



County Offices
Newland
Lincoln
LN1 1YL

25 May 2018

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 5 June 2018 at 2.00 pm in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL

Yours sincerely

A handwritten signature in blue ink that reads 'Richard Wills'.

Richard Wills
Head of Paid Service

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 Social Services) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Donald Nannestad

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

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

Police & Crime Commissioner: Marc Jones

Lincolnshire Coordination Board: Elaine Baylis QPM

(*) Permanent Membership

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 5 JUNE 2018**

Item	Title	Pages
1	Election of Chairman	
2	Election of Vice-Chairman	
3	Apologies for Absence/Replacement Members	
4	Declarations of Members' Interest	
5	Minutes of the Meeting of the Lincolnshire Health and Wellbeing Board held on 27 March 2018	5 - 12
6	Action Updates from the Previous Meeting <i>(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)</i>	13 - 16
7	Chairman's Announcements <i>(For the Lincolnshire Health and Wellbeing Board to note the Chairman's announcements)</i>	17 - 36
8	Decision/Authorisation Items	
8a	Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members <i>(To receive a report from Alison Christie (Programme Manager Health and Wellbeing) which asks the Board to reaffirm the Terms of Reference, Procedure Rules and Board Members' roles and responsibilities)</i>	37 - 48
8b	Joint Health and Wellbeing Strategy for Lincolnshire 2018 <i>(To receive a report from David Stacey (Programme Manager Strategy and Performance) which asks the Board to formally sign off the new Joint Health and Wellbeing Strategy for Lincolnshire and associated delivery plans)</i>	49 - 126
9	Discussion Items	
9a	Winter Review and Planning <i>(To receive a report on behalf of the Lincolnshire Urgent Care and Emergency Care Delivery Board which provides details of system resilience during Winter 2017/18 and the forward planning process across the health and care system for Winter 2018/19)</i>	127 - 144

Item	Title	Pages
9b	Health and Care Workforce - Recruitment and Retention <i>(To receive a presentation which highlights the issues faced by Lincolnshire and steps being taken to address staff shortages and skills gaps)</i>	Verbal Report
10	Information Items	
10a	Better Care Fund <i>(To receive an update from Glen Garrod (Executive Director of Adult Care and Community Wellbeing) on Lincolnshire's Better Care Fund (BCF) plan for 2017-2019 and includes the current position in relation to finance and performance)</i>	145 - 156
10b	Health and Wellbeing Grant Fund - Update <i>(To receive a report from Alison Christie (Programme Manager Health and Wellbeing) which provides the Board with half-yearly information on Health and Wellbeing Grant Fund Projects)</i>	157 - 166
10c	An Action Log of Previous Decisions <i>(For the Lincolnshire Health and Wellbeing Board to note decisions taken since May 2017)</i>	167 - 172
10d	Lincolnshire Health and Wellbeing Board Forward Plan <i>(This item provides the Board with an opportunity to discuss items for future meetings which will subsequently be included on the Forward Plan)</i>	173 - 174
10e	Future Scheduled Meeting Dates <i>(For the Board to note the following scheduled meeting dates for the remainder of 2018 and for 2019:</i> <i>25 September 2018, 4 December 2018, 26 March 2019, 11 June 2019, 24 September 2019 and 3 December 2019. Please note that all of these meetings will commence at 2.00pm)</i>	Verbal Report

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

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

Contact details set out above.

All papers for council meetings are available on:

www.lincolnshire.gov.uk/committeerecords



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
27 MARCH 2018**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors 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: Professor Derek Ward (Director of Public Health) and Sally Savage (Chief Commissioning Officer)

District Council: Councillor Donald Nannestad (District Council)

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

Healthwatch Lincolnshire: Sarah Fletcher

Lincolnshire Police and Crime Commissioner: Stuart Tweedale (Deputy Police and Crime Commissioner)

Lincolnshire Coordinating Board: Elaine Baylis

Officers In Attendance: : Andrea Brown (Democratic Services Officer) (Democratic Services), Alison Christie (Programme Manager, Health and Wellbeing Board), Steve Houchin (Head of Finance (Adult Care)), Lisa Loy (Housing for Independence (Hfl) Programme Manager) and David Stacey (Programme Manager, Public Health)

27 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs P A Bradwell, Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Jim Heys (NHS England), Debbie Barnes (Executive Director of Children's Services) and Marc Jones (Police and Crime Commissioner).

It was noted that Sally Savage (Chief Commissioning Officer – Children's Services) and Stuart Tweedale (Deputy Police and Crime Commissioner) were attending the meeting on behalf of Debbie Barnes and Marc Jones, respectively, for this meeting only.

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28 DECLARATIONS OF MEMBERS' INTEREST

Elaine Baylis asked the Board to note that she was also the Chair of the Lincolnshire Community Health Services NHS Trust Board; Interim Chair of the United Lincolnshire Hospitals NHS Trust Board; and Vice Chair of the Lincolnshire Action Trust Board in addition to her representation on the Lincolnshire Health and Wellbeing Board as Chair of the Lincolnshire Coordinating Board.

It was noted that in relation to item 6a – *Lincolnshire Pharmaceutical Needs Assessment 2018*, the clinicians on the Board may have been involved in this process as many GPs had dispensing practices in Lincolnshire.

29 MINUTES OF THE MEETING OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD HELD ON 5 DECEMBER 2017

RESOLVED

That the minutes of the meeting held on 5 December 2017 be confirmed and signed by the Chairman as a correct record.

30 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

31 CHAIRMAN'S ANNOUNCEMENTS

The Chairman referred to the announcements published within the agenda pack and also those circulated to the Board under separate cover.

The Board was encouraged by the news about the Medical School in Lincolnshire and also Lincolnshire Partnership NHS Foundation Trust, which had been reported as one of the seven trusts who had made significant improvement on re-inspection by the Care Quality Commission (CQC).

RESOLVED

That the Chairman's announcements be noted.

32 DECISION/AUTHORISATION ITEMS

32a Lincolnshire Pharmaceutical Needs Assessment 2018

Consideration was given to a report by Derek Ward (Director of Public Health) which invited the Board to approve the final Pharmaceutical Needs Assessment 2018 following the consultation which took place between 11 December 2017 and 11 February 2018.

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The Board was reminded that the completion of a Pharmaceutical Needs Assessment (PNA) was a statutory duty for Health and Wellbeing Boards to undertake at least every three years. The data contained within the assessment would be used to plan pharmaceutical services in the county which would best meet local health needs.

Following the close of the consultation, a total of 18 responses had been reviewed by the Steering Group on 27 February 2018 and, as a result, some changes were made to the draft 2018 PNA. A summary of the consultation responses and report had been made available to the Board as part of the agenda pack.

It was reported that the conclusions remained unchanged from the draft report approved by the Board on 5 December 2018.

The Board was invited to ask questions, during which the following points were noted:-

- It was noted that there were no current links to engage district councils in particular but that work was planned to establish future arrangements for this;
- Different levels of pharmacy provision was available and it was suggested that a map showing all of these provisions would be helpful to give a fairer picture; and
- One member noted concern that the electronic system for ordering prescriptions online may not be as efficient in some areas. It was explained that work was ongoing to improve the process as a whole, in particular connectivity with some dispensers and pharmacies.

RESOLVED

That the final Pharmaceutical Needs Assessment (PNA) 2018 be approved for publication by 1 April 2018.

33 DISCUSSION ITEMS

33a Joint Health and Wellbeing Strategy for Lincolnshire

Consideration was given to a report by David Stacey (Programme Manager Strategy and Performance) which detailed the development of the next Joint Health and Wellbeing Strategy for Lincolnshire.

Since the meeting in December 2017, further work had been undertaken with each of the groups identified by the Board to discuss delivery planning; review next steps; and explore possible future engagement with relevant boards, groups, etc.

Emerging areas for discussion were included within the report as noted below:-

- Whole System Approach to Obesity;
- Investment;
- Strategy Alignment;
- Further Engagement; and

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD
27 MARCH 2018**

- Merge "Embed Prevention" Themes.

Members were invited to ask questions, during which the following points were noted:-

- A discussion was encouraged around governance and the development of appropriate objectives mapped against the issues faced by Lincolnshire residents. There was core focus in parts of Lincolnshire in relation to obesity, for example, and it was suggested that joint funding would be necessary to provide an appropriate level of service;
- The Board agreed that the issue of obesity was concerning within Lincolnshire and that a number of initiatives would be needed to impact positively, including early intervention, education of nutrition and physical activity for the whole family to encourage and support families;
- Poverty also had a detrimental impact on health as this often resulted in an unhealthy lifestyle;
- It was asked if members of health and wellbeing boards in other areas were proactive in engaging with schools and academies and suggested that the Board could consider becoming more active in engaging with young people to encourage a healthier lifestyle;
- It was also suggested that provision of referral pathways to weight loss initiatives may also assist in reducing the increase in obesity. It was acknowledged, however, that this could prove difficult to implement;
- The physical activity element of the JHWS had been based on Sport England's strategy but the Board felt that the strategy of Active Lincolnshire should also have been linked to the JSNA;
- It was explained that the survey would be undertaken throughout April, following which the strategy plans would be developed and presented to the Board at its meeting in June;
- The Board agreed that the strategy would also provide a good opportunity to align with neighbourhood teams across the county;

RESOLVED

1. That the further development of the Joint Health and Wellbeing Strategy be noted;
2. That further consideration of taking a 'whole system' approach to Obesity be agreed;
3. That an approach to align other strategies to the Joint Health and Wellbeing Strategy (JHWS), wherever possible, be supported;
4. That the two 'embed prevention' themes be aligned as recommended within the report; and
5. That a quick-focussed engagement exercise during April 2018 in relation to the development of the delivery plans for each priority area be supported.

33b Health and Wellbeing Board Development Session - Proposal

Consideration was given to a report by Alison Christie (Programme Manager Health and Wellbeing) which asked the Board to consider holding a development workshop,

entitled "Stepping up to the place" facilitated by the Local Government Association (LGA) in June 2018.

The Chairman advised that she had delivered some of these sessions in other parts of the country and suggested that the workshop would provide reassurance that the Board was appropriately driving the health and wellbeing agenda for the residents of Lincolnshire.

Members indicated that they would be keen to hold this workshop and it was suggested and agreed to invite wider colleagues, including district council members and health colleagues. Members were asked to contact Alison Christie (Programme Manager Health and Wellbeing) with any specific suggestions for the session.

It was agreed to hold the workshop on either a Wednesday or Thursday and that the date be provided well in advance of the session to enable good attendance.

RESOLVED

1. That a workshop, facilitated by the Local Government Association, be held in June 2018; and
2. That an invitation to the workshop be extended to district council members and healthcare professionals.

33c Housing, Health and Care Delivery Group Update

Consideration was given to a report from Councillor Mrs W Bowkett (Chairman of the Housing, Health and Care Delivery Group) and Lisa Loy (Housing for Independence Programme Manager) which provided an update on the activities of the Housing, Health and Care Delivery Group and the wider Housing for Independence (Hfl) work.

The Board was advised that the group had met three times and emphasised the importance of the group in being the strategic link for housing, health and care. Housing remained a fundamental requirement for everyone but it was acknowledged that this remained a complex issue however, despite this, major improvements had been made.

The report included the recognition in the increase of cases of hoarding nationally which was, in some cases, resulting in delayed transfer of care (DToc). Lincolnshire was keen to develop a common protocol and guidance to tackle this issue and the Hfl Programme Manager was coordinating this work and sought to ensure that a collaborative approach was agreed. It was suggested that a task and finish group be held in the Spring of 2018.

Members were invited to ask questions, during which the following points were noted:-

- It was suggested that the CCGs would be the best forum to request feedback as this would include multi-disciplinary colleagues rather than GPs alone. Community Nurses would be key due to regular interaction with patients at home;

- It was agreed that hoarding could be as a result of more complex medical issues. Lincolnshire Partnership NHS Foundation Trust had been contacted and confirmed that there was no single data point for this kind of information which would be needed in order to support people better;
- Work was also being done by Lincolnshire Community Health Services NHS Trust in relation to hoarding whose community nurses had undertaken a number of case studies;
- Discussions were ongoing with East Lindsey District Council to consider building properties which would be suitable for a range of people, including lower windows, wider doors, etc.;
- The Board was encouraged at how well this group was working together to drive the wellbeing agenda forward; and
- Members indicated that they would find it beneficial to have a specific item on a future agenda to provide details of the wellbeing service. It was agreed to add this to the forward plan.

RESOLVED

1. That the progress to-date be noted; and
2. That an item entitled "Wellbeing Service" be added to the Forward Plan for future consideration.

34 INFORMATION ITEMS**34a Better Care Fund - Update**

The Board received a report by Glen Garrod (Executive Director of Adult Care and Community Wellbeing) which provided an update on the Better Care Fund (BCF) in Lincolnshire for 2017-2019 and included the submission of the BCF Narrative Plan and the related Planning Template.

Steve Houchin (Head of Finance, Adult Care and Community Wellbeing) introduced the report and explained that the schemes would be considered to decide if a review would be required for those areas spending more than they should or less than they should.

RESOLVED

That the report for information be received.

34b An Action Log of Previous Decisions

The Board received a report which noted the decisions taken since June 2017.

RESOLVED

That the report for information be received.

34c Lincolnshire Health and Wellbeing Board Forward Plan

The Board considered the Forward Plan of the Lincolnshire Health and Wellbeing Board which provided members with an opportunity to discuss the items for future meeting which would, subsequently, be included on the Forward Plan.

A suggestion was made to consider harnessing academic research capacity in the county, at Bishop Grosseteste University and the new medical school, at a future meeting.

RESOLVED

That the report for information be received.

The meeting closed at 3.45pm

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Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
20.06.17	6	<p>TERMS OF REFERENCE, PROCEDURAL RULES, MEMBERS ROLES AND RESPONSIBILITIES</p> <p>That a working group be established to review the membership of the Lincolnshire Health and Wellbeing Board.</p>	<p>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</p>
	8c	<p>INTEGRATION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH A SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY</p> <p>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.</p>	<p>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.</p>
	9a	<p>LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) PRIORITIES AND UPDATE</p> <p>That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.</p>	<p>The Sustainability and Transformation Plan and the Better Care Fund are standing items on the HWB's agenda</p>
	10d	<p>LINCOLNSHIRE HEALTH AND WELLBEING BOARD – FORWARD PLAN</p> <p>That the Board's concerns regarding immunisations be referred to the Health Scrutiny Committee for Lincolnshire.</p>	<p>Following the Lincolnshire Health and Wellbeing Board meeting, the performance of the Immunisation and Screening Service was referred to the Health Scrutiny Committee for Lincolnshire. An item on the Immunisation and Screening Programme was presented to Health Scrutiny at their meeting in November 2017.</p>
26.09.17	17a	<p>DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE</p> <ul style="list-style-type: none"> • That the following priorities be approved for further development as part of the Joint Health and Wellbeing Strategy for Lincolnshire:- <ul style="list-style-type: none"> ○ Mental Health (Both Adults and Children/Young People); ○ Housing; ○ Carers; 	<p>A series of meetings have taken place during October and November 2017 with key partners to explore the emerging priorities further. As part of the discussions the following key themes, identified as part of the stakeholder engagement were also considered:</p> <ul style="list-style-type: none"> • The need for the JHWS to have a strong focus on prevention and early intervention • That there is collective action across a range of organisations working in partnership to deliver the JHWS • The need to tackle inequalities and equitable provision of services

		<ul style="list-style-type: none"> ○ Physical Activity; ○ Dementia; and ○ Obesity. <ul style="list-style-type: none"> ● That the members of the Health and Wellbeing Board who would lead on further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire be allocated at a later date. 	<p>that support and promote health and wellbeing.</p> <p>The findings from this work to be presented to the Board in December along with proposals for the next steps, including identifying suitable leads to take forward the work.</p>
	17b	<p>HEALTH AND WELLBEING GRANT FUND – ALLOCATION OF REMAINING FUNDS</p> <ul style="list-style-type: none"> ● That the recommendation from the Health and Wellbeing Grant Fund Sub Group to allocated all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups (CCG) be approved; ● That an update on the projects be provided to the Health and Wellbeing Board in six months. 	<p>Tony McGinty, Interim Director of Public Health, sent a letter on 13 October 2017 to the CCG Accountable Officers notifying them of the Board's decision to allocate the remaining Health and Wellbeing Grant Fund to the CCGs to support the development neighbourhood working, with a specific focus on building resilience in the Voluntary and Community Sector. The letter asked that the CCGs to provide a formal acknowledgement that they accept the award and agree to provide an update on the projects to the Board in six months.</p> <p>Subject to approval by the Chairman, this item is scheduled on the Forward Plan for June 2018.</p>
	18b	<p>AN ACTION LOG OF PREVIOUS DECISIONS</p> <p>That an item of ACTION Lincs be added to the Forward Plan for a future meeting.</p>	<p>Following a discussion with the Chairman of the Health and Wellbeing Board, this item has been referred to the Housing, Health and Care Delivery Group (HHCDG). As the sub group of the Health and Wellbeing Board with responsibility for housing related matters, reports on ACTION Lincs will be presented to this group in the first instance. Any matters arising from this will be reported by exception to the Health and Wellbeing Board through the quarterly HHCDG update to the Board.</p>
	18c	<p>LINCOLNSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN</p> <p>That an item on the <i>Role of District Councils in Health and Wellbeing</i> be added to the Forward Plan.</p>	<p>Subject to approval by the Chairman, this item is scheduled on the Forward Plan for March 2018.</p>
05.12.17	24a	<p>JOINT HEALTH AND WELLBEING STRATEGY</p> <p>That the statutory requirements for safeguarding be amended to be more obvious throughout the document.</p>	<p>Safeguarding has been added as one of the Themes that will cut across all the priority areas in the new Joint Health and Wellbeing Strategy. Each priority area is developing a delivery plan (to be signed off by the Board in June) and as part of this process each priority area is required to set out how safeguarding issues will be addressed.</p>

	24b	<p>LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018</p> <p>That a consultation on a draft PNA for Lincolnshire planned between 11 December 2017 and 11 February 2018 be noted.</p>	<p>The statutory 60 consultation, required as part of PNA development process, began on Monday 11 December 2017 and closed on 11 February 2018. A total of 18 responses were received and these have been reviewed by the PNA Steering Group. Any necessary amendments have been made to the draft PNA document. The final PNA document was presented to the HWB in March 2018 for formal approval. The document & associated appendices are due to be published on the Lincolnshire Research Observatory by 29 March 2018.</p>
	24c	<p>LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEMBERSHIP</p> <ul style="list-style-type: none"> • That membership changes, as recommended by the Working Group, to add the Office of the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board be endorsed; and • That the proposed recommendations be formally submitted to Full Council in February 2017, to enable appropriate changes to be made to the County Council's Constitution be agreed. 	<p>A report was presented to County Council on 23 February 2018 detailing the proposed changes to the Board's membership and asking Council to approve the necessary changes to The Constitution.</p> <p>The County Council agreed to extend membership of the Health and Wellbeing Board to include the:</p> <ul style="list-style-type: none"> • Office of the Police and Crime Commissioner • Chairman of the Lincolnshire Coordination Board <p>The Chairman of the Lincolnshire Health and Wellbeing Board has formally written to Marc Jones and Elaine Baylis notifying them of the decision, which came into immediate effect.</p>
	26e	<p>LINCOLNSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN</p> <p>That an item on the Lincolnshire Health and Wellbeing Board Membership be added to the Forward Plan.</p>	<p>An update on HWB Membership is provisionally scheduled on the Forward Plan for December 2018.</p>
27.03.18	32a	<p>LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018</p> <p>That the final Pharmaceutical Needs Assessment (PNA) 2018 be approved for publication by 1 April 2018.</p>	<p>The Final PNA document and associated appendices were formally published on the Lincolnshire Research Observatory on 29 March 2018. Details can be found at http://www.research-lincs.org.uk/JSNA-PNA.aspx</p>
	33a	<p>JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE</p> <ul style="list-style-type: none"> • That the further development of the Joint Health and Wellbeing Strategy be noted; • That further consideration of taking a 'whole system' approach to Obesity be agreed; 	<p>A quick focussed engagement exercise ran from 4 April to 29 April 2018. 38 responses were received and the comments have been feed to the priority delivery groups to inform the development of the JHWS Delivery Plans.</p> <p>The final JHWS document and Delivery Plans will be presented to the Board on 5 June 2018 for approval.</p>

Lincolnshire Health and Wellbeing Board - Actions from 20 June 2017

		<ul style="list-style-type: none"> • That an approach to align other strategies to the Joint Health and Wellbeing Strategy (JHWS), wherever possible, be supported; • That the two 'embed prevention' themes be aligned as recommended within the report; and • That a quick-focussed engagement exercise during April 2018 in relation to the development of the delivery plans for each priority area be supported. 	
	33b	<p>HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION – PROPOSAL</p> <ul style="list-style-type: none"> • That a workshop, facilitated by the Local Government Association, be held in June 2018; and • That an invitation to the workshop be extended to district council members and healthcare professionals. 	<p>It was not possible to identify a suitable date for the workshop in June 2018 therefore, with the agreement of the Chairman, the event is now scheduled for 12 September 2018.</p> <p>An email appointment was sent to Board members on 6 April 2018.</p>
	33c	<p>HOUSING, HEALTH AND CARE DELIVERY GROUP UPDATE</p> <ul style="list-style-type: none"> • That the progress to-date be noted; and • That an item entitled "Wellbeing Service" be added to the Forward Plan for future consideration. 	<p>The Wellbeing Service has been provisionally scheduled on the Forward Plan for 25 September 2018.</p>

Agenda Item 7

Lincolnshire Health and Wellbeing Board – 5 June 2018

Chairman's Announcements

Lincolnshire Health and Wellbeing Board Annual Report 2017/18

As this is our Annual General Meeting, I think it is important we recognise our achievements during 2017/18, as well as thinking ahead to the opportunities and plans for the coming year. The health and care system in Lincolnshire continues to face a number of significant challenges with increasing demand for services coupled with recruitment and financial difficulties. To address these issues we need to continue to work together to promote greater integration and build closer working relationships to ensure the services we deliver meet the needs of our residents and tackle the factors that affect everyone's health and wellbeing, both now and in the future.

I am therefore pleased to present the Health and Wellbeing Board's first Annual Report (see Appendix A) which highlights the range of work that has been undertaken on behalf of the Board. The report also includes an overview of health and wellbeing in Lincolnshire based on the latest data updates in the Joint Strategic Needs Assessment. I hope partners find this a useful reference document and I would encourage you to share it within your organisations.

A copy of the report will be published on Lincolnshire Health and Wellbeing Board page on the council's website and details shared wider through the HWS newsletter and partnership networks.

Lincolnshire Sustainability and Transformation Partnership – Decision by Lincolnshire County Council Executive – 1 May 2018

On 1 May 2018, the County Council's Executive considered a report on the Lincolnshire Sustainability and Transformation Partnership. The intention of the report was to clarify the relationship between the County Council and the NHS in Lincolnshire.

The Executive expressed its concern that despite considerable effort being expended into producing a Lincolnshire plan for health and care over several years, nothing substantive has yet emerged.

The Executive decided to advise the NHS in Lincolnshire that it is the County Council's view that an external review should be undertaken of the governance arrangements for the Lincolnshire Sustainability and Transformation Partnership to provide:

1. clarity of decision making and accountability;
2. a clear definition of the roles of the partners;
3. effective engagement with democratic processes; and
4. robust oversight of the delivery of the STP plan and associated financial savings and changes in NHS expenditure.

Director of Public Health Annual Report for Lincolnshire 2017

The DPH Annual Report 2017, which reports on the state of the health of the people in Lincolnshire, has now been published and is available to view on the Lincolnshire Research Observatory and the county council's website. This year's report considers two specific areas:

- ***Ageing and Health; the potential of prevention*** – the section considers the relationship between ageing and health. The demographic trend is often described in health and care terms as a significant threat or challenge to the sustainability of local health and care systems. The increase in need and demand for care is often portrayed as the unavoidable scenario to ageing, worsening health and loss of independence. The reports suggest that preventative measures which improve and sustain the long-term health and wellbeing of all local people could provide an alternative scenario in older age.
- ***Health Protection and Communicable Disease*** – the protection of the health of the population from known hazards, and the monitoring of health to identify emerging hazards are cornerstones of public health. Health protection aims to prevent or minimise the harm caused by infectious diseases, as well as diminish the health impacts on non-infectious hazards, such as extreme weather and chemical exposures.

Healthwatch Lincolnshire Report: 'When will I be seen?' – Patients Experience of Accessing GP Appointments

On 16 April 2018, Healthwatch Lincolnshire published '*When will I be seen? Patients Experience of Accessing GP Appointments*'. This report is based on the analysis of the views of patients in October and November 2017, at twelve GP practices, three in each of the four clinical commissioning group areas. The report is available to view at <http://www.healthwatchlincolnshire.co.uk/wp-content/uploads/GPappointmentreportfinal-2.pdf>

The report highlighted eight key messages:

1. Patients need to understand the impact of waiting to see a preferred GP.
2. Patients may need to be more flexible about the days and times of their appointments.
3. Patients welcome online booking and suggest this should be extended to advanced booking.
4. GPs often ask patients to see them '*next week*', but are not always aware of appointment availability. This impacts on the patient's ability to self-monitor.
5. Recognition that some groups of people need more flexibility e.g. working parents and carers.
6. Sit and wait GP telephone triage are well received – patients really like this system.
7. Patients would benefit from understanding the role of reception. For example, initial telephone triage is an important step for patients, signposting to the correct support to meet their needs.
8. Healthwatch Lincolnshire are told that, for many patients, booking a 'routine' appointment to see their GP is taking longer than a few years ago.



Health and Wellbeing Board

Annual Report 2017/18

Foreword

This is our first Annual Report and provides an opportunity to celebrate all the hard work that has been achieved over the past year, as well as looking ahead to some of the opportunities for the coming year.

The health and care system in Lincolnshire continues to face a number of significant challenges with increasing demand, recruitment and financial difficulties. To address the issues we are continuing to work together to promote greater integration and build closer working relationships between health, care and wider partners to ensure services meet the needs of our residents and tackle the factors that affect everyone's health and wellbeing, both now and in the future.

2017/18 has been a busy year for the Board and following the relaunch of the Joint Strategic Needs Assessment (JSNA) in June 2017, top of the list has been the refresh of the Joint Health and Wellbeing Strategy. In developing the new strategy, we have undertaken extensive consultation so that we can be sure we have really listened to the views of people from across the county.

The Better Care Fund (BCF) continues to be an important area of interest for the Board. The two year BCF plan agreed with NHS partners is focused on ensuring we make a positive impact on reducing the number of Delayed Transfer of Care and Non-Elective Admissions. A significant step forward in this area has been the establishment of the Housing, Health and Care Delivery Group. As a sub group of the Health and Wellbeing Board, its aim is to provide strategic direction and governance to the wider Housing for Independence (Hfi) agenda.

Looking forward to the coming year, we will continue to drive integration and closer partnership working in order to make a real difference to the health and wellbeing of the people in Lincolnshire.

Cllr Sue Woolley
Chairman of the Lincolnshire Health and Wellbeing Board

Introduction

The purpose of this report is to reflect on the past year for the Lincolnshire Health and Wellbeing Board and highlight the work that is being done to improve health and wellbeing. The report includes the following sections:

- an overview of some of the achievements during 2017/18
- a look ahead to the plans for 2018/19
- an overview of health and wellbeing in Lincolnshire based on the latest data updates in the JSNA.

1. Lincolnshire Health and Wellbeing Board Achievements 2017/18

1.1 Health and Wellbeing Board Membership Review

The Board agreed in June 2017 to review its membership to ensure it had the right representation around the table to provide strategic leadership across the health and care system and to drive forward the new Joint Health and Wellbeing Strategy. A working group was established to oversee the review and consider the views from existing Board representatives.

The working group recommended extending Board membership to the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board (LCB) to ensure a strategic link with Lincolnshire's Sustainability and Transformation Partnership. The recommendations were endorsed by the Board in December 2017 and formally approved by Council in February 2018 enabling the required changes to be made to the Constitution.

We are pleased to report Stewart Tweedale, Deputy Police and Crime Commissioner (attending on behalf of Marc Jones) and Elaine Baylis, Chairman of the LCB attended their first meeting in March 2018.

1.2 Relaunch of the Joint Strategic Needs Assessment

Following a year-long review, Lincolnshire's refreshed Joint Strategic Needs Assessment (JSNA) went live on the [Lincolnshire Research Observatory \(LRO\)](#) in June 2017. The JSNA is a shared online evidence resource made up of a series of commentaries and data sources which report on the health and wellbeing needs in Lincolnshire. Each of the 35 topic areas assesses the current picture in Lincolnshire and looks ahead at the potential future level of need to help support effective service planning and commissioning.

To help make the JSNA more accessible, 'topic on a page' sheets have been produced using infographics to summarise the key messages in each topic. These have proved a huge success and provided a useful tool to promote and engage stakeholders in the JSNA. The feedback we have received from stakeholders and wider partners has been very positive.

To maintain the enthusiasm in the JSNA, the Board has committed to making the JSNA a 'live' resource by having an annual programme of light touch reviews to update the data. This will be combined with a 3 year rolling programme of in depth reviews which will ensure each topic area has a more comprehensive revision.

At the time of writing this report, 23 of the 35 topics have been updated. An infographic summary of the health and wellbeing in Lincolnshire 2017/18 has been produced, based on the updated evidence in the JSNA. This can be found at the end of this report and will be published on the JSNA front page on the [LRO](#).

1.3 Development of the new Joint Health and Wellbeing Strategy

Alongside the JSNA, a key function of the Board is to produce a Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire. The JHWS is a document that aims to inform and influence decisions about the commissioning and delivery of health and social care services in the county, 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.

Following the relaunch of the JSNA in June 2017, the Board began the process of reviewing Lincolnshire's JHWS. Over the summer we undertook a series of engagement events to gather the views and insights of key stakeholders, partners and members of the public. The work was phased, with four key stages:

- Phase 1: Initial work was 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.
- Phase 2: In order to engage wider stakeholders, seven public engagement events took place across the county from late June to July 2017. The workshops were attended by over 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.

- Phase 3: Review and feedback from the Health Scrutiny Committee for Lincolnshire
- Phase 4: Working with the People's Partnership, we held a focus (reference) group to obtain the views of seldom heard groups and those groups with protected characteristics that we identified within the Equality Impact Analysis (EIA), as potentially being affected by the new JHWS.

The [Developing the JHWS 2018 – Analysis of Engagement](#) report sets out the detailed analysis of the findings from each stage of the engagement. Based on the engagement findings, the key priority areas agreed by the HWB in September 2017 are:

- Adult Mental Health
- Mental Health and Emotional Wellbeing (Children & Young People)
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

In addition to the priorities, the engagement also identified a number of common themes which need to underpin the JHWS. These are:

- Need for better integration with STP plans/priorities including **embed prevention in Integrated Locality Teams across all priority areas.**
- **Build prevention into all pathways** across health, care and education, particularly focusing on inequalities through co-commissioning across partners.
- **Development of joined up intelligence and research** to identify needs and target prevention activity where it is most needed.
- **Support the workforce** through workplace wellbeing and upskilling to recognise opportunities for taking prevention action to improve health (such as through MECC and self-care).
- **Harness digital technology** to provide solutions to support self-care across the priority areas.
- **Ensuring Safeguarding is embedded** into the JHWS as a cross cutting theme ('golden thread') that runs throughout all the priorities.

The Board looks forward to approving the final version of the JHWS and associated priority delivery plans at its meeting in June 2018.

1.4 Pharmaceutical Needs Assessment

The Board has a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA) for Lincolnshire and to publish it every three years. The PNA reports on the present and future needs for pharmaceutical services in Lincolnshire and is used to:

- identify any gaps in current services or improvements that could be made in to future pharmaceutical provision;
- inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people within the resources available;
- inform decision making in respect of new applications made to NHS England by pharmacists and dispensing doctors to provide new pharmacy services.

In line with the regulations, a 60 day consultation exercise on the draft PNA ran between 11 December 2017 and 11 February 2018. The draft PNA was hosted on the County Council's website and invitations to review the assessment and comment were sent to a wide range of stakeholders including all community pharmacies, Clinical Commissioning Groups, Healthwatch, District Councils, the local Medical Committee and the local Pharmaceutical Committee. A number of members of the public also expressed an interest in the PNA and were invited to participate in the consultation, as were a range of public engagement groups. Responses to the consultation were gathered via an online survey.

There were a total of 18 responses and these were analysed and where appropriate, changes made to the PNA document. A [consultation summary report](#) has been produced detailing the feedback and actions taken.

The final PNA document was formally approved by the Board on 27 March 2018. The full document, along with details about the process and consultation findings, can be viewed on the [LRO](#).

1.5 Better Care Fund

The Lincolnshire 2017/18 Better Care Fund (BCF) pooled budget is £226m and remains one of the largest budgets in the country. It includes pooled budgets for Learning Disabilities, Child and Adolescent Mental Health Services (CAMHS) and Community Equipment plus 'aligned' mental health funds from the county council and the four Clinical Commissioning Groups (CCGs).

In addition to the continuation of existing pooled funds, a number of additional funding streams have been allocated as part of the overall £226m total. These increases resulted from:

- inflationary increases in CCG funding, and as a result in the CCG funding for the protection of adult care services;
- the addition of the 'Improved' Better Care Fund (iBCF) funding that was announced in the Chancellor's November 2015 budget, totalling £2.105m in 2017/18;
- the announcement of 'iBCF supplementary' funding in the Chancellor's March 2017 budget. This provides an additional £15.265m in 2017/18.

The requirement to ensure that the funding has a positive impact on performance in the areas of Delayed Transfer of Care (DTOC) and Non-Elective Admissions (NEA) continues to increase. This has been reflected in our thinking and the two year BCF plan agreed with NHS partners.

The BCF Narrative Plan and related planning template for the years 2017-2019 were submitted to NHS England (NHSE) on 11 September 2017 and on 30 October 2017 our plans were formally approved without conditions meaning that:

- our plans have met all national conditions;
- there is an agreed spending plan for the iBCF grant;
- that we have a vision on how we are going to progress to fuller integration of health and care by 2020;
- our plans have been judged as a robust approach to managing risk, including adequate financial risk management arrangements, proportionate to the level of risk in the system.

The Board continues to receive updates on the BCF at each of its formal meetings which includes performance against the agreed targets. Board reports are available on the council's [website](#).

1.6 Housing, Health and Care Delivery Group

One of the statutory functions of the Board is to promote closer joint working and to encourage integrated commissioning. To this end, the Board identified the need for an integrated, strategic approach to housing, health and care, and agreed to establish a dedicated forum, as a sub group of the Board, to progress this important topic. The aim of the Housing, Health and Care Delivery Group (HHCDG) is to provide strategic direction and governance to the wider Housing for Independence (HfI) agenda for Lincolnshire in an integrated and collaborative way.

At the meeting in June 2017, the Board approved proposals on the governance arrangements for the HHCDG. This included appointing Cllr Wendy Bowkett, portfolio holder with responsibility for housing at East Lindsey District Council (ELDC) and a county councillor representative on the Board, as Chairman of the HHCDG. Key areas of work for the HHCDG have included:

a) Moving Forward with Disability Facility Grants (DFGs) Group

The aim of the group is to modernise the DFG process for the benefit of the end user whilst developing and encouraging a more consistent timely response. During 2017 proactive work has seen the development of a single procurement framework agreed by all seven district councils.

In April 2018, we shall go live with a MOSAIC workflow, where all DFG activity (under the BCF) will be captured in one place. This is a significant step forward in understanding the level of demand for DFGs across the whole of Lincolnshire, and is a clear demonstration of the hard work and commitment from the group. Once DFG MOSAIC is live and data is captured it will enable further improvements to be made to the process.

b) Hospital Housing Link Worker

In 2017, the number of DTOC attributed to 'housing', appeared to increase. In order to understand the housing issues affecting residents of East Lindsey and Boston, who are patients at Boston Pilgrim, Skegness and Louth Hospitals, the county council has funded a Hospital Housing Link Worker (HHLW) employed by ELDC. The HHLW took up the post in October 2017.

By the end of February 2018, the HHLW had responded to 18 complex cases. In over half of the cases the patient was homeless on admission or not able to return to their last address because they had no legal right to do so or could pose a risk to others. The HHLW has also highlighted issues regarding communication and accuracy of information. Initial findings suggest that:

- the new Wellbeing Service may be able to support many of the cases seen;
- homelessness is a significant issue requiring more multi-agency case management to assess needs and secure appropriate solutions;
- hospital and housing teams need to work closer together to better understand each other's systems and processes. The Wellbeing Service hospital in-reach work should help with this;
- there is a continued need for the HHLW role to provide capacity to understand needs and signpost them in the appropriate direction.

c) Hoarding

The number of hoarding cases is increasing in Lincolnshire, and in extreme circumstances can potentially lead to someone remaining in hospital longer than they need to. Currently, there is no common countywide approach to hoarding. A hoarding summit was held in December 2017 to gain a better understanding on the scale of the problem in Lincolnshire. The event was attended by a range of key stakeholders

including Lincolnshire Fire and Rescue, safeguarding teams, Adult Care and Community Wellbeing staff and district councils. The event garnered a lot of interest and there is a strong appetite for a countywide approach to hoarding. A task and finish Group will be set up shortly to consider this.

d) ACTion Lincs – Social Impact Bond to Tackle Entrenched Rough Sleeping across Lincolnshire

Lincolnshire has been awarded one of eight social impact bond projects funded through the Government's Homelessness Prevention Programme. ACTion Lincs is the result of collaboration between the seven district councils in partnership with the county council, Lincolnshire Partnership Foundation Trust (LPFT) and charity P3, and supported by a number of other key stakeholders including the Clinical Commissioning Groups, Police and Crime Commissioner, Healthwatch Lincolnshire and the Lincolnshire Credit Union.

The ACTion Lincs project was launched in September 2017 and will support 120 of the most entrenched and vulnerable homeless individuals intensively for a three and a half year period. The model adopts a housing first approach, and will be delivered through genuine collaboration and partnership. A team of specialists including a seconded drug and alcohol recovery worker (Addaction) and a seconded mental health practitioner (LPfT), ACTion Lincs will provide life changing support to the most entrenched rough sleepers across the county.

Crucially, once someone is accepted onto the program, unlike traditional service models they will remain part of the program and support will be provided in any setting; whether that be the street, hospital, prison or home. By offering support over a prolonged period of time, and by being flexible to meet the needs of the people that we are working with, we hope that it will give them the best opportunity of bringing about lasting change.

2. Plans for 2018/19

2.1 Joint Strategic Needs Assessment

The programme of annual reviews will continue in 2018/19 to ensure the data and information within each topic commentary is as up to date as possible. As required, to inform key commissioning activities, more fundamental reviews will be undertaken. These reviews will engage wider partners (expert panels) and seek to gather a range of qualitative and quantitative data and intelligence to inform the review.

Two new topic areas are currently being developed and will be published in the summer, these are:

- **Access to Transport** – the availability and accessibility to transport is an important determinant of health and wellbeing, as transport is fundamentally an enabler of access to services and social opportunities. This topic will focus on factors that may mean an individual, household or community are particularly vulnerable to barriers associated with accessing and using transport – often described as 'transport disadvantaged'.
- **Musculoskeletal (MSK)** – this topic will focus on the leading and most common causes of MSK morbidity and mortality, lower back and neck pain as well as osteoarthritis. The topic will not include osteoporosis, fractures and bone health.

2.2 Joint Health and Wellbeing Strategy

We look forward to formally signing off the final Joint Health and Wellbeing Strategy (JHWS) and accompanying delivery plans in June 2018. Alongside the JHWS we will also put in place a governance and accountability framework which sets out the key principles and approaches to drive forward the ongoing development and delivery of the JHWS. This includes:

- each JHWS priority area will have an identified delivery group which will be accountable to the HWB for delivery against the agreed plans;
- the JHWS will be aligned to the JSNA as a continuous process with periodic review so that the HWB is not restricted to focusing only on priorities which require delivery within a short timescale;
- wider stakeholder engagement will be aligned to the continuous review process for the JSNA and JHWS to ensure the latest evidence is considered through effective engagement with residents and key stakeholders.

Each priority delivery group will be responsible for ensuring appropriate arrangements are in place to enable it to monitor and report progress against the agreed objectives and outcomes in the delivery plans. The monitoring and reporting cycle will be aligned to the JSNA annual review programme and each priority delivery group will be required to report annually to the HWB at the Annual General Meeting in June (starting from June 2019).

Throughout the year, priority delivery groups will have the opportunity to bring strategic matters to the HWB for debate and consideration as part of themed discussions. Networking and engagement events are also planned for 2018/19 to bring together each of the priority delivery groups and to help foster cross working and integration.

2.3 Health and Wellbeing Board Development

A key function of the HWB is to promote and encourage integration across the health and care system, and as a result HWBs are increasingly adopting a more placed based leadership role. The development of the new JHWS and the recent expansion of Board membership provide an opportunity for the HWB to consider its future role in the health and care system in Lincolnshire. To this end, the HWB has invited the Local Government Association to work with the Board as part of their Health and Wellbeing Improvement Programme. A half day facilitated workshop is planned for September 2018 to look at a specific area of improvement for the Board

2.4 Housing, Health and Care Delivery Group

Two immediate areas of focus for the HHCDG in 2018/19 will be:

- **Memorandum of Understanding (MOU) for Housing** – work will continue through the HHCDG to develop a MOU for housing in Lincolnshire. Based on the principles set out in the national MOU (published December 2014), the aim is to develop a shared understanding on the joint action needed to improve health through the home.
- **Task & Finish Group on Hoarding** – working with the Lincolnshire Adults Safeguarding Board, this time limited piece of work will look to develop and adopt a single countywide process to tackling the issue of hoarding.

2.5 Better Care Fund

The requirement to ensure that the funding has a positive impact on performance in such areas as DTOC, reablement and NEA continues therefore during 2018/19. The Board will continue to receive regular monitoring reports against the agreed targets in Lincolnshire's BCF.

Lincolnshire's status within the national context of the BCF continues with its involvement with the NHSE Strategy Team, along with other areas that are advanced in the practice of integrating health and care services. Part of this currently involves a project that looks to produce applicable products which can be used by other areas across the country as part of a wider national development towards integrated systems of care.

2.6 Loneliness and Social Isolation project.

Loneliness and social isolation is a growing problem in Lincolnshire. With changing family and community structures; increasing numbers of people, especially older adults, are becoming socially isolated and lonely. Loneliness and social isolation has been shown to reduce life expectancy and to impact on health and wellbeing for example; leading to greater risk of developing depression, dementia or physical conditions such as high blood pressure.

The Loneliness and Social Isolation project aims to raise awareness of the negative health impacts of social isolation and loneliness among the public (via a robust communication and engagement plan), ensuring we promote our campaign as something that can affect anyone, not just older people.

Working in partnership with the University of Lincoln the project aims to understand:

- How many people in Lincolnshire experience loneliness and social isolation and what this means to them.
- Understand what can work to tackle the issue especially for people aged 65 and under, either in employment or not.
- Provide recommendations on how best to work at a local population level.
- Identify service provision gaps and co-produce services, ensuring they are linked to health infrastructures such as Neighbourhood Teams and the Wellbeing Service.
- Develop in partnership with various size Lincolnshire based organisations, a Wellbeing Toolkit for employers to better understand and support their workforce, especially around loneliness and isolation.

Health and Wellbeing in Lincolnshire 2017/18

Population and Demographics

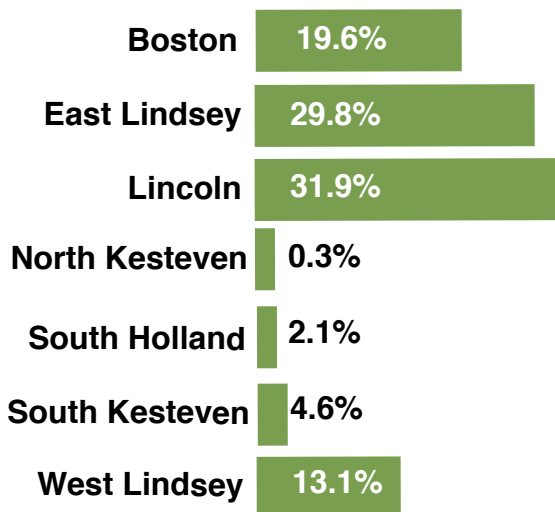


Population and Deprivation

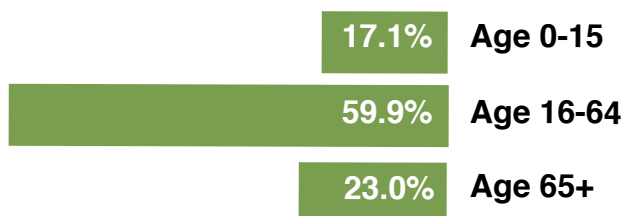
743,413

People are **resident** in Lincolnshire as of **2016**

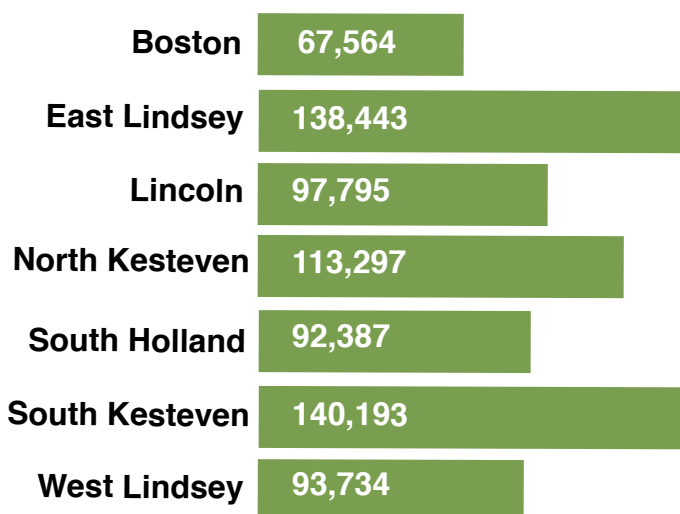
Percentage of residents living in the most **deprived areas** of Lincolnshire, by District authority, **2015**



Resident population in Lincolnshire, by age group as of **2016**

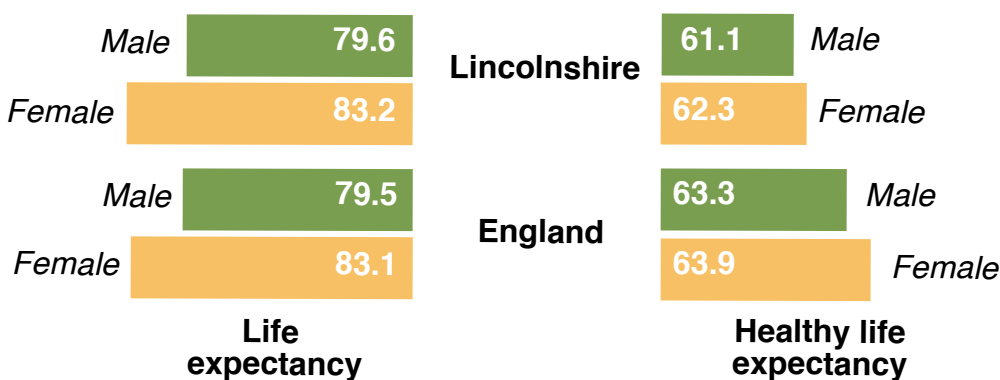


Resident population in Lincolnshire, by District authority as of **2016**



Health statistics

Expected years of life for men and women born between **2014** and **2016**



Life expectancy from birth for Lincolnshire residents is comparable to national estimates and has remained static since 2010

Healthy life expectancy from birth in Lincolnshire is slightly lower than national estimates and has decreased since 2010



7.2

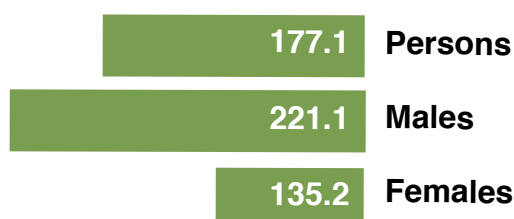
Difference in years of **male life expectancy** at birth between the **most and least deprived** areas of Lincolnshire



5.5

Difference in years of **female life expectancy** at birth between the **most and least deprived** areas of Lincolnshire

Deaths from causes considered preventable (rate per 100,000 residents) in Lincolnshire, by gender between **2014** and **2016**



Preventable mortality In Lincolnshire is higher on average for men than women. Lincolnshire rates are comparably lower than the regional and national estimates

Children and Young People



Maternal health

7,771
babies were born in
Lincolnshire in **2015**



95
or **1%** of babies were born
to mothers aged 15-17



260
or **3%** of babies were born
to mothers aged over 40

In **2015/16**, **14.8%** of mothers were **smokers at the time of delivery**. Lincolnshire figures have been above the national average since **2010/11**



In **2015/16**, **37%** of babies were **breastfed** at 6-8 weeks



over 50%

Rates of **under 18 conceptions** have more than halved across the county between **1998** and **2016**

In **2016**, **2.37%** of full term babies were of **low birth weight** (less than 2,500g)

Lincolnshire **2.37%**

East Midlands **2.77%**

England **2.79%**

Education

69%

of children achieved a good level of development at the end of the **Early Years Foundation Stage (EYFS)** in **2015/16**



67%

of **girls** achieved grade 9-4 GCSEs in English and Maths



60%

of **boys** achieved grade 9-4 GCSEs in English and Maths

In **2017**, **21%** of **Looked After Children (LAC)** achieved grades 9-4 GCSEs in English and Maths



In **2017**, **36%** of children on **Free School Meals (FSM)** achieved grades 9-4 GCSEs in English and Maths compared to their peers

FSM cohort **36%**

Non-FSM cohort **67%**

Mental health & additional needs

48 in 10,000

children aged 0-18 in Lincolnshire were **Looked After Children** in **2017**

During **2016/17**

4,808

referrals were made to Lincolnshire CAMHS service

In **2017**

15.9%

of Lincolnshire pupils have some form of **SEND**

Hospital admissions for **Mental Health** conditions for children aged 0-17 years in **2016/17**

68.9 per 100,000

Lincolnshire

81.5 per 100,000

England

Adult Health and Wellbeing



Risky lifestyle factors

17.7%

of adults in Lincolnshire were regular **smokers** in **2016**

£30.7m

Each year, **smoking** in Lincolnshire is estimated to cost the NHS £30.7 million

2,935

adults were in treatment for **substance misuse** in **2016/17**

223

young people (under 18) were in treatment for **substance misuse** in **2016/17**

Alcohol related hospital admission rates (per 100,000 population) in **2016/17**

Lincolnshire **591**

East Midlands **661**

England **636**



Most common **substances** being treated in **2016/17**

Opiates

33%

Alcohol

29%

Cannabis

12%

Mental health and wellbeing

103,947

number of adults in Lincolnshire estimated to have a **Common Mental Disorder**, based on national rates

6,194

0.79% of registered patients were on the **Mental Health** register in **2016/17**

3,450

requests for social care support from adults presenting with **Mental Health** needs in **2015/16**

Between **2014** and **2016**

During **2014-16** there were **199** deaths due to **Suicide**

10.1 per 100,000

Suicide rates were highest in the **20% most deprived** areas of Lincolnshire

7.9 per 100,000

compared to the **20% least deprived** areas, indicating a clear **inequality gap**

Vulnerable adults and older people

84,045

Estimated number of **unpaid family carers** in Lincolnshire in **2016**, of which **48%** were aged 65 and over

Numbers of people aged 65+ admitted to hospital as a result of **falls** is projected to increase from **3,309** in **2014** to **5,188** in **2030**



There are around 7,500 people with **Autism** in Lincolnshire. Around **5%** of autistic adults receive support from Adult Care

5%

2014

57%

2030



15,000+

estimated number of individuals in Lincolnshire with a **learning disability**

1,800

adults with a **learning disability** that receive support through Adult Care and Continuing Health Care



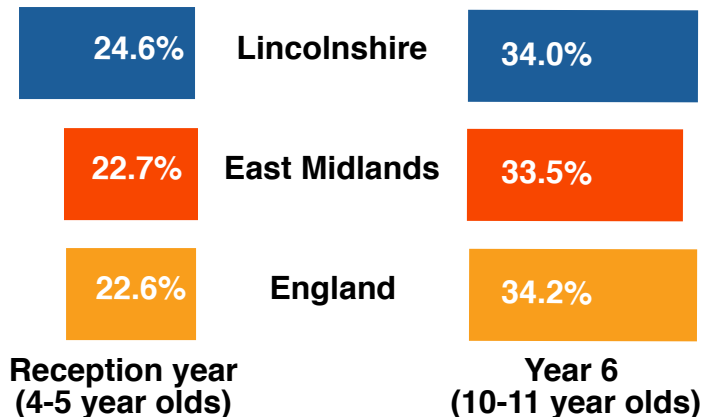
11,688

Estimated number of people aged 65 and over with **dementia** living in Lincolnshire, in **2017**. This accounts for **6.7%** of all adults aged 65 and over



Obesity and healthy living

Prevalence of children who were **overweight or obese** in **2016/17**



In **2016/17** almost two thirds of adults in Lincolnshire were **overweight or obese**, which is higher than the national average of **61.3%** and the highest in the East Midlands



The percentage of adults who were **overweight or obese** has reduced from **66.5%** in **2015/16** to **63.7%** in **2016/17**



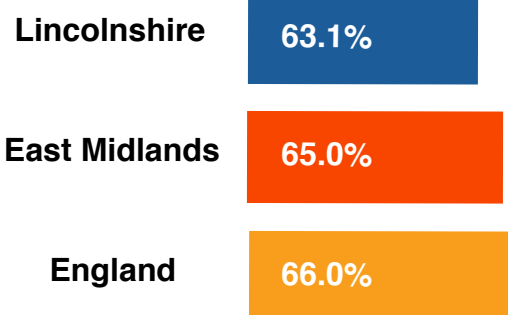
63.1%

of adults (aged 16 and over) in Lincolnshire meet the recommendations for **physical activity** in **2016/17**

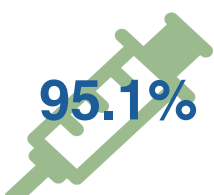
In **2016/17** **58.1%** of adults reported that they had eaten the recommended **5 portions of fruit and vegetables** on a usual day



In **2016/17**, Lincolnshire had fewer **physically active** adults compared to the regional and national averages

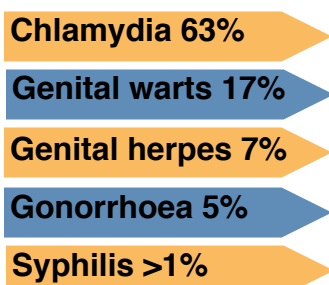


Health protection

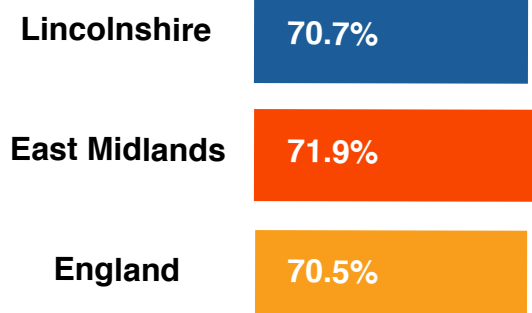


In **2016/17**, uptake of the routine **5-in-1 vaccination** for children at 12 months was **95.1%** in Lincolnshire. This is higher than the national average of **93.4%**

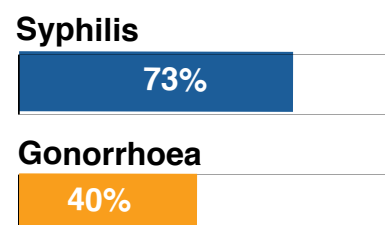
In **2016/17** there were **3,652** new diagnoses of **sexually transmitted infections** (STIs) in Lincolnshire



Population **vaccination coverage of flu** for adults aged 65 and over in **2016/17**



Proportion of **men who have sex with men (MSM)** amongst new STI diagnoses in men in **2016**



0.72 Lincolnshire

1.49 East Midlands

2.31 England

In **2016**, **HIV diagnosed prevalence rate** (per 1,000 residents aged 15-59) was significantly lower in Lincolnshire than regionally and nationally

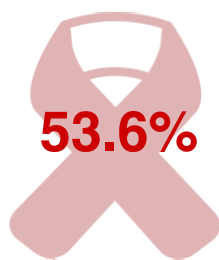
Major Diseases



Cancer

4,767

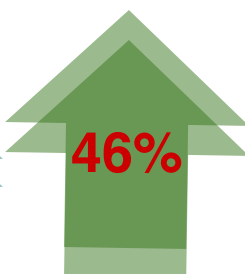
new cases of all **cancers** in Lincolnshire in **2015**. This is equivalent to **593** cases per 100,000 of the resident population



53.6%

In **2016**, **53.6%** of **cancer** patients in Lincolnshire were **diagnosed at stage 1 & 2**, which is comparable to the national average of **53.7%**

Between **2000** and **2015**, **one year survival rates** in Lincolnshire have improved by **21%** for all **cancers** and by **46%** for **lung cancer**



Between **2014** and **2016**

3,017

people aged under 75 in Lincolnshire died from all **cancers**

1,677

of these deaths, **55.6%** were **considered preventable**

Heart diseases



In **2016/17** there were **32,874** people in Lincolnshire on the **coronary heart disease** (CHD) register

Between **2014** and **2016**

1,775

people aged under 75 in Lincolnshire died from **cardiovascular diseases**

1,192

of these deaths, **67.1%** were **considered preventable**



In **2016/17** there were **17,363** people in Lincolnshire on the **stroke** disease register

Between **2014** and **2016**

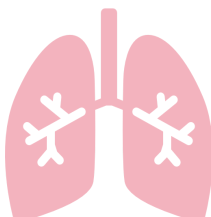


12.6 per 100,000 people aged under 75 in Lincolnshire died from **stroke**



562.6 per 100,000 people aged over 75 in Lincolnshire died from **stroke**

Chronic diseases



In **2016/17** there were **17,478** people in Lincolnshire on the **chronic obstructive pulmonary disease** (COPD) register

Emergency hospital admission rates (per 100,000) for **COPD** in **2016/17**

Lincolnshire

370

East Midlands

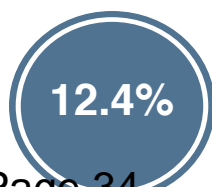
407

England

417



In **2016/17** there were **47,386** people aged 17 and over in Lincolnshire on the **diabetes** register



Page 34

of the population of Lincolnshire (16+) have **non-diabetic hyperglycaemia (pre-diabetes)** and are at risk of developing type-2 diabetes as well as cardiovascular diseases

Wider Determinants of Health

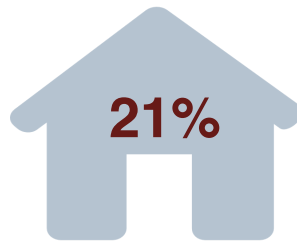


Environmental factors

335,450

Households in Lincolnshire, as of March 2016

Estimated percentage of **private sector housing** stock to have a serious hazard that is likely to cause illness or harm



Statutory homeless households in temporary accommodation (per 1,000 households) in 2015/16

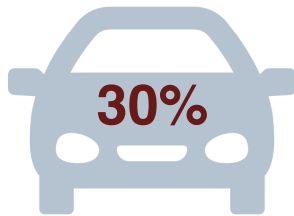
Lincolnshire 0.4

East Midlands 0.4

England 3.1

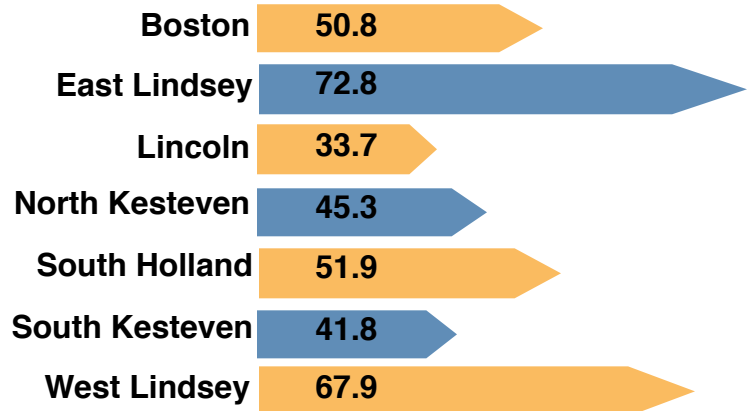
1,158

Individuals killed or seriously injured on Lincolnshire roads between 2014 and 2016. This is equivalent to **54.4 in 100,000 residents**



of all **fatal collisions** on Lincolnshire roads were motorcyclists, despite only making up **1%** of all road traffic

Individuals killed or seriously injured on roads (per 100,000 residents) during 2014-16



Seasonal factors

1,296

Excess winter deaths occurred during December to March over a 3-year period from August 2013 - July 2016



of **excess winter deaths** are estimated to be as a result of **fuel poverty**

38,964

households in Lincolnshire are estimated to be living in **fuel poverty** in 2015. This equates to **12.4%** of all households

Financial factors

15.2% Lincolnshire

15.8% East Midlands

16.6% England

Proportion of children aged under 20 years who live in **low income families** in 2015. This equates to **22,320** children in Lincolnshire

£15,640

Most deprived

£25,933

Least deprived

There is a significant gap in **annual earnings** of £10,000 in Lincolnshire between the **most and least deprived** areas

For more information about Lincolnshire's Health and Wellbeing Board and Joint Health and Wellbeing Strategy, please visit www.lincolnshire.gov.uk/hwb

To view Lincolnshire's Joint Strategic Needs Assessment please visit <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>

Produced May 2018

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 June 2018
Subject:	Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members

Summary:

The Lincolnshire Health and Wellbeing Board (the Board) is required to review its governance arrangements on an annual basis. This paper asks the Board to re-affirm the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities.

Actions Required:

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

1. Background

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

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

In line with the legislation, the Board became a formal committee of the County Council in April 2013. The Terms of Reference and Procedural Rules were formally adopted by the Board in September 2013 and are subject to annual review. The Terms of Reference and

Procedural Rules, along with the Board Member's Roles and Responsibilities and Agenda Management Process, as set out in Appendix A, provide the formal governance arrangements for the Board.

Legislation and statutory guidance pertaining to health and wellbeing boards has not been updated since the Board's formation in 2013. Therefore from a statutory perspective the aim, purpose and functions of the Board remain the same. However, the document has been updated to reflect the recent changes in Board membership which were formally approved by Council on 23 February 2018.

2. Conclusion

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

3. Consultation

Not applicable

4. Appendices

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

5. Background Papers

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

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



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE and PROCEDURAL RULES

June 2018

Next review date June 2019

Lincolnshire Health and Wellbeing Board
Terms of Reference and
Procedural Rules

1. Context

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

2. Aim

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

3. Objectives

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

4. Roles and Responsibilities of members of the Board

- 4.1 To work together effectively to ensure the delivery of the JSNA and JHWS for the benefit of Lincolnshire's communities.
- 4.2 To work within the Board to build a partnership approach to key issues and provide collective and collaborative leadership for the communities of Lincolnshire.

- 4.3 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.
- 4.4 To champion the work of the Board in their wider networks and in the community.
- 4.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be disseminated and actioned to ensure the health and wellbeing of the community of Lincolnshire is improved.
- 4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations of the Board.

In particular, it is the Board's expectations that members will act in accordance with Board member's roles and responsibilities listed later in this document.

5. Accountability

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

6. Membership

- 6.1 The core membership of the Board will comprise the following:
 - Executive Councillor Adult Care, Health and Children's Services,
 - Executive Councillor NHS Liaison and Community Engagement,
 - Executive Councillor Culture & Emergency Services
 - Five designated Lincolnshire County Councillors,
 - The Director of Public Health,
 - The Executive Director of Adult Care and Community Wellbeing,
 - The Executive Director of Children's Services,

- Designated representative from each Clinical Commissioning Group in Lincolnshire,
- Designated NHS England (Area Team LAT) representative,
- One designated District Council representative (representing all seven districts),
- A designated representative from Healthwatch
- The Office of the Police and Crime Commissioner for Lincolnshire
- The Chairman of the Lincolnshire Coordination Board

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

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

7. Frequency of Meetings

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

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

8. Agenda and Notice of Meetings

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

1. Apologies
2. Declaration of member's interests
3. Minutes from the previous meeting
4. Action updates from previous meeting
5. Chairman's Announcements
6. Decision/Authorisation Items
7. Discussion/Debate Items
8. Information Items

All papers to be sent to the Programme Manager Health and Wellbeing 15 working days before the date of the scheduled meeting for approval with the Chairman. The appropriate committee report template should be used.

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

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

9. Annual General Meeting

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

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

10. Quorum

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

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

11. Procedure at Meetings

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

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

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

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

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

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

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

12. Voting

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

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

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

13. Minutes

- 13.1 Democratic Services shall minute the meetings and produce and circulate an action log as part of the agenda to all Core Members.
- 13.2 Democratic Services will send the draft minutes to the Director of Public Health and lead officers within ten working days of the meeting for comment.
- 13.3 The draft minutes, following comment from relevant officers (point 13.2 above); will be circulated to Core Members.
- 13.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.
- 13.5 Democratic Services will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

14. Expenses

- 14.1 Partnership organisations are responsible for meeting the expenses of their own representatives.

15. Declarations of Interest

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

16. Conduct of Core Members at Meetings

- 16.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interest, whether financial or otherwise, rather than for the general public interest.
- 16.2 When at Board meetings or when representing the Board, in whatever capacity a Core Member must uphold the principles of:
 - Selflessness
 - Honesty and Integrity
 - Objectivity
 - Accountability and Openness
 - Respect for Others
 - Cooperation

17. Review

- 17.1 The above terms of reference will be reviewed at the AGM or earlier if necessary.
- 17.2 Any amendments shall only be included by unanimous vote.

DEFINITIONS

Exempt Information

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

Confidential Information

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

Associate Members

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

Health Services

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

Health-Related Services

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

Social Care Services

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

Lincolnshire Health and Wellbeing Board Responsibilities

Key responsibilities of **ALL** board members:

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

All members of the HWB will be expected to

- **Represent** and **speak** on behalf of their organisation or sector;
- Be **accountable** to their organisation or sector when participating in the HWB ensure organisations/sector are kept informed of HWB business and that information from their organisation/sector is reported to the HWB;
- **Support** the agreed majority view when speaking on behalf of the HWB to other parties;
- **Attend** HWB meetings or ensure that a named deputy is briefed when attending on their behalf;
- **Declare** any conflicts of interest should they arise;
- **Read** agenda papers prior to meetings so that they are ready to contribute and discuss HWB business;
- **Work collaboratively** with other board members in pursuit of HWB business;
- **Ensure** that the HWB adheres to its agreed terms of reference and responsibilities;
- **Listen** and respect the views of fellow Board members;
- **Be willing** to take on special tasks or attend additional meetings or functions to represent the HWB.

Key roles and responsibilities of individual core board members:

Core Member	Key Roles and Responsibilities
Lincolnshire County Council Executive members	<ul style="list-style-type: none"> • Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board • Report any issues raised by other members of the Board • Provide strategic direction in relation to Lincolnshire’s Joint Health and Wellbeing Strategy • Report publicly on the work and progress of the Board • Report to Executive on the work and progress of the Board • Promote and ensure co-production of all commissioning plans and proposals
Lincolnshire County Councillor	<ul style="list-style-type: none"> • Report publicly on the work and progress of the Board • Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board

Core Member	Key Roles and Responsibilities
Director of Public Health	<ul style="list-style-type: none"> • Update the Board on public health related activity taking place in Lincolnshire • Report to the Board any relevant information provided from Public Health England (PHE) and report any relevant board matters to PHE • Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents • Lead the revision and publication of the JSNA • Lead the revision and publication of the Joint Health and Well-being Strategy
Adults and Children's Executive Directors	<ul style="list-style-type: none"> • Report on commissioning activity to the Board • Provide relevant information requested by the Board • Contribute to the creation of the JSNA • Have regard to the JSNA and the JHWS when developing commissioning and budget proposals • Report Board activity to assistant directors and heads of service
Clinical Commissioning Group representative	<ul style="list-style-type: none"> • Ensure that the Clinical Commissioning Group members/partners directly feed into the JSNA • Have regard to the JSNA and the JHWS when developing commissioning and budget proposals • Report commissioning activity to the Board • Report Board activity to other Clinical Commissioning Group members
Lincolnshire Healthwatch representative	<ul style="list-style-type: none"> • Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board • Feedback board response to issues raised and activity undertaken • Promote community participation and co-production in support of activity • Ensure evidence from Healthwatch is fed into JSNA evidence base • Report on and from Healthwatch England • Ensure the JHWS reflects the need of Lincolnshire's population • Provide reports to the Board on issues raised by providers or the public of Lincolnshire
District Council representative	<ul style="list-style-type: none"> • Promote the Boards intentions to District Council partners • Ensure evidence from the District Council is fed into JSNA evidence base • Feedback any issues raised by partner districts or the public to the Board
NHS England representative	<ul style="list-style-type: none"> • Update the board on any national Commissioning issues which will affect Lincolnshire's JHWS • Feedback on any issues raised by the Board affecting Lincolnshire to the NHS Commissioning Board • Report on direct commissioning activity • Have regard to JSNA and JHWS when developing commissioning and budget proposals • Provide strategic direction in relation to Lincolnshire JHWS • Provide an opportunity for issues that fall within the Area Team's remit to be reported at a meeting held in public.

Lincolnshire Health and Wellbeing Board Agenda Process

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



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Professor Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	05 June 2018
Subject:	Joint Health and Wellbeing Strategy for Lincolnshire 2018

Summary:

Over the course of the last 18 months the Health and Wellbeing Board has undertaken significant engagement on the development of the new Joint Health and Wellbeing Strategy for Lincolnshire.

Following this work the Health and Wellbeing Board agreed the following priority areas for the new strategy:

- Carers
- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)
- Dementia
- Housing
- Physical Activity
- Obesity

As part of developing the approach to delivery of the new strategy the Health and Wellbeing Board has previously agreed various groups and boards which will form the Priority Delivery Groups for each of the priority areas for the strategy. These groups have initially been tasked to undertake:

- delivery planning in order to capture the specific objectives, deliverables and outcomes for each priority area within the Joint Health and Wellbeing Strategy;
- development of governance and assurance processes to ensure the Health and Wellbeing Board can delegate certain responsibilities regarding the delivery of the strategy to the groups identified;

More recent engagement has also been undertaken to ask people what they feel are the most important actions to take in order to deliver the identified objectives and also what the key outcomes might be for each priority area within the strategy.

The purpose of this report is to:

1. Present the final Joint Health and Wellbeing Strategy document to the Health and Wellbeing Board;
2. Present the latest versions of the delivery plans for each of the respective priority areas within the strategy;
3. Share a proposed Governance and Accountability Framework with the Health and Wellbeing Board for the delivery of the strategy;
4. Provide feedback from the recent engagement on delivery of the objectives.

Actions Required:

1. That the Joint Health and Wellbeing Strategy document is agreed for publication;
2. That the Delivery Plans are agreed as the basis for progressing the delivery of the Joint Health and Wellbeing Strategy for Lincolnshire;
3. That the proposed Governance and Accountability Framework is adopted by the Health and Wellbeing Board;
4. That the feedback from the most recent online engagement is noted.

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 for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

New Joint Health and Wellbeing Strategy

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWB) is due to end 2018. Over the course of the last 18 months the HWB has undertaken significant engagement on the development of the new JHWS, the outcome of which has previously been reported to the Board. In summary the HWB agreed the following priority areas for the new JHWS:

- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)

- Carers
- Physical Activity
- Housing
- Obesity
- Dementia

The HWB also agreed to some high level overarching aims for the JHWS and these were also based on the outcome from the public engagement process. These aims have been set out as a series of statements that the JHWS will...

- have a strong **focus on prevention** and early intervention;
- take **collective action** across a range of organisations to deliver the JHWS;
- focus on **tackling inequalities and equity** of service provision to meet the population needs
- Deliver **transformational change** in order to improve health and wellbeing

In engaging with Priority Delivery Groups there were a number of common themes which emerged and as part of delivery planning each group has identified how their objectives map across to these themes. The common themes around all of the objectives and priorities are to:

- embed prevention across all health and care services;
- develop joined up intelligence and research opportunities to improve health and wellbeing;
- support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;
- harness digital technology to provide people with tools that will support prevention and self-care;
- ensure safeguarding is embedded throughout the Joint Health and Wellbeing Strategy.

Each of the Priority Delivery Groups has, as part of their delivery planning, identified a number of key objectives. These have previously been presented to the HWB and are included in the strategy itself as the core areas for each priority to focus on. Associated Delivery Plans have taken these as their starting point for planning the delivery of the JHWS.

The Joint Health and Wellbeing Strategy for Lincolnshire 2018 is included at **Appendix A** to this report.

Delivery Plans

Each of the Priority Delivery Groups has been working on developing more detailed Delivery Plans for each of their respective priority areas within the JHWS.

In March 2018 the HWB agreed to look in more detail at taking a 'whole system' approach to Obesity. Initial discussions have taken place to start to scope what the objectives might be for this priority and to identify key partners who need to be involved in more detailed delivery planning to tackle the issue of obesity across all ages and communities in Lincolnshire. A Priority Delivery Group and associated Delivery Plan for this area of the JHWS will be developed over the course of 2018/19.

The current Delivery Plans for each of the other priority areas are included at **Appendix B** to this report.

Governance and Accountability Framework

The HWB has previously agreed that lead groups and boards will be tasked with taking ownership of the delivery of the JHWS priorities and wherever possible these have been identified from existing groups already in place. These are to be referred to as Priority Delivery Groups.

As part of adopting this approach previous discussion at the HWB has included the need for a more formalised governance arrangement to be implemented for the strategy which would include regular progress reporting to the Board. This framework should also include a process for the HWB to undertake regular reviews and updates to the strategy following further prioritisation discussions as and when required.

It is also the intention that each of these groups will take a lead role for the JSNA topic areas specific to their priority. Specifically the Priority Delivery Groups will take on the role of 'Expert Panel' for the relevant JSNA Topic area; reviewing the JSNA commentary will include consideration of local views and insight.

The draft Governance and Accountability Framework is included at **Appendix C** to this report.

Feedback from Engagement

In March 2018 the HWB agreed to a further focussed piece of engagement to ensure interested parties have an opportunity to comment and feed into the more detailed delivery planning work. During the engagement in the summer of 2017 there was a strong desire amongst those who were involved in the process that the HWB continues to engage wider stakeholders in the development and implementation of the new strategy.

A short online engagement survey was made available and publicised during April 2018 to ask people what they feel are the most important actions to take in order to deliver the identified objectives and also what the key outcomes might be for each priority area within the strategy.

The summary outcome of this engagement is set out below. These outcomes will be shared and discussed with each of the priority delivery groups to ensure this is built into their ongoing delivery planning where appropriate. Fuller analysis of this feedback will also be published on the Joint Health and Wellbeing Strategy web page on the Lincolnshire County Council website.

There were 38 responses to the online survey; the majority of these were individual responses (71%) with 7 organisational responses. Whilst the fuller engagement report will present these in greater detail, it is perhaps worth noting the 'stand out' themes and considerations from the feedback received as follows:

- Measuring impact, many respondents felt these should be co-developed with those who either have personal experience of the issue (mental health, carers, etc.) or professionals who work with those that do.
- The need to prevent, reduce or minimise the escalation of health and care needs required in future years is seen as vital
- The need to 'Think Carer' and 'Think Family' was echoed throughout the survey feedback.
- Both statutory and non-statutory partners need to work collaboratively together in positive partnership across the full range of objectives.
- There was a lot of support for the identified objectives, with many comments relating to the need to secure additional resources or investment if they are to be successfully addressed.
- Service considerations featured strongly – including identified service gaps, lack of services, underfunding, sustainability and equity in the provision of services across the county.
- Educating and raising awareness of how to improve health and wellbeing. This included improved understanding of the mental health needs of some young people, the general stigma of mental health and the need to sensitively raise issues relating to obesity and physical activity (lack of).
- Guided self-help and an enabling, supportive and non-judgemental approach by professional were all cited as important.
- 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.
- Multi-agency partnerships are key, with integrated services that look beyond simple needs.

2. Conclusion

This reports sets out the final draft JHWS for Lincolnshire and also includes some key areas of work associated with the subsequent delivery of the JHWS which the HWB is asked to consider as part of agreeing the actions.

3. Consultation

Significant engagement has been undertaken by the HWB in developing it's JHWS over the course of the last 18 months.

The Governance and Accountability Framework to support the delivery of the JHWS sets out the clear requirement on each of the Priority Delivery Groups to ensure that engagement is built into their delivery planning, including some core principles of engagement which they will be expected to adopt.

4. Appendices

Appendix A – Joint Health and Wellbeing Strategy for Lincolnshire 2018

Appendix B – JHWS Priority Delivery Plans 2018

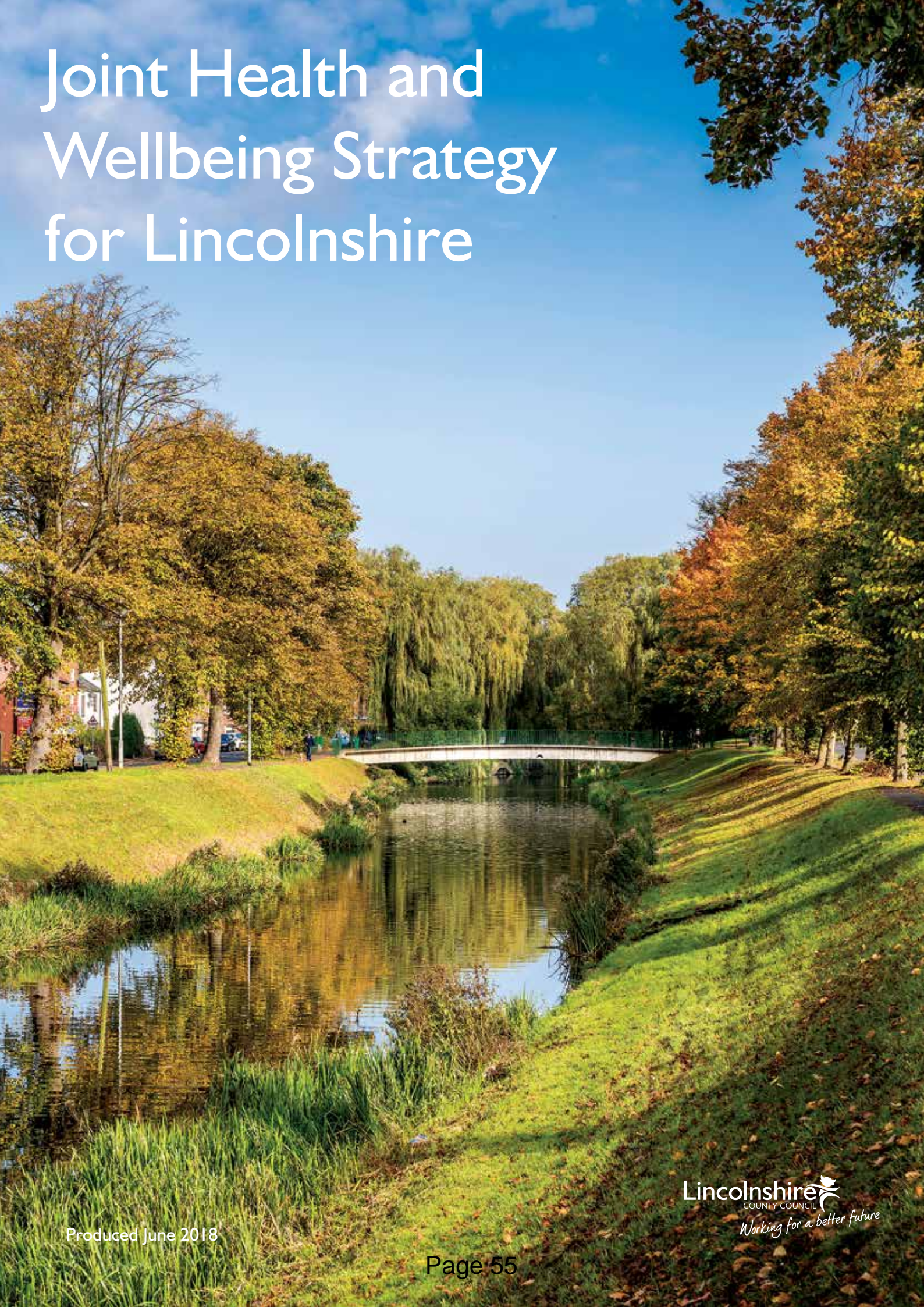
Appendix C – JHWS Governance and Accountability Framework 2018

5. Background Papers

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

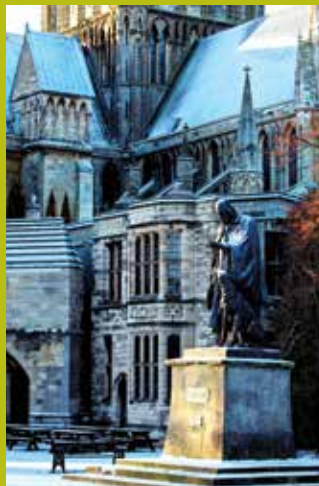
This report was written by David Stacey, Programme Manager for Strategy and Performance who can be contacted on 01522 554017 or david.stacey@lincolnshire.gov.uk

Joint Health and Wellbeing Strategy for Lincolnshire



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FOREWORD

Lincolnshire's Health and Wellbeing Board brings together key people from the health and care system to work together to reduce inequalities and improve the health and wellbeing of the people of Lincolnshire.

The Health and Wellbeing Board is a formal committee of the county council and I am very proud to be the Chairman of this committee. Board members and I collaborate to understand the needs of Lincolnshire communities, agree priorities and encourage the people who make decisions about local health and care services to work in a more joined up way.

This second Joint Health and Wellbeing Strategy for Lincolnshire is important in a number of ways, not least in that it represents a clear direction for all organisations that are tasked with and interested in, the health and wellbeing of people who live and work in the county.

It is also crucial to note that we have not set a timescale for this strategy. This is a conscious decision as it will allow us to focus on longer term aspirational aims and objectives as well as short term actions. It also allows the board to be able to react swiftly to the changing health and wellbeing needs and priorities facing people living and working in Lincolnshire and keep this strategy as current and up to date as possible.

We have undertaken extensive consultation in developing this strategy so that we can be sure we have really listened to the views of people across the county, not just those who work in health and care. This consultation has been very firmly based on the evidence included in the Board's Joint Strategic Needs Assessment which can be accessed on the Lincolnshire Research Observatory website at www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx

We can be sure, therefore, that this document and its associated delivery plans will tackle the issues that are important for people and make a real difference to the health and wellbeing of people in our county.

I would encourage you to use this strategy in whatever way you can to further improve the health and wellbeing of people and communities in Lincolnshire.



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

INTRODUCTION

Under the Health and Social Care Act 2012, the Health and Wellbeing Board for Lincolnshire was established to act as a forum in which those who are responsible for improving and protecting the health and wellbeing of local populations and communities, can do so in a joined up effective way.

As a formal committee of the county council, the Health and Wellbeing Board for Lincolnshire includes representatives from Lincolnshire County Council, NHS Clinical Commissioning Groups, District Councils in Lincolnshire, Healthwatch Lincolnshire and NHS England. More recently, this has been expanded to also include a senior local NHS leader with responsibility for sustainability and transformation planning within the NHS and also our Lincolnshire Police and Crime Commissioner.

The functions of the Health and Wellbeing Board for Lincolnshire are:

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

The Joint Health and Wellbeing Strategy aims to inform and influence decisions about the commissioning and delivery of health and 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.

This Joint Health and Wellbeing Strategy has been developed through a process of analysis and prioritisation by the Health and Wellbeing Board for Lincolnshire as well as through extensive engagement with people who live and work in the county. Both of these are explained in more detail in the next section.

DEVELOPMENT AND ENGAGEMENT

Development of the Joint Health and Wellbeing Strategy

At the outset of developing the new strategy, the Health and Wellbeing Board has adopted some key principles to guide this work as follows:

1. Inclusive engagement that builds public and patient confidence in the process.
2. A rational and transparent process ensuring that competing needs are given a fair hearing.
3. Careful information management ensuring decisions are based on robust information.
4. Decisions are based on clear value choices that are ethical and underpinned by a sound evidence base.
5. Selection of an agreed prioritisation methodology that takes into account the ranking/scoring of a range of factors, or 'criteria'.

During 2017, the Health and Wellbeing Board for Lincolnshire has reviewed the Joint Health and Wellbeing Strategy for Lincolnshire using the updated Joint Strategic Needs Assessment as the primary evidence base. As part of the process, the Board used an agreed prioritisation tool to rank the information in the JSNA into an order of priority.

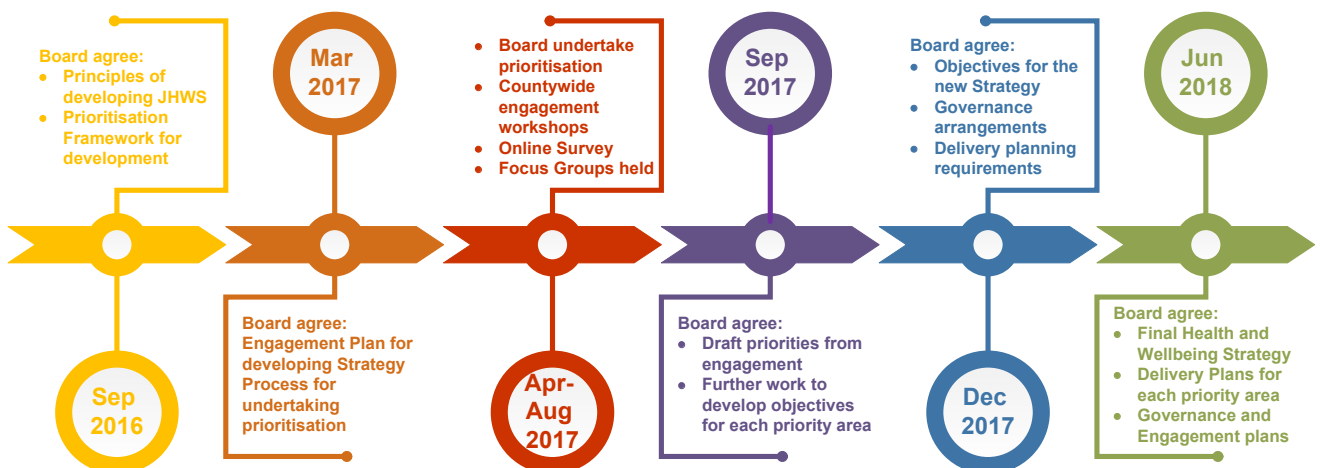
Engagement

Alongside this development, a series of engagement events and opportunities took place in the summer of 2017 to gather the views and insights of key stakeholders, partners and the public. These included workshops around the county, an online survey and specific targeted focus groups.

The engagement was extensive and diverse with more than 400 people directly involved, representing over 100 groups and organisations.

More details about the development of this strategy and the engagement process and results are available through the Health and Wellbeing Board web pages www.lincolnshire.gov.uk/hwb

Joint Health and Wellbeing Strategy for Lincolnshire | Development Timeline



AIMS, THEMES AND PRIORITIES

Across all the development, prioritisation and engagement work undertaken by the Health and Wellbeing Board, there were some consistent and constant priorities, from the evidence included in the Joint Strategic Needs Assessment (JSNA). There were also some very clear aims and themes which have emerged throughout the engagement process which the Health and Wellbeing Board has also captured within the strategy.

Aims

A number of common aims emerged during the engagement process. These include the need for the Joint Health and Wellbeing Strategy to:

- have a strong focus on prevention and early intervention;
- ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver;
- deliver transformational change through shifting the health and care system towards preventing rather than treating ill health and disability;
- focus on tackling inequalities and equitable provision of services that support and promote health and wellbeing.

These form the basis of the overarching aspirations and aims for the Joint Health and Wellbeing Strategy for Lincolnshire.

Themes

The Health and Wellbeing Board has also identified, through further engagement with key organisations responsible for the priorities, some overarching themes for the Joint Health and Wellbeing Strategy.

These are to:

- embed prevention across all health and care services;
- develop joined up intelligence and research opportunities to improve health and wellbeing;
- support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;
- harness digital technology to provide people with tools that will support prevention and self-care;
- ensure safeguarding is embedded throughout the Joint Health and Wellbeing Strategy.

Priorities for Joint Health and Wellbeing Strategy

The priorities the Joint Health and Wellbeing Strategy will focus on are the areas included in the JSNA which the prioritisation and engagement work highlighted as being the most important health and wellbeing issues facing the county.

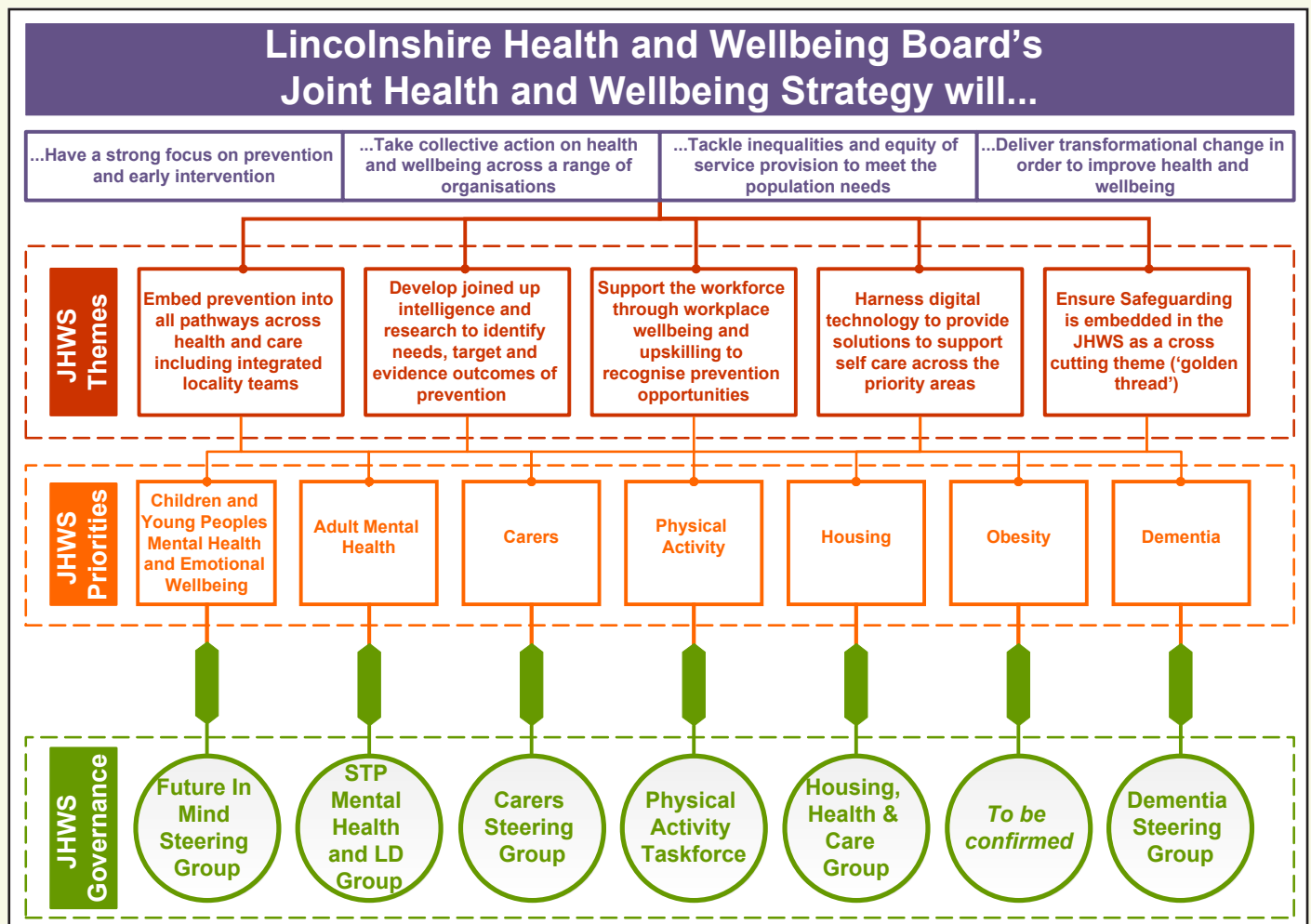
These are as follows:

- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)
- Carers
- Physical Activity
- Housing and Health
- Obesity
- Dementia

The Health and Wellbeing Board has identified a number of relevant boards and groups who will lead each of the priority areas above.

These groups will ensure the objectives of the Joint Health and Wellbeing Strategy are delivered and improve health and wellbeing outcomes identified through their delivery planning.

(More detail on delivery of the strategy and where to find more detailed delivery plans is included in the last section of this document).



PRIORITY - MENTAL HEALTH AND EMOTIONAL WELLBEING (CHILDREN AND YOUNG PEOPLE)



Why is this priority important?

- One in ten young people have a mental health problem; the equivalent of three in every classroom.
- Young people with emotional disorders are more likely to smoke, drink and misuse drugs, miss school and fail in their education. As adults they are more likely to earn less money and experience unemployment.
- Young people attending A&E due to a psychiatric condition has more than doubled nationally since 2010.





Objectives

- Build emotional resilience and positive mental health.
- Action on the wider determinants and their impact on mental health and emotional wellbeing.
- Better understanding of self-harm/suicidal intent in young people.
- Greater parity between mental health and emotional wellbeing as experienced for adults and that of children and young people and between mental health and physical health.
- Ensure that young people have timely access to appropriate crisis services.
- Families of young people with mental health needs are supported.
- Ensure appropriate support services are in place for pupils with a special educational need and/or a disability.

PRIORITY - CARERS



Why is this priority important?

- In the UK three out of five people will become a carer in their lifetime.
- Carers provide unpaid support for people living with a range of long term health conditions.
- Lincolnshire has about 84,000 unpaid family carers aged from 5 to 100, who may care for a few hours a week on top of work or education or care full time.



Objectives

- Early identification of carers from the point of diagnosis and signpost to appropriate support.
- Ensure carers are listened to from the outset, and involved in the care of the person they support.
- Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment.
- Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms.
- Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment.
- Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers.



PRIORITY - OBESITY



Why is this priority important?

- Childhood obesity presents immediate and long-term negative effects on a child's physical and social wellbeing, educational attainment and mental health.
- Obese children and adolescents are more likely to be obese in adulthood, consequently at greater risk of adult health problems such as heart disease and Type 2 diabetes, stroke and cancers.
- Being overweight or obese is a major public health crisis through its link with serious long-term conditions including:
Type 2 diabetes,
heart disease, stroke,
liver disease
and cancer.
- Obesity is estimated as the third largest risk factor for premature death.
- The risk of poor health and well-being outcomes increases sharply with increasing Body Mass Index (BMI).





Objectives

The Health and Wellbeing Board has agreed to look in more detail at this priority area to ensure that a suitable group of stakeholders and partners are brought together to tackle the issue of obesity across all ages and communities in Lincolnshire.

For the time being the Board has agreed some draft objectives as follows:

- Deliver the Healthy Weight in Children Strategic Actions to reduce childhood obesity.
- Improve information and support for people of working age to achieve and maintain healthy weight.
- Support healthy weight in older age.
- Engage with spatial planning and design to develop places that support healthy individuals and communities.
- Establish a Whole System Approach to Obesity.

PRIORITY - MENTAL HEALTH (ADULTS)



Why is this priority important?

- At any one time, one in six adults has a mental health condition, and those with a long term physical condition or learning disability are most at risk.
- Mental health accounts for almost a quarter of NHS activity but only around 11% of the total expenditure.
- Half of mental health issues are established by the age of fourteen, rising to three quarters by the age of twenty four.





Objectives

- Improved preventative services for adults who have mental health needs and their families through closer integration with neighbourhood teams.
- NHS Health Checks – targeting uptake of those with mental health conditions.
- Reducing in-patient numbers (both in and out of county).
- Development of an all-age crisis service going forward.
- Development of better analytical data to identify needs and target service provision more effectively, including improved understanding of the Mental Health Investment Standard and where resources are being targeted.
- Ensure appropriate transport arrangements are available for people with mental health needs, including at times of crisis and/or mental health assessment.
- Development of a new patient-held digital information platform for mental health (including families caring for people with dementia).

PRIORITY - DEMENTIA



Why is this priority important?

- Dementia is a progressive, terminal disease caused when brain tissue is damaged. Symptoms include: loss of memory, mood changes, and communication and reasoning difficulties.
- Dementia is one of the top five underlying causes of death.
- Dementia is the leading cause of death for men and women over 80 years old.





Objectives

- Comprehensive, integrated pathways for timely identification, referral, diagnosis and post-diagnosis support.
- Focused prevention programme for vascular dementia.
- Ensure appropriate support is available for those with dementia under 65 years of age.
- Address the sustainability of future support provision.
- Greater integration and awareness-raising within neighbourhood teams.
- Wider public and professional awareness of dementia to support services in all parts of the community to be dementia friendly.

PRIORITY - PHYSICAL ACTIVITY



Why is this priority important?

- Physical inactivity is the fourth greatest risk factor for premature death. It has a bigger impact than obesity. It is responsible for one in six UK deaths.
- Meeting recommended physical activity levels can cut the risks of: Type 2 diabetes, colon cancer, CHD, stroke, falls and hypertension by at least 30%. Being active reduces the risk of Alzheimer's, osteoarthritis, hip fractures and depression by between 20% and 80%.





Objectives

- Integrating physical activity into pathways and strategic planning (eg clinical pathways, neighbourhood integrated teams, locality teams, district council networks, planning and transport services and Greater Lincolnshire Local Enterprise Partnership).
- Undertaking robust local insight analysis (including population need and service provision). Use the insight to drive developments and service improvements.
- Supporting workforce wellbeing through physical activity and workforce strategy.
- Explore innovation and technology to increase physical activity levels across the county.
- Ensure safeguarding is embedded and considered across physical activity within the county.

PRIORITY - HOUSING AND HEALTH



Why is this priority important?

- Good quality, safe housing and housing related support has a major part to play in improving and maintaining health and wellbeing.
- Lincolnshire has 335,450 households.
- 21% of private housing stock is estimated to have a serious hazard likely to cause illness or harm.





Objectives

- Adopt a whole family approach to tackling housing needs.
- Understand and address housing related delayed transfers of care.
- Ensure supported housing arrangements, across partners, fully support vulnerable people with complex presenting needs.
- Commitment to joint action on a housing Memorandum of Understanding across partners.
- Address poor standards of housing and the level of appropriate housing required.
- Concerted action across partners to tackling homelessness.
- Ensure people have the knowledge and capability to access and maintain appropriate housing.

DELIVERY OF THE JOINT HEALTH AND WELLBEING STRATEGY

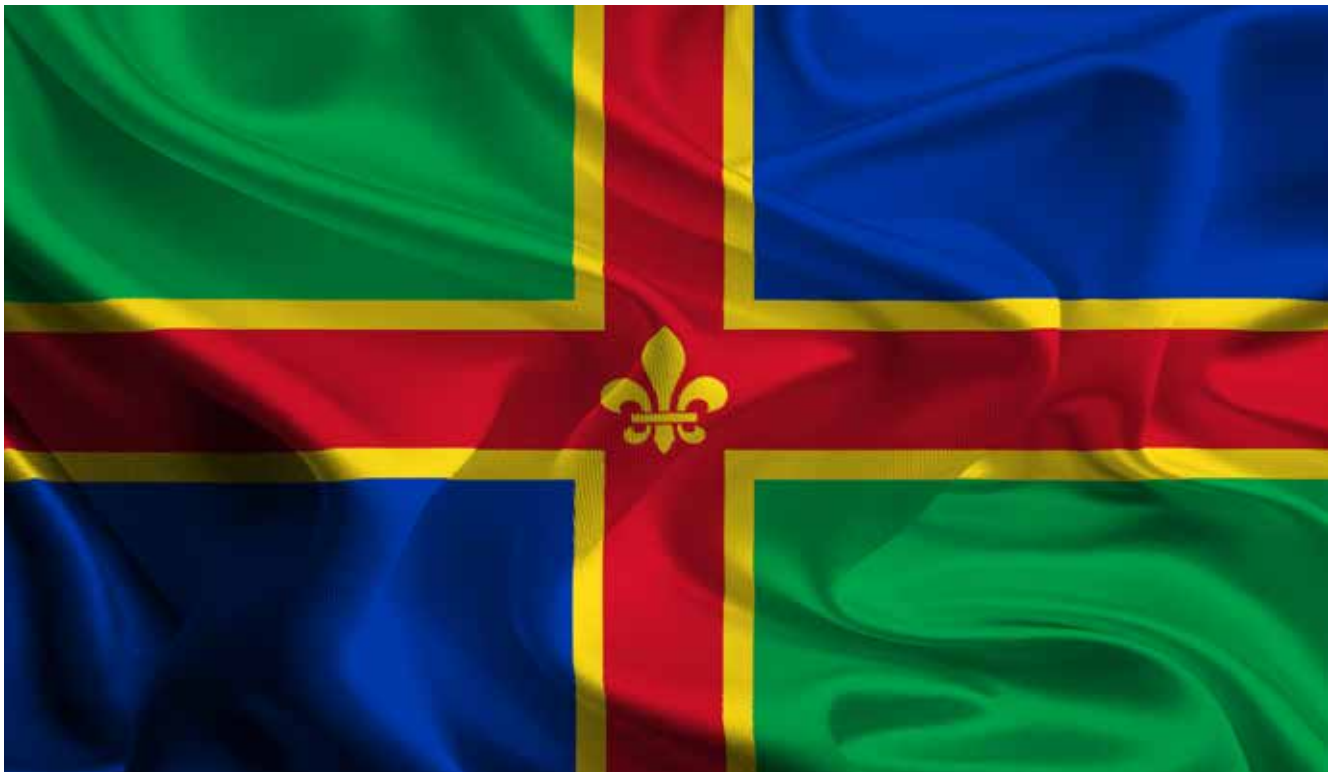
In order to ensure the strategy delivers the objectives identified for each of the priorities, the Health and Wellbeing Board has agreed to hold specific groups accountable for the delivery of the strategy.

These groups have each developed a delivery plan for their respective priority areas. The plans detail the actions, outcomes, timescales and responsibilities for delivering the objectives. They also highlight where specific objectives and actions support the themes for the Joint Health and Wellbeing Strategy as set out earlier in this document.

All of these plans will be available through the Health and Wellbeing Board web pages www.lincolnshire.gov.uk/hwb.

The Health and Wellbeing Board will keep this strategy under review on a regular basis to ensure that as the Joint Strategic Needs Assessment is continuously reviewed, this strategy still focuses on the most important priorities for people who live and work in Lincolnshire.

The decision not to set a timescale for this strategy was consciously taken by the Health and Wellbeing Board to enable the strategy to be aspirational and transformational. It also allows the Board to be able to react swiftly to any changing health and wellbeing needs and priorities, and keep this strategy as current and up to date as possible.





For more information about Lincolnshire's Health and Wellbeing Board and the Joint Health and Wellbeing Strategy, please visit www.lincolnshire.gov.uk/hwb

If you would like to request a copy of the Joint Health and Wellbeing Strategy for Lincolnshire in an alternative format please call: 01522 552222

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Information taken from the published JSNA. For the most up to date JSNA information please visit <http://www.research-lincs.org.uk>



Priority | **Mental Health & Emotional Wellbeing (Children & Young People)**

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
<i>These are the objectives which were agreed previously</i>	<i>What actions/activities will be undertaken? What will be produced or delivered? What resources will be required to ensure these are delivered? Who will lead on particular actions and tasks (e.g. organisations or individuals)?</i>	<i>Please include which themes the objective supports (you can select more than 1 per objective)</i> 1. Embed prevention into health and care pathways 2. Develop joined up intelligence and research 3. Support the workforce 4. Harness digital technology to support self 5. Ensure Safeguarding is embedded in the JHWS	<i>What difference are you trying to make and for whom? How will you know when you have made a difference?</i>	<i>Which organisation or individual will be responsible for the action? Consider including job roles rather than named individuals</i>	<i>What key timescales need to be met to deliver the actions and objectives? Are the objectives short, medium or long term objectives?</i>
Build emotional resilience and positive mental health	Development of accessible information for service users and professionals to understand the specific needs of children and young people in regards to mental	1 & 4	Increased awareness of Mental Health specifically in regards to the	LPfT – CAMHS and Healthy Minds	Ongoing service objectives – as part of Future in Mind Local

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>health and emotional wellbeing, including development of a dedicated CAMHS website, App and leaflets, driven by consultation with children, young people, parents and carers.</p> <p>Training days allocated within the CAMHS revised model to raise awareness with front line practitioners to increase their understanding of mental health issues specifically for children and young people</p> <p>Recruitment of service users to peer supporter roles to work as experts from experience within the service and with partners.</p>		<p>needs of children and young people</p> <ul style="list-style-type: none"> • Service users feel comfortable talking about their needs • Young people are able to recognise that they have a voice and that services are designed to respond to their specific needs • C/YP feel more confident to raise and discuss mental health with their peers parents, carers and professionals • More cross-sector learning and peer to 	CAMHS Participation Lead	Transformation Plan

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<ul style="list-style-type: none"> • child abuse (physical, emotional and/or sexual abuse and/or neglect) • high level use of cannabis in adolescence. <p>This is delivered through specialist Parenting Programmes, Early Help evidence based interventions.</p> <p>Provision of specialist support for those groups of children and young people are at higher risk of mental illness, have specialist access to support: These include:</p> <ul style="list-style-type: none"> • children with a learning disability • children with long-term, disabling physical illness • homeless young people • lesbian, gay, bisexual and transgender (LGBT) young people • young offenders • 'looked after' children • children of offenders. 		<p>bonds with their children and this will support the child's emotional development and resilience</p> <ul style="list-style-type: none"> • Children from higher risk groups receive the interventions they need and are supported at times when their mental health and emotional wellbeing is put under strain • Maternal mental health is supported during pregnancy 	ULHT Midwifery Service	

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	Ensuring that good maternal health during pregnancy and the child–parent relationship during the first few years of life are supported and are able to build resilience and lay strong foundations for future mental health and well-being.		and for the first few weeks after birth to ensure that babies physical and emotional needs are met		
Better understanding of self-harm/suicidal intent in young people	<p>Further development and refinement of pathways including Self Harm, Behaviour and Transition</p> <p>Work with partners to:</p> <ul style="list-style-type: none"> • Raise awareness and campaigning around self-harm • provide access to self-help resources that focus on building resilience in young people • Raise awareness on preventing bullying • assess pathways for support for children who are at risk of self-harm , particularly in vulnerable groups of 	1 & 5	<p>Reduction in A&E attendances and hospital admissions attributed to self-harm and attempted suicide</p> <p>Reduction in suicides of CYP</p>	<p>LPFT</p> <p>LCC Children's Services</p> <p>Suicide Prevention Strategy Group</p>	Ongoing

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	children and young people – youth offenders, children in care, children under the care of people with mental health problems				
Greater parity between Mental Health and Emotional Wellbeing as experienced for Adults and that of Children and Young People and between mental health and physical health	<p>Ensure that children's needs are represented in all age reviews and work programs for example Transforming Care and the crisis review</p> <p>Provide transparency with regard to investment, outcomes and risks.</p>	2, 3 & 5	<p>Children's needs are reflected in the STP</p> <p>Investment is adequate to meet children and young people's needs</p>	CAMHS commissioners in LCC	Ongoing
Ensure that young people have timely access to appropriate crisis services	<p>Delivery of emergency, out of hours and crisis support (Tier 3+) with continuing opportunities to further develop this aspect of the CAMHS according to emerging needs and anticipated national standards</p> <p>Participation in review of crisis service and consideration of any recommendations</p> <p>Implementation of revised Section 136 pathway</p>	3 & 5	<p>Young people have access to timely support when in crisis – Telephone response within 4 hrs of referral and face to face within 24hrs for urgent cases.</p> <p>Reduction in</p>	<p>LPfT and LCC</p> <p>LPfT and LCC</p>	<p>Ongoing service objectives – as part of Future in Mind Local Transformation Plan</p> <p>Summer 2018</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
			<p>the number of children and young people detained under a section 136</p> <p>All young people detained under a section 136 are taken to a health based place of safety.</p>	LCC, LPfT, Police, ULHT	Ongoing service objectives – as part of Future in Mind Local Transformation Plan
Families of young people with mental health needs are supported	<p>Work in partnership with C/YP, their Parents and Carers in reviewing care pathways (such as Behaviour, Self-Harm and Transition pathways) and ensure these meet their needs</p> <p>Identified staff from across key agencies receive appropriate training to improve the skillset of the broader workforce including cognitive behaviour therapy, parenting, enhanced evidence based practice and systemic family practice</p>	1, 2, 3, 4 & 5	<p>Pathways reflect the needs of families as well as individual young people</p> <p>Staff have the skills to deliver appropriate support for families</p>	<p>LPfT</p> <p>LPfT</p>	<p>2018/19</p> <p>2018/19</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>Review the evidence base for parenting programmes to ensure current practice is effective in meeting needs.</p> <p>Wellfamily to be piloted in Gainsborough alongside the Neighbourhood team</p>		<p>Parents are able to access programmes that meet their needs</p> <p>Model will be evaluated for potential roll out</p>	<p>LCC, Children's Services</p> <p>LCC, Public Health</p>	<p>Summer 2018</p> <p>To start Summer 18</p>
Ensure appropriate support services are in place for pupils with special educational need and/or a disability	<p>Portage services provide help to very young children, 0-5 delivering a home visiting educational service for pre-school children with special educational needs disabilities.</p> <p>Review of ASD/ADHD diagnostic pathway, including reviewing the evidence base for delivering post diagnostic support</p> <p>Developing an integrated approach to commissioning and providing service for disabled children and young people and those with special educational needs</p>	1, 2 & 5	<p>Needs are identified and help provided as soon as possible</p> <p>Children and Young People are able to access an effective and timely assessment of their needs</p> <p>Children Young People and their families get the right help in the right place at the</p>	<p>LCC, Children's Services</p> <p>CCGs</p> <p>LCC/CCGs/ Health Providers</p>	<p>Ongoing</p> <p>Draft Specification Summer 18</p> <p>Work Commenced Jan 2018</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
			right time		

Priority | Carers

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
<p>Work with strategic partners to ensure early identification of carers from the point of diagnosis and signpost to appropriate support. (Collaboration)</p>	<p>Development and delivery of a Carer Friendly Community Pharmacy Project. This is an enabler of the Public Health 'Healthy Living Pharmacy' programme.</p>	<p>Themes 1, 5</p>	<p>Trained pharmacy staff at Carer Friendly Pharmacies can proactively identify carers, offer information and signpost.</p> <p>Carers are referred directly to the Lincolnshire Carers Service (LCS) from pharmacies using PharmOutcomes.</p> <p>Increased carers' uptake of the flu jab.</p>	<p>Lead agency: Carers FIRST, with training partner Everyone; in partnership with Lincolnshire Pharmaceutical Committee Pharmacies and Public Health</p>	<p>December 2017 - March 2020</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
<p>Work with health and care professionals to ensure carers are listened to from the outset, and involved in the care of the person they support. (Collaboration)</p>	<p>a. Produce a Lincolnshire draft of the NHS Memorandum of Understanding: 'An integrated approach to the assessment and identification of carers health and wellbeing needs'. To ensure an agreed approach across all Health providers to identifying and supporting unpaid carers in Lincolnshire.</p> <p>Develop a delivery action plan to operationalise the MOU.</p> <p>Resourced by Adult Care & Community Wellbeing, LCC. Policy materials, templates and support from NHS England and ADASS.</p> <p>b. Delivery of the 'Health Engagement' project to work with individual health providers to improve practice with regards to the identification and support of carers. In practice, this will operationalise the principles of the above MOU.</p>	Theme 3	<p>Lincolnshire Health providers & Health commissioner s sign up to the MOU, taking part in delivery actions (e.g. workforce development).</p> <p>Quality Assurance audits and Customer Feedback evidence referral routes, early identification and joint working.</p> <p>Bi-annual Department of Health survey: Adult Social Care Outcome Framework (ASCOF) 3C:</p>	<p>a. Public Health & LCC Carers Commissioner; Carers FIRST, Health providers: NT's, LPFT, LCHS, ULHT, EMAS, LPC, & CCG's. Supported by the Integrated Neighbourhood Working Strategic Group.</p> <p>b. Lead agency: Carers FIRST</p>	<p>a. 2018-19</p> <p>b. 2018-2020</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
<p>Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment. (Collaboration)</p>	<p>Delivery of the national Young Carers in Schools Programme in partnership with the Children's Society and the Carers Trust.</p> <p>Provision of young carer awareness training, support, information and advice. A national award at three levels evidences school competence in supporting young carers.</p> <p>Resourced by Children's Services, LCC with materials from Children's Society & Carers Trust.</p>	<p>Themes 1, 2, 3, 5</p>	<p>No. of Lincolnshire schools with Bronze Award or above; or with a young carer's group.</p> <p>Annual Report 2017-18</p> <p>Case studies</p>	<p>Young Carers Lead, Early Help, Children's Services.</p>	<p>2018-2020</p>
<p>Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms (Early Help and Support)</p>	<p>Carers' health needs are identified through Carer's Assessment using Carer's Star tool.</p> <p>Health outcomes are captured at Review.</p> <p>Explore use of mainstream Health Checks to support carers.</p> <p>Resourced by Adult Care & Community Wellbeing & the Better Care Fund.</p>	<p>Themes 1, 4, 5</p>	<p>Improved carer health outcomes as a result of interventions, evidenced by Carers Star. Health checks include Carers as a targeted group.</p> <p>No. of GP surgeries with a Carers Register</p>	<p>The Lincolnshire Carers Service: CSC SERCO & Carers FIRST.</p>	<p>Ongoing (2018-2020)</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
			Increased take of up of carer flu vaccinations.		
Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment. (Early Help and Support)	<p>a. Deliver the Department of Health & Carers UK Employment for Carers (EfC) Project</p> <p>The project provides information, access to online resources, practical and policy advice for employers to achieve a positive 'carer friendly' HR practice.</p> <p>The project also supports working carers to remain in employment, and unemployed or former carers to return to work.</p> <p>Resourced by the Better Care Fund, with materials and online resources from Carers UK sponsored by Department of Health.</p> <p>b. Continue to deliver the Carers Quality Award (CQA)</p> <p>The project provides Carer Awareness training for employers and health services to ensure their services are accessible and</p>	Themes 1, 3, 4, 5	<p>a. Department of Health bi-annual Survey of Adult Carers in England.</p> <p>No of employers signed up to EfC Forum & online resources.</p> <p>No. of carers supported to retain or access employment.</p> <p>b. Number of services accredited with the CQA</p> <p>Numbers of GP surgeries</p>	<p>a. Carers FIRST, Every-one and LCC Economy and Environment</p> <p>b. Every-One</p>	<p>a. February 2017 – 2020</p> <p>b. November 2017 - 2020</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>inclusive to the needs of carers.</p> <p>Expand the uptake of the CQA.</p> <p>Resourced by the Better Care Fund.</p>		with a Carers Register.		
Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers (Assurance)	<p>Production of the Carers JSNA and annual updates to inform refresh of Carers Commissioning Strategy 2018-20.</p> <p>Annual Carers Report.</p> <p>Refreshed Carers Commissioning Strategy.</p> <p>Continuous improvement of collection and analysis of Commissioning Intelligence (Mosaic performance data, national surveys, carer engagement and all age reporting).</p> <p>Comprehensive reporting from Lincolnshire Carers Service (LCS: Carers FIRST & SERCO) by March 2017.</p> <p>Carers Week Conference with University of Lincoln exploring current carers issues & research</p>	Themes 1, 2	<p>Improved understanding of the needs of different carer groups.</p> <p>Improved public accountability as to how the Lincolnshire Carers Service is supporting carers. Continuous & targeted service improvement, evidenced in the Service Delivery Action Plan.</p> <p>Targeted</p>	LCC Commissioners, Public Health Intelligence, Adult Care Performance, Commercial, Adult Care Quality and Lincolnshire Carers Service	<p>Annually</p> <p>Annually</p> <p>2018-2020</p> <p>Ongoing</p> <p>Carers Week, 12 June 2018</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>priorities.</p> <p>Resourced by Adult Care & Community Wellbeing (and University of Lincoln).</p>		<p>workforce development.</p> <p>Improved outcomes for different carer groups (evidenced by Carers Star).</p>		

Priority | **Mental Health (Adults)**

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
Improved preventative services for adults who have mental health needs and their families through closer integration with neighbourhood teams.	1.Undertake LPFT community services transformation	1, 3 & 5	1.&2. Expand reach & access in neighbourhood teams 3.Improved navigation and 'signposting' 4.Reduce number of suicides 5. Enable people with SMI to find and retain employment 6. increase access to specialist perinatal mental health 7. Access rate to increase to 25%	1.LPFT -Matt Broughton	1.18/19
	2.Undertake LPFT older adults service review			2. LPFT- Alan Pattinson	2.18/19
	3.Utilise and populate the Lincolnshire Library for Health for MH			3.Public Health/MHCC/	3.Dependent on procurement process 18/19
	4.Implement Suicide prevention programme			4.Public Health – Dr Choudhury	4. On-going
	5.Expand Individual Placement Support – NHSE transformation funds secured for 18/19			5. LPFT, Dave Jones	5.Q4 18/19
	6.Expand perinatal services			6.LPFT. Matt Broughton	6.Subject to funds
	7.Increase IAPT patients with long term conditions			7.LPFT	7.2021

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	8.Expand the Managed Care Network		8.Increase mental health self-care and prevention offer by 100%	8.CCGs/LCC/LPFT / neighbourhood teams	8.2021
	9.Implement 'Hoarders' pathway		9. Decrease DTOC's	9.Lisa Loy/MHCCC	9.Q218/19
NHS Health Checks – targeting uptake of those with MH conditions	Identify gap in service	3 & 5	Increase number of health checks receiving mental health services	LPFT / public health / CCG	
Reducing in-patient numbers (both in & out of county)	1.Repatriate out of area mental health patients back to Lincolnshire by focussing on those: a. Rehabilitation b. Complex pathway for females c. With a need for supported housing	1, 3 & 5	1.Eliminate the number of out of area placements by 2021 monitored against NHSE trajectory	1.LPFT/CCG	2021
	2.Reduce LD inpatient bed capacity to 10-15 CCG-commissioned beds per million population, and 20-25 NHS England-commissioned beds per million population		1.& 2.Improve patient experience with more care provided closer to home	2. NHSE / Transforming Care Programme/ CCG	March 2019
	3. Undertake LPFT acute in-patient		3. & 4.	3.LPFT	18/19

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>reconfiguration</p> <p>4. Improve sub-standard estate from dormitories to single occupancy rooms.</p> <p>5. Implement PCDU, Crisis Resolution Home Treatment team expansion and bed managers 7 days a week</p> <p>6. Expand Early Intervention into Psychosis Services</p> <p>7. Expand Crisis Resolution Home treatment team, complete recruitment</p>		<p>Improve the patient environment</p> <p>5. Secure recurrent funding</p> <p>6. 53% experiencing a 1st episode of psychosis begin NICE treatment package of care within 2 weeks of referral</p> <p>7. Increase home treatment</p>	<p>4. LPFT</p> <p>5. LPFT/CCG</p> <p>6. LPFT</p> <p>7. Matt Broughton</p>	<p>18/19</p> <p>Sep 2018</p> <p>Q1 2018</p> <p>Q1 2018</p>
Development of an all-age crisis service going forward	<p>1. Increase occupancy of Crisis Houses</p> <p>2. Implement recommendations from Multiagency Crisis Service Review</p>		<p>1. Review Crisis House contract</p>	<p>1. Lisa Lassmans</p> <p>2. Justin Hackney</p>	<p>1. Sep 2018</p> <p>2. Await publication</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>3. Increase availability and access of Section 12 approved doctors</p> <p>4. Improve availability of AMHPs</p> <p>5. Scope feasibility of adopting High Intensity Network model</p> <p>6. Deliver all age mental health crisis and liaison services including children and young people and older adults</p> <p>7. Improve 'Beyond Place of Safety' facilities</p>		<p>3. & 4. & 5. Improved response time and experience</p> <p>6. Deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals</p> <p>7. Improved privacy, dignity and safety</p>	<p>3. SWLCCG</p> <p>4. Lorraine Graves</p> <p>5. Clare Darbyshire / MHCCC/PCC</p> <p>6. LPFT to submit bid for funds</p> <p>7. MHCCC</p>	<p>3. Q1 18/19</p> <p>4. Q4 18/19</p> <p>5. Q4 18/19</p> <p>6. Nov 2018</p> <p>7. Q1 18/19 subject to funds</p>
Development of better analytical data to identify needs and target service provision more effectively, including improved understanding of Mental Health Investment Standard and where resources are being	To be developed during 2018/19				

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
targeted.					
Ensure appropriate transport arrangements are available for People with Mental Health Needs including at times of crisis and/or mental health assessment.	<p>1.Improve response times for conveying those with MH need</p> <p>2. Improve multiagency response to those in crisis:-</p> <p>a)Triage Car</p> <p>b) MH Nurse in police control room</p>		<p>1.Review EMAS contract</p> <p>2a.Review triage car model</p> <p>2b.Review pilot</p>	<p>1.LWCCG</p> <p>2a. Rachel Redgrave</p> <p>2b. Policing and Crime commissioner</p>	<p>1.Q2 18/19</p> <p>2a. June 18</p> <p>2b. July 18</p>
Development of a new patient-held digital information platform for Mental Health (including families caring for people with dementia)	Seek investment to deliver health digitally and implement a digital health platform		Increase the number of people who self-manage	Dave Smith / Rachel Redgrave	2021

Priority | **Dementia**

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
Comprehensive, integrated pathways for timely identification, referral, diagnosis and post-diagnosis support	<ol style="list-style-type: none"> 1. LPFT to introduce 'dispersed' diagnosis model and standardise coding for dementia 2. LPFT to standardise 'fast track' review pathway 3. LPFT to introduce 'recall' pathway for those diagnosed with mild cognitive impairment 4. LPFT to introduce carer's pathway 5. Promote Joint Dementia Research and increase number of patients on clinical trials 6. Upskill LCHS staff (nurses, ANP's and medics) to facilitate diagnosis using Diadem tool and introduce 'rolling' train the trainer' programme 7. Introduce direct referral from LCHS to memory service 8. Seek permission from GP's for all neighbourhood team to have visibility of dementia diagnosis in System 1 9. CCG's to use dementia datapacks provided 1st April 	1, 2, 3, 4 & 5	<p>Increase DDR; Reduce waiting times: standardise practice; improve coding/ recording of DDR</p> <p>Increase uptake of clinical trials</p> <p>Increase number of people offered cognitive stimulation therapy</p>	<p>1.-5.Steve Roberts</p> <p>5.ULHT/ Tracey McCranor</p> <p>6.Kim Barr, LCHS</p> <p>7.Kim Barr, LCHS</p> <p>8. CCG Dementia Leads</p> <p>9.CCG Dementia</p>	<ol style="list-style-type: none"> 1. Q4 18/19 2. Q3 18/19 3. Q1 18/19 4. Q4 18/19 5. Q4 18/19 6. Q1 18/19 7. Q2 18/19 8. Q3 18/19 9. Q3 18/19

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>2018 to monitor progress across STP footprint</p> <p>10. Implement the ULHT Dementia Care Bundle</p> <p>11. Encourage all wards caring for patients living with dementia to have completed the Carers Accreditation Mark.</p> <p>12. Support 'Johns Campaign' by introducing Carers Badge initiative</p> <p>13. Train GP's, ANP's and LCHS medics</p> <p>14. Find digital solution within System 1 that enables clinicians to ask GP's to add to the DDR</p> <p>15. Optimise screening on admission</p> <p>16. Explore feasibility of crisis response service for dementia, as part of LPFT Older Adults Transformation programme</p>			<p>Leads</p> <p>10. Deborah Bates- ULHT</p> <p>11. Deborah Bates- ULHT</p> <p>12. Deborah Bates- ULHT</p> <p>13. EMCN & CCG Dementia Leads</p> <p>14. Arden Gem</p> <p>15. ULHT/ LCHS</p> <p>16. Rachel Redgrave/ Caroline Nice/ LPFT</p>	<p>10. Q4 18/19</p> <p>11. Q4 18/19</p> <p>12. Q4 18/19</p> <p>13. Q3 18/19</p> <p>14. Q1 18/19</p> <p>15. Q2 18/19</p> <p>16. Q3 18/19</p>
Focused prevention programme for vascular dementia	<p>Refresh and publish dementia strategy</p> <p>Promote and commission services which improve people's health and wellbeing through physical activity, healthy eating and maintaining healthy weight</p>	1		Paul Herniman Public Health	

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
Ensure appropriate support is available for those with dementia under 65 years of age	LPFT to 'pilot' under 65's clinic LPFT to upgrade wards so all in-patient facilities for dementia are single ensuite rooms Offer IPS service to U65's (subject to transformation funds)	1 & 5	Improved quality; improved privacy & dignity	Steve Roberts Ian Jerams	Q3 18/19 Q4 18/19
Address the sustainability of future support provision	<ol style="list-style-type: none"> 1. Implement electronic referral forms to Alzheimer's Dementia Family Support Service from:- <ul style="list-style-type: none"> • Primary Care • LCHS • LPFT 2. Improve 'signposting and navigation to services through' Lincolnshire Library for Health 3. Develop and open the Pilgrim Hospital Dementia Hub 4. Explore feasibility of piloting a dementia community hub in Stamford 5. Produce options appraisal for Lincolnshire Admiral Nurse Service 	1, 3 & 5	Increase number of people supported by Alzheimer's Society: increase number of people on PHB's	1.Nasim Minhas 2.Kirsteen Redmile & LCC 3.Deborah Bates, ULHT 4.Caroline Nice, LCC 5. Gina Thompson, LCC	Q1 18/19 Q2 18/19 Q2 18 19 Q4 18/19 Q4 18/19 Q2 18/19
Greater integration and awareness raising within neighbourhood teams	1.Integrate Alzheimer's Society staff into neighbourhood teams	1 & 3	1.Increase referrals to Alzheimers from neighbourhoo	1.Nasim Minhas	Q4 18/19

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	2. Promote and increase take up of the 'All About Me' Booklet 3. Explore feasibility of allocating care homes to one dedicated GP practice in urban area.		d teams 2. ULHT/ neighbourhood teams 3. Optimise efficiency in primary care	2. Jennie Negus 3. SWLCCG, Dr Baker	On-going Q3 18/19
Wider public and professional awareness of dementia to support services in all parts of the community to be dementia friendly	1. Promote work undertaken by the Dementia Action Alliances 2. Engage with HealthWatch at provider network event April 2018 3. Embed 'Herbert Protocol'	1, 3 & 5	Publish DAA plans Increase number of dementia friendly communities Increase number of Dementia friends	1. Gill Collins 2. Rachel Redgrave 3. LCC	On-going April 2018 On-going

Priority | **Physical Activity**

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
Integrating physical activity into pathways and strategic planning (e.g. clinical pathways, neighbourhood integrated teams, locality teams, district council networks, planning and transport services and GLEP)	<p>Short Term - Year 1</p> <ol style="list-style-type: none"> 1. MSK and current recommissioning of services consider physical activity as part of the pathway 2. Understand recommissioning cycle and priorities to mobilise appropriate dialogue <p>Medium Term - Year 2</p> <ol style="list-style-type: none"> 3. Clear priorities identified and continue dialogue <p>Long term</p> <ol style="list-style-type: none"> 4. Physical activity is part of local strategies and a priority focus for prevention 5. Physical activity is embedded into commissioning pathways 	1	Physical activity embedded into strategies and commissioning pathways. Resource requirements have been identified and investment into physical activity increases across the county	Active Lincolnshire Physical Activity Taskforce Physical Alliance Coordinator	<ol style="list-style-type: none"> 1. Year 1 2. Year 1 3. Year 2 4. Year 3 onwards 5. Year 3 onwards
Undertaking robust local insight analysis (including population need and service provision). Use the insight to drive developments and service improvements	<p>Short Term - Year 1</p> <ol style="list-style-type: none"> 1. Inequalities identified and embed equality and diversity into Active Lincolnshire strategy and 'Task Force' planning. 2. Needs identified and clarity 	2	Insight strategy driving understanding of needs across the county Needs	Physical Activity Taskforce Active Lincolnshire The Physical Alliance	<ol style="list-style-type: none"> 1. Year 1 2. Year 1

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>of understanding across the county</p> <ol style="list-style-type: none"> 3. Shared understanding of the insight we need to gather to tackle health inequalities. 4. Partnership approach to insight 5. Identify one locality and focus population based on insight to test insight model and inform strategy development <p>Medium Term – Year 2</p> <ol style="list-style-type: none"> 6. Smarter investment decisions 7. Less risk averse based on confidence building from insight and knowledge sharing 8. Clarity on gaps and insight requirements to build on short term findings 9. Joint commissioning of insight across the county to identify needs and understanding of each community 10. Use the pilot locality to understand approach to insight and build best practice across 		<p>assessment completed</p> <p>Resources are allocated to drive insight and build knowledge of the county and each Neighbourhood area</p> <p>'Task Force' and the county wide blue print is developed based on the insight.</p>	Coordinator	<ol style="list-style-type: none"> 3. Year 1 4. Year 1 5. Year 1 6. Year 2 7. Year 2 8. Year 2 9. Year 2 10. Year 2

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>Neighbourhood teams</p> <p>Long term</p> <p>11. Insight is driving investment and development of physical activity across the county – reducing inequalities</p> <p>12. Creative and innovative / research focused and evidence based</p> <p>13. Best practice approaches are embedded across the Neighbourhood teams</p> <p>14. Joint working to continue to build insight and be community led</p> <p>15. Each locality has clear insight and understanding of needs</p>				<p>11. Year 3 onwards</p> <p>12. Year 3 onwards</p> <p>13. Year 3 onwards</p> <p>14. Year 3 onwards</p> <p>15. Year 3 onwards</p>
Supporting workforce wellbeing through physical activity and workforce strategy.	<p>Short Term - Year 1</p> <p>1. Audit of existing workforce - sport and physical activity sector - to meet needs of priority groups</p> <p>2. Employment (Public and Private) sector audit. Including pilot workplace champion programme aligned to MECC</p> <p>3. Voluntary and community sector – workforce audit (Including non-traditional</p>	3	Workforce plan / strategy including investment into workforce development Training completed and audited / evaluated Up-skilled workforce – audit	Physical Activity Taskforce Active Lincolnshire The Physical Alliance Coordinator	<p>1. Year 1</p> <p>2. Year 1</p> <p>3. Year 1</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>partners)</p> <p>Medium Term - Year 2</p> <ol style="list-style-type: none"> 4. Clear understanding of workforce needed for priority groups 5. Links to organisational strategies 6. Workplace champions embedded across the county - including clinical and non-clinical aligned to <p>Long term</p> <ol style="list-style-type: none"> 7. Workforce countywide strategy in place 8. Investment for workforce development in place 9. Investment into physical activity and workforce 				<ol style="list-style-type: none"> 4. Year 2 5. Year 2 6. Year 2 7. Year 3 onwards 8. Year 3 onwards 9. Year 3 onwards
Explore innovation and technology to increase physical activity levels across the county	<p>Short Term - Year 1</p> <ol style="list-style-type: none"> 1. Link with 'Task force' development and review needs / best practice locally and nationally <p>Medium Term - Year 2</p> <ol style="list-style-type: none"> 2. Clear understanding of where technology could be utilised and explore potential developments and investment opportunities 	4	Resources and investment identified and technology is used in promoting and engaging the county to move more	Physical Activity Taskforce Active Lincolnshire The Physical Alliance Coordinator	<ol style="list-style-type: none"> 1. Year 1 2. Year 2

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>Long term</p> <p>3. Technology is being embedded into physical activity development across the county</p>				3. Year 3 onwards
Ensure safeguarding is embedded and considered across physical activity within the county	<p>Short Term - Year 1</p> <p>1. Embed safeguarding into workforce development</p> <p>Medium Term - Year 2</p> <p>2. Safeguarding is a 'golden thread' in all strategy development and countywide planning</p> <p>Long term</p> <p>3. Safeguarding continues to be a 'golden thread' in all developments and continuing improvement planning is in place</p>	5	Resources identified and training requirements through workforce development and county wide planning.	Physical Activity Taskforce Active Lincolnshire The Physical Alliance Coordinator	<p>1. Year 1</p> <p>2. Year 2</p> <p>3. Year 3 onwards</p>

Priority | **Housing and Health**

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
<p>Our shared commitment to joint action across local government, health, social care and housing sectors, in Lincolnshire through an agreed Memorandum of Understanding</p>	<p>Host a targeted workshop to jointly develop and create a MoU with all members of the HHCDG (invite representative member of the HWB)</p> <p>Agree an action plan with measurable outcomes</p> <p>Ensure the HWB signs off the MoU</p> <p>Agree and appoint champions members of the HHCDG to act as the voice for Lincolnshire ensuring that we are committed to be the collective voice to seek appropriate support to help the housing market especially for specialist housing for disabled people</p> <p>Ensure information sharing arrangements are in place to support closer working, problem solving and escalation processes</p> <p>Ensure the MoU covers key areas of legislation such as the</p>	<p>1, 2 & 5</p>	<p>A formal signed MoU in place</p> <p>Measurable outcomes such as tasks that will:</p> <p>Review the effectiveness and positive impact the HHCDG has made</p> <p>Adopt a positive culture regarding funding and budget savings "we are in it together"</p> <p>Capture areas</p>	<p>Cllr Bowkett</p> <p>Derek Ward</p>	<p>July/Sept 2018</p> <p>Agree yearly dates for annual effectiveness review.</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	Homelessness Reduction Act 2017		<p>of improved practise due to the HHCDG for example development work identifying invisible young carers</p> <p>Evaluate core areas of work which require housing health and care colleagues to joint work such as DFG</p> <p>Clear objectives and understanding of a shared responsibility of housing.</p>		
Adopt a whole family approach to tackling housing needs.	Embrace opportunities such as the New Wellbeing service to embed a whole house approach.	1, 3 & 5	Create housing champions in neighbourhood		2019

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>Develop and influence a whole house approach with-in the neighbourhood teams</p> <p>Work with MECC to develop a Whole Housing Approach Toolkit and awareness training package which includes an area of safeguarding training.</p> <p>Work with the young carer's service to plan how to identify the hidden young carers whom are invisible to in the housing process</p> <p>Proactively work towards a county wide consistent approach to working with under 25's looked after children, example all DC helping their housing issues i.e.: council tax.</p>		<p>d teams and wellbeing service.</p> <p>Deliver MECC training to a targeted number of people.</p> <p>Number of young people identified as a YC.</p> <p>Develop and create New pathways for dealing with YC amending polices as required.</p>		
Concerted action across partners to tackling homelessness	<p>Explore and promote the opportunity for a standalone topic for JSNA for homelessness.</p> <p>Gather the correct expert's together to strategical plan and agree</p>	1, 3 & 5	Develop and embed county wide process plan for dealing with	Amanda Pauling	2018/19

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>governance and accountability for homelessness agenda ensuring that we have one strategic plan and a joint approach to tackling the issues especially those in the city centre of Lincoln.</p> <p>Strengthen the understanding of Homelessness and self-neglect to ensure that vulnerable people are safeguarded</p>		<p>Homelessness</p> <p>Develop a strong collaborated communication strategy which educates and promotes positive action to support this agenda</p>		
<p>Ensure people have the knowledge and capability to access and maintain appropriate housing</p>	<p>Develop and Embed a Sustainable Housing Plan for vulnerable people (including those with mental health needs) and young people which would see the introduction of multi-agency meetings before evictions especially for those who are known to adult social care and would have a safeguarding concerns</p> <p>Connect to the Financial inclusion partnership board FIP for joint working and collaboration.</p> <p>Explore support and advice to</p>	<p>1, 3 & 5</p>			<p>2018/19</p>

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>private sector landlords to reduce evictions</p> <p>Work with DWP to ensure vulnerable people are supported through the implementation of Universal Credit</p>				
Review supported housing arrangements across partners to support vulnerable people with complex presenting needs, (including extra care and DFG)	<p>All stakeholders and partners to contribute and agree with a proactive programme to deliver much needed extra care beds</p> <p>Improve and deliver quicker adaptations:</p> <ul style="list-style-type: none"> • Agree a county wide schedule of rates for Lincolnshire to drive improvements • Work with the Moving forward DFG group to identify top 5 actions and recommendations as published by Foundations. • Action plan phase two of Mosaic to improve pathways and intelligence supporting DFG • Embrace and adopt a culture change which is dissolved and extended to other staff regarding 	1, 2, 3 & 5	<p>Improved time scales and process</p> <p>Improved joint working for BCF outcomes</p> <p>Improved evidence of data to drive improvements</p>	Moving Forward DFG Group	Sept 2018

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>the "we are in it together"</p> <ul style="list-style-type: none"> • Celebrate success and promote good practise. • On a local level for Lincolnshire address the current Inequalities on who is eligible for DFG for example those in council property (some of the poorest people in our communities) through their landlord HRAs pay for adaptations but tenants in the RP sector receive adaptations out of general taxation. 				
Understand and address housing related delayed transfers of care	<p>Develop a hoarding protocol and policy to understand and address the demand hoarding presents to DTOC</p> <p>Review and evaluate learning from the Hospital housing Link worker</p> <p>Develop Key contacts list for staff to use and help navigate the Housing Health and Care arena.</p> <p>influence the Public health intelligence team to deep dive into the data and intelligence presented</p>	1 & 2		<p>Lisa Loy</p> <p>Rachel Redgrave</p> <p>Sem Neal</p>	2018/19

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	<p>by DTOC</p> <p>targeted work with LPFT to created new Housing pathways</p>				
Addressing poor standards of housing and the level of appropriate housing required	<p>1. Influence investment and consideration to a using funds opportunities to address poor houses</p> <p>2. Use the research and evaluation from Healthwatch to demonstrate how poor housing impacts on your health.</p> <p>3. Develop and Embed a Sustainable Housing Plan for vulnerable people, this will identify each vulnerable person and capture the barriers presented. The plan would be based on the same principles of the homelessness housing plan</p> <p>4. Poverty and poor housing standards are prevalent in all districts with often and notably in the private rented sector (not always) as a newly established</p>	1, 2, 3 & 5		Housing, Health and Care Delivery Group	2019

Objective	Key Deliverables/Actions	Linked Theme	Outcome	Lead Responsibility	Timescale
	group we should work towards and encourage a collective approach to this. A action should be to influence and embed suitable initiatives about tackling rogue landlords, promoting good landlord schemes				

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Joint Health and Wellbeing Strategy Governance & Accountability Framework

1. Purpose

This Governance and Accountability Framework sets out the key principles and approaches adopted by the Lincolnshire Health and Wellbeing Board (HWB) to drive forward the ongoing development and delivery of the Joint Health and Wellbeing Strategy for Lincolnshire.

The information provided in this document is intended for the JSNA Topic Leads/JHWS Lead Officers and JHWS Priority Delivery Groups. It provides guidance on the key processes underpinning the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). Links to further information and guidance is provided where necessary.

2. Background

2.1 Context

The Health and Care Act 2012 places an equal and joint duty on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the HWB in line with the Statutory Guidance.¹

The purpose of the JSNA and JHWS is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – with the core aim of *'developing local evidence based priorities for commissioning which will improve the health and wellbeing of the population and reduce inequalities.'*

2.2 Joint Strategic Needs Assessment

The JSNA is an assessment of the current and future health and care needs in Lincolnshire. It brings together a wide range of national and local quantitative and qualitative data, information and intelligence into an overarching evidence base. It is used by the HWB to inform the development of the JHWS and provides evidence to support the planning and commissioning of health and care services.

Lincolnshire's JSNA is presented as a series of commentaries based around 35 topic areas and it is published as an interactive web resource on the [Lincolnshire Research Observatory](#). A fundamental review of the JSNA was undertaken in 2016/17 and an annual review programme has been put in place to ensure the JSNA is maintained as a 'live resource'.

2.3 Joint Health and Wellbeing Strategy

¹ Department of Health (2013), Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, available to access at <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

During 2017, the HWB undertook a series of engagement opportunities to review the evidence in the JSNA and identify the priorities for the JHWS from 2018. The [Developing the JHWS 2018 – Analysis of Engagement](#) report sets out the detailed analysis of the findings from each stage of the engagement. Based on the engagement findings, the key priority areas agreed by the HWB in September 2017 are:

- Adult Mental Health
- Mental Health and Emotional Wellbeing (Children & Young People)
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

In addition to the priorities, the engagement also identified a number of common themes which need to underpin the JHWS. These are:

- Need for better integration with STP plans/priorities including **embed prevention in Integrated Locality Teams across all priority areas**;
- **Build prevention into all pathways** across health, care and education, particularly focusing on inequalities through co-commissioning across partners;
- **Development of joined up intelligence and research** to identify needs and target prevention activity where it is most needed;
- **Support the workforce** through workplace wellbeing and upskilling to recognise opportunities for taking prevention action to improve health (such as through MECC and self-care)
- **Harness digital technology** to provide solutions to support self-care across the priority areas;
- **Ensuring Safeguarding is embedded** into the JHWS as a cross cutting theme ('golden thread') that runs throughout all the priorities.

3. Governance Arrangements

The HWB has a statutory duty to develop the JHWS based on the assessment of need in Lincolnshire's JSNA. Through the JHWS, the role of the HWB is to provide strategic leadership across the health and care system by ensuring organisational commissioning plans take account of the JHWS priorities and by encouraging HWB partners to maximise opportunities for joint working and integration.

In order to deliver the priorities in the JHWS the HWB agreed at its meeting in December 2017 that:

- Each priority area would have a robust delivery plan formalised through the governance structures set out in Appendix A.
- The identified Delivery Group will be accountable to the HWB to ensure their plans are delivered
- The JHWS would be aligned to the JSNA as a continuous process with periodic review so that the HWB is not restricted to focusing only on priorities which require delivery within a short timescale.

- Wider stakeholder engagement will be aligned to the continuous review process for the JSNA and JHWS, shown in Appendix B, to ensure the latest evidence is considered through effective engagement with residents and people who work in Lincolnshire.

As a key delivery mechanism for the JHWS, each JHWS Priority Delivery Group (as identified in Appendix A) will be accountable to the Health and Wellbeing Board for meeting the priorities and objectives set out in the JHWS delivery plans. Each Priority Delivery Group will therefore need to adopt the principles set out in this document and reflect the roles and responsibilities, detailed in Appendix C, in their Terms of Reference.

4. Monitoring & Reporting

Each Priority Delivery Group will be responsible for ensure appropriate arrangements are in place to enable it to monitor and report progress against the agreed objectives and outcomes in the delivery plan. The monitoring and reporting cycle is aligned to the ongoing JSNA review programme and each Priority Delivery Group will report annually to the Health Scrutiny Committee (HSC) for Lincolnshire and the HWB (at the AGM in June) using a standard JHWS Highlight Report template provided by the Central Programme Team.

As part of the reporting, the Priority Delivery Groups will be required to provide the HSC and HWB with assurance that partners and stakeholders have been involved in the processes using the engagement principles outlined in Section 5. Appendix C illustrates the planned reporting approach to the HWB.

Throughout the year, Priority Delivery Groups will have the opportunity to bring strategic matters to the HWB for debate and consideration as part of themed discussions; the exact format of this approach is yet to be defined. Improvement work, facilitated by the Local Government Association over summer 2018, will help to shape the approach. For further information and guidance on tabling an agenda item at a HWB meeting, contact the Programme Manager Health and Wellbeing or email hwb@lincolnshire.gov.uk.

5. Stakeholder Engagement

5.1 Context

This section outlines an approach to engagement that:

- enables the HWB to be clear and transparent about how the Priority Delivery Groups are to involve and engage stakeholders including patients, service users, carers and the public in priority setting and delivery planning/implementation;
- sets out the HWB's approach and underlying principles regarding JHWS engagement, which will also support engagement and involvement in the JSNA;
- ensures an ongoing process of engagement runs throughout the lifetime of the JWHS.

5.2 Principles of engagement

In implementing the JHWS, the HWB's expectation is that all Priority Delivery Groups are committed to the principles listed in Appendix D and will look to embed them in their in their engagement planning and delivery.

One of the principles is to ensure there is a solid evidence base; using all available research, knowledge and community intelligence in planning engagement activities. Engagement activities should be inclusive with the results of engagement activities used to shape the JSNA and JHWS, to help inform the commissioning of services and interventions.

5.3 Aligning engagement to the JSNA review programme

Given that the monitoring and reporting cycle for the Priority Delivery Groups is aligned to the ongoing JSNA review programme, with each Group reporting annually to the HWB at the AGM in June, the Priority Delivery Groups will need to ensure that engagement processes are timed to align with the JSNA yearly review process.

Given the Priority Delivery Groups are to take on the role of 'Expert Panel' for the relevant JSNA Topic area, reviewing the JSNA commentary will include consideration of local views and insight. Specifically, it includes detailing:

- Key messages from stakeholder engagement/consultation events;
- Those partner organisations/services that support the topic/priority area
- Any other key partner/organisations which might hold local knowledge and data;

Expert Panel members will need to collate and interpret existing local intelligence. Where local insight/data is scarce identify ways of filling any knowledge gaps, for example by undertaking a ['Call for Evidence'](#).

Undertaking such engagement exercises provides an ideal opportunity to 'test out' the extent to which key stakeholders, including the wider population, agree with the objectives and priorities in the delivery plan. In the spirit of the JHWS being an ongoing strategy which will be reviewed and revised, engagement processes need to demonstrate they are embedded, ongoing and timed to support the JSNA review processes. In this way, not only can progress and impact of the Strategy be considered and evidenced, but it also enables the HWB to take account of evidence of future needs.

5.4 Action planning for effective engagement

Moving forward, each Priority Delivery Group needs to consider and specify how they will actively encourage the involvement and engagement of key identified stakeholders in their work. This needs to include action planning on a number of fronts to:

- Determine who needs to be involved and engaged in shaping, refining and delivering the priorities and objectives;
- What tools and methods will be used to identify and target stakeholders, including patients, service users, carers and the public;
- How they will ensure the needs/views of 'seldom heard' groups are included (including considering how delivering their objectives impacts on those with Protected Characteristics);

- Ensure appropriate mechanisms/routes are in place to considered and communicated with stakeholders (including 'closing the loop' so those involved receive feedback on action/impact);
- Ensure that as the 'Expert Panel', they use the information gathered to develop a local narrative describing the current and future needs in Lincolnshire (*to be captured in the JSNA topic commentary*).

Each Priority Delivery Group might want to consider identifying an engagement lead to coordinate activities. They should also consider developing an Engagement Plan outlining what, when and how engagement will be undertaken.

6. Support & Guidance

Given that the statutory guidance on the JSNA and JHWS requires local views regarding needs to be taken into, it is therefore important that engagement and consultation activities comply with laws and regulations regarding equalities duties², consultation responsibilities³ and managing personal data⁴. The Central Programme Team will be able to provide support and guidance on these matters.

In addition, taking account of Lincolnshire County Council's Engagement Strategy 2018-2023⁵, policy advice regarding engagement and consultation activities can also be sought from LCC's Community Engagement Team.

7. Key Contacts

Alison Christie Programme Manager Health and Wellbeing	Alison.christie@lincolnshire.gov.uk 01522 552322
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David Stacey Programme Manager Performance and Strategy	David.stacey@lincolnshire.gov.uk 01522 554017
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Generic Email addresses:

For information and advice on the JSNA JSNA@lincolnshire.gov.uk

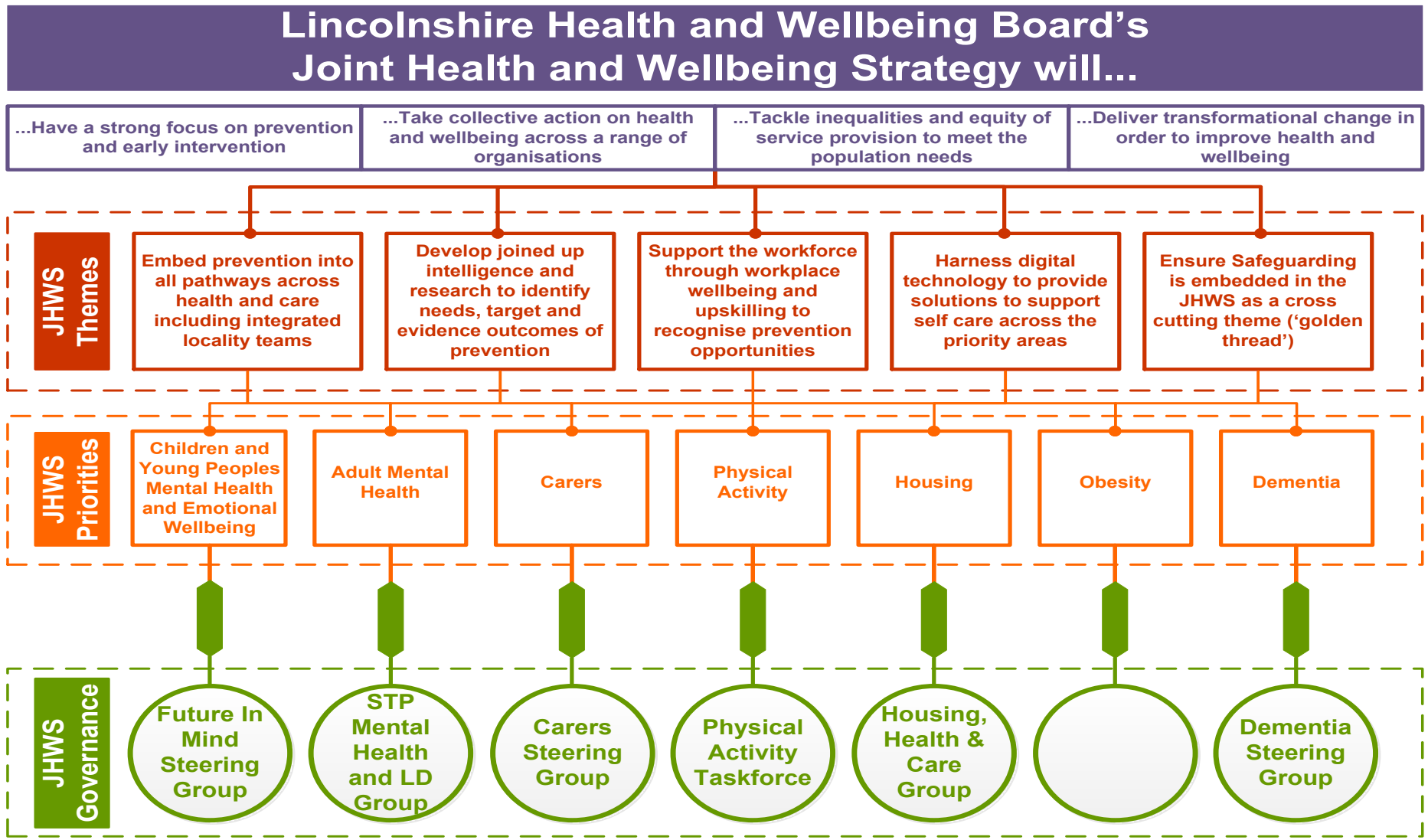
For information and advice on the HWB HWB@lincolnshire.gov.uk

² <https://www.gov.uk/guidance/equality-act-2010-guidance>

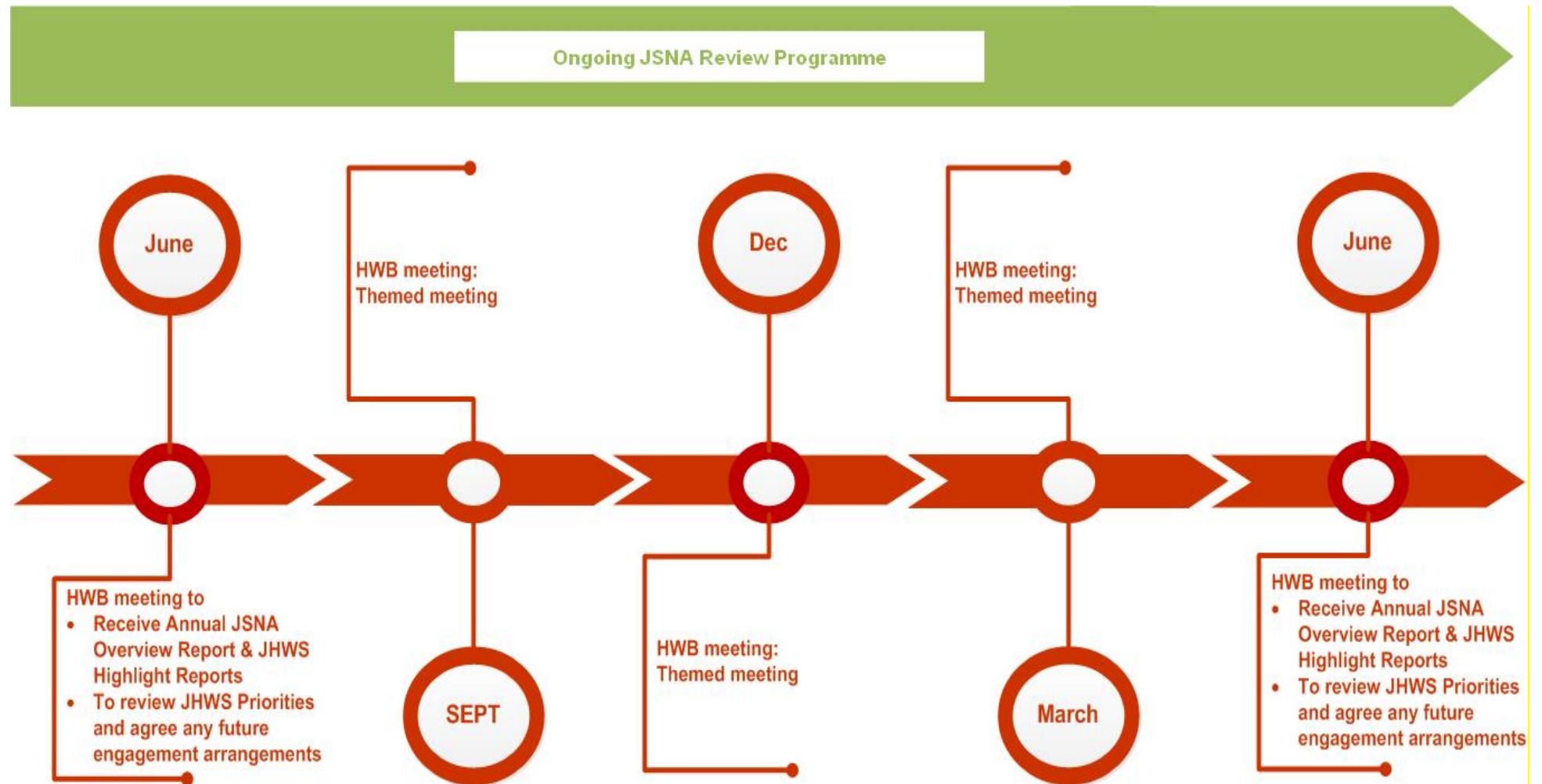
³ <https://www.consultationinstitute.org/arnstein-ladder-versus-gunning-principles/>

⁴ <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr>

⁵ Lincolnshire County Council's Engagement Strategy 2018-2023 was approved by the Council's Executive on 4 April 2018 prior to formal approval by the County Council at their meeting on 11 May 2018. The Council is required to formally approve the Engagement Strategy as it forms part of the Council's Policy Framework.



Appendix B | JSNA & JHWS Monitoring and Reporting Approach



Appendix C | Roles and Responsibilities

<p>Lincolnshire Health and Wellbeing Board (HWB)</p>	<p>Role: Legally responsible for the preparation and production of the JSNA and JHWS as set out in the Health & Social Care Act 2012 and the Local Government & Public Involvement in Health Act 2007.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • To ensure appropriate processes, leadership and accountability are in place to produce and publish a JSNA and JHWS for Lincolnshire, and that these are in line with the statutory guidance published in 2013. • To formally adopt the JSNA as the shared evidence for the health and care system in Lincolnshire • To use the evidence from the JSNA to inform the priority setting for the JHWS • To formally approve the JHWS and its associated delivery plans. • To regularly review the evidence in the JSNA to ensure the priorities in the JHWS remain focused on the key health and wellbeing needs in Lincolnshire. • To hold JHWS Priority Delivery Groups to account and seek assurance that sufficient progress is being made to deliver the JHWS delivery plans. • To promote integration between health and care by holding HWB members to account on how their commissioning plans take account of the JSNA and JHWS.
<p>JSNA Topic Lead / JHWS Lead Officer</p>	<p>Role: To act as the Topic Lead for the relevant topic area(s) in the JSNA as well as being the senior responsible officer for the JHWS priority area.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • To work in conjunction with the JSNA Team to ensure the JSNA Topic commentary and supporting information is kept up to date and managed in line with the JSNA procedures. • To ensure the topic commentary is co-produced with key partners and stakeholders through the Expert Panel (i.e. JHWS Priority Delivery Group). • To lead any annual review (light touch) including agreeing with the JSNA Team the scope and approach, and ensuring the review is conducted in line with the JSNA procedures. • If a more fundamental review is required, work with the JSNA Team to ensure appropriate arrangements are in place and resources identified to support the review. • To act as the lead officer and key point of contact for the JHWS priority area/delivery plan. • To ensure all the relevant partners are engaged as part of any JSNA review or through involvement in the JHWS Priority Delivery Group. • To ensure the JHWS Priority Delivery Group have appropriate mechanisms in place to review and monitor progress, including providing any performance/highlight reports • To attend, as required, HWB meetings to report on progress. • To ensure the JHWS Priority Delivery Group adopts the principles and approaches set out in the Joint Health and Wellbeing Strategy Governance and Accountability Framework
<p>JHWS Priority Delivery Group</p>	<p>Role: Accountable to the Lincolnshire Health and Wellbeing Board for a specific priority area in the Joint Health and Wellbeing Strategy including acting as the Expert Panel for the relevant topic area(s) in the JSNA.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • To support the JSNA Topic Lead to review and revise the relevant JSNA Topic area(s) as part of the annual review process and in line with the JSNA procedures. • To take on the role of 'Expert Panel' for the relevant JSNA Topic area(s) • To contribute to the co-writing of the JSNA topic commentary, including identifying any opportunities and approaches to fill gaps in knowledge and understanding (for example by undertaking a Call for Evidence) • To identify ways of engaging with wider stakeholders and partners as part of any

Appendix C | Roles and Responsibilities

	<p>review process</p> <ul style="list-style-type: none"> • To act as the lead partnership/board for a specific priority area in the JHWS and be accountable to the HWB for its progress and delivery • To develop and own the JHWS Delivery plan for the relevant priority area • To work in partnership to build consensus and increase collaborative working • To agree the outcomes and measures to be used to monitor progress/assess impact • To report progress (performance/highlight report), as required, to the HWB • To adopt the principles and approaches set out in the JHWS Governance and Accountability Framework.
<p>Central Team / Programme Support from Public Health</p>	<p>Role: To provide day to day support, advice and guidance to Lead Officers and JHWS Delivery Groups/Expert Panels. This will also include identifying opportunities for wider stakeholder engagement and coordinating activities such as Calls for Evidence and progress reporting.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • To provide support to the JHWS Priority Delivery Groups to 'action plan' including (if required) support to identify and target those stakeholders who need to be engaged, including patients, service users, carers and the public. • To help plan and provide practical support to the JHWS Priority Delivery Groups for example organising engagement events, facilitating/scribing at engagement events etc. • To liaise with LCC's Community Engagement Team to ensure all activities comply with legislation and the County Council's Engagement Strategy 2018-2023. • To ensure the needs/views of 'seldom heard' groups are included in engagement activities • To provide resource and expertise to support JHWS Priority Delivery Groups in their Expert Panel role including establishing peer review groups, dedicated Data Analyst support and project management support to the JSNA process. • To provide advisory support regarding policy/regulatory requirements and considerations • To provide opportunities for networking and sharing information across the JHWS priority areas through for example, an annual networking event; informal HWB events; newsletters, virtual network/community of practice. • To coordinate the production of highlight/monitoring reports. • To liaise with Lead Officers/JHWS Delivery Groups on timescales and process to support the JSNA/JHWS work and to coordinate any activity associated with the HWB.

Appendix D | Principles of Engagement

Clarity of Purpose	Before beginning any engagement activity, we will be clear about why it is happening, what we want to achieve, who we are involving, what can and cannot be influenced, and how we will use the information gathered and what the benefit of being involved will be.
Evidence Base	We will use all available research, knowledge and community intelligence to help us plan engagement activities. We will not carry out engagement activities if the information we need is already available.
Timing	We will allow sufficient time to design and carry out engagement activities that are inclusive and encourage participation from all affected communities. We will also allow sufficient time to ensure that the results of engagement activities can shape the JSNA and JHWS, and help inform the commissioning of services and interventions.
Communication	We will always be open, honest and accountable when sharing information and responding to contributions from all participants. All communication will be jargon free and relevant to the intended audience. We will seek to use a wide range of methods to maximise the opportunities to engage. We will also communicate between partners to create joined-up engagement activities and avoid duplication of effort.
Partnership Working	We will work in partnership with other organisations when and where they have additional or greater expertise, knowledge or experience about engaging with specific communities, with particular recognition of the knowledge and expertise of the voluntary and community sector. The independence of the voluntary and community sector will be respected and recognised in all partnership working.
Accessibility	We will support a variety of engagement activities to reflect the diversity of the communities in Lincolnshire. We will be flexible and responsive to the ways that partners, stakeholders and the community want to engage with us. We will recognise the need to make engagement both formal and informal at different times and for different people and purposes. We will put in place measures to help overcome barriers that some individuals or communities may face, particularly vulnerable and seldom heard groups, in order they are represented.
Feedback	We will provide feedback about the engagement activities we carry out and will explain how the responses contribute to the decision making process. We will explain how and when we will provide feedback at the same time as we carry out the engagement activity. We will also make feedback as widely available as possible.
Monitoring & Review	We will monitor and review the engagement activities to ensure that all stakeholders and sections of the community have the opportunity to engage, should they choose to, particularly those whose voices are often not heard, and change our practices accordingly.

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Lincolnshire Urgent and Emergency Care Delivery Board

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 June 2018
Subject:	Winter Review and Planning

Summary:

The purpose of this item is to update the Health and Wellbeing Board on system resilience during Winter 2017/18, and forward planning for the Winter period 2018/19.

Actions Required:

Members of the Health and Wellbeing Board are asked to consider the approach taken to prepare for Winter pressures as set out in the report and to offer their comments.

1. Background

The NHS frontline is always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather and flu. In response, our urgent and emergency care system places a particular focus on winter to ensure there is enough bed and staff capacity to meet patients' needs. Patients are usually more unwell over winter, for example, because of flu and respiratory conditions, and also because of slips and falls in the cold weather. This adds to the complexity of the task, as does establishing additional capacity when the service is already running at full stretch.

1.1 Local Context

Throughout the year and in particular during winter, contingency plans were in place to manage these risks and protect patient safety. At a national level and locally, the NHS was better prepared this year than in previous years, nevertheless, it is unavoidable that resilience in one organisation very much depends on the resilience of the rest of the local health and social care system. Reflecting on the approach to winter planning 2017/18 Lincolnshire Urgent and Emergency Care (UEC) system took, there is confidence a

proportionate and realistic approach was planned to the level of winter pressures both predicted and real.

It was clear before winter that the health and care system was already under pressure, with performance against the 4-hour A&E standard having been 75.54% in quarter 3 of 2017 (lower than the expected 90% target for November), and delayed transfers of care (DTOC) performance for December rose to 5.4% well above the government target of 3.5%. At the start of winter reporting, it was an immediate concern that general and acute bed occupancy was already at 98.58% (31 October). The level peaked at 104.67% on 13 December. To put this in context, half of acute trusts nationally were reporting occupancy of over 95%, despite an additional 800 beds being opened. The data on ambulance arrivals and delays indicates a particular surge in pressures. The acute trust received 21,084 ambulance arrivals between November and March, the equivalent being an ambulance arriving every 10.31 minutes, 24 hours a day. The A&E departments have been overwhelmed by this level of demand and the number of ambulance handover delays (the wait between an ambulance arriving and the patient being transferred to the A&E department), high admissions, increased length of stay, high bed occupancy and additional delays increased during the winter.

1.2 What is behind the pressures?

The first week of January 2018 saw extensive reports of growing NHS pressures. We understand locally the severity of the pressure was due to a combination of long and short term factors. Over the long term, there is the known trend of increasing demand and acuity (i.e. sicker and frailer patients), as well as limited capacity (across the ambulance, mental health, community and acute sectors, all of which contribute to urgent and emergency care performance), workforce shortages (particularly in the emergency department), and on-going capacity challenges in primary and social care.

In Lincolnshire we have seen a trend similar to the national picture of higher levels of respiratory illness than expected; higher levels of flu than expected, with more people hospitalised and admitted above the respective baselines from last year and loss of bed capacity due to norovirus.

1.3 Local and national responses to increased pressures

By mid-September 2017 the Winter Plan for Lincolnshire's health and care system had been signed off. Partners across the system worked hard to prepare for extra winter pressures and minimise the risks for patients.

Actions included:

- Creating extra capacity through opening temporary (escalation) beds; providing additional staffing to respond to increased demand
- Steps to ensure the seamless flow of patients through to discharge
- Increased trusted assessor capacity to expedite discharges
- Developing local resilience plans with partner organisations such as social care
- Improved communications
- Support to ensure people with mental health needs were treated in the right place
- Increased availability of community beds
- Discharge surge events
- Urgent care streaming in emergency departments to ensure patients are treated in the right setting

Significant steps were also taken at a national level to improve NHS resilience, which included:

- A more joined-up approach, including a National Director responsible for winter planning and establishing the National Emergency Pressures Panel (NEPP)
- Contingency plans to support trusts at greatest risk of having difficulties this winter
- An extra £335 million in the 2017 Budget to help the NHS cope with winter

While preparations for winter have never been more meticulous and thorough, there remained a number of continuing difficulties and pressures jeopardising the system's ability to cope:

- Flu – this year's strain has already placed health systems in Australia and New Zealand under severe pressure.
- Funding pressures – the additional NHS funding for winter in the Budget was welcome but has come very late to be used to maximum effect. To make the most of every pound, the system needed to see this in the summer, so that additional beds, services and staff could have been put in place.
- Lack of beds – in late autumn ULHT was already over the recommended safe bed occupancy level of 92%. This means there was very little give in the system. Too many patients still faced delays in being discharged after they were ready to move on.
- Workforce pressures –shortages of key staff groups including paramedics, GPs and A&E consultants and nurses.

Underlying performance pressures – capacity was already stretched, as evidenced by all four key NHS performance targets being missed last year, for the first time ever, even though productivity gains have been much greater than the whole economy average.

1.4 Patient Impact

With the acute trust seeing more people, in both worse and more frail conditions, it is right that the system focuses first on those patients who need help. With this in mind, the National Emergency Planning Panel recommended to all acute trusts that non urgent operations be cancelled during January. Whilst this was enacted in Lincolnshire it was regularly reviewed and not all operations were cancelled. Along with risking patient safety and quality when cancelling operations and outpatient appointments, cancelling operations results in less income for NHS trusts, which is an additional challenge for our system already under significant pressure to deliver savings; recover financial targets and assure their sustainability.

1.5 Forward Planning Winter 2018/19

The NHS is in the middle of the longest and deepest financial squeeze in NHS history. Costs and demand are growing by 5% a year, and we are in the midst of an extended period during which funding increases have not matched this. Three independent health think tanks estimate, based on projections from the Office for Budget Responsibility (OBR), that health spending would need to rise to approximately £153 billion (from £123.8 billion in 2017/18) by 2022/23 to maintain standards of care and meet rising demand.

There are severe workforce shortages, with recruitment and retention problems. Many staff say they cannot provide the safe, high quality care that patients deserve, even though they are routinely working longer than recommended or paid hours. The pressure on NHS performance can be seen throughout the year. Despite best efforts, in 2016 all four key NHS hospital performance targets were missed; and waiting lists for routine surgeries are the longest they have been for a decade.

The actions taken by the system in 2017/18 are considered to be the right actions, however, it is recognised that these actions need to be progressed in 2018/19 to ensure they become fully embedded. The list below includes some lessons learned in 2017/18 and insight into what the System will do in 2018/19;

- a. Push the pace of implementation of **SAFER** – 100% of the Acute Trust wards know about SAFER but it isn't consistently used. The current trajectory is for the SAFER bundle to be fully embedded in 99% of wards by 2019. There is work on-going to put in place an accelerated plan for delivery.
- b. Embed the use of the **Operational Pressures Escalation Levels ("OPEL") Framework** – the NHS England OPEL Framework was introduced in October 2016 and work took place thereafter to embed it across the Lincolnshire health system. During Winter 2017/18 OPEL reporting has been successful in managing system pressures, mitigating actions and threshold for escalation. The system has been commended by regulators for maintaining a consistent and thorough approach to OPEL reporting and within Lincolnshire, the process will continue internally throughout the calendar year. The OPEL reports are comprised of organisation OPEL levels which are reviewed and fed into a system wide level. The levels vary from level 1 to 4, one being the lowest level of pressure to OPEL 4 being critical. The report is generated following a 9am teleconference where system partners discuss current OPEL levels and provide feedback on high priority issues signed off by the Urgent Care Programme Director.

The organisations that provide an individual sitrep and OPEL level who contribute to this report are:

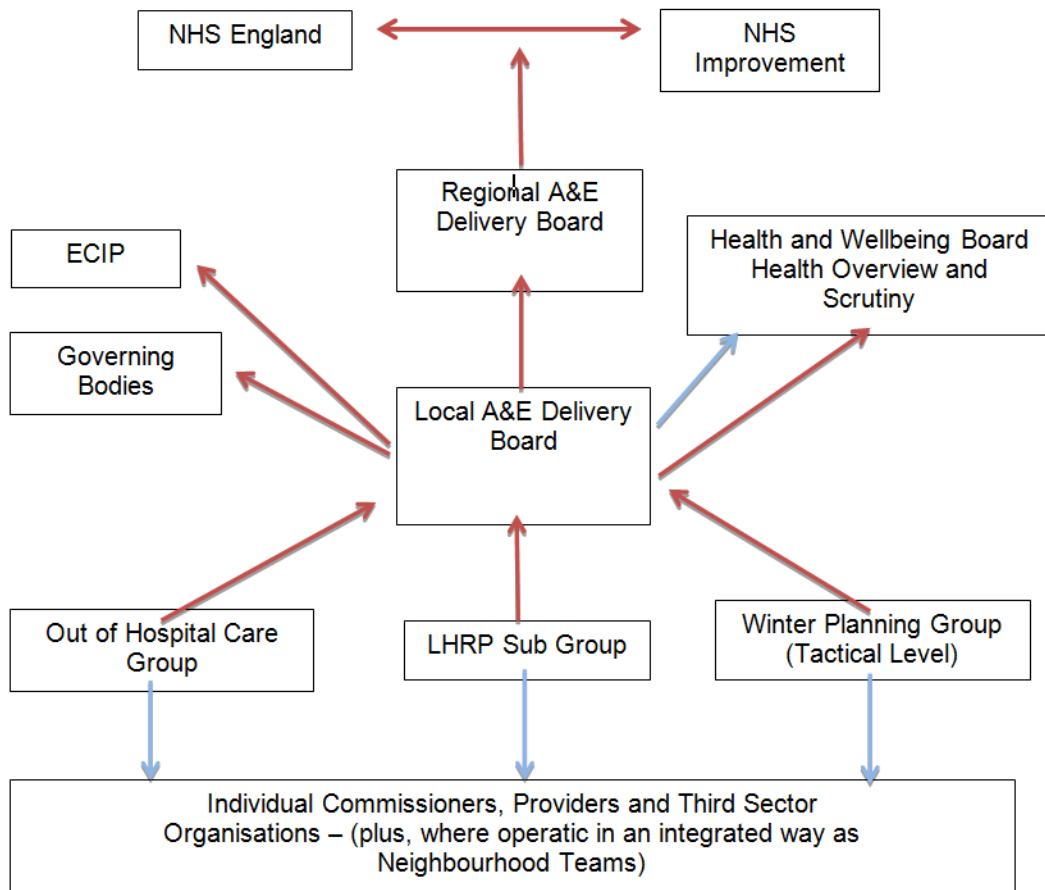
- ULHT – Daily updates
- LCHS – Daily updates
- LPFT – Daily updates
- EMAS – Daily updates
- ASC – Weekly updates (ad hoc as requested)
- NHS 111 – Daily Updates

Normal operating for the Lincolnshire system is OPEL level 2; this reflects a system that is able to de-escalate quickly from surges in demand. During winter 2017/18 Lincolnshire was above average and operating at OPEL 3 for the duration of December and January. In contrast, we have reported OPEL level 2 for 20 of the past 21 days during April. Level 4 was reported on only 2 occasions (days) this winter during severe weather.

OPEL levels are built from current performance and pressures. These are therefore a good indication of how well a system and organisation is able to deal with the demand on its services.

- c. The 2017/18 winter saw the implementation of weekly system-wide, “winter taskforce” calls Chaired by the Chief Executive of ULHT to support joint working, peer ‘confirm and challenge’ and understanding of the pressures being faced by the system. These calls were well attended and effective therefore will recommence in October 2018.
- d. Expansion of the CCG Urgent Care team - in September 2017 the team accrued four additional members of staff. The extra capacity was invaluable to the system, providing both operational and tactical support throughout the winter period. These posts are fixed term and review of funding is required to secure these resources for the longer term.
- e. During winter 2017/18, the Urgent Care team worked much more closely with communications leads for each organisation, including them in daily, NHS England OPEL reporting process to pre-empt the need for public facing comms during times of particularly high demand.

1.6 Governance and Assurance Links



KEY
Governance / Assurance Link

The Winter Plan is owned and reviewed by the Urgent and Emergency Care Delivery Board and is implemented alongside the following plans:

Lincolnshire Surge and Escalation Plan

The Lincolnshire health and social care system has a Surge and Escalation Plan which supports both short-term and more sustained periods of escalation. The Surge and Escalation Plan includes the requirement to share information across the system in the form of daily Situation Reports (“SITREP”) and triggers the move towards daily teleconferencing in the event of an incident. The associated Information Sharing Agreements (“ISA”) (for business as usual and a separate ISA for Major Incidents) facilitate this process. The objectives of the Surge and Escalation Plan are to:

- work together as equal partners in a whole system to manage our capacity and capability to improve system resilience.
- ensure, through co-ordinated communication and marketing, that our public are informed to make the right choice when accessing health and care services and where necessary ensuring timely messages to warn partners and our public of any issues that impact on health and care services.

The Surge and Escalation Plan is refreshed annually in advance of winter, and includes the following elements:

- a. A single definition of thresholds/trigger points for escalation and de-escalation and predefined actions for the local system to take in order to de-escalate and stand-down an incident
- b. A system-wide tactical level team to identify, mitigate and escalate to the U&EC Delivery Board any risks associated with delivery.
- c. For 2017/18, the CCG communications leads were included in the NHS England OPEL reporting process to support a wider understanding of the system position.
- d. Strengthening on site and on-call arrangements in all organisations.

Throughout the year, daily, 09:00 system wide teleconferences take place daily. This virtual meeting is attended by each of the Lincolnshire health system organisations and results in a list of system actions to de-escalate and/or prevent further pressures. Additionally, communication is facilitated via a system-wide WhatsApp group.

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

- **Level 1 – Business as Usual**
- **Level 2 – Business Continuity** - An incident or event that disrupts an organisation’s normal service delivery, where special arrangements are required to be implemented, until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.
- **Level 3 – Critical Incident** - Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from others.
- **Level 4 – Major incident** - Emergencies (major incidents) are defined in the NHS England Emergency Preparedness, Resilience and Response (“EPRR”) Framework 2015 and the Civil Contingencies Act 2004 as instances which present ‘a serious

threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented’.

The system-wide urgent care leads (via the weekly Thursday afternoon teleconference) supported by the UC team are responsible for initiating any operational changes needed and reporting them to A&E Delivery Board.

1.7 Seasonally related illness

It is reasonable to assume we will experience an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November 2018 and March 19. Each U&EC Delivery Board provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in LCC working with Public Health England (“PHE”) provide a range of oversight functions dependent upon the provider setting. The Delivery Board has oversight of the Infection Control plan and will receive notification of any outbreaks. As well as protecting against flu, the NHS ‘Stay Well This Winter’ campaign urges people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

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

The East Midlands PHE Communicable Disease Outbreak Management Plan provides a wealth of information around the management of an outbreak in Lincolnshire, including the roles and responsibilities of the individual organisations.

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

Influenza and Winter

Influenza was a significant cause of illness during the Winter 2017/2018 season, more so in some other parts of the UK than in Lincolnshire. The viruses are capable of making even well people quite unwell for a period of time and present significant threat to the health and even life of people with particular vulnerabilities.

The national programme of flu vaccination undertaken each year is designed to support protection of the population at risk of flu, with the vaccine included in the programme being refined on an ongoing basis.

The programme has two primary objectives:

- To increase immunity amongst vulnerable groups most likely to be made seriously unwell if they become exposed and infected to a circulating flu virus.
- To increase immunity in people who provide essential services and support (including informal carers) to prevent them becoming a source of infection to their vulnerable service users.

Government planning and guidance, and the local planning that follows the national lead is already underway for the 2019/20 influenza season in Lincolnshire. The different elements of the programme have different histories, and levels of success based on achievement from the previous season.

Vulnerable People's Programme

This part of the programme is targeted at: all people aged over 65 years; anyone aged 6 months to 65 years in clinical risk groups; those in residential care settings and carers. The older vulnerable adults programme in Lincolnshire performed reasonably well in Lincolnshire in 2017/2018. This is not the case for the working age vulnerable adult programme which, whilst it benchmarks well against comparator authorities, is significantly off the national target of 75% coverage.

A new approach is now being undertaken in Lincolnshire maternity services to vaccination during pregnancy as a result of ongoing relatively poor performance nationally and locally, with vaccination offered as part of scanning appointments to all women. It is expected that uptake rates will improve as this new approach beds in.

The Children's Programme

This programme is targeted at all children aged 2 to 9 years in August 2018 and all primary school age children in pilot areas. This programme is still relatively new, and still bedding into the consciousness of parents and carers of young children. Planning is underway for the further development of this programme for the coming season to achieve the targets of 48% coverage for preschool and 2-3 year olds and 65% in older children.

NHS Staff

Local NHS trusts have made significant improvements in the uptake of their staff in recent years, with some innovative approaches being used to support the exceedance of national coverage targets in 2 trusts and 71.9% uptake in the third. This performance, and rate of improvement, sets a high benchmark for the programme going into the 2018/2019 planning.

Frontline Local Government Staff

Uptake in these groups of staff is relatively good when benchmarked with information available from other top tier local authorities, although falls a long way short of the 75% national target. The County Council is developing a plan for the 2018/2019 programme for consideration by its Corporate Management Board (CMB) within the next month. It will look at a range of proposals for improving uptake on the offer of free immunisation offered to front line staff for several years now.

Consideration is being given to proposing extensions to this programme for staff who are key to Winter business continuity but who do not present an infection risk to vulnerable groups e.g. Highways Maintenance staff.

Frontline Local Government Contractors

A further key group of staff were identified in previous years' flu planning guidance and funding nationally are the frontline care staff operating in social care contractors, providing tens of thousands of visits to vulnerable people every week in Lincolnshire. Announcements are awaited from national leaders about the funding arrangements for these essential workers at the point of developing this paper.

This risk assessment process is correlated to the work completed under the Local Health Resilience Partnership ("LHRP") Risk Assessment Working Group (Community Risk Register hazards and threats). The resulting risk assessment/s outlines the hazards and threats for likelihood of occurrence and the impact (see table 2).

Risks scoring will be revised when the UEC Delivery Board has been assured that mitigating actions have taken place.

Table 2: Anticipated risk to the delivery of the 2018/19 Winter Plan

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

1.8 Winter Communications Plan

The 2018/19 winter campaign identified the following areas of learning to build on:

- Secondary prevention messages were more impactful than primary prevention messages.
- People aged over 75 were most successfully engaged with.
- Younger people and parents of children are most likely to access A&E services.
- The elderly are less likely to access A&E services, but are most likely to be admitted to hospital.
- Older people are also more likely to be transported to hospital by ambulance and to have a lengthy hospital stay (often with delayed discharge).

For 2018/19, the System will continue the good work done with engaging people aged over 75 and will broaden the campaign appeal for younger people, parents and engage carers, 65+ and those with LTCs as well as enhance the impact and relevance of, for example the Flu campaign to priority groups, using social media platforms, targeting all demographics to deliver salient messages regarding self-care, access to community based health and advice, alternatives to ED and so on.

For 2018/19, CCG's across Lincolnshire have agreed to support the national winter communications campaign being promoted by NHS England; "Stay Well This Winter". "Stay Well This Winter" messaging will be utilised along with specific local messages to:

- Support the population in reducing their risk of becoming unwell and in best managing their own care.
- Support the population in managing their health during the early stages of being unwell.
- Educate the population in accessing urgent care services appropriately (services available locally and what they can provide).
- Ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take, actions that may avoid deterioration in their health.

Press and media messaging is planned to run from October 2018– Easter 2019 and will be focussed on the following key areas:

- Self-care - to ensure that patients are encouraged to self-care for short-term and self-limiting conditions.
- Over the Counter – engaging pharmacies to maximise the benefit they can provide to local populations and discouraging patients from requesting OTC medications on prescription (unless clinically appropriate).
- Accessing urgent care – to educate the public on accessing urgent care services, appropriately and when required.

It is recognised that the Lincolnshire campaign would miss a crucial opportunity if staff across health and local government are not targeted to support and advise patients, their friends and relatives. Messaging to support this will be included in the above campaign and the A&E Delivery Board will have a key role in ensuring that we maximise the use of the campaign at all levels across our health and care system.

During November 2018, the schedule of opening hours for services for the Christmas and New Year holidays across the health and care community will be agreed and published. This information will be shared across all health sector (NHS) and LCC staff. In addition, localised messages will be targeted to communities to maximise awareness of alternatives to A&E (via a variety of media to GP practices, schools, large employers, care providers, third sector and voluntary organisations).

1.9 Flu Prevention

The annual, National Flu Plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons. It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, Providers, CCGs and General Practitioners. The U&EC Delivery Board will test that it is a feature of partner organisation business continuity plans.

The Lincolnshire Multi-Agency Pandemic Influenza Contingency Framework addresses the roles, responsibilities, planning and response procedures for the System in preparation for and during an influenza pandemic. It is based on guidance published by the Cabinet Office, Department of Health and PHE and pays due regard to the duties and requirements defined within the Civil Contingencies Act 2004.

An influenza pandemic arises when a new strain of influenza virus emerges to which most people are susceptible. Important features of pandemic influenzas include:

- a. Ability to spread widely.
- b. Unpredictability.
- c. Likelihood of arising outside the UK and spread to the UK within as little as 4-8 weeks.
- d. Likelihood of spreading rapidly once in the UK to all major population centres within 1-2 weeks, peaking possibly only 50 days from initial entry.
- e. Possibility of subsequent waves of illness weeks or months apart.

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

All agencies in Lincolnshire collectively exercised in 2015 through Exercise Black Swan their respective influenza response plans and the updated pandemic flu plan was ratified by the LRF in September 2016. All NHS organisations have to report to NHS England through the annual EPRR Core Standards assurance process their ability to respond to pandemic flu.

Vaccinating Children (2-9 years old)

The Lincolnshire 2018/19 flu vaccination campaign will include provision for a school-aged immunisation service (“SAIS”) provided by a dedicated nurse-led immunisation team employed by LCHS.

The SAIS will be responsible for vaccinating children in school years Reception, 1, 2, 3 and 4, including those who reside in Lincolnshire but are electively home educated, and, additionally, for pupils of all ages attending Lincolnshire special schools. Fluenz Tetra®, the quadrivalent nasal spray, is the preferred vaccine in this age group, and will be administered to all children unless they have a contraindication.

In addition, there is a requirement for GP Practices, as part of the flu contract, to put in place a proactive call and recall system to contact all eligible patients, including children aged 2 and 3 years, and offer vaccination.

Vaccinating Adults

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

- Pregnant women
- Aged 65 or over

- Aged 6 months to under 65 years and in a clinical risk group Carers
- Frontline health and social care workers

Organisations operational plans must identify vulnerable groups who need to be a particular focus of their vaccination programmes. NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted. In addition, the U&EC Delivery Board will be seeking assurance that procedures are in place within community service providers (LCC, LCHS) for ensuring vaccination of the housebound patients and staff.

Vaccinating Staff

In November 2016, NHS England published the Commissioning for Quality and Innovation (“CQUIN”) CQUIN indicator 1c ‘Improving the uptake of flu vaccinations for front line staff within Providers’ requires that 100% of frontline staff involved with direct patient care from all NHS Trusts, including Acute, Mental Health, Ambulance, Care and Foundation Trusts are offered flu vaccination. In order to achieve the indicator, Trusts must evidence an uptake of flu vaccinations by frontline clinical staff of 70%.

Table 3: Lincolnshire system-wide plan for vaccinating staff and carers

Organisation																						
Lincolnshire CCG’s	CCG’s promote flu clinics to all staff. Clinics are delivered by Arden GEM CSU Occupational Health across the Lincolnshire CCG work bases.																					
ULHT	<p>ULHT Occupational Health Services will complete orders for the 2018/2019 flu season, during late summer including for partner organisations, to be delivered in three instalments in September/October. The order for ULHT vaccines requested from pharmacy the order will be:</p> <table border="1"> <thead> <tr> <th>Trust/Organisation</th> <th>Head Count</th> <th>75% of all staff</th> </tr> </thead> <tbody> <tr> <td>ULHT</td> <td>7500</td> <td>5625</td> </tr> <tr> <td>LCHS</td> <td>2000</td> <td>1500</td> </tr> <tr> <td>LPFT</td> <td>2000</td> <td>1500</td> </tr> <tr> <td>Other, St B, CCGs</td> <td>500</td> <td>375</td> </tr> <tr> <td>Total</td> <td>12000</td> <td>9000</td> </tr> <tr> <td>Vaccine Order ULHT</td> <td></td> <td>9000</td> </tr> </tbody> </table> <p>The Trust will continue to build on the work done last year with the addition of incentives and a wider media campaign.</p> <p><u>Vaccination strategy</u></p> <p>As per the 2017/18 programme, there will be 4 modes of vaccination delivery to staff:</p> <ul style="list-style-type: none"> • Peer to peer immunisation. • Vaccination clinics - set up across the 4 Acute hospital sites over 6-8 weeks. Open to Acute and Community staff alike. Central points on the two main sites where drop in clinics can be set up on a regular and consistent basis. • Roving Teams - as well as staffed vaccination stations, OH roving teams will be covering hospital sites on scheduled vaccination clinic days throughout the roll out. • By appointment at the Occupational Health Service. 	Trust/Organisation	Head Count	75% of all staff	ULHT	7500	5625	LCHS	2000	1500	LPFT	2000	1500	Other, St B, CCGs	500	375	Total	12000	9000	Vaccine Order ULHT		9000
Trust/Organisation	Head Count	75% of all staff																				
ULHT	7500	5625																				
LCHS	2000	1500																				
LPFT	2000	1500																				
Other, St B, CCGs	500	375																				
Total	12000	9000																				
Vaccine Order ULHT		9000																				

LCHS	<p>The Trust vaccination programme will commence in October 2018, with Occupational Health targeting and vaccinating front-line staff in high risk areas. An internal communications strategy will be launched ahead of vaccination roll-out.</p> <p>The vaccination will be offered to all LCHS with the aim of vaccinating at least 75% of Trust front line staff.</p>
LPFT	<p>LPFT will work in partnership with ULHT Occupational Health, Staff Wellbeing, Public Health and LCCHS to promote a multi-organisational, joined-up approach to the campaign.</p> <p>The Trust will focus on embedding learning from previous years to increase uptake, including targeting the following;</p> <ul style="list-style-type: none"> • Areas where uptake has been notably increased such as during staff induction and Trust wide events. • Areas where uptake has been notably poor or decreased through meeting staff groups to address concerns. • Raising awareness in community teams with regard to promoting flu vaccination to patients in at risk groups and, in particular, carers who are also entitled to free vaccination through their GPs. • Communications - to formulate a robust plan to promote the campaign earlier and more effectively. • Proactively celebrating and publicising success.
EMAS	<p>The Trust offers the Seasonal Influenza vaccine to all staff. Members of staff are also able to receive their flu vaccination from their own doctor or other sources such as through supermarket pharmacies if they chose.</p> <p>Where this occurs, staff are asked to provide details of these vaccinations to the Trust's flu lead so that an accurate record of staff receiving the vaccine can be maintained.</p>
TASL	<p>During winter 2017/18 TASL offered, and made arrangements to provide, influenza vaccinations for all staff via various Occupational Health Service Level agreements already in place.</p>
DHU	<p>DHU have in place an incentive scheme to increase uptake of flu vaccination. Vaccinations will be given in work time with DHU donating £10 to charity for every member of staff that has the vaccine (if they achieve the CQUIN quota). Staff will be able to choose from a selection of charities to donate the monies to.</p> <p>In the event of an outbreak, e.g. flu, internal contingency plans will be invoked with consideration given to relocation.</p>
LCC	<p>Flu vaccine programme to be delivered via a voucher system for care home staff, home care staff and LCC front line staff. The programme will commence in September 2018.</p>

1.10 Business Continuity Plans

Business continuity plans are seen locally as a key vehicle for ensuring that quality and access to services is maintained through periods of system pressure. Locally, commissioners, through their contractual relationships with providers, ensure that business continuity plans are in place and up-to-date. All contracts held by Lincolnshire CCGs are based on the NHS Standard Contract.

CCGs work closely with commissioners in LCC on the commissioning of care home provision, reablement, home care and Wellbeing services. Again, the contractual standards for business continuity plans are a key element of the contract documentation. There are references throughout this Plan to the elements of business continuity plans which have a strong link to winter.

1.11 Demand and Capacity Modelling

The Lincolnshire health and social care organisations have each plan and profile demand throughout the year, taking into account seasonal variation and points at where there are likely to be surges (based on historical data). As part of the STP Programme, we are currently writing a business case/proposal for discussion and decision on a solution to identify the requirement for a single system for Lincolnshire's Health and Care community to manage live capacity, understand demand and manage patient flow. To support reductions in demand and freeing up of capacity, there are a number of projects that require delivery from across the U&EC Delivery Board partners to ensure the optimising of patient flow and reduce delays in discharge across acute and community settings.

These projects are encompassed within the Urgent Care Delivery Plan and as part of the STP Urgent Care Transformation work

1.12 Supporting the Acute Trust: minimising admissions, improving flow and reducing DTOCs

There are schemes in place across the Lincolnshire health system which support the Acute Trust in realising the following benefits:

- a. minimising hospital admissions (admission avoidance)
- b. reducing demand on Emergency Departments
- c. improving the flow of patients out of A&E into, and through, the hospital.
- d. reducing DTOC's

Work is ongoing across the system to implement the eight high impact changes for managing transfers of care as a key part of the Urgent Care Delivery Plan. Recently recruited staff members of the UC team have been tasked with focussing on the current issues with DTOC's and how these can be addressed

1.13 Primary Care

CCGs in Lincolnshire continue to engage with General Practitioners over winter to ensure that each practice is:

- Striving to improve its access. This includes, effectively utilising extended opening hours provision.
- Educating patients about the importance of self-care and appropriate routes for accessing care in different situations.
- Putting systems in place to identify and discuss inappropriate A&E attendances with their patients.
- Able to provide assurance to NHS England, via the CCG, on the quality of their business continuity plans, including evidence that they have been tested.

- Taking steps to reduce staff sickness through winter including maximising staff uptake of flu vaccinations.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

In addition, CCGs are working with the LMC and NHS England to ensure that increasing demand in primary care is captured as part of the development of predictive modelling tools, which supports the NHS England GP Forward View.

1.14 Lincolnshire Partnership Foundation Trust (LPFT)

During winter 208/19 LPFT will continue to support the health and care system by offering the following core services: -

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access (telephone number is 0303 123 4000).
- Psychiatric Liaison Service for the county. The new multi-disciplinary Mental Health Liaison Service will be based at Lincoln, Grantham, Boston and Peterborough acute hospitals and will take referrals of patients from acute trust staff and also undertake case-finding to deliver rapid assessment of mental health needs. The team will be Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas. Phased rollout is now underway in collaboration with each hospital site and it will be operational during November and December 2017.
- Child and Adolescent Mental Health Service (“CAMHS”) self-harm pathway providing service into the accident and emergency departments to support patients and families.

1.15 Lincolnshire Community Health Service (LCHS)

LCHS continue to support the Systems efforts to avoid/reduce admissions, discharge patients following a stay in hospital, in a timely manner, and support people to remain safe and well, closer to the place they call ‘home’. LCHS commission, provide or participate in the following services;

- Neighbourhood teams
- Transitional care – Applying the “Home First” principles, LCHS provides a range of services aimed at avoiding unnecessary acute hospital admissions and facilitating and supporting safe and timely discharges from hospitals.

Admission Avoidance: Via the Patient Flow Team in the Operations Centre any health or care professional can request support for patients who are at risk of an unnecessary acute hospital admission. A qualified Health care Professional will respond to assess the patient’s needs and either implement advice or support to help the patient remain safe at home or arrange for an admission to a Transitional Care Bed. This service runs 7 days per week between the hours of 8am-4pm but outside of these hours, the Urgent care Home Visiting Service can respond and access the same services in order to prevent an unnecessary acute admission. Additionally, the Assertive In reach teams work in the

Emergency Department on all 3 ULHT sites (7 days per week, 365 per year) to prevent unnecessary admissions to the wards for medically stable patients.

Discharge Facilitation: LCHS have qualified Nurses and Allied Health professionals based on site at Lincoln, Pilgrim, Grantham, Peterborough and Queen Elizabeth Hospitals. These teams work in collaboration with Adult Social Care to form the “Discharge Hub” (see section 5.2).

Community Therapy: As above, the Community Therapy staff provide rapid response to urgent referrals with a view to admission avoidance, as well as working in the Transitional care Beds. Additionally, Community Therapists work on their proactive pathway to manage and support patients with frailty and with a longer term aim of reducing acute admissions.

Urgent Care Services including;

- CAS
- Building Based Urgent Care Services – including GP OOHs (see section 5.11) provision in Primary Care Centres, and minor illness/minor injuries at Urgent Care Centres and MIUs.
- Mobile Urgent Care (home visiting) service which provides a face to face patient consultation in the patient’s own home within a 2 hour time frame, if required, for those patients at immediate risk of hospital or care home admission.

1.16 East Midlands Ambulance Service (EMAS)

EMAS is a key member of our local UEC Delivery Board. EMAS, along with other key stakeholders, have been fully engaged with winter planning to ensure a unified health system approach for Lincolnshire.

1.17 Lincolnshire County Council (LCC)

LCC has a critical role in ensuring that the System is able to cope though winter. Particular aspects are ensuring:

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

Adult Care will support the coordination of all public information and wellbeing key messages (via the LCC communications team) and will review, on a weekly basis, the system flow and pressures including:

- Hospital staffing
- Reablement capacity
- Home Care capacity
- Block bed capacity
- Flow into the community

2. Conclusion

The focus right now needs to be on what can be done to help frontline services respond to patient need. For example, we continue to be guided by national directions through the NEPP to support our system to take action and reallocate resources to emergency care as appropriate during periods of high demand. All local partners are working to create additional care capacity to respond to surge, particularly along the east coast during the summer period when demand mirrors winter.

Urgent and Emergency Care is a complex adaptive system that is dynamic in terms of its interactions and relationships between professionals, services and organisations.

In a system working with limited resources to meet the demand, interactions can be compromised. The system works through the relationships and tolerances of each organisation. Future planning will consider the impact on performance and building positive relations between professionals and organisations to reduce the opportunities for process led organisational conflicts.

In Lincolnshire, there is now a shared understanding that these interactions are detrimental to flow through the acute hospitals, by a reduced number of beds and high occupancy, and high numbers of delayed transfers of care. In response, the Recovery Plan is focused on improving these interactions and the Winter Plan for 2018/19 will focus on the wider system actions that will impact on system resilience.

3. Consultation

This is not subject to consultation.

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 Ruth Cumber, Urgent Care Programme Director, who can be contacted on 01522 513355 or ruth.cumber@lincolnshireeastccg.nhs.uk.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 June 2018
Subject:	Better Care Fund

Summary:

This report provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plan for 2017-2019. There is also a finance and performance update showing the current position.

Actions Required:

Lincolnshire Health and Wellbeing Board are asked to note the BCF report update.

1. Background

The Lincolnshire Better Care Fund for 2016/17 was £196.5m. The original plan submitted for 2017 – 2019 shows sums of £226m for 2017/18 and £235m for 2018/19. The values have since been revised to £222m and £230m respectively.

Formal approval – without any conditions - to the original plan was given on 31 October 2017 with all relevant agreements put in place by 28 November 2017.

BCF 2017/18 and 2018/19

The BCF Narrative Plan and related Planning Template were submitted to NHSE on 11 September as required on 31 October 2017.

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

- An overall BCF Plan now totalling £222m for 2017/18 and £230m for 2018/19
- 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:

	17/18 to 19/20
Meeting Adult Social Care Need	53%
Reducing Pressures on the NHS	22%
Stabilising the Social Care Market	24%

The key **performance** elements of the BCF Plan relate to:-

- Delayed Transfers of Care (DTC) - An increased focus has been placed on the DTC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve their respective – and collective - nationally set DTC 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 SET 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.

BCF Planning conditions allow for the current plan to be revised from time to time, to reflect changes in assumptions that may give rise to a change in the planning total.

2. General BCF Update

A recent teleconference of regional BCF leads chaired by the regional Better Care Support Team provided a number of updates in relation to the BCF in 2018/19:-

- Performance elements of the BCF plan will be updated over the coming weeks with DTC targets being refreshed. BCF Support team colleagues will contact Councils to discuss new targets in due course.
- The baseline in which progress against which progress will be measured will also be changed and be based on local DTC performance in the third quarter of 2017/18.
- The date for meeting the targets will be the same as in 2017/18, with overall progress measured using September DTC performance numbers which will be reported in November 2018. No confirmation has been provided with regards to penalties for poor performance.
- BCF systems will also be given the opportunity to refresh other targets in agreement with the Better Care Support Team

- Confirmation of the final monetary values to be passed to District authorities in relation to Disabled Facilities Grant for 2018/19 will be confirmed on or around 16 May 2018. At which point arrangements will be made to pass the funding to District colleagues at the earliest opportunity.
- "Checkpoint" meetings will be held regionally and nationally to discuss the Q4 iBCF Monitoring returns submissions made by BCF systems across the country, resulting in a summary of activity which will be presented to the national BCF Programme Board and the national NHS Forum in due course.
- BCF Planning Guidance for 2018/19 is due to be published in the coming weeks, however it unlikely that fundamental changes will be made from the 2017/18 version.
- BCF Planning Guidance for 2019/20 is currently being drafted, again indications suggest little change from the current guidance and colleagues from the regional BCF support team have suggested that 2018/19 BCF plans will simply be allowed to roll over into 2019/20.

3. Finance

A finance update is shown as Appendix A which describes the final outturn position against the budgeted BCF. The analysis has changed since the previous submission to the Health & Wellbeing Board, with analysis of the total BCF fund of £222m now given and includes:-

- CCG funding for the Protection of Adult Care Services - £17.130m
- iBCF funding announced in the November 2015 budget - £2.105m
- iBCF Supplementary funding announced in the March 2017 budget - £15.265m
- Disabled Facilities Grant (DFG) allocations to District Councils - £5.291m
- Existing agreements included within BCF as a whole - £182.065m

Current analysis illustrated by Appendix A suggests that total spend against the BCF as a whole totalling £224.291m representing an overspend of £2.433m (1.1%) against the total allocation of £221.857.

Spending against the first four principle funding areas of the BCF were as agreed with budgets balancing against their respective allocations (£39.791m).

The area of overspend was limited to the following areas:

- Learning Disability S75 Agreement produced an overspend of £2.016m against a budget of £61.079m. This will be reported to the relevant Joint Delivery Board which is due to be held on 24 May 2018. Additional funding has already been allocated to this agreement as part of the 18/19 BCF plan to offset any future overspend in this area.
- Mental Health S75 between LCC & Lincolnshire Partnership Foundation Trust produced an overspend of £0.405m. Again a further allocation will be made against this budget in 2018/19 to offset any future overspend.

- The overspend is marginally offset by a small underspend of £0.013m in relation to the Integrated Community Equipment Service (ICES) S75 Agreement.

In both cases the overspend has been funded via the risk arrangements detailed in each of the relevant S75 agreements.

4. Performance

Highlights from the latest available ratified data include:

- **Non-Elective Admissions** – A total of 20,750 admissions were made during the quarter, 2,367 more than target and a 2.2% increase on the same period last year. The target level of non-elective admissions for the year has not been achieved.
- **Residential Admissions** – At the time of writing this report, year-end figures for this indicator have not yet been finalised. There is as the data submission to Government is due at the end of May 2018. However preliminary figures for the year end show the number of new residential admissions remains low (929) and is better than the BCF target (1129) by 200 admissions. Fewer new admissions were made in 17/18 than in 16/17 (1031). The data shown here may be subject to change, and confirmed year end data will be available in mid-June 2018.
- **Delayed Days** – Details concerning Delayed Day's performance to March 2018 can be found in Appendix B.

The Q4 data shows a total of 6,198 delayed days, 1,315 more than the overall target for the period (4,883). The proportion of social care delays in the Quarter has increased from 6% of total delays in Q3 to 9%, the same as reported for Q2. The proportion of NHS delays has fallen to 72% from 77% in Q3 and the proportion of joint delays has increased slightly from 18% in Q3 to 20% in Q4. In terms of delay reasons, overall 66% of delayed days relate to three main reasons:

- waiting for further non-acute care,
- residential care
- care packages in the persons home

Although the target for the year has not been achieved, the number of delays is 25.7% lower than the same period in 2016/17.

- **Reablement** - This measure is based on a 3 month window where people discharged from hospital between October and December are checked to see their status 91 days after discharge. Preliminary data for 17/18 shows 79.6% of hospital discharges into reablement were still at home 91 days after discharge, against a target of 80% for the BCF. This is an improvement on 16/17 where the outturn was 75.4%. During the 2017/18 year, there was also an increase in number of episodes of reablement following hospital discharge (763) compared to 16/17 (668). The data shown here may be subject to change, and confirmed year end data will be available in mid-June 2018.

5. PWC Audit

Lincolnshire CCGs commissioned their auditors, PWC, to conduct an internal audit on the Better Care Fund, specifically with regards to the areas concerning reporting and

governance. The report dated March 2018 was conducted over an extended period between September and December 2017.

The Councils involvement in the process included a number of meetings with the Head of Finance for Adult Care and Community Wellbeing, members of the Adult Care Finance Team as well as the outgoing lead officer for BCF and Special Projects, David Laws. The council also provided the audit team with a large number of written and financial reports.

The findings of the audit centre around three broad recommendations put forward by PWC to resolve apparent shortcomings in the current reporting and governance arrangements, with CCG senior officers given until the 28th September to implement the recommendations, these being:

BCF Financial Reporting and Monitoring

- A detailed finance report is developed that brings together information from each of the sub-delivery boards. These reports should clearly show where the CCGs are at financial exposure due to risk share arrangements for overspends within the s75 agreements including their percentage exposure for each line of expenditure.
- The report is presented to the s75 Finance Group regularly to enable challenge and accountability. This should occur on a monthly basis if reporting to the SET is to be quarterly.
- Terms of reference for the s75 Finance Group are established and that members are reminded of the importance of attending the group.
- That regular finance reports are provided to the System Executive Team that capture information on the total value of the Better Care Fund.
- That regular finance reports are produced and presented to the Governing Bodies and Finance Committees of the CCGs.

BCF Performance Reporting

- That the national performance report is updated for:
 - Definitions for performance measures which should be checked and updated against the 2017/18 BCF planning guidance.
 - Narrative explanations for all four indicators where performance is not in-line with the original plan.
 - A forecast outturn position for the full 2017/18 performance for each target.
- Performance reporting for iBCF is integrated into an overarching performance report that will help to provide a more granular level of analysis of the impact expenditure is having.
- Introduce an overarching performance report that brings together details of the performance monitoring that is occurring through each of the individual project areas/sub delivery groups/boards. This should support the work on clearly mapping out the governance structure.

BCF Governance

- The governance structure for the BCF should be clearly mapped out so that the overarching committee with responsibility can leverage assurance and accountability from the sub structure. .

Work has been ongoing in anticipation of the outcome of the report, which includes:-

- Discussions with the four CCGs concerning the BCF governance have taken place and agreement has been reached to draft a governance structure. Once developed it will be presented for ratification by the Health and Wellbeing Board
- Production of a gap analysis of all financial and performance data in order to establish the partner's ability to produce finance and performance reports across all areas of the BCF.
- A new terms of reference for the S75 Finance Group has been established
- A new finance report is being developed in order to meet the requirements of each CCG

Reports are already presented to S75 finance group and SET on a regular basis on a regular basis, however it is agreed that further work is required to ensure that CCG governing bodies have greater access to reports than is currently the case.

6. Other Developments

The NHS England Strategy Team is aiming to launch a project in the near future focussed on the scale and spread of successful approaches to integration. The project will focus on facilitated groups of peer learning from areas that are advanced in the practice of integrating health and care services. It will seek to produce applicable products which can be used by areas across the country, as part of development towards integrated systems of care.

As one of the Councils leading on the development, Lincolnshire County Council played host to members of the NHS strategy team on 19 April along with colleagues from a number of partner organisations to demonstrate how the BCF is having a positive impact across Health and Social Care in the county.

In addition to this officers of the council attended a workshop as part of the plan to help identify and develop successful approaches to delivering integration programmes in future years

Further workshops are due to take place during the summer ahead of a launch of the scheme nationally.

7. Conclusion

The Board is asked to note the information provided both in this report and the appendices attached.

8. Consultation

None Required.

9. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Financial Analysis 2017/18 Year End Outturn (HWB)
Appendix B	ADASS DTOC Overview Slide March 2018

10. 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 Steven Houchin who can be contacted on (01522 554293) or (Steven.Houchin@Lincolnshire.gov.uk)

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Better Care Fund Financial Analysis - Final Outturn

BCF Protection of Adult Care (POAC) Programme	Budget (£m)	Actual (£m)	Notes
Transitional Care	£ 1.230	£ 1.230	Arrangments required to transfer fund to CCG via S76 agreement once weighted capitation issues have been resolved.
Intermediate Care - Reablement (Base)	£ 2.200	£ 2.000	Represents BCF recurrent investment in base Reablement funding, underspend expected
Community Integrated Reablement Agency Staff	£ 1.400	£ 1.400	Continuation of service delivery via Agency Staff
Residential Rates	£ 3.213	£ 3.213	Fully Utilised
7 Day Working - Assessments and Care Mgt	£ 0.300	£ 0.300	Fully Utilised
AFLTC - Demographic growth	£ 2.125	£ 2.125	Fully Utilised
Specialist Services - Demographic Growth	£ 2.125	£ 2.125	Fully Utilised
Specialist Services - Mental Illness Prevention	£ 0.138	£ 0.138	Transfer to LPFT
Specialist Services - Future Risk Sharing	£ 4.400	£ 4.600	Also includes the increased cost of joint funding
Sub Total	£ 17.130	£ 17.130	

iBCF Programme	Budget (£m)	Actual (£m)	Notes
Carers breaks OP	£ 0.100	£ 0.100	Fully Utilised
Co-Responders	£ 0.400	£ 0.400	Fully Utilised
Care Act	£ 0.288	£ 0.287	Fully Utilised
Trusted Assessors	£ 0.100	£ 0.100	Fully Utilised
Dementia Family Friends	£ 0.420	£ 0.420	Fully Utilised
Neighbourhood Team Development	£ 0.120	£ 0.120	Fully Utilised
Housing for Independence	£ 0.250	£ 0.250	Fully Utilised
Making every contact count - PH Preventative	£ 0.042	£ 0.042	Fully Utilised
LPFT Mental Illness Prevention	£ 0.286	£ 0.286	Fully Utilised
Integrated Personal Commissioning	£ 0.100	£ 0.100	Fully Utilised
Sub Total	£ 2.106	£ 2.105	

Supp iBCF Programme	Budget (£m)	Actual (£m)	Notes
Market Stabilisation - AF HomeCare	£ 1.878	£ 2.325	Reflects the report presented on 1st September 2017, letters have been issued to providers and we are now awaiting invoices for payments for the first half of the financial year.
Market Stabilisation - AF Direct Payments	£ 0.412	£ -	Link between iBCF and related Homecare/CSL rates broken with use of "part b" payments to providers via grant mechansim. Therefore the likelihood of Direct Payment increases as a direct result of other initiatives is reduced but there is an assumption of some limited impact.
Specialist Services - Additional CHC Costs	£ 0.579	£ 0.780	Funding redirected towards the increased cost of joint funding within LD
Market Stabilisation - AF Residential Care	£ 1.125	£ 1.592	Revised to reflect increases based on placements made in 2016/17 - This also assumes that a full annual payment will be made and not from June 10th - Awaiting Procurement
Staffing	£ 0.563	£ 0.563	Posts have now been advertised. Some agency posts to support teams whilst we are recruiting these additional posts is currently being incurred - No change
Quick Response Service/Reablement	£ 1.384	£ 1.569	Transitional Care and Reablement based upon the number of placements that result from a successful discharge from Hospital and are less than seven days length of stay in the care home multiplied by £100. Reablement - Grant agreement to be issued to the contracted Provider of the HBRS, Allied Healthcare in the form of staged payments intended to enable the provider to invest in the delivery of the service with a focus on improving the outcomes in a number of priority areas. This looks to compliment the ongoing base funding in the Reablement Service.
Mosaic & Information Systems	£ 2.300	£ 1.600	Includes additional annual costs for the Mosaic Team and costs of further IT infrastructure investment
Mental Health Awareness Training	£ 0.020	£ 0.020	Fully Utilised
Adult Safeguarding	£ 0.490	£ 0.490	Fully Utilised
Nursing Associates	£ 0.050	£ 0.050	Fully Utilised
Enhanced Health (Care) in Care Home programme	£ 0.200	£ 0.200	Confirmation by LB (11/08/17) that allocation will be used in full. Outcome likely in November 2017.
DTOC	£ 4.000	£ 4.000	DTOC figure increased to cover 2 years funding. Priciple agreed for LCC to hold funding in an earmarked reserve and transfer as per a S76 which has been agreed by LCC & CCGs
Waking Nights	£ 1.500	£ 1.360	Based on activity and growth in costs of waking nights and sleeps in due to guidance from HMRC concerning the right of employees to paid on the basis of NLW
Carers	£ 0.665	£ 0.359	Carers Outreach and Carers Everyone Project, based on business cases presented by Emma Krasinska
Programme Support Costs	£ 0.100	£ 0.358	Updated to now reflect the cost of officer time on BCF from April 2017 onwards
Sub Total	£ 15.266	£ 15.266	

iBCF Programme	Budget (£m)	Actual (£m)	Notes
Disabled Facilities Grant	£ 5.291	£ 5.291	Allocations to District Councils were made in full on 30th June 2017
	£ 5.291	£ 5.291	

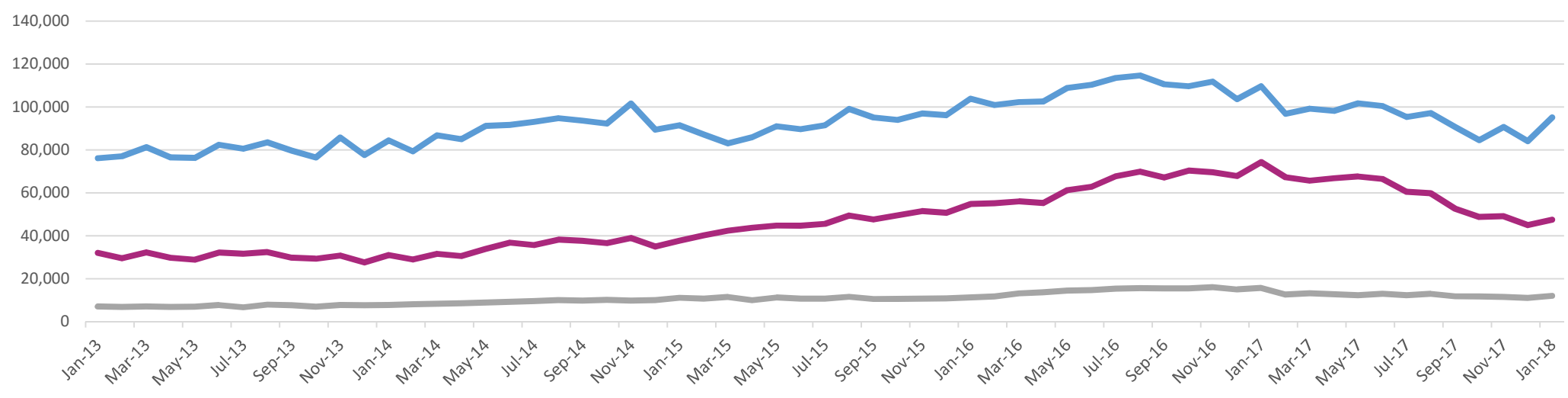
Existing Agreements	Budget (£m)	Actual (£m)	Notes
Intermediate Care	5.700	5.700	Fully Utilised
Neighbourhood Team	26.587	26.587	Fully Utilised
CAMHS S75 Agreement	7.009	7.009	Fully Utilised
ICES	5.800	5.813	Small overspend reflecting a combination of LCCadult Care overspend of £0.405m and CCG underspend of £0.392m
Existing Section 256 Agreement Adults	0.646	0.646	Fully Utilised
Existing Section 256 Agreement Childrens	0.521	0.521	Fully Utilised
Learning Disability Section 75 Agreement	61.079	63.095	Total underspend also include additional £500k invoiced to CCGs for CHC costs over and above intial contribution of £11.4m
Mental Health S75 Agreement (LCC/LPFT)	5.868	6.273	Fully Utilised
Mental Health (CCG/LPFT)	66.974	66.974	Fully Utilised
Transitional Beds S75 Agreement (LCC/LCHS)	1.881	1.881	Fully Utilised
Sub Total	182.065	184.499	

Lincolnshire BCF Total	£ 221.857	£ 224.291
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Variance	£ 2.433
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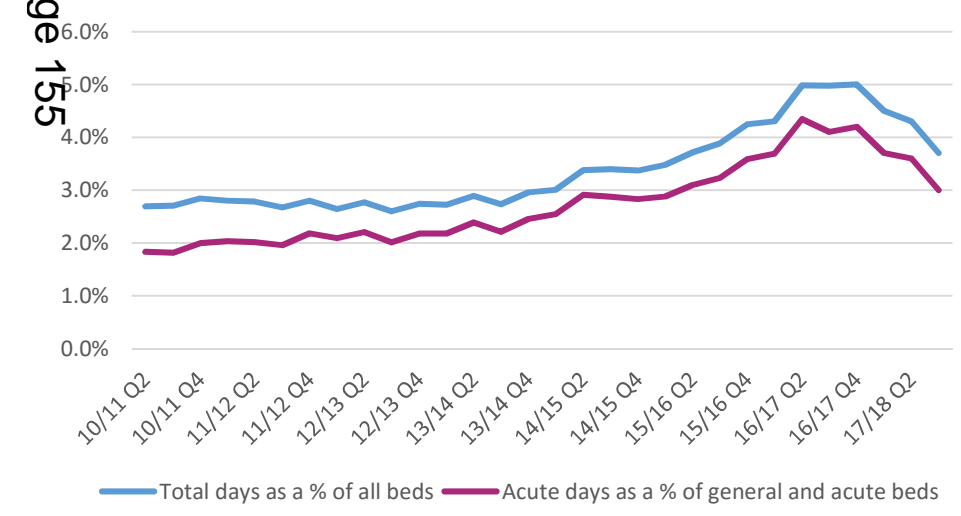
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Number of delayed days by responsible organisation



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Number of delayed days as % of available beds

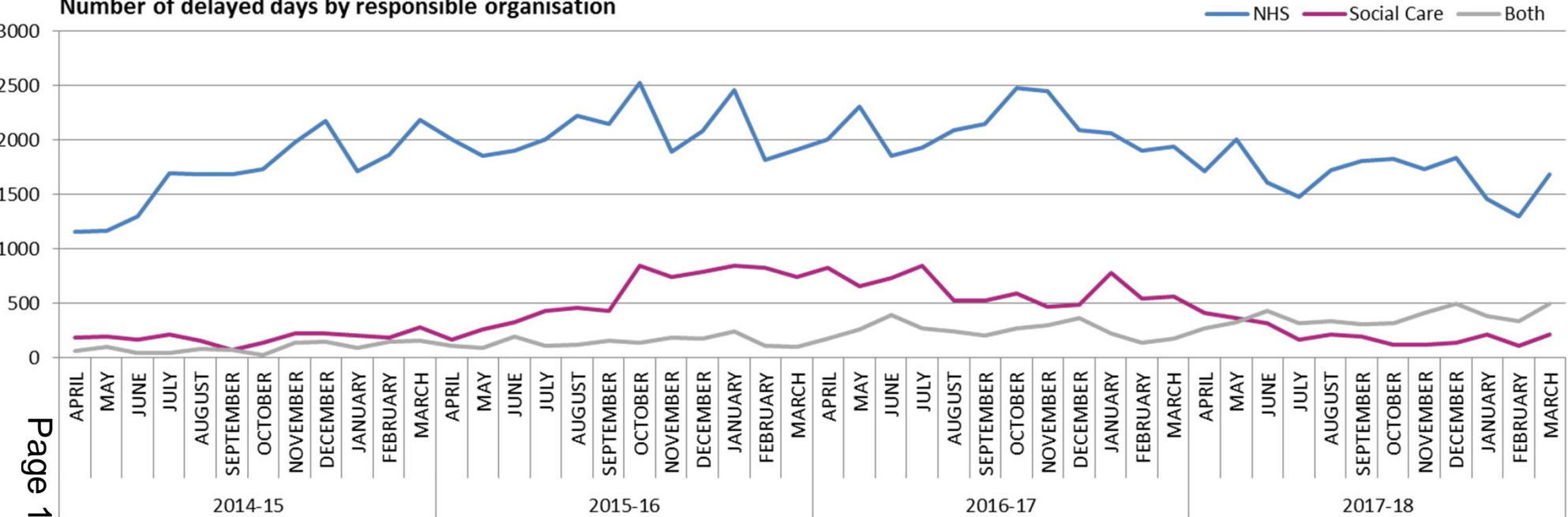


		Mar 18	Mar 17	Change
Total	Number of delayed days, of which	154,602	199,641	-22.6%
	...attributable to NHS	95,172	109,649	-13.2%
	...attributable to social care	47,457	74,288	-36.1%
	... attributable to both sectors	11,973	15,704	-23.8%
		Mar 18	Mar 17	Change
	Number of DTOC beds, of which	4,987	6,440	-22.6%
	...attributable to NHS	3,070	3,537	-13.2%
	...attributable to social care	1,531	2,396	-36.1%
	...attributable to both sectors	386	507	-23.9%

61.6%	of all delayed days were attributed to the NHS (Mar-18)	30.9%	of these were due to patients awaiting further non-acute NHS care
30.7%	of all delayed days were attributed to social care (Mar-18)	36.5%	of these were due to patients awaiting care package in their own home

Lincolnshire days delayed – March 2018

Number of delayed days by responsible organisation



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		Mar-18	Mar-17	Change
Total	Number of delayed days, of which	2,396	2,687	-10.8%
	...attributable to NHS	1,683	1,942	-13.3%
	...attributable to social care	219	564	-61.2%
	... attributable to both sectors	494	181	172.9%
		Mar-18	Mar-17	Change
	Number of DTOC beds, of which	77	87	-10.8%
	...attributable to NHS	54	63	-13.3%
	...attributable to social care	7	18	-61.2%
	...attributable to both sectors	16	6	172.9%

70.2%	of all delayed days were attributed to the NHS (Mar-18)	39.8%	of these were due to patients awaiting further non acute care
9.1%	of all delayed days were attributed to social care (Mar-18)	49.8%	of these were due to patients awaiting care package in their own home

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 June 2018
Subject:	Health and Wellbeing Grant Fund - Update

Summary:

This information report provides the Health and Wellbeing Board with an update on the remaining projects awarded funding from the Health and Wellbeing Grant Fund in March 2015.

Actions Required:

The Health and Wellbeing Board is asked to note the updated provided in Appendix A.

1. Background

The Health and Wellbeing Grant Fund for Lincolnshire (the fund) was originally established in 2008 under a Section 256 Agreement between Lincolnshire County Council and NHS Lincolnshire. It was set up to support projects and initiatives which improve health and wellbeing in Lincolnshire. In November 2014 a revised Section 256 Agreement was signed between Lincolnshire County Council and the four Clinical Commissioning Groups which gave responsibility for allocating the remaining money to the Lincolnshire Health and Wellbeing Board.

In March 2015, the Board agreed to allocate £1,316,234.00 of the Health and Wellbeing Grant Fund to ten projects. As previously reported to the Board, two projects were subsequently withdrawn and two projects concluded in 2016/17.

Since the last update report in June 2017, a further four projects concluded during 2017/18 and details on these projects, along with the remaining two grant fund projects continuing in 2018/19, can be found in Appendix A.

In September 2017, the Board agreed to allocate all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four clinical commissioning groups (CCGs) to support the development of neighbourhood working. As part of this arrangement any underspend from projects listed in Appendix A will be returned to the Fund on completion and added to the allocation made to the CCGs. Therefore the £139,023.70 underspend from the Step Forward project will be included in this arrangement.

In October 2017, a decision was taken by the Lincolnshire Sustainability and Transformation Partnership (STP) to use the Health and Wellbeing money as match funding for an application to the Department of Health's (DOH) VCSE (Voluntary, community and social enterprise) Health and Wellbeing Fund 2017- 18: Social Prescribing. The transfer of the Health and Wellbeing Grant Fund to the CCGs was put on hold pending the outcome of the funding bid to the DOH. In March 2018, Lincolnshire STP received confirmation that the match funding bid had not been successful. Work is now underway to redesign the project using just the Health and Wellbeing Grant fund money.

2. Conclusion

The Health and Wellbeing Board has been given the responsibility for allocating and monitoring the remaining funds in the Health and Wellbeing Grant Fund. This is the fifth update report on the projects since the funding was agreed by the Board in March 2015 and the Board is asked to note the information contained in Appendix A.

3. Consultation

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health and Wellbeing Grant Fund – 2017/18 year-end report

5. Background Papers

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


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

HEALTH AND WELLBEING GRANT FUND PROJECT – 2017 - 18 Qtr 4 report

Appendix A

Project Name:		Project Lifetime	Total Allocated	Total claimed	Total remaining/ Underspend	Project Status
Buddy Up (Care Leavers Mentoring Project)		Oct 2015 – Sept 2017	£150,516.00	£150,516.00	£0	Complete
Description:	<p>To deliver a two year Care Leavers Mentoring Project across Lincolnshire to improve outcomes for both Care Leavers (CL) and volunteers – this is an extension of enhanced support for care leavers. The project aims are to improve outcomes for Care Leavers and Volunteers in the areas below:</p> <ul style="list-style-type: none"> • Engagement in health services • Engagement in Education, Employment and Training (EET) • Emotional well-being • Physical health. 					
Project Lead:	Barnardo's					
Performance	Indicator			Target	Actual	
	Number of volunteers recruited			20	34	
	Number of care leavers matched			60	43	
	Number of interventions			500	259	
<i>Please note these figures are for the period 1 October 2015 – 30 September 2017, and do not include interventions which took place after this date</i>						
Project Update:	<p>The number of interventions were far less than anticipated due to a variety of reasons:</p> <ul style="list-style-type: none"> • Care leavers failing to attend appointments; • Care leavers changing their mind during the matching process; • Matching proved difficult in some geographical areas; • Difficult to match the needs of care leaver e.g. wanted support with NVQ work unable to find a volunteer with skills in that area; • There was a significant dip in interactions over the first Summer; • Some care leavers only required one-off intervention i.e. support to register with GP, attend an appointment; • Despite Leaving Care Workers identifying needs some Care Leavers did not want to engage; • No service at weekends. <p>Whilst the quantitative data shows less than anticipated the qualitative data illustrates positive outcomes for all involved, with volunteers, care leavers and leaving care workers praising the service. As a direct result of the project there have been some improved outcomes for both care leavers and volunteers alike. Feedback gathered as of the project suggests participating care leavers have experienced the following outcomes:</p>					

- More regular attendance and engagement with health services
- Support to access paid work and apprenticeships
- Improved confidence – with one care leaver, for whom English was not their first language, improving their language skills to gain more confidence so that:
 - they no longer need an interpreter at meetings
 - is able to shop and live more independently
 - has enrolled at college to improve their chances of gaining employment in the future
- Positive mentoring support – for example, another care leaver was supported to join Weight Watchers and as a result has lost 11.5lbs. The individual now feels more confident and motivated to attend college.

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Diabetes Education & Resources	Jan 2016 – Dec 2018	£169,800.00	£33,541.13	£136,259.00	
Description:	<p>The HWB agreed to extend this project to deliver:</p> <ul style="list-style-type: none"> • The updated Spotlight education course across the county to support people newly diagnosed with type 2 diabetes. • A range of interventions in conjunction with Diabetes UK to support people newly diagnosed and living with type 2 diabetes • Patient information packs containing support details produced both by Diabetes UK and Lincolnshire specific information • Living with Diabetes Days. • Local Peer Support Groups. 				
Project Lead:	4 Lincolnshire Clinical Commissioning Groups				
Project Update:	<p>The project suffered a set-back due to the delay with the signing of the NHS standard contract with Diabetes UK resulting in the project not being delivered as planned. Progress to dates includes:</p> <ul style="list-style-type: none"> • Updated Spotlight education programme established across Lincolnshire. • Patient support packs for GP Practices delivered to all GP practices. • Peer support groups established and running effectively in Grantham, Skegness, Spalding and Gainsborough. • Promotional work undertaken to promote the four 'Living with Dementia Days' planned for 2018. • 987 patients invited to attend a Spotlight course in 2017/18, of which 706 actually attended a session (71.5%) <p>During 2018 work will be undertaken to consider the legacy of the project and to consider an expansion of the Spotlight programme as part of the STP transformation programme.</p>				

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining / underspend	Project Status
Step Forward	Oct 2015 – Sept 2017	£226,200.00	£87,176.30	£139,023.70	Complete
Description:	<p>The Step Forward project aimed to provide adults with autism, learning disabilities or mental health conditions with support to enable them to take steps towards moving into employment. The project was delivered by Boston College in conjunction with a range of other training partners: Grantham College, Lincoln College, First College, CLIP, Abbey Access Centre, YMCA and TaylorItex. The project also provided help and advice to employers that were willing to provide work experience for people in the cohorts by helping them make the necessary adjustments to the workplace to accommodate any specific needs.</p> <p>Services for individuals were organized into a programme of interventions and activities in a logical order, but with flexibility to skip steps where appropriate, i.e. some participants already had a CV and so did not need this service. Unlike most of the work-related support services sponsored by the Department for Work and Pensions (DWP), people were not accepted onto the programme as a result of being mandated to do so, ensuring there were no risks to people's benefits as a result of not attending booked appointments.</p>				
Project Lead:	Adult Specialist Services through contracted providers				
Project Update:	<p>The project was delivered by Boston College, who sub contract to a number of other providers around the county. Overall, the performance of the project was good. Engagement activities and early learning sessions were well received. However, learners did not progress or move through the pathway as quickly as planned due to their conditions or complex needs. Progress was also often delayed due to the level of support an individual required in order to help them achieve their outcome.</p> <p>The development made by some of the participants has been outstanding; suggesting the outcomes from this project has had a positive impact on their lives. Whilst the majority of individuals engaged have not moved off benefits or into permanent paid work, their participation in the project has enabled them to be engaged in the community and participate in work placements which have benefited them in other ways. A total of 101 individuals participated in the Step Forward programme. Although securing permanent employment was not the primary objective of the project, 9 participants supported to find paid employment.</p> <p>Feedback from participants shows the project provided them with:</p> <ul style="list-style-type: none"> • Increased levels of confidence • Increased awareness of timekeeping • Helped them to further develop their own independence • Supported them to try new things like attending training sessions or take up volunteering roles, something many had not 				

	<p>done before</p> <ul style="list-style-type: none"> • Provided opportunities to experience a work environment and feel part of a team <p>The outcomes star is a visual tool that is helpful when trying to encourage and show people positive changes that have taken place. At the initial engagement session, learners were provided with a professional 'Step Forward' folder in which they were encouraged to keep their paperwork, e.g. CV and covering letter, career action plan and disclosure of need. This was well received by learners as it made them feel valued and gave them something smart to take along to interviews.</p>
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Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining/ underspend	Project Status
Assisting low income households into work	Sept 2015 – Sept 2019	£98,000.00	£81,000.00	£17,000.00	□

Description:	This project is being undertaken as part of the 'Universal Support Delivered Locally' (USDL) work linked to the national Universal Credit rollout agenda. Adults in low income households will be supported to enhance their skills and helping them to improve their employment prospects and potentially increase their income.
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Project Lead:	City of Lincoln in conjunction with Lincoln College
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Project Update:	<p>Due to the procurement process, the programme did not start until September 2015. The training programme has proved very popular and uptake for the courses has been high, in response to the high demand the spend profile for the project has been adjusted to take this into account. The ICT/employment skills courses, delivered by Lincoln College, are run as self-directed learning sessions – learners are working towards their own individual learning aims with tutor support. This model offers greater flexibility to the learner enabling them to work at their own pace and fit it around other commitments.</p> <p>Performance to date:</p> <ul style="list-style-type: none"> • 252 learners have accessed 403 training units; • 204 learners have passed courses and gained qualifications • 103 learners have moved into employment or have progressed within their current employment. It is expected that this figure will rise as a large number of learners have only very recently finished their learning and are only now entering into the tracking period. • Training courses offered has included courses on forklifts, IT and Computer skills, employability skills, customer service and an introduction to social care. <p>Feedback to date suggests the following outcomes are being achieved:</p> <ul style="list-style-type: none"> • Learners have addressed skills gaps and knowledge that was holding them back • Increased confidence to apply for more skilled work • Learners have been able to access courses they previously could not afford to attend
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Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining / underspend	Project Status
Connecting Communities	July 2015 – June 2017	£120,302.00	£120,302.00	£0	Complete
Description:	This project is to further establish and embed sustainability into two resident led, fully constituted partnership groups within the hard pressed communities of Wainfleet and Winthorpe, by funding two part time local coordinators to help develop and co-ordinate activities.				
Project Lead:	Lincolnshire East Clinical Commissioning Group				
Project Update:	<p>The projects aimed to promote better collaboration between health agencies and local communities, with a particular interest in the potential for communities, as key stakeholders, to play a wider role in innovation, prevention and participation. By harnessing the collective strengths of people who live in Wainfleet and Winthorpe in a resident-led problem solving partnership to work with the key agencies to tackle local issues and problems identified by the residents. The funded paid for two part time local coordinators to help develop and coordinate activities as well as help establish a resident led, fully constituted Partnership Group in each community. The Partnerships provide a vehicle to generate enthusiasm and cooperation between residents and key agencies enabling the communities to identify solutions to local community issues. Key achievements from the project include:</p> <ul style="list-style-type: none"> • Community Partnership established in both localities holding bi monthly meetings. However they are at different levels of maturity; Winthorpe is stable with good representation from residents whilst Wainfleet is less developed. • Across both Partnerships, good working relationships have been established with a range of service providers including, Housing, Children’s Services, Health and Police and council departments. • Activities have been developed to promote healthy eating and exercise. • Winthorpe Community Partnership has developed a 5 year community plan and has recently been registered as a Charitable Incorporated Organisation (CIO) – the first Connecting Community project to achieve this in the country. <p>Community based activities have included:</p> <ul style="list-style-type: none"> • Support provided to the Museum & Community Hub to apply for charitable status • Volunteers run advice and signposting sessions to support local residents • Regular lunch clubs held for old and vulnerable people • 3 holiday clubs run involving 75 local children to help promote healthy eating and nutrition education • Lottery and funding bids have been secured to run community schemes • Police surgeries have been established at the community centre • Family Stay and Play sessions organised to encourage children to play together and try new things. Healthy eating also promoted at these sessions. 59 children and families engaged. • £1,800 secured from the Horncastle Health fund to develop a herb and fruit garden at the Community Centre. Volunteers 				

- are now involved in constructing the garden.
- A local Health and Wellbeing event was organised at the primary school; residents were able to talk to a host of service providers including housing: Well-being team; LCC; Health Watch; and many more.
 - In total 144 residents across both communities have benefitted from one or more of the capacity building/training opportunities, including:
 - First aid courses aimed at children and young people which focused on health issues associated with drugs and alcohol
 - CV writing & interview skill training
 - Dementia Friends
 - First Steps Community Planning training
 - Early Presentation of Cancer (EPOC) awareness session.
 - Good links have been established with the Skegness and Coast Neighbourhood Team and referrals to and from the Neighbourhood Team have taken place

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining / underspend	Project Status
Lincs Carers Charter	June 2015 – Dec 2017	£110,600.00	£110,600.00	£0	Complete
Description:	To establish a quality standard 'Kite' mark recognisable to all Lincolnshire carers, providers and partners as a way of addressing some of the difficulties caused by rurality, poor transport infrastructure and sparsity of population. It will also ensure a connection with other areas of work, such as Carers & Employment, where SME's will be supported to meet best practice.				
Project Lead:	Every-One (formally Lincolnshire Carers & Young Carers Partnership)				
Performance	Objective	Target	Actual		
	Number of organisations awarded the Charter mark	75	47 <i>with 197 working toward the accreditation of which 165 are pending assessment</i>		
	Number of organisations receiving Care Awareness Training	75	40 organisations 686 individuals		
	Number of carers receiving services from accredited organisations	500	5000+ <i>It is difficult to accurately assess as carers supported by the East Midlands Ambulance Service can only be estimated</i>		
	Number of organisations that have applied for reaccreditation	75	7		

Project Update:

The project went live in June 2015 and the Kite Mark award and process was promptly established. The Carers Quality Kite mark provides a recognisable quality standard which denotes an organisation meets best practice in the support it provides to unpaid carers. The project covers Lincolnshire with the work being a mix of 1:1 and group engagement, mentoring, assessment and awareness training, in addition monitoring and evaluation to assess impact.

Whilst the project did not meet its target of 75 organisations accredited by Dec 2017, 165 organisational assessments are pending therefore once these are completed the target will have been exceeded. In terms of training whilst we did not reach 75 organisations almost 700 people have received training which far exceeded expectations. Feedback from the organisations involved and from carers suggests the project has had an impact and delivered positive outcomes:

- Carers have experienced an improved access to information and support from accredited organisations. Participating organisations have also seen an increase in the information they have been able to provide carers.
- Greater awareness within participating organisations about the needs of carers including:
 - Health practices being more flexible with appointments
 - An increase in the number of carers registered in GP Practices
 - An increase in the number of carers identified within the hospital setting
 - Specific, tailored support for carers being offered by some organisations
 - Increased uptake in the number of organisations accessing Carer Awareness training
- Increase in the number of carers being identified

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Agenda Item 10c

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	<p>Health and Wellbeing in Lincolnshire: Overview of the 2017 Joint Strategic Needs Assessment</p> <p>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.</p>
	9a	<p>Lincolnshire Sustainability and Transformation Plan (STP) Priorities and Update</p> <p>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.</p>
	9b	<p>Better Care Fund (BCF) 2016/2017 and 2017/2018</p> <p>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.</p>
	10a	<p>Lincolnshire Pharmaceutical Needs Assessment</p> <p>That the report for information be received.</p>
	10b	<p>Health and Wellbeing Grant Fund – Half Yearly Update</p> <p>That the report for information be received.</p>
	10c	<p>An Action log of Previous Decisions</p> <p>That the report be noted.</p>
	10d	<p>Lincolnshire Health and Wellbeing Board – Forward Plan</p> <p>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.</p>
	10e	<p>Future Scheduled Meeting Dates</p> <p>That the following scheduled meeting dates for the remainder of 2017 and for 2018 be noted.</p> <p>26 September 2017 5 December 2017 27 March 2018 6 June 2018 25 September 2018 4 December 2018</p> <p>(All the above meetings to commence at 2.00pm)</p>
26 September 2017	13	<p>Minutes of the meeting of the Lincolnshire Health and Wellbeing Board Meeting held on 20 June 2017</p> <p>That the minutes of the meeting held on 20 June 2017 be confirmed and signed by the Chairman as a correct record.</p>

26 September 2017 (continued)	14	<p>Action Updates from the Previous Meeting That the completed actions as detailed be noted.</p>
	16a	<p>Transport Service Group – 'Connected Lincolnshire' Initiative That support be given to the vision and the associated approach, work streams and projects of the Transport Services Group.</p>
	16b	<p>Physical Activity – 'Whole System Approach' That the Health and Wellbeing Board support the key priorities of <i>Active Lincolnshire</i> subject to any duplication with other priorities being avoided. That <i>Active Lincolnshire</i> be advised to collaborate with District Councils' Network and Lincolnshire Public Health to create a 'whole-system' shift in physical activity across the county. That the strategic fit of creating a 'physical activity alliance' to drive forward the agenda be understood.</p>
	16c	<p>Housing, Health and Care Delivery Group Update That the verbal update be noted.</p>
	16d	<p>Lincolnshire Pharmaceutical Needs Assessment (PNA) 2018 That the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1 April 2018 be noted. That the Terms of Reference for the Lincolnshire PNA Steering Group be received. That the project plan timelines from the Lincolnshire PNA Steering Group on the production of the 2018 Lincolnshire PNA be received.</p>
	16e	<p>Sustainability and Transformation Plan (STP) Update That the progress made with the Sustainability and Transformation Plan in the last three months be noted.</p>
	16f	<p>Better Care Fund (BCF) That the Better Care Fund (BCF) Update be noted. That the Lincolnshire Better Care Fund Narrative Plan 2017-2019, as detailed at Appendix A to the report, be approved.</p>
	17a	<p>Development of the Joint Health and Wellbeing Strategy for Lincolnshire That the evaluation report detailing the engagement on the next Joint Health and Wellbeing Strategy for Lincolnshire be received. That the following priorities be approved for further development as part of the Joint Health and Wellbeing Strategy for Lincolnshire, subject to the inclusion of the comments of the members of the Board:-</p> <ul style="list-style-type: none"> • Mental Health (both Adults and Children/Young People); • Housing; • Carers; • Physical Activity; • Dementia; and • Obesity <p>That the members of the Health and Wellbeing Board who would lead on the further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire be allocated at a later date.</p>

<p>26 September 2017 (continued)</p>	<p>17b</p>	<p>Health and Wellbeing Grant Fund – Allocation of Remaining Funds That the recommendation from the Health and Wellbeing Fund Sub Group to allocate all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups be approved. That the proposal for the four Clinical Commissioning Groups to use the funds to develop neighbourhood working with a specific focus on building resilience in the Voluntary and Community Sector be approved. That approval be given for the monitoring of the projects to be carried out through existing reporting mechanisms for the development of neighbourhood working. That an update on the projects be provided to the Health and Wellbeing Board in six months.</p>
	<p>18a</p>	<p>Joint Health and Wellbeing Strategy (JHWS) 2013-18 – Annual Dashboard Reports That the report for information be received.</p>
	<p>18b</p>	<p>An Action Log of Previous Decisions That the report for information be received. That an item on <i>ACTion Lincs</i> be added to the Forward Plan for a future meeting.</p>
	<p>18c</p>	<p>Lincolnshire Health and Wellbeing Board Forward Plan That the report for information be received. That an item on the <i>Role of District Councils in Health and Wellbeing</i> be added to the Forward Plan.</p>
<p>5 December 2017</p>	<p>21</p>	<p>Minutes of the Meeting of the Lincolnshire Health and Wellbeing Board Meeting held on 26 September 2017 That the minutes of the meeting held on 26 September 2017 be confirmed and signed by the Chairman as a correct record.</p>
	<p>22</p>	<p>Action Updates from the Previous Meeting That the completed actions as detailed be noted.</p>
	<p>24a</p>	<p>Joint Health and Wellbeing Strategy That the presentation and comments be noted. That the statutory requirements for safeguarding be amended to be more obvious throughout the document.</p>
	<p>24b</p>	<p>Lincolnshire Pharmaceutical Needs Assessment 2018 That the conclusions of the draft PNA be noted. That the draft PNA, in preparation for consultation, be approved by the Board. That a consultation on a draft PNA for Lincolnshire planned between 11 December 2017 and 11 February 2018 be noted. That the progress and project plan timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2018 Lincolnshire PNA be noted.</p>
	<p>24c</p>	<p>Lincolnshire Health and Wellbeing Board Membership Review That the membership changes, as recommended by the Working Group, to add the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board, be endorsed. That the proposed recommendations be formally submitted to Full Council in February 2018 to enable appropriate changes to be made to the County Council's Constitution, be agreed.</p>

5 December 2017 (continued)	25a	East Lindsey Strategic Health and Wellbeing Partnership's Quality of Life Health and Wellbeing Strategy 2017-18 That East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18, noting the refresh in 2018 to align to Lincolnshire's Joint Health and Wellbeing Strategy priorities and timelines for revision, be endorsed.
	26a	Sustainability and Transformation Partnership (STP) Update That the report for information be received.
	26b	Better Care Fund That the report for information be received.
	26c	Housing Health and Care Delivery Group Update That the report for information be received and further comments noted.
	26d	An Action Log of Previous Decisions That the report for information be received.
	26d	Lincolnshire Health and Wellbeing Board Forward Plan That the report for information be received. That an item on the <i>Lincolnshire Health and Wellbeing Board Membership</i> be added to the Forward Plan.
27 March 2018	29	Minutes of the Meeting of the Lincolnshire Health and Wellbeing Board held on 5 December 2017 That the minutes of the meeting held on 5 December 2017 be confirmed and signed by the Chairman as a correct record.
	30	Action Updates from the Previous Meeting That the completed actions as detailed be noted.
	32a	Lincolnshire Pharmaceutical Needs Assessment 2018 That the final Pharmaceutical Needs Assessment (PNA) 2018 be approved for publication by 1 April 2018.
	33a	Joint Health and Wellbeing Strategy for Lincolnshire That the further development of the Joint Health and Wellbeing Strategy be noted. That further consideration of taking a 'whole system' approach to Obesity be agreed. That an approach to align other strategies to the Joint Health and Wellbeing Strategy (JHWS), wherever possible, be supported. That the two 'embed prevention' themes be aligned as recommended within the report. That a quick-focussed engagement exercise during April 2018 in relation to the development of the delivery plans for each priority area be supported.
	33b	Health and Wellbeing Board Development Sessions – Proposal That a workshop, facilitated by the Local Government Association, be held in June 2018. That an invitation to the workshop be extended to district council members and healthcare professionals.
	33c	Housing, Health and Care Delivery Group Update That the progress to-date be noted. That an item entitled "Wellbeing Service" be added to the Forward Plan for future consideration.
	34a	Better Care Fund – Update That the report for information be received.

27 March 2018 (continued)	34b	An Action Log of Previous Decisions That the report for information be received.
	34c	Lincolnshire Health and Wellbeing Board Forward Plan That the report for information be received.

Lincolnshire Health and Wellbeing Board Forward Plan: March 2018 – December 2018

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
<p>5 June 2018</p> <p>2pm, Committee Room 1, County Offices, Lincoln</p>	<p>Annual General Meeting Election of Chair and Vice Chair</p> <p>Terms of Reference and Procedural Rules, roles and responsibilities of core Board members To reaffirm the Board's governance arrangements Alison Christie, Programme Manager Health and Wellbeing</p> <p>Joint Health and Wellbeing Strategy To receive a report asking the Board to formally sign off the new Joint Health and Wellbeing Strategy for Lincolnshire, associated delivery plans and Governance & Accountability Framework David Stacey, Programme Manager, Strategy and Performance</p>	<p>Winter Review and Planning To receive a report on the planning process across the health and care system for Winter 2018/19 Samantha Milbank, Accountable Officer LECCG & Ruth Cumbers, Urgent Care Programme Director & SRO STP Urgent Care Programme</p> <p>Health and Care staff recruitment and retention To receive a presentation on the issues facing Lincolnshire and the steps being taken to address staff shortages and skills gaps Dr Adrian Tams, Health Education England Transformation Manager for Lincolnshire, with additional input from representatives of the University of Lincoln, Bishop Grosseteste University and Lincoln College</p>	<p>Better Care Fund Update To receive an information report updating the Board on the BCF Glen Garrod, Director of Adult Care & Community Wellbeing</p> <p>Health and Wellbeing Grant Fund – Update To receive a half yearly information report on the Health and Wellbeing Grant Fund projects. Alison Christie, Programme Manager Health and Wellbeing</p>
<p>25 September 2018</p> <p>2pm, Committee Room 1, County Offices, Lincoln</p>		<p>Wellbeing Service To receive a report on the Wellbeing Service supports the wider health and care system and the ongoing developments to link with the work of neighbourhood teams. Chief Officer for Prevention</p> <p>Care and Support Green Paper for Older People To receive a report on the Green Paper and to discuss the implications for Lincolnshire TBC</p>	<p>Sustainability and Transformation Plan To receive an information report updating the Board on Lincolnshire's STP John Turner, Chief Officer South Lincolnshire CCG</p> <p>Better Care Fund Update To receive an information report updating the Board on the BCF Glen Garrod, Director of Adult Care & Community Wellbeing</p> <p>Housing Health and Care Delivery Group Update To receive an update report from the HHCDG, including information on the Supported Housing Consultation</p>

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
			<p>Cllr Wendy Bowkett, Chairman of the HHCDG</p>
<p>4 December 2018</p> <p>2pm, Committee Room 1, County Offices, Lincoln</p>		<p>LGA Facilitated Workshop – Improvement Plan To consider the outcome/improvement plan arising from the peer review work facilitated by the Local Government Association. TBC</p> <p>Health and Wellbeing Board Membership To consider any further changes to the HWB membership TBC</p>	<p>Sustainability and Transformation Plan To receive an information report updating the Board on Lincolnshire's STP John Turner, Chief Officer South Lincolnshire CCG</p> <p>Better Care Fund Update To receive an information report updating the Board on the BCF Glen Garrod, Director of Adult Care & Community Wellbeing</p> <p>Housing Health and Care Delivery Group Update To receive an update report from the HHCDG, including information on the Supported Housing Consultation Cllr Wendy Bowkett, Chairman of the HHCDG</p>

To be timetabled

- University Research Opportunities
- Mental Health Crisis Care Review