomes.

[4] https://www.england.nhs.uk/rightcare/products/pathways/diabetes-pathway/

Theme: Improve health and social outcomes for children & reduce inequalities
Outcome: Ensure all children get the best possible start in life & achieve their potential

Theme Position Statement

Ensure all Children have the best start in life by

- Improving education attainment
- Improving Parenting confidence and ability to support their child's healthy development through access to a defined early help offer
- Reduce Childhood obesity
- Ensure children and young people feel happy, stay safe from harm and make good choices about their lives particularly children who are vulnerable or disadvantaged

Best start in life

The links between health and wellbeing and educational attainment have been recently documented; pupils with better health and wellbeing are likely to achieve better academically.

The children's health 0-19 team are supporting the public health priorities and the actions led through the Women and Children's Joint Commissioning Board (WCJCB) working across the Children's Health 0-19 agenda with a specific focus on:

- Integration of the 0-19 Children's Health Service to work alongside the Local Authority's Early Help Offer to ensure that appropriate levels of support are available to all families throughout Lincolnshire and develops further integration of service delivery models for children and young people.
- Prevention of unintended injury
- Oral Health
- Childhood obesity

Early Years Foundation Stage Profile (EYFSP) Attainment Gap

The attainment gap between the EYFSP Free School Meal (FSM) cohort and those not eligible for FSM has widened from 14% to 19% in Lincolnshire, through a combination of higher attainment by the non-FSM cohort and lower attainment by the FSM cohort. The attainment gap between the FSM cohort and those not eligible for FSM nationally has remained stable at 18%. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

KS2 Attainment

With the introduction of the new assessment framework in 2016, attainment results are not directly comparable with historic measures. The new measure of pupils achieving the Expected Standard in RWM in Lincolnshire is 51% compared to 53% nationally. In 2015 under the old L4+ in RWM measure the attainment gap between Lincolnshire and national was 1% this has now widened to 2% with Lincolnshire performing worse than national. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

KS2 Attainment Gaps –Disadvantaged Pupils and Pupils eligible for Free School Meals

The 2016 attainment gap between disadvantaged pupils (disadvantaged pupils are defined as those who are eligible for FSM or who have been in Looked After Care in the last 6 months) and their non-disadvantaged peers achieving the Expected Standard in RWM is 22% in Lincolnshire, which is the same as the gap nationally. This gap has widened in Lincolnshire by 5% from 17% when compared to the disadvantaged gap in L4+ in RWM measure in 2015.

The attainment gap between pupils eligible for FSM and those that are not is 21% for both Lincolnshire pupils and pupils nationally for 2016. This shows a widening of the gap nationally up 4% on 2015 data and a reduction of 1% across Lincolnshire over the same period. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT)).

KS4 Attainment

In 2016, Lincolnshire performed better than the national average in the A*-C English and Maths measure achieving 62.3% compared to 59.3% nationally, a gap of 3%. The percentage of Lincolnshire pupils achieving the English Baccalaureate (EBACC) in 2016 has increased by 0.9% since 2015 to 28.1%. Lincolnshire outperforms national and statistical neighbour consistently in the EBACC with the attainment gap over national increasing from 4.3% in 2015 to 5% in 2016. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

KS4 Attainment Gaps - Disadvantaged Pupils and Pupils eligible for Free School Meals
The gap between pupils eligible for FSM and those that are not under the GCSE A* - C in English and Maths measure for 2016 is 32.5% this compares to a gap of 27.8% nationally. For the same measure the disadvantaged attainment gap in Lincolnshire is 31.8% compared to 27.8 nationally. Due to education framework changes these measures are not reported historically and therefore historical trends and comparisons are not included. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

Early Help
The Children's Health Service 0-19 (25 SEND) will be integrated with Lincolnshire County Council's locality teams to ensure that children, young people and families have swift access to a range of professionals in their local community that can help them at the earliest sign of any concerns.

The Service will provide strong universal support during the antenatal period through the delivery of health checks and an antenatal education programme. There will be a strong focus providing more support during the first year of a child's life with a key focus on providing all families with a consistent Health Visitor with whom they can build a trusting relationship

As children and families thrive they will require less support from the Service but will still have fast access to support should any concerns arise. Lincolnshire's Early Help Offer identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Offer includes universal and targeted services designed to reduce or prevent specific problems from escalating or becoming entrenched.

Throughout the work carried out with children and young people, the Council's aim is to ensure that children and young people are listened to, taken seriously, responded to appropriately, and where they have provided feedback on a service that they are provided with evidence that this has been acted upon and how it has made a difference.

Mental Health
Good mental health for children in Lincolnshire is a priority and work is ongoing to provide support for children, young people and families. As well as the children and adolescent mental health service a new Emotional Health and Wellbeing Service will be implemented in October 2017 as part of the 0-19 Children's Health Service re-design therefor promoting a whole school approach to mental wellbeing.

Support for CYP with events such as children's takeover day to seek from them what the emerging themes are and harness their creativity to provide us with solutions.

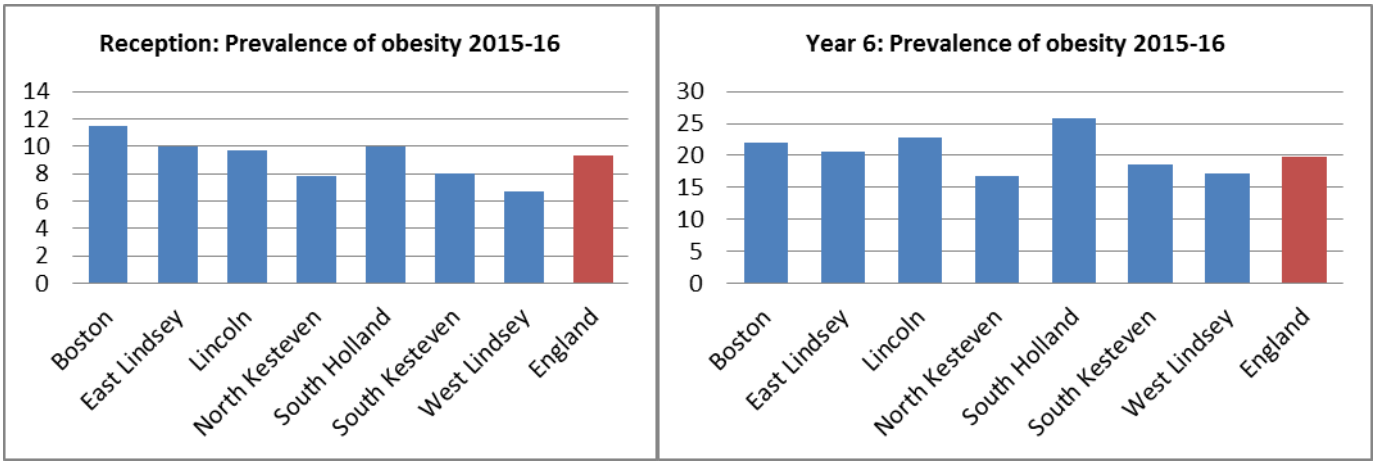
Support for schools to improve emotional wellbeing through promoting access to online service and advice such as Kooth.

Take a Making Every Contact Counts approach to use every opportunity to strengthen attachment and positive parenting universally through 0-19 services, children's centres and early help teams.

Childhood Obesity
The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

Children in Lincolnshire have similar levels of obesity to the England average at both 4-5 and 10-11 years. However, when rates are compared across Districts within the County, marked variation is seen. Rates in some Districts such as Boston and East Lindsey are currently significantly higher than the England average, and some (North Kesteven), significantly lower.

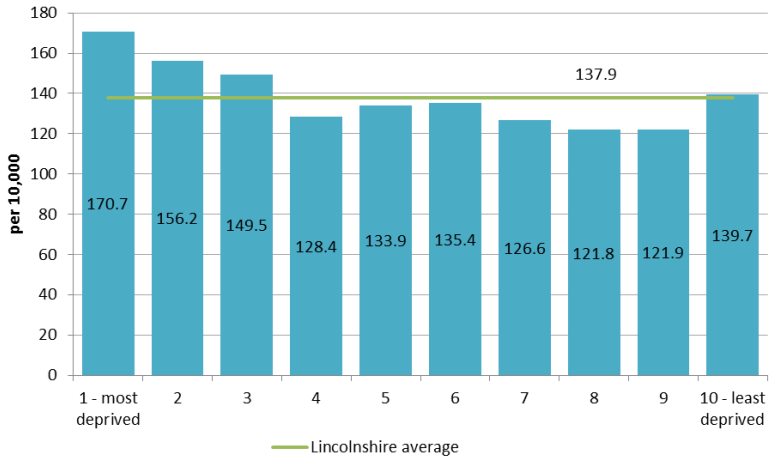
Given that the causes of childhood obesity are complex, including eating behaviour, parental obesity, the environment we live in, social norms and changing nutritional patterns, designing effective interventions is also complex. Combination lifestyle interventions have demonstrated some effectiveness in preventing and treating obesity in children, although there is uncertainty about how long the effects may last. There is also some evidence that healthy eating, including exclusive breastfeeding for the first six months of life and physical activity is more likely to lead to healthy weight children at two years. A recent in-depth review of the evidence to inform the best approach in Lincolnshire has shown that there is no single intervention that is likely to have a lasting positive effect. The preschool years (ages 2–5) are a key time for shaping lifelong attitudes and behaviours. Taking a whole school approach can create opportunities for children to be active and develop healthy eating habits.



Unintentional Injuries

Unintentional injury is the single major avoidable cause of death in childhood in England and the social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability. In Lincolnshire, children aged 0-4 coming from areas classed as the 10% most deprived in England were 25% more likely to be admitted to hospital as a result of injury than the Lincolnshire average (see table A); this increases to 40% for children aged 5-11. Lincolnshire rates of hospital admissions for 0-14s caused by unintentional and deliberate injury (Public Health indicator 2.07i) are higher than the England average and the highest in the East Midlands region (see table B). There are areas of Lincoln, Boston and the east coast with rates up to 55% higher than the national level.

Table A: Hospital admissions caused by accidental injury, children aged 0-4, Lincolnshire residents, 2013/14 – 2015/16, by decile of deprivation based on patient address and 2015 IMD.



Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

Table B

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2015/16

Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	102,036	104.2	103.6	104.8
East Midlands region	↓	7,049	87.1	85.1	89.2
Lincolnshire	↓	1,250	106.7	100.9	112.8
Northamptonshire	→	1,403	102.5	97.2	108.0
Derbyshire	→	1,146	91.0	85.8	96.4
Nottingham	↓	496	88.4	80.8	96.5
Nottinghamshire	↓	1,093	80.6	75.9	85.5
Leicestershire	↓	876	78.2	73.1	83.5
Rutland	→	41	69.7	50.0	94.6
Derby	↓	316	63.3	56.5	70.7
Leicester	↓	428	61.4	55.7	67.5

Source: Hospital Episode Statistics (HES)

Breastfeeding

The World Health Organisation recommends babies should only be fed breast milk from birth to age six months. There is a large body of well-established evidence that breastfeeding offers benefits to both mother and baby. Breastfeeding has some of the most wide- reaching and long lasting effects on a child's health and development.

The latest breastfeeding figures (2013/14) indicate the lowest breastfeeding start rates were in Lincoln (67%) and West Lindsey (69.7%) and the highest were in Boston (84.5%). In 2014/15 the lowest numbers still breastfeeding at 6-8 weeks were in East Lindsey (33%) and West Linsey (35%) and the highest were in North and South Kesteven (both 41%).Breastfeeding at 6-8weeks may be linked to areas of deprivation, with women in less deprived areas like North and South Kesteven more likely to continue breastfeeding than in the Boston and Lincoln areas.

Teenage Conceptions

The under 18 conception rate in England in 2015 was 21.0 conceptions per thousand women aged 15 to 17; this is the lowest rate recorded since comparable statistics were first produced in 1969. All areas in Lincolnshire have shown a significant reduction since the baseline year but Boston, Lincoln City and East Lindsay are still significantly higher than the national and East Midlands rate (20.2).

What's working well – examples of key achievements 2016/17

Lincolnshire Safeguarding Children's Board (LSCB) Public Health actions will be included in the LSCB agenda to support emotional health and wellbeing agenda. A strong partnership with the LSCB has

been built and Public Health provided evidence for the LSCB around positive relationships in young people contributing to a joint media campaign.

The Lincolnshire Oral Health Alliance Programme has been maintained and continues to be quality assured by the Oral Health Alliance Group. The Lincolnshire Smiles programme delivers a daily supervised tooth brushing programme in targeted early year's settings. This along with other targeted interventions aim to improve oral health education and reduce dental decay, decreasing the number of children referred for dental extractions under general anaesthetic.

A multi-agency strategic action plan for the prevention on unintentional injuries is in the process of being signed off by the LSCB. This commits agencies to delivering on a range of evidence-based actions that will contribute to a reduction in children suffering serious injuries. Child Home Injury Prevention (CHIP) Visits, in partnership with Lincolnshire Fire and Rescue, are being piloted in the Boston and South Holland area.

Under the scheme, households at greatest risk of injury are risk assessed and fitted with appropriate safety equipment to reduce risks of child injury.

Future Challenges

The transfer of the Children's Health Service 0-19 (the Service) into local authority to work, alongside others, will support the delivery of the Healthy Child Programme (HCP) across Lincolnshire for children, young people and their families (aged 0 – 19 years) and up to the age of 25 years for young people with Special Educational Needs and/or Disabilities (SEND). The programme will support families to ensure that their children grow up to be healthy, safe and able to achieve their potential.

Reviewing the effectiveness of the local area in assessing and meeting the health needs of children and young people with special educational needs and/or disabilities eligible for an Education, Health and Care Plan.

Stalling the rate of increase in children who are overweight or obese at reception age and increasing the number of children taking part in regular physical activity. Obesity is a complex issue and requires action at every level, from the individual to society, and across all sectors. They cannot be effectively tackled by one discipline alone and local authorities, led by public health colleagues, are ideally placed to develop coordinated action to tackle obesity across its various departments, services and partner organisations.

Promoting good mental health to more children and young people than ever before to meet the needs of vulnerable and excluded children and young people. The work will attempt to capture the voices of young people and parents to influence mental health policy and practice.

Future Opportunities

Closer working across CCGs and other partners by utilising the Public Health Children's team to support priorities and actions led through the Lincolnshire Women and Children's Joint Commissioning Board (WCJCB) working across the Children's Health 0-19 agenda.

To work in partnership with the Designated Clinical Officer and inform local priorities around SEND

The development of a local strategic action plan for Lincolnshire is being developed to promote healthy weight in childhood including a portfolio of interventions based upon the life course approach to tackling obesity:
Improve the oral health knowledge and behaviour of those children at high risk of poor oral health through targeted interventions for example, targeted provision of toothbrushes and paste by health visitors.

Following a successful pilot of CHIP Visits in Boston and South Holland, it is hoped that a countywide service can be commissioned to provide households at greatest risk of child injuries across Lincolnshire with appropriate safety equipment and advice.

The Better Births report identified community hubs as a way to help every women access the services she needs, with Obstetric units providing care if she needs more specialised services. Four pilot sites across Lincolnshire in Boston, Lincoln (Birchwood), Grantham and Skegness are currently in place to ensure the best start for Lincolnshire.

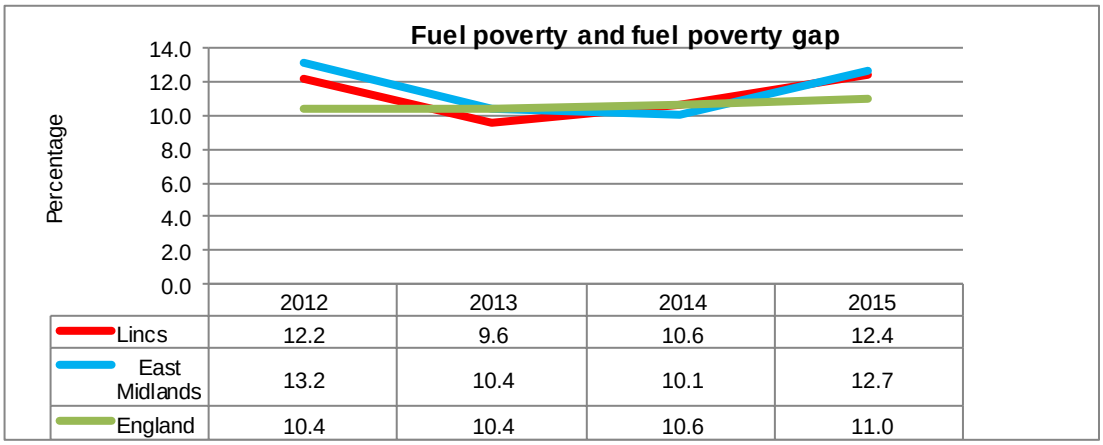
Theme: Tackling the social determinants of health
Outcome: People's health and wellbeing is improved through addressing wider determining factors

Theme Position Statement

Housing – ensure that people have access to good quality, energy efficient and affordable housing.

Overall, provision of new homes, including affordable housing remains low in comparison to estimated demand but more are in the pipeline. Housing completions in 2015/16 totalled 2,220 (similar to most years since 2011/12) however, lower than the average of approximately 3,800 in the previous decade. Local housing authorities with housing stock continue to build some new council houses, having established new housing companies. In addition affordable housing development programmes with registered providers continue to contribute to new affordable homes.

The Lincolnshire Homelessness Strategy deals with homelessness prevention, with a focus on the needs of people with complex and mental health needs - and is currently being refreshed. Following a decline in recent years the number of households accepted as being homeless and in priority need numbers rose again to 646 in 2016/17 (528 in 2015/16) – the same as in 2014/15 and more than the 593 in 2012/13. The largest numbers remained in South Kesteven (197) and Lincoln (164). Main reasons for homelessness were: ending of assured shorthold private rented tenancies; violence and domestic abuse; and families no longer willing to house relatives.



	2012	2013	2014	2015
Lincs	12.2	9.6	10.6	12.4
East Midlands	13.2	10.4	10.1	12.7
England	10.4	10.4	10.6	11.0

Following an apparent significant fall between 2012 and 2013, fuel poverty rates in Lincolnshire rose again each subsequent year and are now above the England average but a little lower than the East midlands average.

Fifty years on from 'Cathy Come Home' in 1966, homelessness acceptances and fuel poverty rates in Lincolnshire have risen again in 2016. Efforts to ensure people have access to good quality, energy efficient and affordable housing suitable that meets their needs remain necessary.

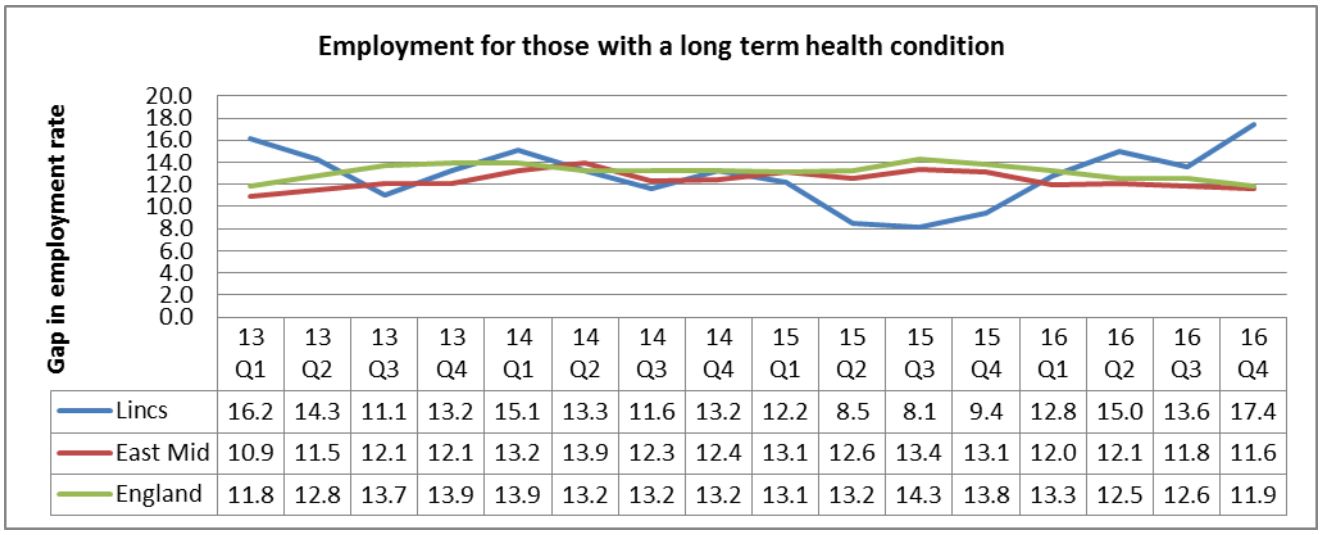
Work - support more vulnerable people into good quality work

Overall employment rates have risen from 70.9% in 2013 to 75.6% at the end of 2016. However, following a drop in 2015 the gap for those in employment with a health condition had increased significantly by the end of 2016 – against the regional and national trend of a decrease. Caution should be exercised over measures that involve 'gaps' as, if the denominator on unemployment increases, this could have the effect of narrowing the gap. Claimants on health related benefits represent over 60% of the entire claimant base, of which 46% cite mental health conditions as the primary reason for their claim.

Department for Work and Pensions (DWP) maintains partnership links into Lincolnshire Partnership Foundation Trust (LPFT), particularly the Individual Placement and Support service, providing employment advocacy in secondary care services.

Other projects targeting disadvantaged adults and young people were supported through the health and wellbeing fund, enabling skills and experience to be gained to enhance employment opportunities. As these are coming to an end and impact on numbers can be evaluated:

- Assisting low income households in to work, led by City of Lincoln Council and Lincoln College;
- Step Forward, led by Adult Specialist Services through contracted providers.



	13 Q1	13 Q2	13 Q3	13 Q4	14 Q1	14 Q2	14 Q3	14 Q4	15 Q1	15 Q2	15 Q3	15 Q4	16 Q1	16 Q2	16 Q3	16 Q4
Lincs	16.2	14.3	11.1	13.2	15.1	13.3	11.6	13.2	12.2	8.5	8.1	9.4	12.8	15.0	13.6	17.4
East Mid	10.9	11.5	12.1	12.1	13.2	13.9	12.3	12.4	13.1	12.6	13.4	13.1	12.0	12.1	11.8	11.6
England	11.8	12.8	13.7	13.9	13.9	13.2	13.2	13.2	13.1	13.2	14.3	13.8	13.3	12.5	12.6	11.9

Sickness absence rates suggest the need to improve employee wellbeing in Lincolnshire. Opportunities to link into workforce health and wellbeing work and programmes such as One You need to be exploited.

General work around improving the social determinants of health and reducing poverty also relates strongly to supporting individuals and families into work, but there is a need to ensure that this includes adequate hours, with decent conditions and pay. The national living wage is helping to achieve this.

Social impact - Ensure public sector procurement includes local social impact.

The social impact priority is about a way of working, and an opportunity for public sector bodies to lead in good practice, maximising social value for the local population wherever possible. No indicators were identified to monitor the number of social impact clauses in public sector contracts. However, the opportunity of commissioning organisations to set a good example within the public sector and maximise benefits to local populations, balancing this with good management of public monies; needs to be exploited. Developing procurement processes to maximise health and wellbeing by including local social impact within any judgment criteria that are used has, however, not been progressed but remains an aspiration.

What's working well

Increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard through local housing and planning authorities.

New Local Plans with ambitious but realistic housing growth targets, including for the provision of affordable housing have been prepared across Lincolnshire. The Central Lincolnshire Local Plan has been adopted and those for East Lindsey and South East Lincolnshire have been submitted to the Planning Inspectorate.

District Council housing standards enforcement teams have increased efforts to address poor housing conditions in the private rented sector. Boston Borough Council and City of Lincoln Council ran targeted, multi-agency schemes to tackle rogue landlords in 2015/16 and this is being extended in

Lincoln. During this period some 580 inspections were carried out in Lincoln (11% of which had Category 1 hazards) and 97 in Boston – leading to the serving of emergency prohibition and improvement notices and the prosecution of landlords. Other councils have run promotional campaigns such as Safe as Houses in North Kesteven.

Following a successful bid for the Government Central Heating Fund, a scheme providing first-time installation of central heating in 60 fuel poor homes has been run. The Lincolnshire Energy Switch scheme continues to support people to switch to lower gas and electricity tariffs.

Support people to get into meaningful, sustainable work, and stay in work through education, developing financial skills and employment support programmes, particularly where health has been a barrier.

The Financial Inclusion Partnership (FIP) is fulfilling the role of an alliance between commissioners and deliverers of employment support and financial inclusion services to provide strategic direction. Financial Inclusion is now a topic in the JSNA. Partnership working in the third sector takes advantage of the Big Lottery, Building Better Opportunities funded projects:

- Money and debt advice strand led by the Lincolnshire Community Foundation
- Considering Employment Options project led by Voluntary Centre Services (Urban Challenge Ltd)
- Engagement into Learning Project led by Grantham College
- Support for the Economically Inactive

Step Forward project providers (and Jobcentre Plus) suggest that its strength is that it is not solely based on job outcomes and is flexible enough to allow individuals to take their time through the programme and go at their own pace. This might include deviating from the programme temporarily to access other services that might complement Step Forward and help them on their way to employment, e.g. weight management, pre-entry learning. There is also good work done by a project called Wellbeing through Work.

Future Challenges

The major issue partners identify continues to be the availability of funding to be able to provide adequate housing and work related support projects. Cuts in public sector funding reduce service provision and increase demand on existing services.

Homelessness and work support programmes and projects such as tackling rogue landlords or specialist advocacy support would benefit from joint funding opportunities. The increasing complexity of homelessness cases with mental ill health and financial exclusion is of increasing concern. People with complex needs find it difficult to secure any form of accommodation, including County commissioned services.

There is uncertainty over future Government policy changes due to parliamentary time being taken for Britain to leave the European Union, making future planning difficult. The loss of the government's overall majority at the general election in May 2017 has led to the shelving of many policies including several relating to housing. Funding is still available for new affordable housing but the focus has shifted toward home ownership rather than rented.

Local Plans set out a strategic plan for housing and economic growth; however, this is reliant on private investment (developers wishing to build), which in uncertain times cannot be guaranteed. Local authorities' ability to secure affordable housing through the planning process may be restricted depending on the government's final direction on starter homes, alongside general viability issues around securing units through developer (section 106) contributions. Funding new infrastructure

needed to sustain housing growth will also give rise to a potential reduction in the proportion of new affordable housing provided through the planning system.

The impact of welfare reform – including continued rollout of Universal Credit (UC) means support to the most vulnerable clients will remain essential. Those on UC are more likely to be in rent areas and face eviction. Welfare reforms are making it more difficult for certain groups to find and sustain affordable accommodation (e.g. housing benefit restrictions for under 35s who risk being excluded from housing altogether). The overall benefit cap and caps on Local Housing Allowance present a challenge, especially around supported housing. Social Housing providers are becoming stricter on who they will accommodate due to their own financial pressures, exacerbated through rent reductions.

Future Opportunities

Measures in the Housing and Planning Act 2016 are to be implemented, the Homelessness Reduction Act will be enacted in April 2018 and the government has announced a new series of Housing White Papers to streamline the planning process and muted changes to House in Multiple Occupation (HMO) licensing. Specific activities are designed to make the case for additional affordable housing and other forms of specialist properties to meet certain needs, e.g. extra care with a £9million fund to be allocated by the County. This work is supported by the One Public Estate programme including a 'challenge' theme designed to establish whether the existing public sector estate can provide increased opportunities for housing. The Homes and Communities Agency (HCA) has numerous programmes to assist with housing development.

There was a need for an integrated, strategic approach to delivering housing, health and care that supports a person to live independently in a home of their own or in extra care housing, so a project looking at housing for independence has commenced. County and district councils are working together to see how a holistic approach, including disabled facilities grants, could improve outcomes by redesigning services. The Lincolnshire Health and Wellbeing Board has established a Delivery Group as sub group of the Board to oversee this important area of work. The aim of the Housing, Health and Care Delivery Group (HHCDG) is to provide strategic direction and governance to the wider housing for independence agenda for Lincolnshire in an integrated, collaborative manner.

New JSNA topics on housing and health, excess seasonal death and fuel poverty and financial inclusion provide the potential to include the actions in them in the next iteration of the Joint Health and Wellbeing Strategy for Lincolnshire 2018. Increased analysis of housing conditions through new work commissioned to increase intelligence on energy efficiency and refresh housing stock models, followed by a potential health impact assessment of poor condition housing will enable new joint strategic plans to be made. The potential for new joint initiatives with Health bodies is supported through the Sustainability and Transformation Plan and its supporting prevention strategy. This should include a focus on housing standards, housing options advice, work and finance through social prescribing. Particular emphasis will be on supporting those with mental health needs and improving hospital discharge processes.

The refresh of the Lincolnshire Homelessness Strategy and Lincolnshire Affordable Warmth Strategy and district Housing Strategies present opportunities to capitalise on emerging Government policies and funding opportunities, such as the new £150million Warm Homes Fund. New policy development including allocations policies will strengthen homelessness prevention. Increased joint working with other statutory and voluntary organisations and development of new initiatives and interventions will focus delivery where most needed. The ACTion Lincs' project - tackling entrenched rough sleeping in Lincolnshire has been established using Social Impact Bond (SIB) funding.

The Financial Inclusion Partnership (FIP) membership should be increased to develop its role in gathering evidence, mapping services and strategic developments. Strengthening links with the Greater Lincolnshire Local Enterprise Partnership (GLLEP) would offer a strong opportunity to address a range

of issues related to health related unemployment due to impacting on the employability status of the Employment and Support Allowance claimants through a health and wellbeing focused approach, to contribute to a reduction in demand on public services. There have also been some projects launched utilising the European Social Fund. These projects have a specific focus on those out of work and people who are most at risk of social exclusion (e.g. people with health problems (including mental health) and people who are homeless or at risk of homelessness).

Social impact criteria in public sector procurement processes still need to be developed. HACT (Housing Associations' Charitable Trust) produced a toolkit for the housing sector to help housing providers and contractors better manage, increase and evaluate social value in procurement that could be used.

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Health and Wellbeing Board – Decisions from 20 June 2017

Meeting Date	Minute No	Agenda Item & Decision made
20 June 2017	**1**	**Election of Chairman** That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18
	2	**Election of Vice-Chairman** That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18
	5	**Minutes** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 7 March 2017, be confirmed by the Chairman as a correct record.
	6	**Action Updates from the previous meeting** That the completed actions as detailed be noted.
	8a	**Terms of Reference, Procedural Rules, Board members Roles and responsibilities** That the Terms of Reference. Procedure Rules and Board Members Roles and Responsibilities be re-affirmed. That a working group to review membership be established.
	8b	**Housing, Health and Care Delivery Group** That the Terms of Reference and Governance Arrangements for the Housing, Health and Care Delivery Group be agreed; That strategic leadership and direction to the Housing, Health and Care Delivery Group by the Board be agreed; That the relevant Portfolio Holder be included within the membership of the Housing, Health and Care Delivery Group; and That Councillor Mrs W Bowkett be identified by the Board as a suitable Chair for the Housing, Health and Care Delivery Group.
	8c	**Integration of Services for Children and Young People with a Special Educational Need and/or Disability** That a strategic intent to develop an integration plan for Health and Local Authority Services for children and young people with special educational needs and disabilities be confirmed; That CCGs be asked to commit resource to undertake the work required to review and remodel the current commissioning arrangements for health provision, following the commitment from LCC; and That the proposal for this work to be governed via the Women and Children's Joint Delivery Board, reporting the Lincolnshire Health and Wellbeing Board, be agreed.
	8d	**Developing Integrated, Neighbourhood Working – Update** That the content of the Work Programme be noted; That the current progress and key actions be noted; That the link between the Neighbourhood Working Programme and the Health and Wellbeing Board be developed and strengthened by regular updates and discussion regarding the programme at future meetings; and That the Governance Structure outline in place to support this work be noted.

20 June 2017 (continued)	**8e**	**Health and Wellbeing in Lincolnshire: Overview of the 2017 Joint Strategic Needs Assessment** That the refreshed Joint Strategic Needs Assessment for Lincolnshire be formally adopted and the evidence base to inform the development of the new Joint Health and Wellbeing Strategy be accepted and confirmed.
	9a	**Lincolnshire Sustainability and Transformation Plan (STP) Priorities and Update** That the STP priorities be noted; That the progress to-date be noted; and That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.
	9b	**Better Care Fund (BCF) 2016/2017 and 2017/2018** That the BCF performance for the 2016/17 financial year and the performance achieved be noted; That the £3m Risk Contingency established for this financial year had been fully utilised by the CCGs in meeting the extra cost to ULHT despite the performance achieved on Non-Elective Admissions in 2016/17 be noted; That the submission of the Graduation Plan and Lincolnshire's progress at being shortlisted for graduation be noted; That the delays to the timetable for the submission of the BCF Plan and associated BCF Planning Templates be noted; and That this item be added to future agendas of the Board as a standing item.
	10a	**Lincolnshire Pharmaceutical Needs Assessment** That the report for information be received.
	10b	**Health and Wellbeing Grant Fund – Half Yearly Update** That the report for information be received.
	10c	**An Action log of Previous Decisions** That the report be noted.
	10d	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the report for information be received and the request to refer the Board's concerns regarding immunisation to the Health Scrutiny Committee for Lincolnshire be noted.
	10e	**Future Scheduled Meeting Dates** That the following scheduled meeting dates for the remainder of 2017 and for 2018 be noted. 26 September 2017 5 December 2017 27 March 2018 6 June 2018 25 September 2018 4 December 2018 (All the above meetings to commence at 2.00pm)

Lincolnshire Health and Wellbeing Board Forward Plan: September 2017 – March 2018

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
26 September 2017 **2pm, Committee Room 1, County Offices**	**JHWS Annual Assurance Report** To receive a report from the Programme Manager asking the Board to agree the Board's Assurance Report and Theme Dashboards. **Alison Christie, Programme Manager Health and Wellbeing / JHWS Theme Leads** **Development of the new Joint Health and Wellbeing Strategy** To receive the findings of the prioritisation process and stakeholder engagement for the next JHWS. **David Stacey, Programme Manager, Strategy and Performance** **Health and Wellbeing Grant Fund – allocation of remaining funds** To receive a report from the DPH on allocating the remaining HWB Grant Fund to the four Lincolnshire CCGs to support the development of Neighbourhood Teams **Tony McGinty, Interim Director of Public Health**	**Sustainability and Transformation Plan** To receive an update on the delivery of the STP (*Request for paper to include Financial figures linked to the STP)* **John Turner, Chief Officer South Lincolnshire CCG / Sarah Furley, STP Programme Director** **Better Care Fund Update** To receive an update on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing** **Housing Health and Care Delivery Group Update** To receive an update on the establishment/work of the HHCDG **Cllr Wendy Bowkett, Chairman of the HHCDG** **Lincolnshire Pharmaceutical Needs Assessment (PNA)** To receive a report by the PNA Steering Group on the development of the next PNA **Chris Weston, Public Health Consultant – Wider Determinants of Health** **<u>District/Locality/Partner Items</u>** **East Lindsey Health and Wellbeing Strategy** To receive a report on East Lindsey's new Health and Wellbeing Strategy **Sem Neal, East Lindsey District Council**	

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
		Physical Activity - whole system approach To receive a report providing an overview of Sport England's objectives and Active Lincolnshire's role in embedding this locally **Jo Metcalfe, Interim Health Client Manager and Lisa Harrison, CEO Active Lincolnshire**	
5 December 2017 **2pm, Committee Room 1, County Offices**	**Joint Health and Wellbeing Strategy** A presentation on the early first draft of the new JHWS. **David Stacey, Programme Manager, Strategy and Performance along with relevant Chapter Sponsors/Authors** **Lincolnshire Pharmaceutical Needs Assessment (PNA)** To receive a report from the PNA Steering Group which asks the HWB to sign off the draft PNA document and arrangements for the 60 Statutory Consultation **Chris Weston, Public Health Consultant – Wider Determinants of Health**	**Sustainability and Transformation Plan** To receive an update on the delivery of the STP - *to include governance arrangements and timescales for Neighbourhood Teams* **John Turner, Chief Officer South Lincolnshire CCG / Sarah Furley, STP Programme Director** **Better Care Fund Update** To receive an update on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing** **Housing Health and Care Delivery Group Update** To receive an update on the establishment/work of the HHCDG **Cllr Wendy Bowkett, Chairman of the HHCDG** **<u>District/Locality Item</u>** Role of District Councils in health and wellbeing – *item to be confirmed*	
27 March 2018 **2pm, Committee Room 1, County**	**Joint Health and Wellbeing Strategy** To receive a report which asks the Board to agree and formally adopt the JHWS 2018-2023 **Director of Public Health**	**Sustainability and Transformation Plan** To receive an update on the delivery of the STP **John Turner, Chief Officer South**	

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
Offices	**Pharmaceutical Needs Assessment** To receive a report from the PNA Steering Group which asks the Board to agree and adopt the PNA 2018. **Chris Weston, Public Health Consultant – Wider Determinants of Health**	**Lincolnshire CCG / Sarah Furley, STP Programme Director** **Better Care Fund Update** To receive an update on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing** **Housing Health and Care Delivery Group Update** To receive an update on the establishment/work of the HHCDG **Cllr Wendy Bowkett, Chairman of the HHCDG**	

Items to be timetabled

- ACTion Lincs – Tackling Entrenched Rough Sleeping in Lincolnshire (Social Impact Bond) – Action/Delivery Plan
- Children and Young People's Commissioning Plan 2017 – 2020
- Carers Strategy and Annual Report
- Dementia Strategy

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