County Offices
Newland
Lincoln
LN1 1YL

18 March 2019

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 26 March 2019 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Head of Paid Service

MEMBERS OF THE BOARD (*)

Lincolnshire County Council: Councillors: Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) (Chairman), Mrs P A Bradwell OBE (Executive Councillor Adult Care, Health and Children's Services), 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 OBE (Head of Paid Service), 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 South West Lincolnshire CCG) and Dr Stephen Baird (Lincolnshire East CCG)

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

Police and Crime Commissioner: Marc Jones

Lincolnshire Co-Ordinating Board: Elaine Baylis

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 26 MARCH 2019

7 Information Items

7a Better Care Fund Update 45 - 60

(To receive an information report from Steve Houchin, Head of Finance – Adult Care and Community Wellbeing, which provides the Board with a quarterly finance and performance update on Lincolnshire's BCF Plan 2017/19)

7b An action log of previous decisions 61 - 64

(For the Health and Wellbeing Board to note decisions taken since June 2018)

7c Lincolnshire Health and Wellbeing Board Forward Plan 65 - 66

(This item provides the Board with an opportunity to discuss matters for future meetings, which will subsequently be included on the Forward Plan)

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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
11 DECEMBER 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 and N H Pepper

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Social Services) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Donald Nannestad (District Council)

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

Healthwatch Lincolnshire: John Bains

Police and Crime Commissioner: Marc Jones

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), David Fannin (Chief Executive, Lincolnshire CVS), Philip Garner (Health Improvement Programme Manager), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Theo Jarratt (County Manager, Performance Quality and Development), Semantha Neal (Chief Commissioning Officer, Public Health), Kirsteen Redmile (Lead Change Manager, Integrated Care, STP System Delivery Unit), Councillor Dr Michael Ernest Thompson, John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership) and Rachel Wilson (Democratic Services Officer)

19 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for Absence were received from Councillors Mrs PA Bradwell OBE, C E H Marfleet and C R Oxby.

Apologies for absence were also received from Debbie Barnes OBE, Executive Director for Children's Services and Elaine Bayliss.

It was also noted that John Bains was attending from Healthwatch in place of Sarah Fletcher.

20 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of interest at this point in the meeting.

21 MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2018

RESOLVED

That the minutes of the meeting held on 25 September 2018 be signed by the Chairman as a correct record subject to the following amendments:

- Page 8 – minute 17c – correction of 'car providers' to 'care providers'
- That Councillor D Nannestad be marked as being present
- That the attendees present be marked as belonging to the correct groups.

22 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions, as detailed in the report, be noted.

23 CHAIRMAN'S ANNOUNCEMENTS

An additional sheet of Chairman's Announcements was circulated, which included updates in relation to the Autism Self-Assessment Framework; Special Educational Needs and Disabilities – Inspection outcome; Staying Safe Online Campaign; and Joint Health and Wellbeing Strategy Network Event.

It was noted that rural health and care seemed to be higher up the national agenda and so every opportunity was being taken to highlight the issues. It was noted that the Rural Health and Care Centre in Lincolnshire had been launched which would be carrying out work for all areas of the Country. It was also noted that there were various pieces of work going on in Westminster in relation to rural health and care issues.

It was highlighted that one of the issues was that there seemed to be many different ways to define rurality, and just as many different formulas to use to calculate funding. There was a need for an acknowledgement that it cost more in rural areas to provide the same service. It was also noted that residential and care homes tended to be smaller in rural areas, and it was suggested that a change to the legislation to allow one nurse to cover 5 or 6 smaller homes would be useful.

In relation to the Ambulance summit, it was queried whether there would be any links into the Wellbeing Service, and it was confirmed that there would be, as well as links between EMAS and possibly LIVES being worked up. It was commented that it would be possible to increase the capacity of the Wellbeing Service, but there was a need to let the Service bed in over winter. A governance model was in place, and would be chaired by Councillor Mrs P A Bradwell.

RESOLVED

That the Chairman's announcements be noted.

24 JHWS PRIORITY DELIVERY GROUP UPDATE

24a Developing a Blueprint for a more active Lincolnshire

Consideration was given to a report presented by Jayne Mitchell, Phil Garner and Louise O'Reilly on behalf of the Lincolnshire Physical Activity Taskforce, which provided and update on developments to establish a Lincolnshire Physical Activity Taskforce (L-PAT) and an approach to producing a Blueprint for a More Active Lincolnshire.

It was reported that an L-PAT was established in summer 2018 and had begun to engage partners to develop Lincolnshire into a more active and healthy county. Key developments included:

- Governance and management structures for L-PAT agreed
- Establishment of an Executive group
- Vision, purpose, goals and high level objectives for 'A Blueprint for a More Active Lincolnshire' agreed;
- Employment of L-Pat Strategic Programme manager
- Public launch of L-PAT – 18 October 2018
- Engagement with local authorities and partner agencies
- Agreement to have a district based approach.

Members were provided with an opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- Officers were congratulated for getting to this point.
- For those districts that were struggling to get beyond 30% activity, there would be a big challenge.
- It was queried whether the survey results were from Sport England, and officers advised that they would be looking to use a number of data sets including those from Sport England and Public Health England.
- In relation to the survey data on page 47 of the agenda pack, it was queried what the definitions of each category were. Members were advised that inactive referred to less than 30 minutes of exercise per week, fairly active was between 30 – 150 minutes of moderate activity per week and active was over 150 minutes of moderate to vigorous activity per week.
- In relation to Fitbit's, it was noted that many people wore them, and it was queried whether it would be possible to access that data. It was commented that the technology did exist, but there would be other issues to resolve before this would be possible.
- In relation to work to tackle alcohol abuse, it was queried whether this also included foetal alcohol syndrome, as this could also impact on those children who were adopted. It was noted that no data on this had been seen and it was not thought that it was in the public health outcomes any more, however, there was a maternal health topic within the JSNA and it may be touched upon under that.
- Members were pleased to see this report, and noted that there was a lot of good work taking place already. This was an opportunity to make a real

difference and it was reported that there had been a meeting of the delivery group the previous week.

- It was suggested that there was a need for more integration between groups and for them to work together. It was noted that members of each group would attend other groups.
- There was a need to get employers more involved in promoting physical activity as they controlled a lot of a person's time during the day. It was noted that the police were doing a lot of good work, and that the districts and county council could probably do more in this area.
- A meeting was held on 26 November 2018 which brought together the delivery group leads and they started mapping out where the strong overlaps of agenda's and also where there were potential gaps. For example, how physical activity and housing could be linked together by working with key decision makers in planning to find ways to integrate opportunities for physical activity, such as cycle paths. It was noted that this would take some co-ordination and prioritisation, but physical activity had a place in each of the other groups.
- The report was welcomed and it was commented that it had been well put together. It was noted that the positive impacts on health could not be minimised and GPs were trying to work in the lifestyle agenda. The issue would be how to link GPs as well as CCG's into this work as the potential benefits were huge. It was noted that this was a gap that it was hoped could be closed, and an approach had been made to clinical colleagues and other representatives. However, some had been a little reluctant in stepping forward.
- It was noted that one of the links was the use of physical activity to improve mental wellbeing. A lot of work was ongoing with the Police to ensure that the workforce was physically fit. Work was also underway on how physical activity could be used to reduce offending by using the social bonds of sport to reduce reoffending, as social isolation was one of the key factors that led people to reoffend.
- It was commented that it was nice to see that a broad brush approach was being taken, and getting the bulk of the population to be a little more active would be more productive than encouraging a small group to do a lot more exercise.
- The L-PAT was looking around the country at best practice and it was reported that walking and cycling came out as the most common activities in the active lives survey. One of the things that was talked about was how to start to change behaviour, and it was thought this was best through a bottom up approach.
- It was queried whether there were lessons to be learned from North Yorkshire as they had a high proportion of active people than the majority of other counties.
- It was highlighted that cycling was an important way for people to increase their activity, but a lot of people felt it was too dangerous to cycle on the roads. To encourage more people to cycle, it was important that they felt safe on the roads. It was noted that this was the essence of a whole system approach, making people that did not normally see the impact of the decisions they made

aware of these sorts of issues, such as did planning decisions make it easier to be active, were there places to cycle or walk in housing developments.
- It was acknowledged that some changes would take a long time to implement, but officers were working with different projects on this.

RESOLVED

That the progress made with establishing a Lincolnshire Physical Activity Taskforce and developments to produce a Blueprint for a More Active Lincolnshire be noted.

25 DISCUSSION ITEMS

25a NHS Planning - Update

The Lincolnshire Health and Wellbeing Board received an update from John Turner, the Executive Lead for Lincolnshire for the STP, which provided an overview of what was going on in the NHS both nationally and locally.

It was thought that national NHS long term plan would have been published by now, however it seemed to have been caught up in the ambiguity around the current national picture.

It had been recently announced that there would be a 3.4% uplift of the NHS budget for the next five years, and CCG's would be expecting to receive their five year allocations over the coming few weeks. It was reported that the Secretary of State had identified three priorities which were expected to be picked up in the long term plan and were as follows:
- Prevention
- Workforce – it was acknowledged that there issues with NHS workforce across the country as there were 100,000 vacancies
- Use of IMT and digital technology

It was also noted that a number of clinical priorities would follow, and were expected to be around cancer, mental health, cardiovascular and respiratory disease and diabetes.

It was expected that an integrated care system would be developed as part of the STP, with some features being relatively new but some would be a return to a common sense approach to working together in a joined up way.

There was an expectation of stronger and more effective partnership working between the NHS and local authorities across the country. It was noted that a letter had been sent to all chairs of Health and Wellbeing Boards in relation to the long term plan.

There would be a requirement to have an open discussion with the public and their representatives and staff about the issues and how they were going to be addressed locally. There was a need for certainty in order to be able to start moving forward.

It was noted that the Board would be aware that the current regime in the health service was that CCG's were accountable to NHS England, who was then accountable to NHS Improvement. It had been suggested that this needed serious attention. New regional directors had been announced and this information was now in the public domain.

Locally, planning for 2019/2020 was underway, and a lot of planning guidance had been received, and it was expected that 'system integration' would be the key term to expect.

Districts and CCG's were working together in an open book way, and had an intention for a shared system. The issue would be how would the systems be maintained and developed for the populations they serve. There was a need to reach a point of clarity by 14 January 2019. It was about ensuring that as much care as possible could be provided in the home so a person's requirement to attend hospital would be minimised.

CCG's would be required to make savings by 2021, and many of these would be in the back office and administration areas.

It was acknowledged that there would be a challenge and significant issues around quality workforce and funding. There was a need to integrate community care and local services. In terms of population health management, work was underway to proactively manage the health of the population, mainly around diabetes and frailty.

The Health and Wellbeing Board would be aware that an acute services review was being undertaken and it was noted that a lot of work had been circulated internally. An assurance process was being undertaken on NHS England. This would be a full and open public consultation process and should be taking place in early summer 2019.

Members were provided with the opportunity to ask questions to the officers present in relation to the update provided and some of the points raised during discussion included the following:

- It was reported that problems had been experienced in getting representatives from the NHS to attend meetings of the Health and Housing Delivery Group. It was noted that numerous people had been invited. Members were advised that this information would be taken back to NHS colleagues.
- It was commented that housing was fundamental, and there was a need for new houses to be built and for the infrastructure to accompany it.
- The news of the senior management teams at CCG's combining was welcomed.
- It was queried what progress had been made with neighbourhood teams, and it was noted that work had continued quietly. There had been a huge amount of development on the ground and a lot of work had taken place. There were 3-4 teams which were well developed and were making significant changes and having an impact on the population they served. The Spalding neighbourhood team was an example of a difference could be made to people

leaving hospital. It was also noted that the Lincoln South team had done some impressive work supporting people in care homes.

- It was queried whether an invitation would be open for Councillor Worth to meet with the team with in Spalding, and it was confirmed that this would be welcomed. It was suggested that it may be useful for the Board to have a report on this in the future.

RESOLVED

That the update be noted.

25b Neighbourhood Working - The Social Prescribing Project

Consideration was given to a report presented by Kirsteen Redmile, Lead Change Manager STP System Delivery Unit, and David Fannin, Chief Executive Lincolnshire CVS, which updated the Health and Wellbeing Board on the progress being made in implementing a social prescribing model into Lincolnshire which had been part funded by the Health and Wellbeing Grant Fund.

It was reported that Social prescribing project was being run as a 'proof of concept' and was an integral part of the Neighbourhood Working programme. It was also closely linked to the NHS England Personalised Care Demonstrator sites of which Lincolnshire was one of three across the Country.

The report set out how the project had been expanded from its initial conception in Gainsborough to rolling out across the County from September 2018, the progress to date, some of the early findings and the actions that were needed to be able to demonstrate to the system the value and importance of social prescribing to the health and care community.

The Board was guided through the report and provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- In each of the CCG areas, delivery was carried out face to face.
- It was noted that most of the referrals came from GP's, but not exclusively.
- People who were referred into this programme would be worked with for around 12 weeks.
- In relation to one of the case studies set out in the report, it was commented that it had been interesting to note that it had been discovered that the partner of the person referred was in need of additional support.
- It was suggested that there was a need to find a way to measure how much money had been saved through this project.
- There was a need for a joint strategic asset model. There was a need to understand what assets existed so that a start could be made to bring them together at a Lincolnshire level.
- It was noted that there was not a need for every area to be consistently on the same level. If there was something that worked well in one area it should be

allowed to continue. It would be important to find those things which were working well.

- It was reported that it was quickly identified in Gainsborough that there was little support for low level prevention of diabetes. Since then, a diabetes café had been established which was well attended.
- It was about identifying people's needs and matching them to the help that was available. It was suggested that this would become a way of working and 'social prescribing' as a term would disappear.
- It was noted that some districts were unsure of the referral route. Members were advised that this would be picked up outside of the meeting.
- It was queried who set the strategic direction, and it was noted that this was an opportunity to look at how the Health and Wellbeing Board could contribute to neighbourhood working and pull everything together.
- It was noted that promotional material was being worked on which would provide people with very clear contact points.
- In relation to the vacant posts highlighted on page 61 of the agenda pack, it was confirmed that these posts had been recruited to.

RESOLVED

1. That the content of the report be noted.
2. That the current progress and key actions be noted.
3. That the Health and Wellbeing Board support the development of a strategic approach for social prescribing in Lincolnshire.

25c Connect to Support Lincolnshire

Consideration was given to a report presented by Theo Jarratt, County Manager – Performance Quality and Development, which updated the Board on the development and launch of the partnership information and advice service. It was reported that the service consisted of an online directory of services and information called Connect to Support Lincolnshire and for those who were not as confident online, there was also a telephone and live chat support service provided by Lincs2Advice.

It was reported that the aim of the service was to guide people to access the most appropriate care for their needs. Through self-service, people would be able to find and select the services that would help them to keep them healthy, independent and safe. Those people with relevant needs could then be directed, as appropriate, to social care and health services for further assistance.

The Board was advised that the service was 'live' at the start of December 2018. Further work was planned to develop the service along the following lines:

- Phased addition of directory and page content
- Work with a user panel to shape use and future developments
- Expansion of the service to include an e-marketplace
- Introduction of a customer portal and integration with case management system MOSAIC

The Board received a short demonstration of the online service and were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was noted that this had been an integrated piece of work which had been jointly funded, and the contract would run for the next five years. There were around 650 records of services both registered and unregistered on the system.
- The content was being built to be more comprehensive.
- It was queried whether it would be possible to share data with the Police so they could have a list of vulnerable people. The Board was advised that this would not be possible as it was a directory of services and would provide signposting and awareness for particular services. It would not store personal information.
- There was a forward plan to extend this into development of an e-marketplace, which would be useful for those receiving direct payments as they would be able to purchase services without any money changing hands.
- It was also noted that an artificial intelligence (AI) system was being developed which would learn from searches that people made and would start to suggest alternatives and the most appropriate care for people.
- It was queried how people would know that the site was health related, and it was noted that the LCC and NHS logos were located at the bottom of the page.
- It was noted that in relation to the name of the site, it was a well-known name across the sector. The live chat and telephone support would be provided by Lincs2advice.
- The aim was for people to use the site for themselves, as well as social workers, staff and family members.
- It was highlighted that one of the great flaws of a directory of services was that they would usually be out of date as soon as they were published, so members were pleased to see that this one would be updated regularly and it be ensured that it would be locally relevant.
- There would be a search facility so that people could search for services in their area, and it was noted that the smallest search range would be within a five mile radius of the post code.
- Organisations would need to specify what areas they would provide services to.
- It was queried whether there could be a joined up approach to the victim support directory so that they were not competing with each other.
- It was noted that a governance group would be set up.

RESOLVED

1. That the Board noted the launch of the Connect to Support service
2. That the Board members would publicise the service
3. That Board members would advise the author and presenters of potential content and uses for the service

25d A memorandum of understanding to support joint action in Lincolnshire on improving health through housing

Consideration was given to a report presented by Sem Neal on behalf of the Housing, Health and Care Delivery Group which advised that the role of housing in achieving and maintaining good health, and the need to connect housing services with health and social care agencies, was well recognised nationally and locally. Lincolnshire's Health and Wellbeing Board had included housing as one of seven priorities in its Joint Health and Wellbeing Strategy (JHWS) and established the Housing, Health and Care Delivery Group (HHCDG) to oversee the Housing Delivery Plan.

The HHCDG identified the need to agree a strategic vision with principles and core values for a Lincolnshire approach to working across the housing, health and care sectors. The memorandum of understanding attached to the report articulated the benefits of collaborative working and created an opportunity for better understanding the preventative role that housing could play in achieving good health outcomes and sustaining independence.

The Board was provided with the opportunity to ask questions to the officers present in relation to the information contained in the report and some of the points raised during discussion included the following:

- It was noted that all districts had agreed to support this and it was hopeful that this would lead onto bigger things.
- It was highlighted that out of 151 Health and Wellbeing Boards around the country, only 14 had identified housing as a priority in their JSNA (including Lincolnshire)
- It was noted that all partner agencies had provided feedback, and it had been updated to ensure it was Lincolnshire focused.
- The action plan and priority delivery plan had been included in the memorandum of understanding, and it was noted that this was vital to everything that the Group did.
- The action plan would be updated early in the new year, as almost all of the actions were in progress or were now complete.
- Districts would be working together to take this forward. If Board members were aware of anything which needed to go into action plan, which was not already there, officers would be pleased to hear this.
- It was noted that this had been through the CCG's Boards.
- It was highlighted that some districts were still taking it through their governance processes, so it may be a while before this was complete, but they had all agreed to sign up to it.
- There was a need to ensure that the MoU was fit for purpose, and the Board was reassured that it would be refreshed and renewed as necessary.

RESOLVED

That the Lincolnshire Health and Wellbeing Board:

1. Support and work towards achieving the aims and ambitions in the Memorandum of Understanding
2. Be the conduit for gaining formal signatures from all relevant stakeholders.
3. Agreed to promote this MoU, its aims and ambitions, at every opportunity within individual organisations and relevant partnerships.

25e Better Care Fund Scheme Review

Consideration was given to a report presented by Steve Houchin, Head of Finance - Adult Care and Community Wellbeing, which provided the Lincolnshire Health and Wellbeing Board (HWB) with an update on Lincolnshire's Better Care Fund (BCF) Plan for 2018/19 including proposed revisions to allocations made in the original plan and a description of the next steps required in implementing those changes.

It was reported that the plans were originally presented by the Joint Executive Team earlier in the summer with approval of the plan given by the relevant senior officer of the Lincolnshire CCG's in November 2018.

The Board was guided through the report and provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised included the following:

- The changes which had been made were relatively minor.
- It was accepted that it was a technical and financial document but it was suggested that it would be helpful to have an executive summary or something which described how the BCF had been spent.
- It was noted that it could be suggested that a glossary of terms could be provided, as well as a summary of what schemes were.
- There were a lot of schemes that had been in existence and had been packaged together.

RESOLVED

That the proposed changes be noted and that the Health and Wellbeing Board recommend that the changes be approved at the next available Health and Wellbeing Board.

26 INFORMATION ITEMS

26a Better Care Fund

Consideration was given to a report which provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plan for 2017-2019. There was also a finance and performance update showing the current position contained within the report.

It was noted that in relation to the extra funding, it was suggested that if it could not be spent in the allocated time, it should be asked whether it could be added to the general fund.

RESOLVED

That the Lincolnshire Health and Wellbeing Board note the BCF report update.

26b An action log of previous decisions

The Board received a report which noted the decisions taken since September 2018

RESOLVED

That the report for information be received.

26c Lincolnshire Health and Wellbeing Board Forward Plan

The Board received and considered a copy of its Forward Plan.

RESOLVED

That the report for information be received.

The meeting closed at 4.40 pm

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
05.06.18	**8a**	**TERMS OF REFERENCE AND PROCEDURE RULES, ROLES AND RESPONSIBILITIES OF CORE BOARD MEMBERS** Key roles and responsibilities of individual core members, as listed on pages 46 and 47 of the agenda pack, should also include the Office of the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board of the STP	The key roles and responsibilities have been updated to include the Office of the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board of the STP.
	8b	**JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE 2018** • That the publication of the Joint Health and Wellbeing Strategy document be agreed; • That the basis for progressing the delivery of the Joint Health and Wellbeing Strategy for Lincolnshire by way of Delivery Plans be agreed; • That the adoption of the proposed Governance Accountability Framework by the Lincolnshire Health and Wellbeing Board be agreed;	The Joint Health and Wellbeing Strategy, along with the delivery plans and supporting documentation, have been published on the council's website. Communications have been sent to key partners and stakeholders to promote the strategy and an article has appeared in June's HWB newsletter. In addition, over the summer the Chairman, Director of Public Health and the Programme Managers have attended a number of events and meetings around the county to promote the strategy. Ongoing engagement will be built into the JHWS programme over the life span of the strategy. A Joint Health and Wellbeing Strategy – Joint Delivery Group Workshop, to help promote joint working across the JHWS priorities was held on 26 November 2018.
25.09.18	**16b**	**LINCOLNSHIRE JOINT STRATEGY FOR DEMENTIA 2018-2021** • That the Health and Wellbeing Board approve the draft Joint Strategy for Dementia as shown in Appendix A of the report. • That a summary document for the Strategy be developed. • That the Health and Wellbeing Board note that the Strategy will also be presented to the Adult Care and Community Wellbeing Scrutiny Committee.	The Joint Strategy for Dementia 2018 -2021 was presented to the Adults and Community Wellbeing Scrutiny Committee on 10 October 2018. The summary document is to be developed taking account of best practice guidance, and with the involvement of people who live with dementia, their families and carers. The Dementia Conference, to launch the new Strategy, has been rescheduled for February 2019.

	17a	**MULTIAGENCY REVIEW OF MENTAL HEALTH CRISIS SERVICES** • That the Health and Wellbeing Board note the recommendations of the review and oversee the implementation of those recommendations agreed by lead commissioners.	Following the HWB meeting, a meeting was held with representatives from the STP Mental Health Group to look at developing an overarching plan covering all the strands of work relating to mental health. The intention is for this plan to become the JHWS Mental Health Priority Delivery Plan. A workshop with wider partners is planned for early December to follow up this work and finalise the plan.
	17b	**WORKING TOGETHER TO CREATE SAFE, WELL COMMUNITIES – POLICING AND MENTAL HEALTH DEVELOPMENT PLAN** • That further work be carried out to identify how this would link with current strategies.	
	17c	**CONSULTATION ON THE CONTRACTING ARRANGEMENTS FOR INTEGRATED CARE PROVIDERS (ICPS)** • That the implications of the ICP consultation be noted; • That a response to the consultation be produced on behalf of the Board by the Director of Public Health and the Programme Manager and circulated to members for comment.	Draft response prepared by the Director of Public Health and the Programme Manager, and circulated to Board Members for comment. The final response was signed off by the HWB Chairman and submitted via the online consultation on 22 October 2018. A copy of the final response was included in the Chairman's Announcements for the December 2018 meeting.
	17d	**SOCIAL HOUSING GREEN PAPER CONSULTATION** • That a response on behalf on behalf of the Lincolnshire Health and Wellbeing Board would be drafted by the Housing Health and Care Delivery Group.	Draft response prepared by the Housing Health and Care Delivery Group on behalf of the Health and Wellbeing Board. The final response was signed off by the Chairman of the HHCDG and the HWB, and submitted via the online consultation on 5 November 2018. A copy of the final response was included in the Chairman's Announcements for the December 2018 meeting.
11.12.18	**25b**	**Minutes of the meeting held on 25 September 2018** That the minutes held on 25 September 2018 be signed by the Chairman as a correct record subject to the following amendments: • Page 8 – minute 17c- correction of 'car providers' to 'care providers'	The minutes of the meeting held on 25 September 2018 have been amended by Democratic Services.

		• That Councillor D Nannestad be marked as being present • That the attendees present be marked as belonging to the correct groups.	

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Lincolnshire Health and Wellbeing Board – 26 March 2019

Chairman's Announcements

Healthy Weight Partnership

Additional members have joined the Obesity Delivery Group. At the group's first formal meeting in February, it was agreed their focus would be on healthy weight rather than obesity. To reflect this, the terms of reference have been updated and the group is now known as the 'Lincolnshire Whole Systems Healthy Weight Partnership'. The partnership is County and District Councillors and senior managers, senior clinicians within CCG and 0-19 services, education and schools (including two primary school headteachers) and the University of Lincoln.

The Healthy Weight Partnership had bid to the Local Government Association's 'Childhood Obesity Trailblazer Programme.' The bid was unsuccessful, but 16 organisations got on board with Lincolnshire's expression of interest, which demonstrates a high level of enthusiasm for collaborative working in the future.

A Whole Systems Healthy Weight Workshop, arranged by the Health and Wellbeing Board, will be held on 5 June in Woodhall Spa. The workshop will bring together a broad range of interested parties to map the local system and to gain a shared understanding of the local causes and consequences of obesity. This will lead to some key priority actions for the partnership to focus on over the coming months and years as well as developing a wider network of interested stakeholders to support the work. An invitation to the workshop has already been sent to members of the Board.

New Chief Executive – Lincolnshire Partnership NHS Foundation Trust (LPFT)

Brendan Hayes has been appointed as the new Chief Executive for LPFT. Brendan is currently the Chief Operating Officer and Deputy Chief Executive at Birmingham and Solihull Mental Health NHS Foundation Trust, a role he has held for five and a half years. He has a strong mental health and operational management background, as well as experience gained in a number of senior NHS roles. Brendan remains registered as a Mental Health Nurse. He is due to take up his new role in the summer and will take over from the interim Chief Executive, Ann-Maria Newham MBE.

Health Protection Board

The membership and terms of reference for the Health Protection Board (HPB) have recently been updated. The scope of the HPB includes: national screening programmes; national immunisation programmes; communicable disease control (including outbreak management and the provision of communicable disease control services such as Tuberculosis (TB), sexual health and HIV services); health and social care emergency planning; healthcare associated infections and infection prevention and control; and environmental issues including pollution prevention and control.

The updated governance arrangements mean that the HPB will now be accountable to the Health and Wellbeing Board, and will report by exception on any health protection issues affecting Lincolnshire. The Director of Public Health will also be

providing a report at our next meeting on the emergency planning and screening arrangements in place to protect the health of Lincolnshire's population.

Tackling Tuberculosis in Under Served Populations

The excellent work being undertaken by health protection and TB services in Lincolnshire in finding and treating TB in some of our hardest to reach people has been recognised in a national resource document for clinicians. TB presents a real and pressing risk to the wellbeing of local people. Our services ability to sustain people throughout the protracted treatment for the disease is a first line defence against the spread of the disease and the development of multi antibiotic resistant strains of the organisms which cause it.

Preparations for Brexit

On 18 February 2019, a briefing on behalf of the Lincolnshire Resilience Forum on the Brexit preparations for health and care in Lincolnshire was circulated to the Board. Members are asked to note the information and be aware of the steps being taken to mitigate any potential issues.

Living Well with Dementia - Stakeholder Event

Lincolnshire's new Dementia Strategy was formally launched at a stakeholder event on 20 February 2019 at the Showroom, Lincoln. I would like to take this opportunity to thank all those involved in arranging a successful day. The event was well attended by partners, carers and people with dementia. I was encouraged by the level of engagement and energy in the room. The Dementia Strategy, which focuses on prevention and helping people to live well with dementia, is now available on the council's website.

North and North East Lincolnshire

Derek Ward and I recently met with the Leaders of North and North East Lincolnshire to discuss areas of common interest and explore potential areas for closer working. In particular, we discussed:

- benefits of developing stronger links with the University of Lincoln and specifically the Medical School;
- broader issues around rurality, in particular the mixture of rural and coastal communities and how we can deliver services better and in a more innovative way;
- a number of Public Health specific issues, for example:
    - how we can share resources to produce the Joint Strategic Needs Assessment;
    - standardising our approach to some of the NHS work around commissioning pathways;
    - individual funding requests.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open report on behalf of Lincolnshire's Clinical Commissioning Groups and the Sustainability and Transformation Partnership

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 March 2019**
Subject:	**NHS Healthy Conversation 2019**

Summary:
This paper provides an overview of plans for The Healthy Conversation 2019 (HC2019) which is an open engagement exercise with the public, their representatives, our partners and staff about how to develop our NHS to be fit for the future.

Actions Required:
The Board are asked to note the launch of the Healthy Conversation 2019 listening and engagement exercise on 5th March 2019 and that feedback will be incorporated into the local 5 year long term plan which is required to be developed by autumn 2019.

1. Background

1.1 NHS Healthy Conversation 2019

As medicine advances, health needs change and society develops, so the NHS has to continually move forward so that in 5-10 years' time we have a service fit for the future.

The NHS Healthy Conversation 2019 (HC2019) is an open engagement and listening exercise with the public, their representatives, our partners and staff about how we can develop our NHS in Lincolnshire to be fit for the future. It will run throughout 2019.

Over the last year, our clinicians (senior doctors, nurses, and health professionals working in our hospitals, GP practices and throughout the community in Lincolnshire) have been meeting on a regular basis to consider evidence and best practice in health care, not just from this country but from around the world. Employing this strong clinical evidence base, combined with our knowledge of our own health system, and the valuable feedback we have from patients, staff and

colleagues, we are recommending a series of changes to the way we deliver care in the NHS in Lincolnshire.

The purpose of HC2019 is for the NHS to share this thinking about how we need to change to meet the challenges we face, to listen to people, and to let them have their say and shape our thinking and our subsequent plans further.

The HC2019 consists of open engagement events along with information being available in public places across the county, on our website and through social media. We plan to talk with and listen to people from all the areas in Lincolnshire. There are many events planned throughout the year. The first of many Healthy Conversation events planned are;

All events 2-7pm drop in sessions		
Date	**Town**	**Venue**
Wednesday 13th March 2019	Boston	Len Medlock Centre
Thursday 14th March 2019	Louth	Louth Library
Tuesday 19th March 2019	Skegness	The Storehouse
Wednesday 20th March 2019	Grantham	Jubilee Centre

Further events in Lincoln, Gainsborough, Spalding, Sleaford, and Stamford will be confirmed and promoted in the coming weeks on the website. These nine events are not the only events, there are multiple events across Lincolnshire, for example from health professionals attending Parish Council meetings through to engagement events specifically with protected characteristic groups. All feedback will inform our thinking.

The website can be accessed at www.lincolnshire.nhs.uk and provides further information.

1.2 The NHS challenges

We have much to be proud of in the NHS in Lincolnshire, we have excellent and dedicated staff and partners, some of our services are outstanding and many compare well nationally. However, the NHS in Lincolnshire, like the NHS across England, does have significant challenges, notably quality of care and outcomes, difficulty recruiting workforce and financial deficit. These challenges have been well rehearsed in the public domain in recent years and a summary of these challenges is in Appendix A.

In summary, without addressing these challenges and changing the way we use and structure our NHS, our services cannot improve and could be at risk for future generations. Through the Healthy Conversation 2019, by talking with and listening to the public, their representatives, our partners and staff; we will build on all the improvements made to date and go further to rebalance and develop our NHS to be fit for the future.

2. Conclusion

The Board is invited to note the launch of *Healthy Conversation 2019* listening and engagement exercise by the NHS in Lincolnshire on 5 March 2019; The feedback from this engagement will be incorporated into the local 5 year long term plan being developed for autumn 2019.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The local 5 year long term plan for Lincolnshire that is being developed using the feedback from Healthy Conversation 2019 will also use information within the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

4. Consultation

The *Healthy Conversation 2019* is a listening and engagement exercise, which will last throughout 2019. This will be followed by full public consultation.

The *Healthy Conversation 2019* website describes the difference between engagement and consultation; https://www.lincolnshire.nhs.uk/healthy-conversation/helpful-information

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	The NHS Challenges

6. Background Papers

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

This report was written by Sarah Furley, STP Programme Director who can be contacted on 01522 307315.

Appendix A

The NHS Challenges

The NHS in Lincolnshire, like the NHS across England, does have significant challenges, notably:

1. Quality of Care and Outcomes for patients are not consistently high across our services, and in some important services we are failing to meet national quality standards
2. Workforce – in many services, we struggle to recruit and retain staff across our GP, community and hospital services. Currently over 800 posts are either vacant, or filled by temporary agency or locum staff. This creates a number of problems for staff, for service continuity, and for quality of care.
3. Finance – as a public service funded by the taxpayer, we have a duty to balance our books. Whilst some services do work within budget, overall as a system we do not. We are currently overspending by almost £100 million - on top of the £1.2 billion allocation we receive annually.

Plus we have not changed how the NHS model works in the county for many years, meaning that today:

1. many patients go to hospital for care that can be better provided in local community settings
2. the NHS does not focus enough on helping to prevent illness in the first place or helping people to care for themselves. It is a reactive, not proactive service. We know that we can do more for example in helping people to take up health checks which are already available, in detecting cancer early, improving immunisation rates and preventing cardiovascular disease.
3. the NHS, which consists of many different services, is fragmented, which inhibits excellent care and frustrates patients and their families, partners and NHS staff alike. Care needs to be more integrated, both within the NHS and with our partners across the health and care services. People already tell us for example that they are repeatedly asked the same questions by different health care staff.
4. We also know that we need to do better on improving prevention, diagnosis and care in cancer, in diabetes, cardiovascular disease and respiratory care which are health priorities in our population. We also need to do more in mental health, especially for Children and Young People and in autism.
   Lincolnshire's geography, and the fact that our population is dispersed over such a large area does present us with further challenges. Therefore, we will have to be innovative in our thinking about how we address these issues, such as digital solutions. The development of Neighbourhood Teams serving local populations is a good example of this.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open report on behalf of Lincolnshire's Clinical Commissioning Groups and the Sustainability and Transformation Partnership

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 March 2019**
Subject:	**NHS Long Term Plan and Lincolnshire's Planning / Intentions for 2019/20**

Summary:

This paper provides:

- A summary of the NHS Long Term Plan published in January 2019
- Details of the key priorities (known as system intentions) for 2019/20 as set out in the draft System Operating Plan
- And, maps the system intentions against the priorities in the Joint Health & Wellbeing Strategy.

Actions Required:
The Board is asked to note the detail in this report about the NHS Long Term Plan and the key priorities (system intentions) for 2019.20 as set out in the draft System Operating Plan.

1. Background

1.1 The NHS Long Term Plan

The NHS Long Term Plan was published on 7th January 2019 and set out the Government's expectations for the NHS over the next 10 years, together with the expectations for the additional funding secured to support its implementation over the next 5 years.

The plan contains 6 Chapters which set out the aspiration for the NHS over the next 10 years, the full plan can be found at https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.

A summary of the 6 Chapters are:

- **Chapter 1: A New Service Model for the 21st Century**
  - Boost 'out of hospital care' - £4.5bn investment in primary medical and community health services over five years to support integration and sustainability of services.
  - Reduce pressure on emergency services – development of Clinical Assessment Service (CAS) & Urgent Treatment Centres (UTCs).
  - People will get more control over their own health and more personalised care – ensuring people are equipped to make decisions about care that's right for them and supporting increased 'self care', e.g. diabetes prevention and management.
  - Digitally enabled primary and outpatient care will become normal practice – roll out of NHS APP and up to a third of out patient appointments will be avoided over the next 5 years.
  - Local systems will increasingly focus on population health – moving to integrated care systems (ICS) by 2021.

- **Chapter 2: More NHS Action on Prevention and Health Inequalities**
  The plan recognises the role the NHS has to complement but not replace the role of local authorities in respect of these two areas. It is expected that local Integrated Care Systems will move from reactive care to active population health management over the next 5 years. The key focus remains:
  - Smoking
  - Obesity
  - Alcohol
  - Air pollution

  It is also expected that the NHS will have stronger action on health inequalities. As part of developing local 5 year plans, local areas will need to identify specific, measurable goals to demonstrate how they will tackle health inequality will be tackled.

- **Chapter 3: Further Progress on Care Quality & Outcomes**
  The focus areas for this chapter include:
  - A strong start in life for children and young people, this will cover the following range of services:
    - Maternity and neonatal services
    - Children and Young People's mental health services
    - Learning disability and autism
    - Children and Young People with cancer.
  - Better care major health conditions, including:
    - Cancer
    - Cardiovascular
    - Stroke Care
    - Diabetes
    - Respiratory
  - Adult Mental health services, including:
    - Common mental health disorders
    - Severe mental health problems
    - Suicide prevention

- **Chapter 4: NHS Workforce**

A range of measures to ensure that NHS staff will get the support they need and that the workforce is shaped to enable delivery of the future needs and priorities set out within the Long Term Plan. Key developments will include:

- Expanding the number of nurses, midwives, Allied Health Professionals and other staff
- Growing the medical workforce
- Supporting the current NHS staff – measures to improve staff retention
- Maximising the opportunities to use technology to support different ways of working
- Leadership and talent management
- Volunteers – funding for volunteering programmes across the Country

- **Chapter 5: Digitally Enabled Care will go mainstream across the NHS**
  There is a real emphasis throughout the plan on the opportunities for maximising the use of technology to support people, patients and the workforce across the NHS.
  - Empowering people to self-care and manage their own health and wellbeing.
  - Supporting health and care professionals to provide more effective and efficient care eg access to patient's care record and plan.
  - Supporting clinical care – access to a GP and appropriate outpatients digitally eg e-consultations.
  - Improving population health
  - Improving clinical efficiency and safety.

- **Chapter 6: Taxpayer's Investment will be used to Maximum Effect**
  - Over the next 5 years the NHS will return to financial balance.
  - The NHS will achieve productivity growth of at least 1.1% per year, with all savings reinvested in frontline care.
  - The NHS will reduce the growth in demand for care through better integration and prevention.
  - The NHS will reduce variation across the health system, improving providers' financial and operational performance.
  - The NHS will make better use of capital investment and its existing assets to drive transformation.

Each local STP/ICS is required to have produced a detailed, five year plan to demonstrate how it will achieve the priorities set out within the NHS Long Term Plan by the autumn 2019.

1.2 System Planning for 2019/2020

Nationally 2019/20 is viewed as a transitional year as the local 5 Year Plan is being developed, therefore there will be a 1 year operational plan which is currently being finalised for submission by 11th April to NHS England and Improvement. The national planning guidance states that this plan will cover:

- System priorities and deliverables
- Activity assumptions
- Capacity planning
- Workforce
- System financial position and risk management
- Efficiencies

As part of this process it has been agreed that Lincolnshire will not set traditional 'commissioning intentions' but instead has agreed a number of 'system intentions' that will identify priority development areas during the coming financial year. These are:

- Integrated Community Care, in particular:
    - On-going development of Integrated Neighbourhood Working
    - Establishing Population Health Management within Neighbourhoods
    - The establishment of an integrated, community based, Diabetes Service
    - Improved identification and support of frailty
    - Enhance community stroke rehabilitation service
    - Development of community capacity to enable social prescribing and self care
    - Supporting the development of Primary Care Networks
- Urgent and Emergency Care
    - Integrated Urgent Care service, including CAS, Out of Hours, Urgent Care Streaming
    - Mobilisation of Urgent Treatment Centres
- Mental Health
    - Improved mental health rehabilitation pathway
    - Transformation of community mental health services
    - Establish Mental Health Hub to support people 'unable to cope'
    - Perinatal service expansion
- Planned Care
    - Re-design out-patient services; Patient initiated follow ups
    - Community Pain Management service to commence April 2019
    - Delivering more Ophthalmology care in the community
    - Developing an integrated, community based MSK service
- Women's and Children's services
    - Transformation of Tier 4 Child and Adolescent Mental Health Services (CAMHS)
    - Establish a Rapid Response team for acutely unwell children
- Operational Efficiency
    - Pharmacy and Prescribing
    - Corporate Estates
    - Workforce
    - Corporate Services Transformation, e.g. shared services

The above sets out the priorities for 2019/20 but clearly there continues to be extensive work on a range of other key areas, e.g. Cancer, 'Better Births', Acute Service Review and all the priorities set out within the NHS Long Term Plan will be included more extensively in the local 5 year plan.

The feedback received through The Healthy Conversation 2019 engagement exercise will contribute to the development of the local 5 year plan to be developed by autumn 2019.

1.3 System Intentions for 2019 and priorities in the Joint Health & Wellbeing Strategy

The table below maps the 2019/2020 System Intentions to the current H&WB strategic priorities.

	Joint Health & Wellbeing Strategy Priorities						
System Intentions	Children & Young People Mental Health & Emotional Wellbeing	Carers	Dementia	Physical Activity	Housing & Health	Mental Health Adults	Obesity
Integrated Community Care including; - Neighbourhood Working - Diabetes - Frailty - Self care - GP Networks -		√	√		√	√	
Urgent & Emergency Care - Integrated Emergency Care - Urgent Treatment Centres		√				√	
Planned Care - Reducing Out Patient Activity - Ophthalmology - MSK		√			√		
Children's Mental Health Services - Tier 4 CAMHS - Rapid Response team for acutely unwell children	√	√		√			√
Mental Health - Mental health rehabilitation - Dementia - Community mental health transformation - Perinatal Service Expansion		√	√	√	√	√	

2 Conclusion

This report provides information on the NHS Long Term Plan, published in January 2019 and the key local commissioning intentions set out in the draft System Operating Plan. The report also provides assurance to the Board that the commissioning intentions take account of the priorities in the Joint Health and Wellbeing Strategy.

3 Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

As detailed in Section 1.3

4 Consultation

Not applicable

5 Appendices

None

6 Background Papers

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

This report was written by Sarah Furley, STP Programme Director who can be contacted on 01522 307315.

Lincolnshire COUNTY COUNCIL
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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Lincolnshire's Clinical Commissioning Groups and the Sustainability and Transformation Partnership

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 March 2019**
Subject:	**Neighbourhood Working**

Summary:
This report provides an update to the Board on the development of neighbourhood working in Lincolnshire.

Actions Required:
The Board is asked to consider the information in the report and the future plans to further develop neighbourhood working in Lincolnshire.

1. Background

1.1 Introduction

Stakeholders across Lincolnshire have all agreed that the default location for providing care and treatment should be the community unless there is a clinical need or an economic case for it to be delivered in an acute hospital setting.

The core principles that will influence the design and development of Integrated Community Care (ICC) are:

- Home first & digital by default
- Truly integrated workforce
- Proactive population management
- Tackling the root cause of poor health
- Prevention and early intervention
- Resilient communities
- Personal responsibility and empowerment

The anticipated benefits of ICC include:

- Ensuring that people are treated and supported at the right time and in the most appropriate setting
- Ensuring an increased focus on prevention, encouraging individuals and mobilising the population to take personal responsibility for their own health and wellbeing
- Greater use of community assets to support wider individual wellbeing
- Focus on self-care / support for local people and their carers
- Embedding person centred care and shared decision making
- Providing more care close to home
- Better care planning / risk stratification across the health and social care system
- Reduced clinical variation
- More efficient services with less waste
- Positive patient experience

This will translate to:

- Reductions in attendance and use of hospitals, reducing unplanned admissions, length of stay and transfers across the system
- Reductions in the use of residential and nursing area, aiming to reduce admissions and overall length of stay
- Increase in people receiving rehabilitation and reablement at home to maximise independence
- Increased numbers of people being able to die in their own home rather than in hospital
- Increases in people being able to take control of their own health and care by use of expert patient programmes, digital access, telehealth and telecare
- Increased engagement of local organisations such as schools, employers, third sector groups in promoting health choices.

Neighbourhood working is the foundation for delivering effective integrated community care. The primary aim of Neighbourhood working is to bring services together to use their collective skills and expertise to support people living in a defined geographical location.

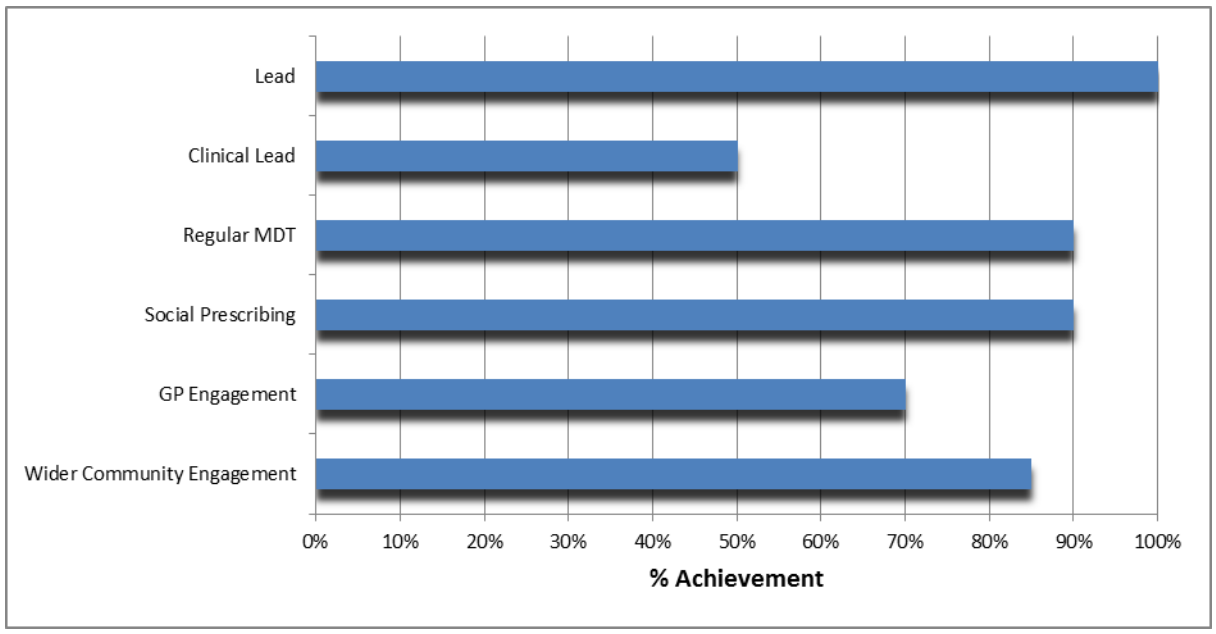
1.2 Progress

There are 12 designated neighbourhoods across Lincolnshire, as shown in Appendix A.

Funding made available through the BCF was used to support the development of neighbourhood working and specifically the appointment of Neighbourhood and Clinical leads. This investment was a key enabler in supporting the establishment of the local infrastructure that is vital to providing the design and development of local services that will facilitate population health management.

Chart 1 shows the progress to date in establishing the infrastructure to support neighbourhood working.

Chart 1



The development of Neighbourhood working has been influenced by the following:

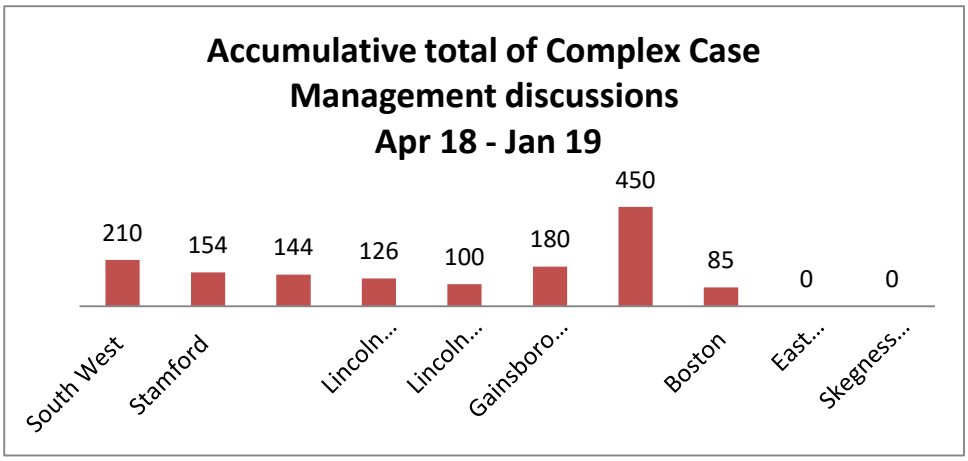
- Establishing arrangements to support patients with complex needs.
- Introducing social prescribing.
- Encouraging local teams to identify initiatives that are meaningful to local stakeholders.

1.3 Establishing arrangements to support patients with complex needs

In the majority of Neighbourhoods colleagues from across the various agencies come together as a multi-disciplinary team to review the needs of patients referred to them. The focus is to provide co-ordinated person centred care and treatment that addresses the complex needs of the individual. These MDT discussions are happening on a regular basis with the exception of Skegness and Coastal and East Lindsey where the recently appointed leads are working to introduce local arrangements.

Chart 2 shows the number of complex cases that have been reviewed and case management by the Neighbourhood MDT.

Chart 2



These numbers only represent a small amount of the joined up working and activity that is now starting to embed in Neighbourhoods. For example; in Boston 271 patients have been reviewed by their newly formed primary care MDT's since November.

Stamford have identified 400 severely frail patients and have been cross referencing with adult care and health providers to understand where the gaps are, and agreeing the key worker.

Whilst the numbers may appear low, the impact for individuals is significant.

One 91 year old gentleman, who lives alone, went to his GP after a number of falls in his own home. He asked the GP to support him to get a place in a residential setting. After discussion the gentleman agreed to a referral to the MDT. He was seen by a member of the team who completed a personal assessment. This highlighted that the gentleman was isolated, had a visual impairment and was very lonely. The team referred the gentleman to the visual impairment team. They arranged for the gentleman to receive large print newspapers and other aids. In addition they found out that there was a local history group. The gentleman now attends this having bought himself a new mobility scooter with lights so that he could go out in the early evening

The Living With and Beyond Cancer team have worked with the local neighbourhood teams to support proactive referral to services in the community for a patient with lung cancer. They compared the time taken by the MDT to review the case and make all the referrals to various agencies required to support this patient with the time taken by the Clinical Nurse Specialists in the hospital.

The results were as follows:

- A referral to the MDT took the CNS five minutes. The MDT reviewed the case – 2 hours and took 40 minutes to make all the referrals. Total 2 hours 45 mins
- The CNS took 4 hours to make the referrals to the various agencies. Because of other responsibilities these referrals were made over a period of 13 days. Total time 13 days 4 hours.
- Impact the patient had all care and support they required in the hospital and the probability of a crisis occurring was significantly reduced.

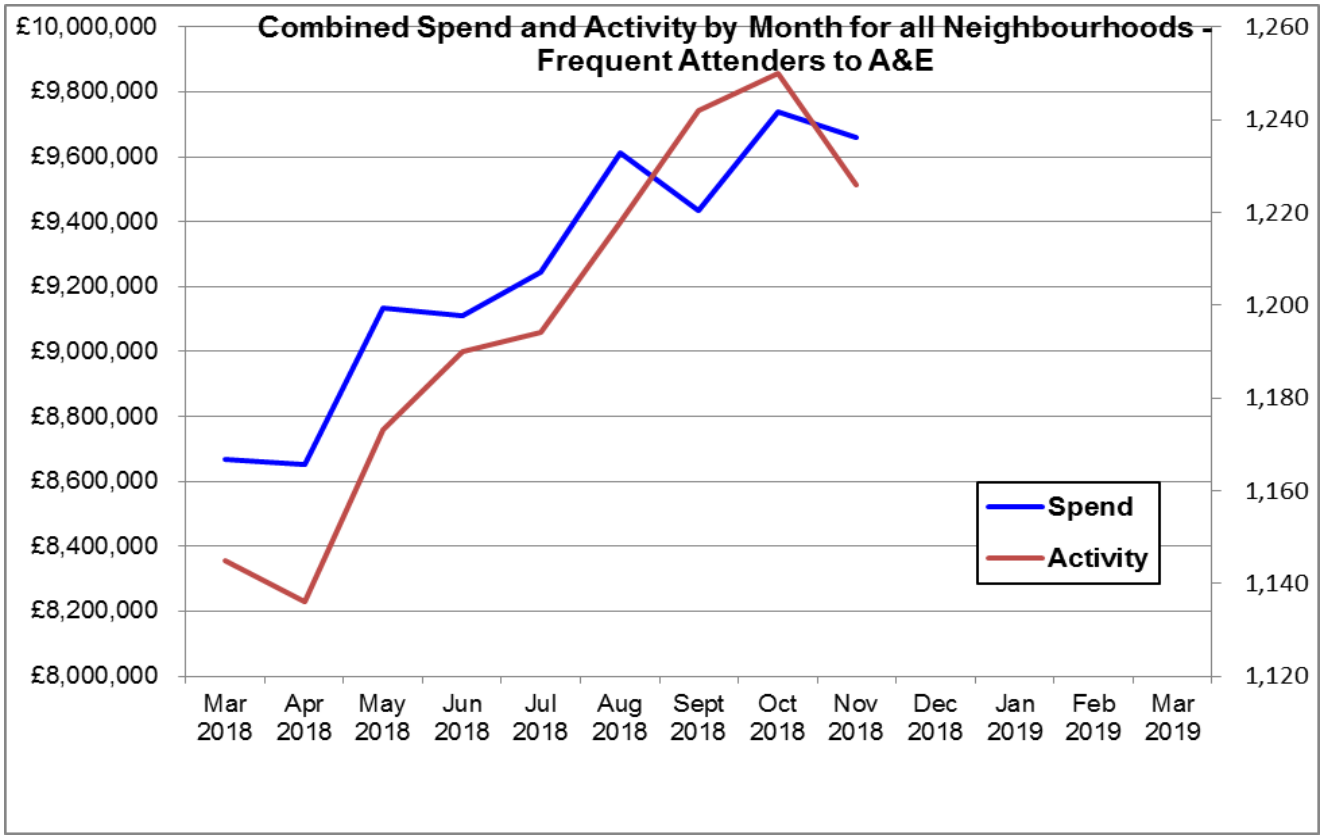
MDTs have been reviewing cases highlighted to them either by GPs or through local data as frequent A & E attenders. Each of these patients will be offered a comprehensive personalised assessment and a care plan will be developed to ensure that the individual has access to the appropriate support, including advanced care plans or plans to enable the patient / carer to manage acute episodes of a long term condition

An example of the personal impact :

A patient was identified who had multiple admissions in the past year for catheter related problems. The individual visited A & E 31 times in the previous 12 months.
Working with the MDT a review was completed to understand the nature of the catheter issues. An advanced care plan was put in place and care home advised of the steps being taken. Close monitoring is ongoing to prevent further admissions, but after 1 month the patient had not had an admission to A & E since the intervention

Graph 1 shows both activity and financial costs for all Neighbourhoods for this cohort of patients.

Graph 1



1.4 Introducing Social Prescribing

The Social Prescribing project is being delivered as a 'proof of concept' across the County. It is an integral part of Neighbourhood working and personalised care. The project is being led by Lincolnshire Community and Voluntary Services (LCVS) and Voluntary Centre Services (CVS). They are working with Rose Generation to develop the social and financial return on investment of social prescribing that will support evaluation of the methodology.

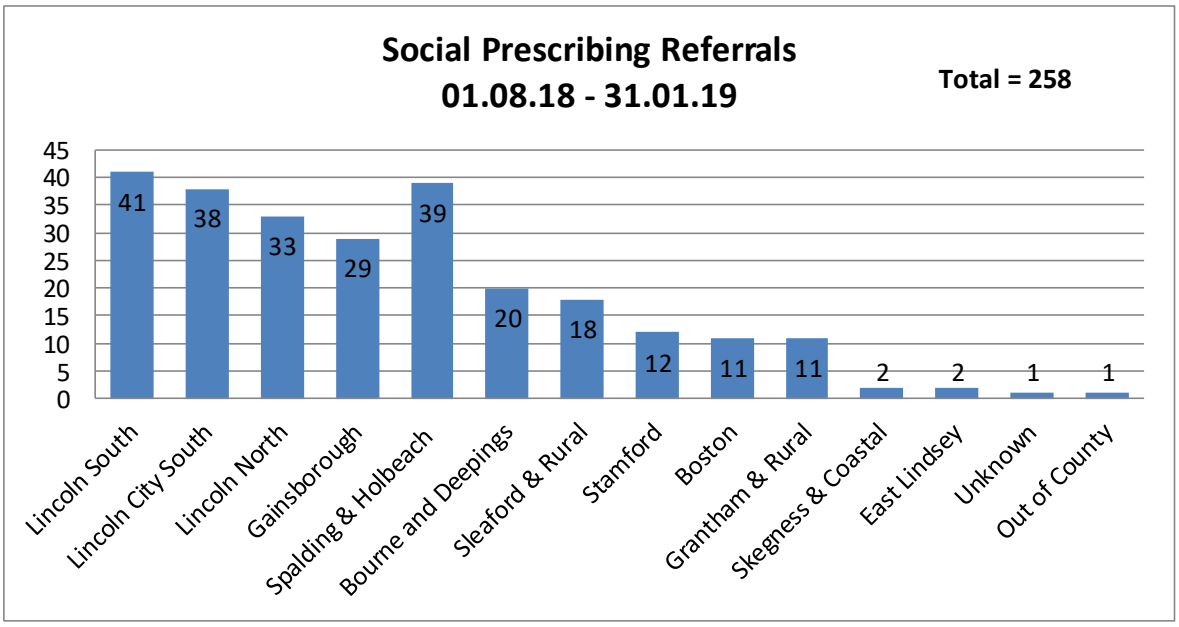
Social Prescribing Care Study

Mrs Y

Mrs Y completely lost her confidence since being hospitalised for falling. She was referred to the programme by the community Occupational Therapist. The patient said:

"The SP link worker has been invaluable in helping me see that I didn't have to accept my current situation as final. She has supported me and at the same time challenged me to think and act differently. I would not have had the confidence without this support and would have probably been unable to leave the house and become more frail and socially isolated. I have had small successes along the way such as being able to use my hoover and start cooking again. My physical strength and mood have improved significantly. I am regularly practising exercises at home and have been motivated to do so because I can see the difference it has made."

Chart 3



1.5 Encouraging local teams to identify initiatives that are meaningful to local stakeholders.

To encourage the development of neighbourhood working local teams have identified areas of development that are meaningful to their local population. Examples include:

- Establishing practice care co-ordinators
- Introducing care home liaison service
- Establishing home visiting service
- Message in a bottle
- Citizens Advice and Work & Pensions operating from GP practices

1.6 Constraints

Whilst there has been good progress with regards developing the infrastructure to support Neighbourhood working there are a number of identified constraints that currently limit the scale and pace of impact. These include:

- Organisational versus population alignment of resource management
- Information Governance
- IT infrastructure

2 Conclusion

Neighbourhood working is the foundation of effective Integrated Community Care that enables population health management. Good progress has been made and there are excellent examples of the impact this is having on people's lives. The focus for the coming twelve months is to accelerate the further development of local arrangements so that the pace and scale of impact can be increased. The development of Neighbourhood working is central to the Integrated Community Care programme.

The framework that has been adopted across Lincolnshire aligns with the recently published The NHS Long Term plan and Universal Personalised Care Offer.

Over the next twelve months our Lincolnshire development programme of neighbourhood working includes:

- Establishing Primary Care Networks that align and complement the neighbourhood structure.
- Population Health Management – develop the arrangements for integrated population health management by supporting resource alignment and local co-ordination of resources to reflect patient need.
- Personalisation – development of joined up assessments, Personal care and support plans and facilitation of increased utilisation of Personal Health Budgets.
- Home First – Using service improvement methodology to test clinically developed initiatives to support patients who are assessed as frail. This is a precursor to enhancing the interpretation and co-ordinated frailty services within the community.
- Agree the core features e.g. method of referral etc. that support neighbourhood working
- Support the transformation of specialist service provision for diabetes, respiratory and CVD so that it is provided as an integral element of community services.
- Developing the social prescribing offer for Lincolnshire.
- Develop the digital offer for patients
- Addressing constraints that limit the ability for clinicians to work together to serve patient need e.g. IT governance and IT infrastructure.

3 Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Evidence from the Joint Strategic Needs Assessment has been used to inform the development of neighbourhood working. The development of neighbourhood working supports the JHWS themes of 'Embedding prevention into all pathways across health and care included integrated locality teams' and 'Developing joined up intelligence and research to identify needs, target and evidence outcomes prevention.'

4 Consultation

Not applicable

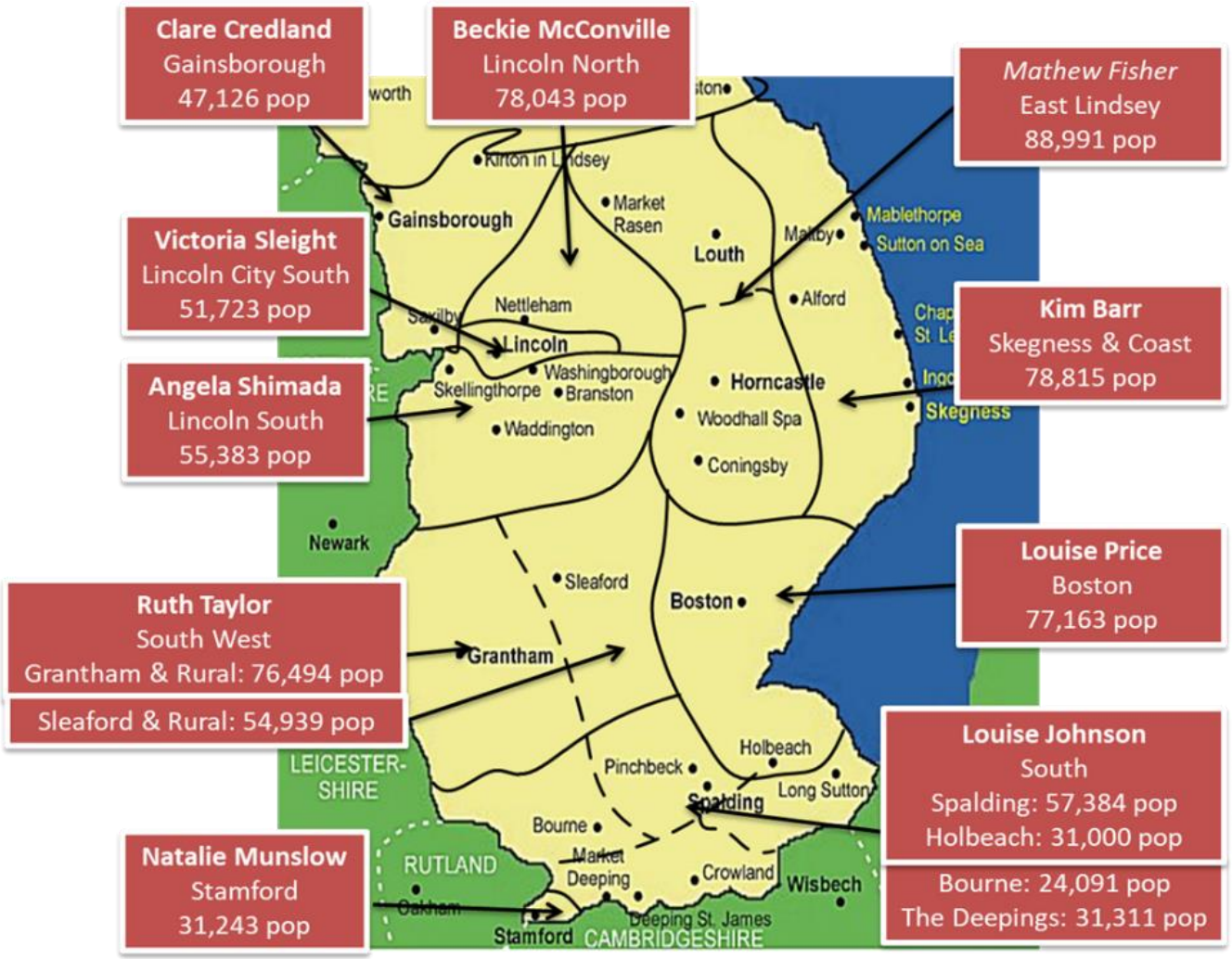
5 Appendices

These are listed below and attached at the back of the report	
Appendix A	Map of the 12 designated neighbourhoods

6 Background Papers

This report was written by Sarah-Jane Mills who can be contacted on 01522 515381 or sarah-jane.mills@lincolnshirewestccg.nhs.uk

The Neighbourhoods



Neighbourhood	Population
Lincoln City South	51,723
Lincoln South	55,383
Grantham & Rural	76,494
Sleaford & Rural	54,939
Stamford	31,243
Bourne & Deeping	55,408
Spalding & Holbeach	88,384
Boston	77,163
Skegness & Coastal	78,815
East Lindsey	88,991
Gainsborough	47,126
Lincoln North	78,043
Total	783,712

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 March 2019**
Subject:	**Implementing the NHS Long Term Plan – Proposals for possible changes to legislation**

Summary:
On 28 February 2019, NHS England (NHSE) launched a 'call for views' on potential proposals for changing current primary legislation relating to the NHS. The document states that it is possible to implement the NHS Long Term Plan without primary legislation, but legislative change could make implementation easier and faster. The closing date for the submission of responses is 25 April 2019.

Actions Required:
The Lincolnshire Health and Wellbeing Board is asked to consider if the Board should respond to the 'call for views', and if so, agree the process for drafting the response.

1. Background

On 28 February 2019 NHSE launched *'Implementing the NHS Long Term Plan – Proposals for possible chances to legislation.'* The document invites patients, NHS staff, partner organisations and interested members of the public to give their views on potential proposals for changing current primary legislation relating to the NHS to help local and national health organisations work together more effectively to improve services to patients.

NHSE state it is possible to implement the NHS Long Term Plan without primary legislation, but legislative change could make implementation easier and faster. The document states, local NHS bodies need to be free to work together with partners, including with local authorities, to redesign care around patients, and the same is true for national bodies. The rules and processes for procurement, pricing and mergers create unnecessary bureaucracy that gets in the way of enabling integration of care.
The NHS Long Term Plan outlines eight groups of suggested legislative changes. The proposals presented in the document are based on views already received from patients, clinicians, NHS leaders and partner organisations, as well as national professional and

representative bodies. Further views on the proposals are now being sought by 25 April 2019.

The intention is to share the feedback with the Parliamentary Health and Social Care Select Committee to inform their inquiries. The full consultation document can be accessed at https://www.engage.england.nhs.uk/survey/nhs-long-term-plan-legislation/, and a summary of the questions in the consultation document are set out in Appendix A. There is also an opportunity to provide free text responses to each question and general comments at the end of the online survey.

The Board may wish to respond to the consultation and given the timescale it is proposed that the Director of Public Health and Programme Manager Health and Wellbeing draft the response for sign off by the Chairman.

2. Conclusion

The Board is asked to consider whether it wishes to submit a formal response to the consultation.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Any future arrangements will still be required to have regard to the JSNA and JHWS when planning and commissioning services.

4. Consultation

Not applicable

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	NHS Legislation Survey Questions

6. Background Papers

Document details	Where it can be accessed
Implementing the NHS Long Term Plan – Proposals for possible changes to legislation	https://www.engage.england.nhs.uk/survey/nhs-long-term-plan-legislation/
Section 75 Health and Social Care Act 2012	http://www.legislation.gov.uk/ukpga/2012/7/section/75/enacted

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

Appendix A

NHS Legislation Survey Questions

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
(Mandatory) Should the law be changed to prioritise integration and collaboration in the NHS through the changes recommended?						
(Optional)						
1. Promoting collaboration	• Do you agree with our proposals to remove the Competition and Markets Authority's (CMA) functions to review mergers involving NHS foundation trusts?					
	• Do you agree with our proposals to remove NHS Improvement's powers to enforce competition?					
	• Do you agree with our proposals to remove the need for contested National Tariff provisions or licence conditions to be referred to the CMA?					
2. Getting better value for the NHS	• Do you agree with our proposals to free up procurement rules including revoking section 75 of the Health and Social Care Act 2012 and giving NHS commissioners more freedom to determine when a procurement process is needed, subject to a new best value test?					
3. Increasing the flexibility of national payment systems	• Do you agree with our proposals to increase the flexibility of the national NHS payments system?					
4. Integrating care provision	• Do you agree that it should be possible to establish new NHS trusts to deliver integrated care?					
5. Managing NHS's resources better	• Do you agree that there should be targeted powers to direct mergers or acquisitions involving NHS foundation trusts in specific circumstances where there is a clear patient benefit?					
	• Do you agree that it should be possible to set annual capital spending limits for NHS foundation trusts?					
6. Every part of the NHS working together	• Do you agree that CCGs and NHS providers be able to create joint decision making committees to support integrated care systems (ICSs)?					
	• Do you agree that the nurse and secondary care doctor on CCG governing bodies be able to come from local providers?					
	• Do you agree that there should be greater flexibility for CCGs and NHS providers to make joint appointments?					
7. Shared responsibility for the NHS	• Do you agree that NHS commissioners and providers should have a shared duty to promote the 'triple aim' of better health for everyone, better care for all patients and to use NHS resource efficiently?					

8. Planning our services together	• Do you agree that it should be easier for NHS England and CCGs to work together to commission care?					
9. Joined up national leadership	• Which of these options to join up national leadership do you prefer? o Combine NHS England and NHS Improvement o Provide flexibility for NHS England and NHS Improvement to work more closely together o Neither of the above					
	• Do you agree that the Secretary of State should have power to transfer, or require delegation of, Arm's Length Bodies (ALB) functions to other ALBs, and create new functions of ALBs, with appropriate safeguards?					

Lincolnshire COUNTY COUNCIL
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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**26 March 2019**
Subject:	**Better Care Fund Update**

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 and an update in relation to19/20 BCF arrangements

Actions Required:

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

1. Background

The original plan submitted for 2017 – 2019 shows sums of £226m for 2017/18 and £235m for 2018/19. The values for 2018/19 have since been revised to £232.123m

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 £232m 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 £17.130m 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 (DTOC) - An increased focus has been placed on the DTOC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTOC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve their respective – and collective - nationally set DTOC targets
- Non Elective Admissions (NEAs) – the BCF Plan also assumes that the nationally set target for NEAs is also achieved.
- In both the above areas the plan is required to identify whether 'stretch targets' should be set. This challenge has been discussed within LCC and the 4 CCGS, at the 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

Nationally there has been little in the way of updates with respect to the 19/20 planning process with the most recent regional update held in December as such the following updates were provided at the December meeting of H&WBB below still reflect out latest thinking.

- BCF 19/20 - The process for the 19/20 BCF will be broadly the same as the 2017-19 planning guidance which suggests that 19/20 will simply be a roll-forward of existing plans.

- DTOC – The BCST are still waiting for clarity over 19/20 DTOC targets. The regional view is that new targets should reflect progress made in particular areas (some well performing areas now have a "zero" target), however any fundamental change in targets are likely to take effect from April 2020 onwards.

- NHS Long Term Plan was published in January, with BCF requirements and policy framework due in the coming weeks. The Green Paper looking at the future funding of Adult Social Care is now likely to be published at the beginning of the next financial year.

- BCF Review – Departments are also working on a review of the BCF, the review will look into :

    - The purpose and role of the fund.
    - How funding flows can be managed in a way that is clearer and allows more focus on improving outcomes.
    - How the fund can be administered with fewer burdens to local systems.

    There is still uncertainty about how local engagement will happen and plans are unlikely to be finalised until well into 2019.

In terms of 19/20 BCF funding we have now had an estimate of both BCF minimum contributions via CCG's and confirmation of iBCF funding via the publication of the Local Government settlement in January 2019. The local government settlement also confirmed one off funding for Winter Pressures in 2019/20 which will be provided to Local Authorities via the iBCF rather than a S31 grant.

Analysis of the outcome of this funding has been completed on the basis that existing BCF plans continue. On this basis the total Lincolnshire BCF value for 2019/20 will increase to £246.440m. Details of the analysis can be found in Appendix A.

Of this CCG's will be required to pass £17.769m to the Council for the continued protection of Adult Care Services, this is reduction of £0.018m when compared to our initial estimates.

However members of H&WBB are advised that confirmation of Disabled Facilities Grant Funding has yet to be confirmed and as such the analysis is subject to change.

3. Finance

The current outturn position against the current budgeted BCF for 2018/19 (£232m) and includes:-

- CCG funding for the Protection of Adult Care Services - £17.465m
- iBCF funding announced in the November 2015 budget - £14.249m
- iBCF Supplementary funding announced in the March 2017 budget - £9.209m
- Disabled Facilities Grant (DFG) allocations to District Councils - £5.698m
- Existing agreements included within the BCF as a whole - £185.502m

Current analysis as at 28 February 2019 suggests that spend against the BCF will total £235.912m this financial year. This represents an overspend of £3.789m (1.63%) against the total allocation of £232.123m.

Spending against the first four principle funding areas of the BCF is projected to produce a small underspend of £0.379m against their respective allocations (£46.621m), This is linked to the an amount of iBCF funding totalling £0.379m that remains unallocated

following the review of BCF schemes, however it has been agreed that this funding will be allocated to CCGs to help fund the increasing cost of LD Continuing Health Care costs in 18/19.

The area of overspend is linked to existing agreements and is limited to the following areas:

- Learning Disability S75 Agreement is projected to overspend by £3.301m against a budget of £70.329m. This has been reported to the LD Joint Delivery Board. This is reduced to £2.601m with the application of additional CHC funding via the iBCF totalling £0.700m

- Integrated Community Equipment Services (ICES) S75 Agreement is also projected to produce an overspend of £0.967m against a budget of £5.800m. This has been reported to the ICES Strategic Partnership Board.

- Mental Health S75 agreement between LCC and LPFT is projected to overspend by £0.600m in 2018/19

In each case any projected overspend will be dealt with via existing risk arrangements detailed in each of the relevant S75 agreements. The projected risk payments due are expected to be in the region of £1.778m for LCC and £2.391m for the four CCGs. An analysis of potential risk payments for each CCG is shown below.

East	£801,869.00
West	£710,175.01
South	£484,946.70
South West	£393,705.29
Total	£2,390,696.00

Work is also on-going to review for each of the BCF schemes over a twelve month period between October 2018 and September 2019. .

4. Performance

An expanded BCF performance report for Quarter 3 2018/19 is shown as Appendix B. The report shows excellent progress against targets across nearly all areas of work. Non-elective admissions remain a problem, and this is an area which needs further work to ensure improvement, particularly with health colleagues in primary and community settings. Highlights from the latest data include:

- ***Non-Elective Admissions –*** Total non-elective admissions for the quarter stand at 21,855, an average of 7,285 per month, continuing to miss the planned target (of 18,774).

- ***Residential Admissions*** – There have been 632 admissions of older people (65+) to permanent Residential care during the year to date; 231 admissions (27%) below the planned target threshold and improved still further since last quarter. The measure is well on target to be achieved at year end and is projected to be lower than figures for the previous two years.

- ***Delayed Days –*** There have been 5,203 delayed transfers of care days during the quarter. This is a further improvement on Quarter 2, and achieves the planned target threshold of 5,400 by nearly 4%. It is below the average monthly delayed days for the previous two years. Of the total delays, those attributable to the NHS only were 1.6% below the threshold target and those attributable to social care and joint were 8.4% below target.

- ***Reablement*** – Data is reported annually, based on the status of older people 91 days following discharge from hospital into intermediate care (Social Care and NHS) between October and December. Additional monitoring of the Social Care element is undertaken on an on-going basis; however comment cannot be provided this quarter due to changes in provider, which have temporarily disrupted some reporting. This reporting will be available for Quarter 4.

- **iBCF and Local Measures** - A number of local data measures have been provided, some of which form part of information provided to NHSE on a quarterly basis and some are locally developed impact indicators to provide further understanding of performance and activity linked to BCF funding in Lincolnshire. Measure include:

    - Number of clients in receipt of Home Care
    - Total number of Care Home placements
    - Number of reablement hours delivered
    - Number of Weekend Hospital Discharges
    - Hospital Discharges with Social Care Involvement
    - Number of Carers supported by Adult Care

Work continues to further expand reporting across all areas of BCF spend and activity to provide a fuller understanding of impact, aligned with common programme aims. This will start to become available in future quarters for comment and review.

5. Conclusion

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

6. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

7. Consultation

None required.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire BCF 2019-20 Funding Estimates
Appendix B	BCF Performance Report – Q2 2018-19

9. 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)

Projected Lincolnshire Better Care Fund Values for 2019/20 (£m)

Minimum CCG Contribution	2018/19	2019/20
NHS Lincolnshire East CCG	£16,927	£17,230
NHS Lincolnshire West CCG	£14,991	£15,260
NHS South West Lincolnshire CCG	£8,311	£8,460
NHS South Lincolnshire CCG	£10,237	£10,420
Total	**£50,466**	**£51,370**

iBCF Contribution	2018/19	2019/20
Lincolnshire County Council	£23,858	£29,882
Winter Pressures	£0	£3,368
Total	**£23,858**	**£33,250**

Additional CCG Contribution	2018/19	2019/20
NHS Lincolnshire West CCG	£22,052	£27,487
NHS Lincolnshire East CCG	£24,898	£23,634
NHS South West Lincolnshire CCG	£12,224	£11,608
NHS South Lincolnshire CCG	£15,058	£10,930
Total	**£74,232**	**£73,659**

Local Authority Additional Contribution	2018/19	2019/20
Lincolnshire County Council	£77,869	£82,025
Lincolnshire District Councils (DFG's)*	£5,698	£6,136
Total	**£83,567**	**£88,161**

Total Lincolnshire BCF	£232,123	£246,440

Protection of Adult Care Funding	£17,456	£17,769
% Increase	1.90%	1.79%

* 19/20 not yet confirmed

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Better Care Fund - 2018/19

Performance Report

Quarter 3 Report

Produced February 2019

Performance Alerts

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

Total measures

Summary

BCF metrics

Achieved	2
Not achieved	1
Improving but not achieved	0
Not reported in period	1
	4

Produced by Lincolnshire County Council, Adult Care Performance & Intelligence Team
ASC_Performance@lincolnshire.gov.uk

A detailed analysis of the national BCF measures is provided later in this report, showing baselines, trends, measure calculations, CCG breakdown and targets, with charts where appropriate. Guidance is also provided for each measure below the measure descriptor for ease of reference.

For 2018/19 each BCF measure has been assigned a suggested lead officer, which once agreed will be invited to provide an operational insight into performance of the indicator. The Targets presented within the report are provisional and subject to agreement.

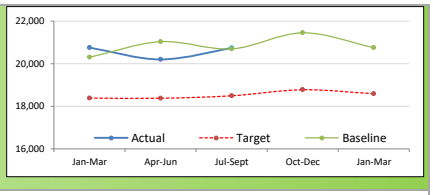
Polarity	Indicator Description	Responsibility / Suggested Lead Officer	Previous Years		2018/19 Current -December 18		
			2016/17	2017/18	Actual	Plan	Alert
Health and Wellbeing Better Care Fund Metrics							
Smaller is Better	1. Total non-elective admissions into hospital : General and Acute	NHS / Carol Cottingham	6,148 (average per month)	6,993 average per month)	21,855	18,774	Not achieved
Smaller is Better	2. Permanent admissions to residential and nursing care homes - aged 65+ **ASCOF 2A part 2**	LCC / Carolyn Nice	1,031	1,020	632	863	Achieved
Bigger is Better	3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation **ASCOF 2B part 1**	NHS / LCC Tracy Perrett	75.4%	80.5%			Not reported in period
Smaller is Better	4. Delayed transfers of care: Delayed days from hospital, aged 18+ **Overall (proxy to ASCOF 2C part 1)**	NHS / LCC	2,987 (average per month)	2,267 (average per month)	5,203	5,400	Achieved
	Of which attributable to ***NHS***	NHS Ruth Cumbers	2103 (average per month)	1,679 (average per month)	3,712	3,771	Achieved
	Of which attributable to **Social care and Joint (proxy to ASCOF 2C part 2)**	LCC Tracy Perrett	884 (average per month)	587 (average per month)	1,491	1,628	Achieved
IBCF Measures							
	5. Number of home care packages provided			4,581 (Mar 18)	4,028		
	6. Total number of paid hours of homecare for the whole of 18/19			1,456,768 (Mar 18)	1,028,275		
	7. Total number of care home placements in year			3,271 (Mar 18)	3,151		
Local Measures							
	8. Reablement - Hours delivered by Allied						Not reported in quarter
	9. Reablement - % reabled to no service						Not reported in quarter
	10. 7 Day Services - % discharged on a weekend			12..4% (Qtr 4)	13.8%		
	11. Hospital Discharges with Social Care Team Involvement			2,923 (Qtr 4)	2,751		
	12. Carers Supported by Carers Service and Adult Care (**Council Business Plan)**			1,631	1,719	1,730	Achieved

Health and Wellbeing Better Care Fund Metrics

1: Total non-elective admissions in to hospital (general and acute)

Definition: The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.

Frequency / Reporting Basis: Monthly / Cumulative within quarter only
Source: MAR data (Monthly NHS England published hospital episode statistics)



Performance observations from the data:
A total of 21,855 admissions have been made within Q3 which is 14.10% more than target (18,774).

Operational observations:

To be provided by operational lead officer when agreed.

Prior Year

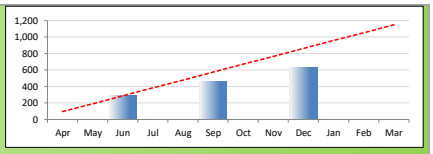
	2017/18 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
In Month	7,246	6,943	6,843	7,110	6,722	6,858	7,375	7,104	6,967	7,361	6,411	6,978
In Quarter (cumulative)	7,246	14,189	21,032	7,110	13,832	20,690	7,375	14,479	21,446	7,361	13,772	20,750

Current Year

		2018/19 BCF (Calendar Year)											
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
In Month		6,640	6,976	6,581	6,937	7,015	6,786	7,275	7,305	7,275			
In Quarter		6,640	13,616	20,197	6,937	13,952	20,738	7,275	14,580	21,855			
HWB NEA Plan - Target		6,125	12,250	18,375	6,164	12,327	18,491	6,258	12,516	18,774			
Actual reduction (negative indicates an increase)	number	-515	-1,366	-1,822	-773	-1,625	-2,247	-1,017	-2,064	-3,081			
	%	-7.75%	-10.03%	-9.02%	-11.15%	-11.64%	-10.83%	-13.98%	-14.15%	-14.10%			
Performance		Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved			

2: Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii)

Definition: The total number of admissions to permanent residential or nursing care during the year
(excluding transfers between homes unless the type of care has changed from temporary to permanent)
Frequency / Reporting Basis: Monthly / Cumulative YTD
Source: Mosaic data: Local Adult Care Monitoring (LTC admissions report & SALT return).
Note: Figure reported cumulatively, so monthly figures show increases in placements recorded & not necessarily within that month



Performance observations from the data:
The number of new admissions to care homes has increased to 632, and is exceeding the target by 231. Compared to this time last year admissions are down 26.5%.

Operational comments:

Prior Year

	2017/18 BCF (Financial Year)											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
In month	94	114	84	89	111	119	92	88	69	73	51	36
Cumulative YTD	94	208	292	381	492	611	703	791	860	933	984	1,020

Current Year

	2018/19 BCF (Financial Year)											
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Placements per month												
Cumulative YTD			296			460			632			
Denominator			172,133			172,133			172,133			
Rate per 100,000			172.0			267.2			367.2			
Target (admissions)			**288**			**575**			**863**			
Target (per 100k)			167			334			501			
Performance			Achieved			Achieved			Achieved			

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1)

Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.
Frequency / Reporting Basis: Yearly / Cumulative for sample period
Source: Reablement - external service provider - Allied Healthcare, rehabilitation - LCHS

Observations from the data:

18/19 data is not available until Q4. Data for 17/18 shows 80.5% of hospital discharges into reablement were still at home 91 days after discharge, against a target of 80%. This is an improvement on 16/17 where the outturn was 75.4%. In 17/18 there was also an increase in number of episodes of reablement following hospital discharge (719) compared to 16/17 (668).

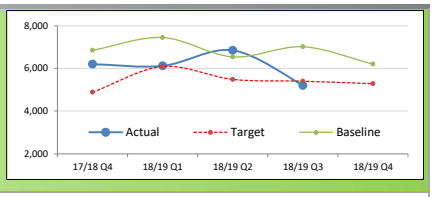
Operational comments:

	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Numerator	579												
Denominator	719												
Value	80.5%												
Target	**80.0%**												
Performance	Achieved												

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

Definition: The number of delayed transfers of care (days) for adults who were ready for discharge from acute and non-acute beds, expressed as the rate per 100,000 of the adult population of Lincolnshire.
Frequency / Reporting Basis: Monthly / Cumulatively within the quarter
Source: NHSE Published Delayed Days Report (Sitrep)

Table note: In the analysis by delay reason below, the organisation that the delay reason is attributable to in included in parentheses i.e. NHS, SSD, NHS or SSD, BOTH.



Performance observations from the data:
Q3 total of 5,203 delayed days has achieved the target of 5,400 by 197 days. Compared to the same period last year there has been a 25.8% decrease in delayed days in 17/18 7015 delayed days and in 18/19 5,203 delayed days. 71% of all delayed days are due to NHS, 12% are down to social care and the rest are due to joint. Social care was over target by 236 days the target being 390. In this quarter 566 of the 626 delayed days were at Acute sites and remaining 60 at Non Acute sites.

Operational comments:

Prior Year

	2017/18 BCF (Financial Year)											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Numerator	2,391	5,095	7,446	1,958	4,226	6,539	2,263	4,533	7,015	2,056	3,802	6,198
Denominator	602,877	602,877	602,877	602,877	602,877	602,877	602,877	602,877	602,877	606,565	606,565	606,565
Actual	**396.6**	**845.1**	**1,235.1**	**324.8**	**701.0**	**1,084.6**	**375.4**	**751.9**	**1,163.6**	**339.0**	**627**	**1,022**

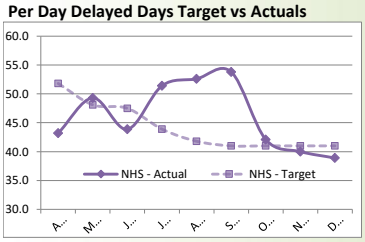
Current Year

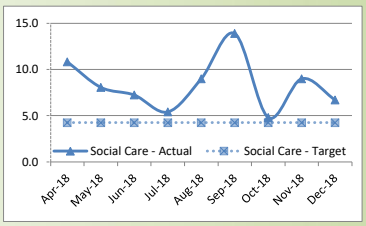
		2018/19 BCF (Financial Year)										
	Qtr 4 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Average Per Day	74.5	67.9	68.9	64.7	70.1	75.2	78	57.5	58.5	53.4			
In month	2396	2,039	2,136	1,942	2,174	2,334	2,340	1,784	1,765	1,654			
In Quarter (cumulative)	6198	2,039	4,175	6,117	2,174	4,508	6,848	1,784	3,549	5,203			
Denominator	606565	602,877	602,877	602,877	602,877	602,877	602,877	602,877	602,877	602,877			
Rate per 100,000 population	1022	338.2	692.5	1,014.6	360.6	747.7	1,135.9	295.9	588.7	863.0			
Target (days) -based on revised HWB plan	**4,883**	**2,096**	**4,125**	**6,087**	**1,895**	**3,723**	**5,483**	**1,819**	**3,580**	**5,400**			
Target (per 100k)	805.0	347.6	684.2	1,009.6	314.3	617.5	909.5	301.8	593.9	895.6			
Performance		Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Achieved	Achieved	Achieved			

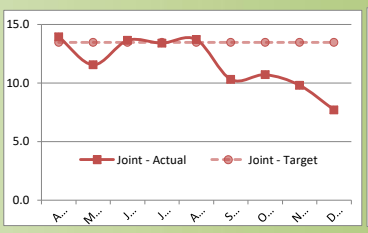
by Type of Care

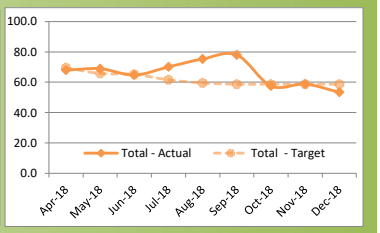
	2017/18 Q4	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Acute	5,423	1,816	3,788	5,537	1,913	3,976	5,975	1,492	2,983	4,357			
Non Acute	775	223	387	580	261	532	873	292	566	846			
Total	**6,198**	**2,039**	**4,175**	**6,117**	**2,174**	**4,508**	**6,848**	**1,784**	**3,549**	**5,203**			
	2017/18 Q4	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
Acute	87%	89%	91%	91%	88%	88%	87%	84%	84%	84%			
Non Acute	13%	11%	9%	9%	12%	12%	13%	16%	16%	16%			

Per Day Delayed Days Target vs Actuals









	1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS - Actual	55.2	43.2	49.3	43.9	51.4	52.6	53.8	42.1	40.0	38.9			
NHS - Target		51.8	48.1	47.5	44	42	**41**	41	41	41	41	41	41
Social Care - Actual	7.1	10.8	8.1	7.2	5.4	9	13.9	4.8	9	6.7	0	0	0
Social Care - Target		4.2	4.2	4.2	4	4	4	4	4	4	4	4	4
Joint - Actual	12.2	13.9	11.5	13.6	13.4	13.7	10.3	10.7	9.8	7.7			
Joint - Target		13.5	13.5	13.5	13	13	13	13	13	13	13	13	13
Total - Actual	74.5	68.0	68.9	64.7	70.1	75.3	**78**	57.5	58.8	53.4			
Total - Target		69.5	65.8	65.2	62	59	59	59	59	59	59	59	59

by Responsible Organisation

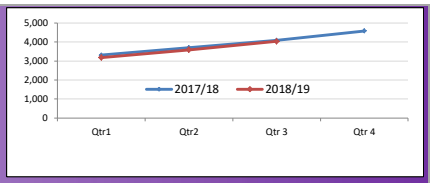
	2017/18 Q4	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS	4,437	1,296	2,824	4,140	1,593	3,225	4,839	1,304	2,505	3,712			
Target (days)	**3,020**	1,555	3,045	4,470	1,360	2,654	3,884	1,271	2,500	3,771			
Target (per 100k)	497.9	257.9	505.0	741.4	225.5	440.3	644.3	210.8	414.7	625.5			
Performance		Achieved	Achieved	Achieved	Not achieved	Not achieved	Not achieved	Achieved (within 5% tolerance)	Achieved (within 5% tolerance)	Achieved			
Social Care (SSD)	548	325	575	792	166	444	862	149	419	626			
Target (days)	1,403	127	259	386	131	263	390	131	259	390			
Target (per 100k)	231	21.1	42.9	64.0	21.8	43.6	64.7	21.8	42.9	64.7			
Performance		Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved			
Joint	1,213	418	776	1,185	415	839	1,147	331	625	865			
Target (days)	460	404	821	1,225	417	834	1,238	417	821	1,238			
Target (per 100k)	76	67.0	136.2	203.1	69.2	138.4	205.3	69.2	136.2	205.3			
Performance		Not achieved	Achieved	Achieved	Achieved	Achieved (within 5% tolerance)	Achieved	Achieved	Achieved	Achieved			
Total	**6,198**	**2,039**	**4,175**	**6,117**	**2,174**	**4,508**	**6,848**	**1,784**	**3,549**	**5,203**	-	-	-
	2017/18 Q4	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
NHS	72%	64%	68%	68%	73%	72%	71%	73%	71%	71%			
Social Care (SSD)	9%	16%	14%	13%	8%	10%	13%	8%	12%	12%			
Both	20%	21%	19%	19%	19%	19%	17%	19%	18%	17%			

iBCF Measures

5: Number of Home Care packages provided for the whole of 18/19

Definition: Cumulative YTD number of all clients who have received a permanent home care package during the year

Frequency / Reporting Basis: Monthly / Cumulative within quarter only
Source: Brokerage weekly service returns



Observations from the data:: In 1718 the number of clients that received home care at some point in Q1 was 3308 and by the Q4 4581 had received this service at some point within the year. If 1819 follows a similar sort of trend than the estimated Q4 figure will be 4402 clients who had home care at some point within the year. (Only looks at those clients who are classed as "permanent" by brokerage)

Operational comments:

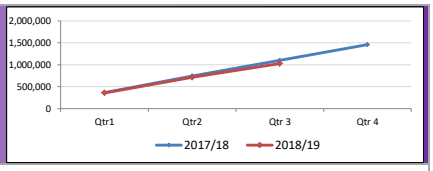
Prior Year		2017/18 (Financial Year)											
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Clients in receipt of homecare (YTD)				3,308			3,703			4,090			4,581

Current Year		2018/19 (Financial Year)											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Clients in receipt of homecare (YTD)				3,179			3,589			4,028			

6: Total number of paid hours of Home Care for the whole of 18/19

Definition: Cumulative YTD number of all paid hours of homecare delivered

Frequency / Reporting Basis: Monthly / Cumulative within quarter only
Source: Brokerage weekly service returns



Observations from the data:
In 1718 the number of paid hours for all clients that had home care was 365,067 in Q1 and by Q4 the hours delivered had increased to 1,456,769, so far in 1819 it is showing a similar trend. (only looks at those clients who are classed as "permanent" by brokerage)

Operational comments:

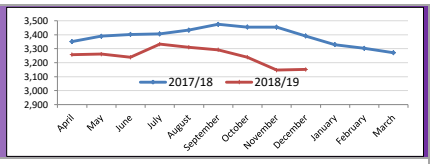
Prior Year		2017/18 (Financial Year)											
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Hours Delivered				365,067			740,314			1,100,642			1,456,769

Current Year		2018/19 (Financial Year)											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Hours Delivered				357,266			714,479			1,028,275			

7: Total number of care home placements in year

Definition: Number of clients that are in a care home setting (Residential or Nursing) at the end of each month.

Frequency / Reporting Basis: Monthly
Source: BO Report - Long Term Care (Summary)



Observations from the data:
Long stay care clients have slowly been declining since Oct-17, and comparing Dec 18 with this time last year there has been a 7.08% decrease in number of LTC clients.

Prior Year		2017/18 (Financial Year)											
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Care Home Placements (YTD)		3,351	3,389	3,402	3,406	3,433	3,474	3,455	3,454	3,391	3,329	3,303	3,271

Current Year		2018/19 (Financial Year)											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Care Home Placements (YTD)		3258	3,261	3,238	3,333	3,310	3,292	3,240	3,147	3,151			

Local Schemes

8. Reablement

Number of Hours Delivered by Allied (Cumulative)
Definition: Number of Hours Delivered by Allied (face to face contact time)

Frequency / Reporting Basis: Quarterly
Source: Allied KPI's

Observations from the data:
Allied on average delivers 10,463 hours per month of face to face contact time, if this stays the average for the rest of the months by March 19 the approx. hours delivered will be 125,556.
In Q1 Allied averaged 10,463 hours per month however in Q2 this as dropped to 10,094 a 3.5% decrease.

Current Year		2018/19 (Financial Year)											
	Mar-18 YTD	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Cumulative Hours	128,272	10,730	21,228	31,389	40,366	50,375	60,089						
Hours Delivered		10,730	10,498	10,161	10,558	10,009	9,714						

9. Reablement

% of people reabled to no service (or a lower service)

Observations from the data:
The target for this new measure has been achieved in Q2. Allied continue to work closely with Adult Care and health colleagues to facilitate timely discharge from hospital across the area. The target achieved demonstrates the skills of the team to reable service users to the full potential.

Current Year		2018/19 (Financial Year)											
	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Q4			Q1 1819			Q2 1819			Q3 1819			Q4 1819
Numerator				637			1,142						
Denominator				648			1,211						
Actual				98.3%			94.3%						
Target				95%			95%						
Performance				Achieved			Achieved						

10. 7 Day Services

% of hospital discharges which occur on a weekend
Definition: Clients discharged from a hospital on a weekend

Frequency / Reporting Basis: Quarterly
Source: BO Report: Hospital Discharges

Observations from the data:
Hospital discharges on the weekend has decreased by approx. 2.0%.

Current Year		2018/19 (Financial Year)											
	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Q4			Q1 1819			Q2 1819			Q3 1819			Q4 1819
Numerator	362			355			324			379			
Denominator	2,923			2,741			2,715			2,751			
Actual	12..4%			12.9%			11.9%			13.8%			
Target													
Performance													

11. Hospital Discharges With Social Care Team Involvement

Number of discharges
Definition: Discharged clients where social care teams help facilitate the discharge

Frequency / Reporting Basis: Quarterly
Source: BO Report: Hospital Discharges

Observations from the data:
The number of discharges with social team involvement in Q1 was 2,741 with 90.2% being in the age range of 65+. In Q2 that number went down to 2,715 but overall the percentage of 65+ went up to 90.9%, in Q3 this went up to 2,751. On average each month 911 hospital discharges have social care teams' involvement.

Current Year		2018/19 (Financial Year)											
	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Age at Contact	Q4			Q1 1819			Q2 1819			Q3 1819			Q4 1819
18-64	217			259			238			243			
65+	2,696			2,473			2,467			2,501			
Unknown	10			9			10			7			
Total Number	**2,923**			**2,741**			**2,715**			**2,751**			
% of 65+	92.2%			90.2%			90.9%			90.9%			
Target													
Performance													

12. Carers Supported by Carers Service and Adult Care

Definition: Rolling 12 month period (Qtr 1: June 1718 -1819)

Frequency / Reporting Basis: Quarterly
Source: Council Business Plan

Observations from the data:
In the 12 month period up to 31 December 2018 over ten thousand (10,487) carers of adults have been supported by the Carers Service and Adult Care. This is an increase of 249 carers compared to the Quarter 2 figure. This figure does not include any data from Children's Services and as such does not include parent carers or young carers.
955 (9.1%) carers have received a Personal Budget as a Direct Payment.
665 (6.3%) cared-for adults have been provided with short term respite services to allow their carer to take a break.
8867 (84.6%) carers have received information and advice, including those supported by Carers FIRST's universal offer.
Note - the target for this financial year has been increased to 1730 carers supported per 100,000 over 18 population. This equates to a target of approximately 500 additional carers supported by the end of the year.
The denominator for this target has increased to 6.1. This is based on the latest over 18 population estimate for 2018 (606,565 - source: Office of National Statistics). The 6.1 relates to 'one hundred thousands

	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Q4			Q1 1819			Q2 1819			Q3 1819			Q4 1819
Numerator	9,689			10,006			10,238			10,487			
Denominator	5.94			6.1			6.1			6			
Actual	**1,631**			**1,640**			**1,678**			**1,719**			
Target	1,440			1,730			1,730			1,730			

13. Making every contact count

Narrative:
This measures the number of staff and volunteers working in health and care related services who have received Making Every Contact Count training. This training enables service providers to deliver healthy lifestyle advice and signposting information to clients. By the end of Quarter 3, 662 individuals have been trained. Due to fluctuations in the delivery of MECC the target is annual and is on track to be achieved by end of Quarter 4.

Current Year		2018/19 (Financial Year)											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Numbers Trained (YTD)				187			399			662			

Areas for development
Measures that are in development for future returns. Data will be collected for these measures and commentary provided once processes have been established to collect the data.

Area	Suggested measure
Supporting Carers	Increased awareness of carers with employers
Mental Health Care Network	Increased number of managed schemes in operation
Mental Health Care Network	Increased number of proposed beneficiaries
Trusted Assessors	
Early Intervention vehicle	

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Health and Wellbeing Board – Decisions from 5 June 2018

Meeting Date	Minute No	Agenda Item & Decision made
5 June 2018	**1**	**Election of Chairman** That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2018/19
	2	**Election of Vice-Chairman** That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2018/19
	5	**Minutes** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 27 March 2018, 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, Roles and responsibilities of Core Board Members** That the Terms of Reference. Procedure Rules and Board Members Roles and Responsibilities be re-affirmed subject to the inclusion of the Office of the Police and Crime Commissioner and Chairman and the Chairman of the Lincolnshire Co-ordination Board of the STP.
	8b	**Joint Health and wellbeing Strategy for Lincolnshire 2018** That the publication of the Joint Health and Wellbeing Strategy document be agreed; That the basis for progressing the delivery of the Joint Health and Wellbeing Strategy for Lincolnshire by way of Delivery plans be agreed; That the adoption of the proposed Governance and Accountability Framework by the Lincolnshire Health and Wellbeing Board be agreed; and That the feedback from the most recent online engagement be noted.
	9a	**Health and care Workforce – Recruitment and Retention** That the report and presentation be noted.
	9b	**Winter Review and Planning** That the report and contents be considered and noted.
	10a	**Better Care Fund** That the report for information be received.
	10b	**Health and Wellbeing Grant Fund –Update** That the report for information be received.
	10c	**An Action log of Previous Decisions** That the report for information be received.
	10d	**Lincolnshire Health and Wellbeing Board – Forward Plan** That the report for information be received
	10e	**Future Scheduled Meeting Dates** That the following scheduled meeting dates for the remainder of 2018 and for 2019 be noted. Tuesday 25 September 2018 Tuesday 4 December 2018

		Tuesday 26 March 2019 Tuesday 11 June 2019 Tuesday 24 September 2019 Tuesday 3 December 2019 (All the above meetings to commence at 2.00pm)
25 September 2018	**13**	**Minutes** That the minutes of the meeting held on 5 June 2018 be signed by the Chairman and confirmed and a correct record.
	14	**Action Updates from the Previous Meeting** That the completed actions, as detailed, be noted.
	16a	**Better Care Fund** That the Lincolnshire Health and Wellbeing Board note the BCF report update
	16b	**Lincolnshire Joint Strategy for Dementia 2018-2021** That the Health and Wellbeing Board approve the draft Joint Strategy for Dementia as shown in Appendix A of the report; That a summary document for the Strategy be developed; That the Health and Wellbeing Board Note that the Strategy will also be presented to the Adult Care and Community Wellbeing Scrutiny Committee
	17a	**Multi-agency review of Mental Health Crisis Services** That the Health and Wellbeing Board note the recommendations of the review and oversee the implementation of those recommendations agreed by lead commissioners
	17b	**Working Together to Create Safe, Well Communities – Policing and Mental Health Development Plan** That further work be carried out to identify how this would link with current strategies.
	17c	**Consultation on the Contracting arrangements for Integrated Care Provision (ICPs)** That the implications of the ICP consultation be noted. That a response to the consultation be produced on behalf of the Board by the Director of Public Health and the programme Manager and circulated to members for comment.
	17d	**Social Housing Green Paper Consultation** That a response on behalf of the Lincolnshire Health and Wellbeing Board would be drafted by the Housing, Health and Care Delivery Group.
	18a	**An Action Log of Previous Decisions** That the report for information be received.
	18b	**Lincolnshire Health and Wellbeing Board Forward Plan** That the report for information be received.
11 December 2018	**21**	**Minutes of the meeting held on 25 September 2018** That the minutes of the meeting held on 25 September 2018 be signed by the Chairman as a correct record subject to the following amendments: • Page 8 – minute 17c – correction of 'car providers' to 'care providers' • That Councillor D Nannestad be marked as being present • That the attendees present be marked as belonging to the

		correct groups.
	22	**Action Updates from the previous meeting** That the completed actions, as detailed in the report, be noted.
	23	**Chairman's Announcements** That the Chairman's announcements be noted
	24a	**Developing a Blueprint for a more active Lincolnshire** That the progress made with establishing a Lincolnshire Physical Activity Taskforce and developments to produce a Blueprint for a More Active Lincolnshire be noted.
	25a	**NHS Planning – Update** That the update be noted
	25b	**Neighbourhood Working – The Social Prescribing Project** 1. That the content of the report be noted. 2. That the current progress and key actions be noted. 3. That the Health and Wellbeing Board support the development of a strategic approach for social prescribing in Lincolnshire.
	25c	**Connect to Support Lincolnshire** 1. That the Board noted the launch of the Connect to Support service 2. That the Board members would publicise the service 3. That Board members would advise the author and presenters of potential content and uses for the service
	25d	**A Memorandum of Understanding to support joint action in Lincolnshire on improving health through housing** That the Lincolnshire Health and Wellbeing Board: 1. Support and work towards achieving the aims and ambitions in the Memorandum of Understanding 2. Be the conduit for gaining formal signatures from all relevant stakeholders. 3. Agreed to promote this MoU, its aims and ambitions, at every opportunity within individual organisations and relevant partnerships.
	25e	**Better Care Fund Scheme Review** That the proposed changes be noted and that the Health and Wellbeing Board recommend that the changes be approved at the next available Health and Wellbeing Board.
	26a	**Better Care Fund** That the Lincolnshire Health and Wellbeing Board note the BCF report update.
	26b	**An action log of previous decisions** That the report for information be received
	26c	**Lincolnshire Health and Wellbeing Board Forward Plan** That the report for information be received.

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Lincolnshire Health and Wellbeing Board Forward Plan March 2019 to December 2019

Items for the Lincolnshire Health and Wellbeing Board are shown below:

26 March 2019, 2pm, Committee Room 1, County Offices, Lincoln		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Healthy Conversation To receive a report on behalf of the Sustainability and Transformation Partnership on the plans to engage with partners, staff and the public on service changes during 2019	John Turner, Chief Officer South Lincolnshire Clinical Commissioning Group (for Lincolnshire CCGs)	Discussion
NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20 To receive a report on behalf of the Lincolnshire Health System which provides an overview of the NHS Long Term Plans and asks the Board to review the commissioning intentions for 2019/20 against the priorities in the Joint Health and Wellbeing Strategy	John Turner, Chief Officer South Lincolnshire Clinical Commissioning Group (for Lincolnshire CCGs)	Discussion
Neighbourhood Working To receive a report on behalf of the Sustainability and Transformation Partnership on the development of neighbourhood working across Lincolnshire	Sarah Jane Mills Chief Operating Officer Lincs West CCG	Discussion
Implementing the NHS Long Term Plan – Proposals for possible changes to legislation To receive a report on behalf of the DPH asking the Board to consider whether it wishes to formally respond to the NHSE consultation on proposed change to legislation effecting health services.	Alison Christie Programme Manager Health and Wellbeing	Discussion
Better Care Fund – Quarter 3 Report To receive an information report on behalf of the Executive Director of Adult Care and Community Wellbeing providing the quarterly finance and performance update on Lincolnshire's BCF Plan 2017/19	Steven Houchin, Head of Finance – Adult Care and Community Wellbeing	Information

Planned items for future Lincolnshire Health and Wellbeing Board are shown below:

11 June 2019, 2pm, Committee Room 1, County Offices, Lincoln		
Item & Rationale	**Presenter/Contributor**	**Purpose**
AGM - Election of Chairman and Vice Chairman		Decision
Terms of Reference and Procedural Rules, roles and responsibilities of core Board members To receive a report which asks the Board to review the Terms of Reference and Procedural Rules	Alison Christie, Programme Manager Health and Wellbeing	Decision
Health and Wellbeing Board Annual Report To receive a report on behalf of the JHWS Delivery Groups which presents the monitoring dashboards and provides an update to the Board on the progress being made to deliver the	David Stacey, Programme Manager Strategy and Performance and Alison Christie,	Discussion

ambition set out the Joint Health and Wellbeing Strategy.	Programme Manager Health and Wellbeing	
Physical Activity Blueprint To receive a report on behalf of the Lincolnshire Physical Activity Taskforce which provides an update on the progress and presents the draft Physical Activity Blueprint	Jayne Mitchel, Chairman L-PAT Louise O'Reilly, Director of Strategy & Insight, Active Lincs Phil Garner, L-PAT Strategic Programme Manager	Discussion
Healthy Conversation - Update To receive a report on behalf of the Sustainability and Transformation Partnership on the plans to engage with partners, staff and the public on service changes during 2019	TBC	Discussion
Health Protection To receive a report by Derek Ward, on behalf of the Health Protection Board, which provides assurance to the Board that appropriate emergency planning and screening arrangements are in place to protect the health of Lincolnshire's population	Derek Ward Director of Public Health and Chairman of the Health Protection Board	Discussion
Better Care Fund To receive an information report on behalf of the Executive Director of Adult Care and Community Wellbeing providing the quarterly finance and performance update on Lincolnshire's BCF Plan 2017/19	Steven Houchin, Head of Finance – Adult Care and Community Wellbeing	Information

24 September 2019, 2pm, Committee Room 1, County Offices, Lincoln		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Healthy Conversation - Update To receive a report on behalf of the Sustainability and Transformation Partnership on the plans to engage with partners, staff and the public on service changes during 2019	TBC	Discussion

3 December 2019, 2pm, Committee Room 1, County Offices, Lincoln		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Healthy Conversation - Update To receive a report on behalf of the Sustainability and Transformation Partnership on the plans to engage with partners, staff and the public on service changes during 2019	TBC	Discussion

Items to be programmed:

- **Green Paper on Social Care for Older People**
- **Medical School Overview and Update**
- **Joint Strategic Asset Assessment**
- **Digital Maturity in Care Providers**