County Offices
Newland
Lincoln
LN1 1YL

3 June 2019

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 11 June 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 1 Vacancy (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, 11 JUNE 2019

9c	**Lincolnshire NHS Healthy Conversation 2019 - General Update** *(To receive an update from John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups and Charley Blyth, Director of Communications and Engagement, Lincolnshire STP, which provides a summary of the Healthy Conversation 2019 campaign, detailing the activity to date, feedback and results, and next steps in the campaign)*	73 - 82
9d	**Health Protection Board Assurance for 2018/19** *(To receive a report by Tony McGinty, Consultant – Public Health, which seeks to provide assurance to the Health and Wellbeing Board that arrangements for protecting the health of local people were safe and effective)*	83 - 90
9e	**Lincolnshire Physical Activity Taskforce Launch of "A Blueprint for Creating a More Active Lincolnshire"** *(To receive a report by Phil Garner, Lincolnshire Physical Activity Taskforce, which provides the Committee with an opportunity to consider "A Blueprint for Creating a More Active Lincolnshire" which was launched on 10 May 2019)*	91 - 104
10	**Information Items**	
10a	**Better Care Fund 18/19 Quarter 4 Update** *(To receive a report which provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plan for 2017-2019)*	105 - 162
10b	**An Action Log of Previous Decisions** *(For the Health and Wellbeing Board to note decisions taken since June 2018)*	163 - 166
10c	**Lincolnshire Health and Wellbeing Board Forward Plan** *(This item provides the Board with an opportunity to discuss matters for future meetings, which will subsequently be included on the forward plan)*	167 - 168

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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

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD
26 MARCH 2019

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors 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: Professor Derek Ward (Director of Public Health)

District Council: Councillor Donald Nannestad (District Council)

GP Commissioning Group: 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

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Councillor Dr Michael Ernest Thompson, John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership) and Rachel Wilson (Democratic Services Officer) (Democratic Services)

27 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Debbie Barnes OBE (Head of Paid Service), Glen Garrod (Executive Director of Adult Social Care), Dr Sunil Hindocha (Lincolnshire West CCG) and Elaine Baylis (Lincolnshire Co-ordinating Board).

28 DECLARATIONS OF MEMBERS' INTEREST

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

29 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 11 DECEMBER 2018

RESOLVED

That the minutes of the meeting held on 11 December 2018 be signed by the Chairman as a correct record.

30 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

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

31 CHAIRMAN'S ANNOUNCEMENTS

An additional Chairman's announcement in relation to suicide prevention was circulated. The Chairman also advised that she had visited a number of districts with the Director of Public Health presenting the refreshed Joint Health and Wellbeing Strategy for Lincolnshire, and had recently visited Boston. The Strategy was being well received.

It was also reported that the methadone substitute, Buprenorphine, used to treat substance misuse, had recently seen an up to 700% increase in price, and Public Health was responsible for the delivery of the drug and alcohol services. This price increase would eat into the budgets. The County Council had no say on what the market value of this drug was. The NICE guidelines stated that this drug had to be provided in the right circumstances. It was emphasised that the authority was doing the right thing in terms of providing treatment, but that there was no control over the prices. It was highlighted that this increase was not exclusive to Lincolnshire, and it was a nationwide issue. The CCG's, health representatives and the PCC were all urged to push back and challenge this price increase where possible.

The Chairman also advised that she had been made aware of an issue in relation to the provision of continence pads to residential care homes, which should be provided by the NHS. It had been reported that this was not happening in a timely manner in some places. It was unclear whether this was an ordering or delivery issue. It was requested, if anyone on the Board had any influence in this matter, could they please look into it. John Turner advised that he would pick this up.

32 DISCUSSION ITEMS

33 NHS HEALTHY CONVERSATION 2019

34 NHS LONG TERM PLAN AND LINCOLNSHIRE'S PLANNING/INTENTIONS FOR 2019/20

It was suggested that the NHS Healthy Conversation 2019 and NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20 items were considered as one as there would be overlapping information.

John Turner, Chief Officer, South and South West Lincolnshire Clinical Commissioning Group, presented reports to the Board and provided updates in relation to the NHS Healthy Conversation 2019 and NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20.

It was reported that in the three to four months leading up to 5 March 2019 (launch of the Healthy Conversation 2019) a number of conversations had been held with the Health Scrutiny Committee for Lincolnshire, this Board, County and District Council colleagues as well as other partners. The NHS had been preparing to start an open conversation in very broad terms on the direction for the county. Work had been taking place on this for a significant amount of time. In early January 2019, the NHS Long Term Plan was launched. Planning discussions had been taking place over the past year or so. The Healthy Conversation 2019 had now started and was an open engagement exercise which was running across the county. The approach being put forward included things that a lot of partners were already doing and it was highlighting a lot of good examples of changes.

Board members were encouraged to look at the website which had been set up as there was a large amount of information available which was presented in a user friendly way.

Health colleagues were starting to think about what the next stage of the engagement activity would look like, as there was a lot of information coming in, and it was planned to deal with it according to area as there would be different issues for different localities. The Healthy Conversation 2019 was planned to run into the autumn.

It was expected that there would be more work around prevention and how to keep people as healthy as possible including work around self-care. There would be a stronger emphasis on developing integrated community care services. Acute hospital services should be there to provide specialised care that it was not possible to provide in the community. There would be a push towards system working as the NHS was very fragmented, both in the services it provided and the way it worked with partners. There would be work to move towards becoming an integrated care system and working more systematically with partners. Partnership and collaboration would be much stronger going forward.

Health colleagues were required by NHS England and NHS Improvement to produce a local version of the Long Term Plan for the County. This had to be informed by open discussions with people who used the services and partners and so it was timely that the Healthy Conversation had just commenced.

Members of the Board 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 points:

- Through collaboration between NHSE and Healthwatch England, there was a need to determine what was wanted by Lincolnshire from the Long Term Plan. Healthwatch had had the most input from survey responses, and would be holding focus groups, as the general public did not yet know what they wanted. The Healthy Conversation was welcomed.
- In terms of urgent care centres, there were changes proposed to urgent treatment centres as opening times did not seem to be consistent and there was a need for uniformity across the county with opening and closing times. It was queried whether there was an expectation that people should call 111 when during times when the centres were closed. It was noted that the Health Scrutiny Committee for Lincolnshire had also expressed a wish to explore this issue with the CCG as well. It was highlighted that Urgent Care treatment was for those who needed care, but it was not an emergency or life threatening situation. There was national guidance on what services should be provided and that they should be open a minimum of 12 hours per day, 7 days per week. It was envisaged that there would be a 24 hour centre at Pilgrim and Lincoln County Hospital. Grantham was also expected to become an urgent care centre on a 24 hour basis, as well as Louth. Stamford minor injury unit was open Monday – Friday from 9am – 5pm and it was envisaged that this would become an urgent care centre, but on a 12 hour/7 days per week basis.
- Currently people were expected to call 111 during out of hours for urgent care centres, as this would enable people to get to the right place at the right time. However, it was noted that not all services would be available at all times of the day, for example x-ray services.
- It was noted that there was not a fixed position on whether these would be walk-in services or 111. Louth and Skegness did have the opportunity to be walk-in services.
- There was a need for clarity and a consistent message that could be promoted to residents.
- There had been a lot of questions about the ambulance and the 111 service.
- It was highlighted that a clear message was key and that having the conversation with the public was important in order to manage expectations. The Board was advised that in terms of the conversation, this would involve being realistic about what could be delivered.
- It was known that there was a struggle to recruit and retain staff, and accounted for 10% of the spend. It was hoped that the healthy conversation would be an honest one but there was a need to be ambitious for the future of the health service, and it was thought that most of the public understood this, and people should not be prevented from expressing what they wanted.
- It was noted that the events which had taken place had been well attended, and there was concern that the public were not hearing about some of the work which was already being done, such as neighbourhood working.
- In terms of timescales, it was expected that the Healthy Conversation would run until the autumn of 2019. It was acknowledged that this timescale was quite vague, but autumn was also referenced in the NHS Long Term Plan.

Health colleagues advised that they would like the Healthy Conversation to run for as long as it needed to.

- Digitally enabled care, this depended on people being able to access it, rather than just age, and how it would work in different areas of the county. There would be an issue of digital infrastructure.
- There was a lot of material on the website about the things which were working well, as well as information on the changes which had taken place in the last 12 months and those that were planned for the 12 months ahead.
- On the feedback forms, people were being asked if they would be prepared to receive care digitally, and how helpful it would be. It was noted that this was currently working well in other parts of the country and the world.
- It was acknowledged that the digital infrastructure was not as comprehensive as health colleagues would like it to be, but it was better that in some other parts of the country.
- In terms of the condition of the NHS estate, it was noted that a collaborative approach through partnership working would be required in order to improve it. It was highlighted that the blue light services were now under one roof at the new Headquarters building at South Park, Lincoln was a good example of how different services could work together.
- There were concerns about accessibility to health services for people taken into custody in places such as Grantham, as they would generally be transported to Lincoln. The Police and Crime Commissioner would like to work with NHS colleagues to tackle this. There was a responsibility to use the money available to its best effect, and health colleagues had been alerted to the issues around custody suites in Grantham, and would be happy to work with the PCC and his team on this.
- It was noted that there were over 10,000 calls to 111 each day. However, there were some concerns around how it worked. If a person had a concern and needed attention, they should call 111. There was confidence in the 111 service to enable people to use it.
- It was queried what was being done in terms of engaging with young people and it was reported that there was a group of young people who were engaged with as well as engagement events for those with protected characteristics.
- It was queried how health organisations were going to tackle the difficulty in retaining staff. It was acknowledged that NHS England had a workforce crisis. There were 100,000 vacant posts in England. 40,000 of these were nursing posts. The rest were a whole range of health care professionals. However, the issues were further exacerbated in Lincolnshire, particularly towards the east coast. There were 850 vacancies in Lincolnshire. It was noted that there was a huge amount of work taking place to try and tackle his, including a new medical school to be based in Lincoln, development of a health academy, and it was suggested that this work may be worthy of an independent discussion at a later date.
- In terms of the estate, it was noted that a lot of it was quite run down and it would take a lot of money to change this. It was acknowledged that the hospital estate left a lot to be desired, but a lot of the models that were hoped to take the service forward were those that brought health and social care

partners together in one place. It was noted that some of the buildings within the estate had covenants on them so they could only be used as hospital buildings.

Both reports were considered and discussed at the same time, however, each set of recommendations were considered separately as follows:

NHS Healthy Conversation 2019

RESOLVED

That the Board note the launch of the Healthy Conversation 2019 listening and engagement exercise on 5 March 2019 and that feedback would be incorporated into the local 5 year long term plan which was required to be developed by autumn 2019.

NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20

RESOLVED

That the Board note the detail in the 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.

35 NEIGHBOURHOOD WORKING

Consideration was given to a report by Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG, which provided the Board with an update on the development of neighbourhood working in Lincolnshire. It was reported that stakeholders across Lincolnshire had all agreed that the default location for providing care and treatment should be the community unless there is a clinical need for an economic case for it to be delivered in an acute hospital setting.

It was also reported that this approach was about preventing people from becoming unwell, and how health organisations could work with partners and other agencies to tackle some of the root causes of poor health. Another aspect which would be looked at would be the age up until people were living well (healthy life years), for example, in Gainsborough people were expected to be living with at least one long term condition by the age of 58.

There was a need to build resilient communities and it was queried how this could be done. It was noted that the neighbourhoods were built around a geographical framework and there were 12 neighbourhoods with 10 neighbourhood leads. The role of the Neighbourhood Lead was about bringing teams together to support the local population. The Multi-Disciplinary Team (MDT) was not just social care representatives, but also included the Police and the Fire Brigade. Social prescribing would look for opportunities to connect people with systems, and this could be a variety of services including voluntary organisations, for example breakfast clubs.

Arrangements for supporting people with complex needs were also being built, whilst this would be a relatively small number of patients, the impact it could have would be significant. There were a few examples highlighted in the report.

Social prescribing was a really important part of the approach going forward, however, it was noted that this was not a new concept, but it was not currently consistent throughout the county. It needed to be determined what the core things were which should exist in every community, and these core requirements should be signed off in the coming months.

The Board was advised that Stamford was a very good example of neighbourhood working, and work was currently taking place with colleagues in Public Health. There was a need for safeguards to be in place for information governance and sharing of records etc.

The Board was 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 relation to the Spalding Neighbourhood Team, it was noted that there had been some really good case studies.
- It was confirmed that there were information sharing agreements in place where appropriate. However, it was important to note that the information was not the GP's information. It was the patients information to share.
- It was highlighted that it had taken four years to get to this point. There was a greater need to get something up and running on the east coast sooner rather than later, as this was where a lot of older people lived and many had a number of health conditions. It was thought that this work could have lots of benefits.
- It was important for people to have a point of contact, a person who could support that individual. It was highlighted that someone with a single long term condition would have one professional to help and support them, however, once they had multiple conditions they would need a team.
- It was commented that the district councils were working well, but there was more that could be done to promote this work. It was suggested there was a need for greater use of community assets to support wider individual wellbeing and health colleagues advised that they had an open mind to using infrastructure that was already in place to support a patient's needs, for example using leisure centres for physiotherapy sessions.
- It was noted that the real concern to some extent was the increasing inequalities, as where it was working, it was working well, but there were some places where it needed to be in place such as on the coast.
- If there was to be a targeted approach one, of the first areas to be targeted would be the east coast. The development of this approach was linked to two things, the recruitment of neighbourhood leads, and two east coast leads had now been appointed, and over the coming few weeks there would be clarity over the criteria.

- In terms of performance indicators, it was really important to understand collectively what 'good' looked like for a neighbourhood team. What did it look like in terms of reductions, and what would it look like in 6/12/18 months? It was noted that initial reports were positive but more time was needed to understand the impact in terms of numbers. It was therefore important to start to articulate the 'wins'.
- It was expected that it would have an impact in areas such as admissions, and it could be seen that it was having a significant impact on individuals, but it had not started to have an effect on the trend yet.
- There was a need for those core elements to be defined, and then there would be a critical mass to report against.
- It was acknowledged that this was still early stages.
- In relation to the care portal, it was noted that benefits were not yet being seen, and it would be really helpful to have some more information on this. Sarah Jane Mills advised that she would be happy to come back to the Board to talk about this at a later date.
- In terms of coastal issues, it was highlighted that Mablethorpe did not have a day care centre, and it was suggested that this may be because the community tended to look after itself.
- A number of different issues had been highlighted, and the high level of need, particularly on the east coast, was recognised. It was noted that it was easy to draw conclusions that the community was self sufficient, or it could be because they were isolated due to the geographical location. It was suggested that there was a need to make direct contact with those people described above to work out what support they required. However, it was important to remember that this was not always about statutory services. There was a need to look out how it could be ensured that the infrastructure was relevant to the population and that work took place with the community to ensure it was resilient and able to support itself.
- It was commented that one issue was the tendency to choose projects that were easy to pilot, and not all models would be easy to roll out in the east of the county.
- It was acknowledged that the numbers were not yet sufficient for performance reports, and counting the number of people helped would not really measure the impacts or improvements. It was also noted that people were not equal in terms of their needs.

The Chairman requested that Sarah-Jane Mills came back to the Board in six months to speak about performance indicators and the care portal.

RESOLVED

That the Board note the information within the report and the future plans to further develop neighbourhood working in Lincolnshire.

35a Implementing the NHS Long Term Plan - Proposals for possible changes to legislation

Consideration was given to a report by Alison Christie, Programme Manager, which advised the Board that on 28 February 2019, NHS England (NHSE) had launched a 'call for views' on potential proposals for changing current primary legislation relating to the NHS. The document stated that it was 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 was 25 April 2019.

It was queried whether the Board would like a response to be sent on its behalf and if so this would be put together by Alison Christie and Derek Ward. There was agreement by the Board that a response should be sent.

RESOLVED

That the Lincolnshire Health and Wellbeing Board respond to the 'call for views' and agreed that a response should be drafted by Alison Christie (Programme Manager) and Derek Ward (Director of Public Health).

36 INFORMATION ITEMS

37 BETTER CARE FUND UPDATE

Consideration was given to a report by Steve Houchin, Head of Finance - Adult Social Care, which provided an update to the Lincolnshire Health and Wellbeing Board on Lincolnshire's (Better Care Fund) BCF plan for 2017 – 2019. A finance and performance update showing the current position and an update in relation to 2019/20 BCF arrangements was also included within the report.

It was reported that 2019/20 would be the final year of the BCF in its current form. Officers were still waiting for clarity on what form it would take after this date. The estimate for the amount of funding that would be received for 2019/20 had been received and details were included within Appendix A of the report. This funding would be in the region of £246m compared to £232m for 2018/19. However, this was still subject to confirmation.

RESOLVED

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

38 AN ACTION LOG OF PREVIOUS DECISIONS

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

RESOLVED

That the report for information be received

39 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 4.00 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.	
26.03.19	**35a**	**Implementing the NHS Long Term Plan – Proposals for possible changes to legislation.** That the Lincolnshire Health and Wellbeing Board respond to the 'call for views' and agreed that a response should be drafted by Alison Christie (Programme Manager) and Derek Ward (Director of Public Health)	A response to the consultation was prepared by Alison Christie and Derek Ward, and circulated to Board Members for their comment and input. The finalised response was signed off by the Chairman of the Board and submitted to NHSE by the 26 April deadline.

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Lincolnshire Health and Wellbeing Board – 11 June 2019

Message of thanks to Dr Sunil Hindocha

On behalf of the Board, I would like to express my thanks to Dr Sunil Hindocha for all his support and dedication during his tenure as Vice Chairman of the Lincolnshire Health and Wellbeing Board. He was instrumental in the setting up of the Shadow Health and Wellbeing Board in 2012 and took on the role of Vice Chairman in 2013 when the Board was formally established as a committee of the County Council.

He has not only committed a significant amount of time to the Board, but has also acted as a champion by advocating the need for closer integration on our shared priorities to address the health and wellbeing issues facing Lincolnshire.

New Chief Executive of the United Lincolnshire Hospitals NHS Trust (ULHT)

ULHT has announced the appointment of Andrew Morgan as its new Chief Executive for an interim period. Andrew will join the Trust in his new role on 1 July 2019 for an interim period until March 2020, this follows the retirement of ULHT Chief Executive Jan Sobieraj at the end of June.

During his time with ULHT, Andrew will step down as Chief Executive of Lincolnshire Community Health Service and alternative management arrangements will be made for its leadership.

Visit to Lincolnshire by Duncan Selbie

Duncan Selbie, Chief Executive of Public Health England, will be visiting Lincolnshire on 8 July 2019. He is due to meet with senior councillors at the County Council, as well as the Glen Garrod and Derek Ward. He will also be meeting members of staff within the Public Health Division.

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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:	**11 June 2019**
Subject:	**Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members**

Summary:

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

Actions Required:

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

1. Background

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

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

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

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

Legislation and statutory guidance pertaining to health and wellbeing boards has not been updated since the Board's formation in 2013. Therefore from a statutory perspective the aim, purpose and functions of the Board remain the same. However, as the Board will be aware, the four Lincolnshire NHS Clinical Commissioning Groups are working closer together as part of the emerging joint arrangements. As the new management arrangements develop it will be necessary to review CCG / local NHS representation on the Board. The exact timescale for this review is yet to be determined.

2. Conclusion

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

3. Consultation

Not applicable

4. Appendices

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

5. Background Papers

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

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

Lincolnshire COUNTY COUNCIL

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE and PROCEDUAL RULES

June 2019

Next review date June 2020

Lincolnshire Health and Wellbeing Board
Terms of Reference and
Procedural Rules

1. Context

1.1 The full name shall be the Lincolnshire Health and Wellbeing Board (the Board).

1.2 The Board is established as a consequence of Section 194 of the Health and Social Care Act as a committee of Lincolnshire County Council.

2. Aim

2.1 The Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in Lincolnshire to work in an integrated manner.

2.2 The Board must provide advice, assistance and support for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of such services.

2.3 The Board must encourage those involved in arranging the provision of health-related services to work closely with the Board.

3. Objectives

3.1 To provide strong local leadership for improvement of health and wellbeing.

3.2 Monitor the implementation and performance of health and wellbeing outcome targets defined within the Joint Health and Wellbeing Strategy (JHWS).

3.3 Lead on the production and delivery of a Joint Strategic Needs Assessment (JSNA) and ensure that partner agencies use the evidence base as part of their commissioning plans.

3.4 Lead on the production of the Pharmaceutical Needs Assessment (PNA) and liaise with NHS England to ensure recommendations or gaps in service are addressed.

3.5 Lead on the implementation of the JHWS.

3.6 Confirm and challenge the joint commissioning plans for health and social care to ensure they meet the needs identified by the JSNA and are in line with the JHWS.

3.7 Review any reconfiguration of health or social care services in Lincolnshire to ensure they support the outcomes of the JHWS.

3.7 Maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and processes and prevent duplication or omission within Lincolnshire.

4. Roles and Responsibilities of Members of the Board

4.1 To work together effectively to ensure the delivery of the JSNA and JHWS for the benefit of Lincolnshire's communities.

4.2 To work within the Board to build a partnership approach to key issues and provide collective and collaborative leadership for the communities of Lincolnshire.

4.3 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.

4.4 To champion the work of the Board in their wider networks and in the community.

4.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be disseminated and actioned to ensure the health and wellbeing in Lincolnshire improved.

4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations of the Board.

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

5. Accountability

5.1 The Board carries formal delegated authority to carry out its functions under Sections 195 and 196 of the Health and Social Care Act 2012 from the County Council.

5.2 Core Members bring the responsibility, accountability and duties of their individual roles to the Board to provide information, data and consultation material, as appropriate, to inform the discussions and decisions.

5.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve the health and wellbeing of the people living in Lincolnshire.

5.4 The District Council Core Member will ensure that they keep all Districts advised of the work of the Board.

5.5 The Board will report to the Full Council and NHS England and NHS Improvement – Midlands via the Area Team (AT) by sending meeting minutes and presenting papers as and when requested.

5.6 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes on the Lincolnshire County Council website.

5.7 When required, the members of the Board will also take part in round table discussions with the public, voluntary, community, private, independent and NHS sectors to ensure there is a ‘conversation’ with Lincolnshire communities about health and wellbeing.

6. Membership

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

- Executive Councillor Adult Care, Health and Children's Services,
- Executive Councillor NHS Liaison and Community Engagement,
- Executive Councillor Culture & Emergency Services
- Five designated Lincolnshire County Councillors,
- The Executive Director of Adult Care and Community Wellbeing,

- The Executive Director of Children's Services,
- The Director of Public Health,
- Designated representative from each Clinical Commissioning Group in Lincolnshire,
- Designated NHS England and NHS Improvement - Midlands representative,
- One designated District Council representative (representing all seven districts),
- Designated representative from Healthwatch Lincolnshire
- The Office of the Police and Crime Commissioner for Lincolnshire
- The Chairman of the Lincolnshire Coordination Board

6.2 The Core Members, through a majority vote, have the authority to approve individuals as Associate Members[1] of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting (AGM).

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

7. Frequency of Meetings

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

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

8. Agenda and Notice of Meetings

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

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

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

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

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

8.3 Democratic Services will circulate and publish the agenda and reports at least five clear working days prior to the meeting. Exempt[2] or Confidential[3] Information shall only be circulated to Core Members.

9. Annual General Meeting

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

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

10. Quorum

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

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

11. Procedure at Meetings

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

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

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

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

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

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

- Ensuring adequate physical access to Board meetings;
- Providing signers, interpreters and other specialist support within existing resources on request to the secretariat;

[2] Exemption information is information falling within any of the descriptions set out in Part 1 of Schedule 12A of the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said schedule. In each case, read as if references there in to 'the authority' were references to 'the Board' or any of the partner organisations.

[3] Confidential information is information furnished to partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public.

- To include a work programme of planned future work on the agenda;
- Reports and presentations are in a style that is accessible to the wider community, and of a suitable length, so that their content can be understood;
- Enabling the recording of meetings to assist the secretariat in accurately recording actions and decisions of the Board.

12. Voting

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

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

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

13. Minutes

13.1 Democratic Services shall minute the meetings and produce and circulate an action log as part of the agenda to all Core Members.

13.2 Democratic Services will send the draft minutes to the Director of Public Health and lead officers within ten working days of the meeting for comment.

13.3 The draft minutes, following comment from relevant officers (point 13.2 above); will be circulated to Core Members.

13.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.

13.5 Democratic Services will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

14. Expenses

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

15. Declarations of Interest

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

16. Conduct of Core Members at Meetings

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

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

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

17. Review

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

17.2 Any amendments shall only be included by unanimous vote.

Lincolnshire Health and Wellbeing Board Responsibilities

Key responsibilities of **ALL** board members:

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

All members of the HWB will be expected to

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

Key roles and responsibilities of individual core board members:

Core Member	Key Roles and Responsibilities
Lincolnshire County Council Executive members	• Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board • Report any issues raised by other members of the Board • Provide strategic direction in relation to Lincolnshire's Joint Health and Wellbeing Strategy • Report publicly on the work and progress of the Board • Report to Executive on the work and progress of the Board • Promote and ensure co-production of all commissioning plans and proposals
Lincolnshire County Councillor	• Report publicly on the work and progress of the Board • Report any issues raised by the public to the Board • Report any issues raised by other councillors to the Board
Director of Public Health	• Update the Board on public health related activity taking place in Lincolnshire • Report to the Board any relevant information provided from Public Health England (PHE) and report any relevant board matters to PHE • Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents • Lead the revision and publication of the JSNA • Lead the revision and publication of the Joint Health and Well-being Strategy
Adults and Children's Executive Directors	• Report on commissioning activity to the Board • Provide relevant information requested by the Board • Contribute to the creation of the JSNA • Have regard to the JSNA and the JHWS when developing commissioning and budget proposals • Report Board activity to assistant directors and heads of service
Clinical Commissioning Group representative	• Ensure that the Clinical Commissioning Group members/partners directly feed into the JSNA • Have regard to the JSNA and the JHWS when developing commissioning and budget proposals • Report commissioning activity to the Board • Report Board activity to other Clinical Commissioning Group members
Lincolnshire Healthwatch representative	• Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board • Feedback board response to issues raised and activity undertaken • Promote community participation and co-production in support of activity • Ensure evidence from Healthwatch is fed into JSNA evidence base • Report on and from Healthwatch England • Ensure the JHWS reflects the need of Lincolnshire's population • Provide reports to the Board on issues raised by providers or the

Core Member	Key Roles and Responsibilities
	public of Lincolnshire
District Council representative	• Promote the Boards intentions to District Council partners • Ensure evidence from the District Council is fed into JSNA evidence base • Feedback any issues raised by partner districts or the public to the Board
NHS England representative	• Update the Board on any national commissioning issues which will affect Lincolnshire's JHWS • Feedback on any issues raised by the Board affecting Lincolnshire to the NHS Commissioning Board • Report on direct commissioning activity • Have regard to JSNA and JHWBs when developing commissioning and budget proposals • Provide strategic direction in relation to Lincolnshire JHWS • Provide an opportunity for issues that fall within the Area Team's remit to be reported at a meeting held in public.
Office of the Police & Crime Commissioner	• Update the Board on any relevant commissioning intentions or issues • Provide a strategic link between the HWB agenda and community safety • Highlight any areas of mutual interest and benefit • Have regard to JSNA and JHWBs when developing commissioning and budget proposals
Chairman of the Coordination Board	• Provide a strategic link between the Board and the STP programme • Have regard to the JSNA and the JHWS • Provide insight and perspective from the wider NHS in Lincolnshire

Lincolnshire Health and Wellbeing Board Agenda Process

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

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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:	**11 June 2019**
Subject:	**Health and Wellbeing Board Annual Report**

Summary:

This report presents the Health and Wellbeing Board (HWB) Annual Report, which includes an update on the delivery of the Joint Health and Wellbeing Strategy and an overview of the Joint Strategic Needs Assessment. This forms part of the Board's arrangements to assure itself that progress is being made to improve health and wellbeing in Lincolnshire.

Actions Required:

The Board is asked to:

- note the information provided in the annual report;
- comment on the way the JHWS is reported, including whether there is sufficient detail and information to provide assurance that progress is being made;
- comment on, in light of the JSNA update, that the JHWS remains focused on the key health and wellbeing issues facing Lincolnshire;
- identify any specific areas for future reporting.

1. Background

The purpose of the annual report, attached in Appendix A, is to reflect on the past year for the Lincolnshire Health and Wellbeing Board (HWB) and highlight the work that is being done to improve health and wellbeing. The annual report includes:

- an update on each of the priority areas in the Joint Health and Wellbeing Strategy (JHWS);
- an overview of the health and wellbeing needs in Lincolnshire based on the latest data in the Joint Strategic Needs Assessment (JSNA); and

- a review of the other achievements during 2018/19.

1.1 Joint Health and Wellbeing Strategy

This is the first annual report prepared since the JHWS was agreed by the Board in June 2018. Each priority delivery group has been asked to provide information on three areas:

- **Progress on Impact** to identify, measure and communicate the impact of the work of the delivery group against the objectives set out in their respective Delivery Plans for the JHWS, as well as consider and capture your impact against the strategic 'overarching' outcomes of the JHWS

- **Progress on Delivery** which measures and records key achievements over the past 12 months, details future area of focus, including where joined up approaches across priority areas will help to further the delivery of the JHWS and notes any key risks to delivery.

- **Progress on Engagement** which documents the engagement actions and activities over the preceding 12 months and the impact this engagement has had on the work of the delivery group.

Summary information on progress is provided in Section 1 of Appendix A. Wherever possible, case studies and service user feedback has also been gathered to understand the impact the JWHS is having on individuals.

2.2 Joint Strategic Needs Assessment

As part of the HWB's responsibilities for the JNSA, the Board needs to regularly review the evidence to assure itself that the JHWS remains focused on the most pertinent areas of need. The annual JSNA review programme enables each of the JSNA topic areas to be kept up to date and Section 2 of the annual report sets out the key changes to the topic areas during 2018/19.

A life course infographic, setting out key statistics about health and wellbeing in Lincolnshire is also provided along with supporting data. Whilst there have been changes to the JSNA, a review of this information finds that after the first year of delivery the JWHS remains focused on the most important health and wellbeing issues facing Lincolnshire.

2. Conclusion

The Board has a statutory duty to produce a JHWS and part of the Board's on-going role is to assure itself and partners that progress is being made to deliver improved health and wellbeing outcomes, including reducing inequalities. The Board is therefore asked to consider the information provided in the annual report, attached in Appendix A.

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

This report provides an update on the progress in delivering the Joint Health and Wellbeing Strategy and the annual Joint Strategic Needs Assessment annual review programme.

4. Consultation

The annual report provides an update on the engagement activities undertaken by each of the JHWS delivery groups.

Each JWHS delivery group were engaged as part of producing the annual report.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health and Wellbeing Board Annual Report 2018/19

6. Background Papers

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

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

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Appendix A

Health and Wellbeing Board Annual Report 2018/19

Prepared by: Alison Christie and David Stacey

Date: May 2019

Foreword

I would like to take this opportunity to formally thank Dr Sunil Hindocha for all the support and guidance he has provided to the Lincolnshire Health and Wellbeing Board (HWB). Sunil has been Vice Chairman since 2013 when the Board was formally established and he stepped down from the role following the March 2019 meeting. He has been a great advocate of the Board and has helped to strengthen relationships across the health and care system.

Lincolnshire continues to face a number of significant challenges including an ageing population with multiple complex needs; increasing demand; staff shortages and financial pressures. Despite these challenges, staff from across all partner organisations are working hard to deliver a range of services to reduce inequalities and improve the health and wellbeing in the county.

After a challenging year, it is important to look back and celebrate all the hard work that has been achieved over the past year, as well as looking ahead to some of the opportunities for the coming year. In particular, I would highlight:

- The publication of the Joint Health and Wellbeing Strategy (JHWS) in June 2018 which focuses on the areas that were highlighted in the prioritisation and engagement work as being the most important health and wellbeing issues facing Lincolnshire.

- The rolling review programme for the Joint Strategic Needs Assessment (JSNA) and the publication of three new JSNA topics.

- The publication of a new Dementia Strategy which takes a joint approach across health and care, and with wider partners to improve dementia diagnosis and the lives of people with dementia.

- The Better Care Fund (BCF) continues to be an important area of interest for the Board. The two year BCF plan agreed with NHS partners is focused on ensuring we make a positive impact on reducing the number of Delayed Transfer of Care and Non-Elective Admissions. Progress reports on the BCF are presented to the Board at each meeting.

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

- an update on each of the priority areas in the JHWS;

- an overview of health and wellbeing needs based on the latest data in the JSNA; and

- a review of other achievements during 2018/19.

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

Cllr Sue Woolley
Chairman of the Lincolnshire Health and Wellbeing Board

1. Joint Health and Wellbeing Strategy Progress Report June 18 to March 19

1.1 Background

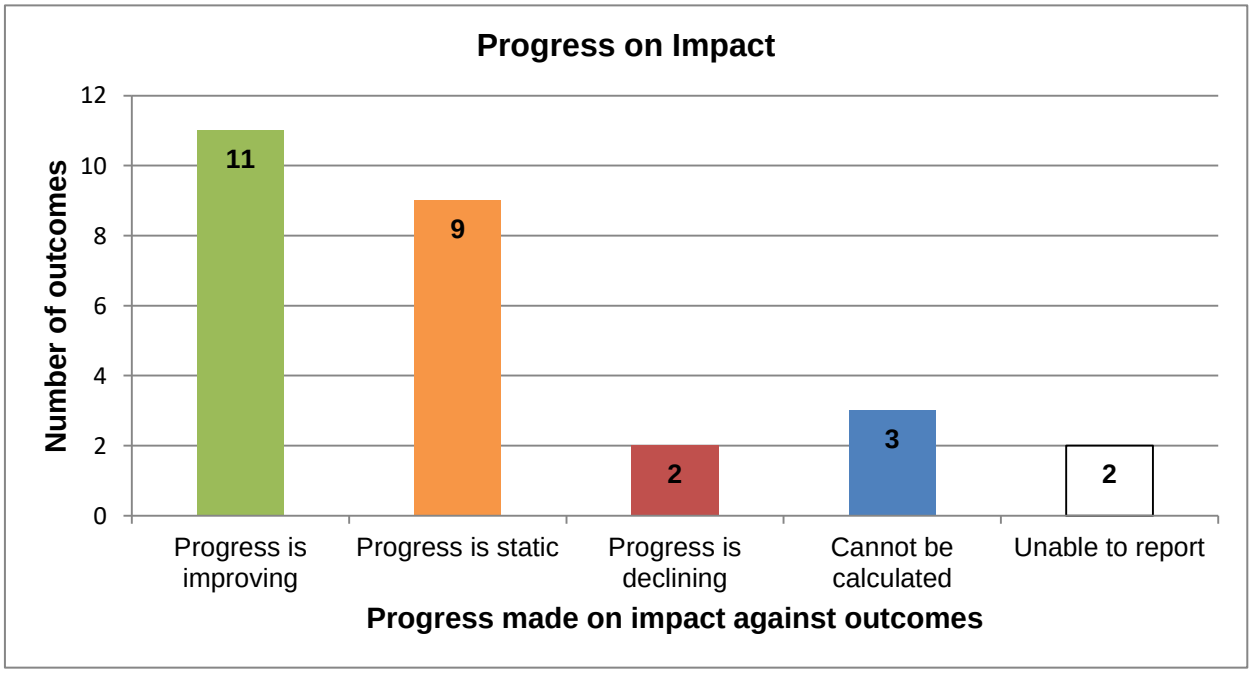
As part of reviewing progress in delivering the Joint Health and Wellbeing Strategy (JHWS) each delivery group has been asked to provide information relating to three key areas of progress. These are:

- **Progress on Impact** to identify, measure and communicate the impact of the work of the delivery group against the objectives set out in their respective delivery plans for the JHWS, as well as consider and capture your impact against the strategic 'overarching' outcomes of the JHWS

- **Progress on Delivery** which measures and records key achievements over the past 12 months, details future area of focus, including where joined up approaches across priority areas will help to further the delivery of the JHWS and notes any key risks to delivery.

- **Progress on Engagement** which documents the engagement actions and activities over the preceding 12 months and the impact this engagement has had on the work of the delivery group.

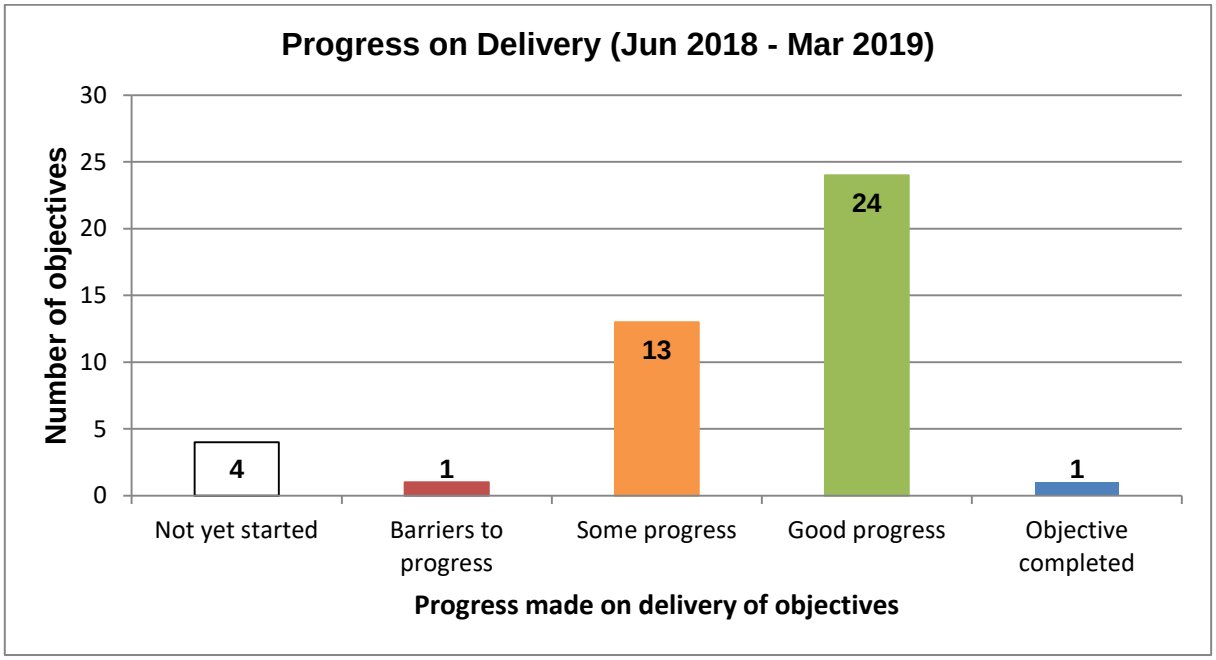
1.2 Summary Progress on Impact



Impact has been assessed by reviewing general direction of travel in performance against identified outcome measures for each priority. Information (through data and commentary) has been provided on the overall trend over time but for most outcomes this trend pre-dates the JHWS. As a result this years report presents progress on impact as a baseline rather than necessarily representing improvement due to the delivery of the JHWS. Progress on impact was assessed using the following classification:

Progress/Impact	
↑	Progress is improving
→	Progress is static
↓	Progress is declining
–	Cannot be calculated
?	Unable to report

1.3 Summary Progress on Delivery



- Of the 43 objectives across the 7 priorities in the JHWS good progress is being made with 56% of them.
- Some progress is also being made in 36% of objectives.
- Objectives '*not yet started*' relate to the obesity priority but a Whole System Healthy Weight Partnership has now been established to address this priority area.
- Where there are barriers to progress this is due to external factors, i.e. NHSE decision not to fund £30m capital bid to undertake acute mental health in-patient reconfiguration and the other objective relates to improving knowledge and capability for vulnerable people in accessing and maintaining appropriate housing.
- The objective which is completed relates to development of better analytical data to identify needs and target service provision more effectively for adults with mental health needs. This has been achieved through the delivery group establishing regular reporting against the national Mental Health Investment Standard.

1.4 Interdependencies

A workshop was held in November 2018 which included representatives from each of the delivery groups to consider areas of overlap and interdependencies between delivery groups plans. In order to build on this further delivery groups were asked to identify areas of overlap within their progress reporting. Summary areas of work are identified below which represent

opportunities for joined up work over the coming 12 months across and between delivery groups.

Priority/Delivery Group	Priority/Delivery Group	Area of joint work
Mental Health (Children & Young People)	Mental Health (Adults)	Transition from CYP to adult mental health services
Carers	Mental Health (Children & Young People)	Support for young carers at higher risk of having mental health issues
Carers	Dementia	Joint work on early identification, referral, diagnosis and post-diagnostic support (including short breaks for carers)
Obesity	Physical Activity	Joint work on development of Whole System Obesity approach
Mental Health (Adults)	Housing and Health	Role of housing in supporting reductions to in-patient mental health support Concerted action to tackle homelessness has a high degree of overlap with adult mental health
Physical Activity	Mental Health (Children & Young People)	Work to support increases in activity for children and young people for protective and therapeutic benefit to their mental health and wellbeing
Physical Activity	Mental Health (Adults)	Mutual digital technology programme shared across the adult mental health group, the STP and L-PAT is under development.
Housing and Health	Physical Activity	Creation of healthy indoor and outdoor environments through a cross priority working group
Housing and Health	Obesity	Review opportunities to develop joined up work with obesity and lifestyle change i.e. prevention of obesity rather than just a DFG

1.5 Summary Progress on Engagement

Throughout the development of the JHWS people spoke about wanting engagement to be an on-going discussion and not a one off process as part of developing the strategy. All Delivery Groups have taken on the function of the JSNA Expert Panel for their respective topic areas and built into this is a requirement to engage and seek the views of local people when assessing the needs of the population.

Alongside this, engagement will also be crucial for delivery groups to demonstrate how they have involved people in the on-going planning and delivery of the priorities in the JHWS. To this end each delivery group has provided a summary of their engagement activities over the past 12 months.

1.6 Mental Health & Emotional Wellbeing (Children & Young People)

Progress on Impact

Outcome	Progress/Impact
CYP feel more confident to raise and discuss mental health with their peers parents, carers and professionals	
Maternal mental health is supported during pregnancy and for the first few weeks after birth to ensure that babies physical and emotional needs are met	
Reduction in A&E attendances and hospital admissions for children and young people with mental health conditions	
CYP and their families get the right help in the right place at the right time	

Commentary:

- Good take up of online counselling support via Kooth; 2,618 logins between April and December 2018.
- High take up for Healthy Minds Lincolnshire (HML) interventions; 1,915 CYP accepted for interventions between April and December 2018.
- 90% of CYP who reported their experience with CAMHS said they had been listened to and 85% said views/worries were taken seriously.
- 94% of CYP who reported their experience with HML said they had been listened to and 96% said views/worries were taken seriously.
- 91% of CYP who reported their experience with HML said it was easy to talk to the person that saw them.
- 77% of Kooth online counselling registrations said they were signposted by a peer, parent/carer or professional.
- Referrals for HML coming predominately from schools and professionals but also self-referral or parent/carer referrals.
- 98.5% of mothers received a new birth visit by a health visitor with 42% of those receiving an antenatal visit at 28 weeks. Transformation funding has been provided to LPFT to deliver perinatal maternal mental health support.
- Since the Crisis and Home Treatment Service (CHTS) started in April 2016 hospital admissions to ULHT have reduced by 65.5% for CYP with mental health conditions.
- Improved timeliness of Attention Deficit Hyperactivity Disorder (ADHD) assessments/diagnosis but CYP still waiting too long for Autistic Spectrum Disorder (ASD) assessments/diagnosis with a lack of follow-on support.
- Lincolnshire was recently commended in a joint Ofsted/CQC inspection for the quality of its integrated approach to meeting the needs of children and young people with special educational needs and disabilities.

Progress on Delivery

Objective	Progress
Build emotional resilience and positive mental health	Some progress
Action on the wider determinants and their impact on mental health and emotional wellbeing	Good progress
Better understanding of self-harm/suicidal intent in young people	Good progress
Greater parity between Mental Health and Emotional Wellbeing as experienced for Adults and that of Children and Young People and between mental health and physical health	Good progress
Ensure that young people have timely access to appropriate crisis services	Good progress
Families of young people with mental health needs are supported	Good progress
Ensure appropriate support services are in place for pupils with special educational need and/or a disability	Good progress

Key Activities:

- A recent report by the Children's Commissioner shows Lincolnshire is in the top 25% of LAs in terms of spend on low-level emotional wellbeing support.
- Good partnership working has been established to support referrals to the WellFamily pilot. Referrals have increased month on month, meaning access is increasing and support is being offered to more families.
- Healthy Minds Lincolnshire has developed leaflets to promote the service and increase awareness, as well as a detailed Emotional Wellbeing Toolkit as a resource for schools and other professionals. The service has rolled-out a countywide training offer to Lincolnshire schools' workforce to improve their confidence and capability in supporting CYP with emotional wellbeing concerns.
- A new children's centre 'community hub' model pilot has brought together maternity and children's centre services in key areas of the county.
- An emotional wellbeing online pathway has been developed to support CYP, parents/carers and professionals understand key emotional wellbeing concerns and identify appropriate support.

Engagement:

- A monthly average of 938 children and young people engaged with CAMHS interventions between April and December 2018 (Open Cases).
- CAMHS Involvement Network engaged users in service design and improvement.
- During the CAMHS service review focus groups were held with children and young people from primary school and secondary school ages, to young people at school or college aged between 16 and 18.
- A partnership group has been established consisting of LCC, CCGs and NHS Providers to develop an improved ASD/ADHD pathway.
- Face to face meetings with two Young Ambassadors (Kooth online counselling) provided feedback that will be used to shape future events and roadshows around the county. This feedback is consistently used to ensure interventions meet the need of the CYP.
- Online Counselling Service gathers feedback on the support provided to young people. They can also access online forums and are encouraged to provide feedback to identify the value of the forum and any gaps in forum topics. 97% of YP would recommend the service to a

friend. Additional online forums added, such as anti-bullying: supporting friends; dealing with family changes; helping others after a traumatic event at the end of their online counselling session. This is an anonymous service and YP are encouraged to provide feedback.

Some examples of service feedback are:

- "*Can I just say a huge thankyou. I don't know where I would be if you hadn't of stayed by my side. To be fair I don't think I would be here. You made me realise that my past does not define me."* (Kooth Online Counselling)

- *"Basically I became a lot happier and confident, I started making a lot of new friends and they all like me for who I am. I want to learn more and be at school all the time. I can get out and say hi to people I see outside of school. I have started making a lot of jokes to make other people around me smile as well."* (Early Help Review, CYP IAPT)

- *"I don't have as many worries, I think now that there is no point getting in a mood and I feel a lot happier."* (Healthy Minds Lincolnshire)

- *"Thank you for everything you have done for me. You have shown me that it is OK to mess up as long as I know I have messed up. You have made my life a lot better. I honestly don't know what I would've done without your help."* (Behaviour Outreach Support Service)

- *"I felt understood and did not feel pressurised into doing anything I did not want to. It feels amazing to know I am not alone and that my feelings are validated."* (Child and Adolescent Mental Health Service)

1.7 Carers

Progress on Impact

Outcome	Progress/Impact
Improved, pro-active early identification of carers in Health settings, from the point of diagnosis onwards.	↑
Work with health and care professionals to ensure carers are listened to from the outset, and involved in the care of the person they support.	↑
More young carers identified and supported within mainstream schools	↑
Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms (Early Help and Support)	→
Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment. (Early Help and Support)	?

Commentary:

- 50% of Lincolnshire's pharmacies now trained in Carers Awareness, and offering information to carers with 42 Co-op pharmacies trained to identify and signpost carers of all ages.
- 50% of Lincolnshire's GPs now have a Carers Register and signpost carers to Carer Services.
- 93 schools have engaged with the Children's Society Young Carers in Schools Programme with 13 having achieved the Bronze Award for the programme and a further 38 working towards it.
- Carers health and wellbeing needs are routinely identified in the Carer Assessment and Review.

Progress on Delivery

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

Key Activities:

- Carers FIRST In-Reach service in all ULHT acute hospitals was finalist for three national awards (HSJ and LGC Health and Care, and Public/ Private Partnerships).
- The creation of Carer Friendly Pharmacies as part of the Public Health 'Healthy Living Pharmacy' programme. 118 pharmacies engaged and 57 trained (at Oct 2018).
- Carers FIRST are now core members of all 13 Neighbourhood Teams.
- 37 Health Champions trained to proactively identify carers and signpost them to support.
- 50% of GP surgeries and 3 CCG's awarded or working towards the Carers Quality Award.

Engagement:

- A Carers Forum is already established providing an opportunity for carers to engage with each other as well as with providers and commissioners to share experiences and knowledge.
- The following engagement has taken place:
    - 93 schools engaged face to face to raise young carer awareness, offer training, support, information and advice
    - Carer Awareness engagement and training face to face with employers, schools, health providers and pharmacies
    - Targeted engagement of carers on a variety of topics ranging from council led to carer led. e.g. Short Breaks survey
    - Young Carers Day (Jan 2019) – University of Lincoln. Focus on young carers raising educational aspirations. A large scale face to face event with young carers and university staff
    - Carers Week (June 2018) – high volume range of small face to face events countywide
    - Carers FIRST newsletter (informative; invitation to engage in national and local consultations).

1.8 Obesity (Healthy Weight)

Progress on Impact

Outcome	Progress/Impact
Percentage of adults (aged 18+) classified as overweight or obese	
Excess weight in children aged 4-5 years	
Excess weight in children aged 10-11 years	
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) of fruit and vegetables	

Commentary:

- Percentage of adults who are overweight or obese is currently higher in Lincolnshire than in the rest of the East Midlands or England
- Analysis of data from the NCMP shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation. Obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%.
- 58.1% of people aged 16 and over in Lincolnshire meet the '5 a day' target, slightly better than the national average. According to Health Survey data from 2017, 18% of children aged 5 to 15 ate five standard portions. However this is a national level data and not available at a local authority level.

Progress on Delivery

Objective	Progress
Deliver the Healthy Weight in Children Strategic Actions to reduce childhood obesity.	Not yet started
Improve information and support for people of working age to achieve and maintain healthy weight.	Not yet started
Support healthy weight in older age.	Not yet started
Engage with spatial planning and design to develop places that support healthy individuals and communities.	Not yet started
Establish a Whole System Approach to Obesity.	Good progress

Key Activities:

- A Multi Agency Whole System Partnership has been established to lead on this area of the JHWS. The Partnership is chaired by Cllr Sue Woolley.
- The partnership is comprised of 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. Additionally we are seeking representation from our Greater Lincolnshire Enterprise Partnership specifically relating to the agri-food sector and environment and planning.
- It has been agreed by the partnership that it's focus will be on Healthy Weight rather than Obesity in order to promote a more positive and asset based approach to the issue.
- In order to kick start the work of the partnership a workshop is, at the time of writing, due to be held on 5th June 2019. The workshop will follow the national guidance on Whole System Obesity approaches and include include presentations from Leeds Beckett University, NKDC

and Hertfordshire County Council alongside workshops to explore; why the issue is important to Lincolnshire, understand the scale of the issue based on evidence in the JSNA, explain whole systems thinking and what the approach means and to identify and map positive effects of healthy weight as well as causes and actions to tackle obesity.

Engagement:

- The starting point for engagement is the workshop above and from this it is expected that a fuller engagement plan will be developed by the partnership.
- This engagement plan will cover the ongoing dialogue related to whole system approaches to tackling obesity and promoting healthy weight as well as engagement on the ongoing review of the JSNA evidence base.

1.9 Mental Health (Adults)

Progress on Impact

Outcome	Progress/Impact
Eliminate the number of mental health out of area placements by 2021 for acute and Psychiatric Intensive Care Units	

Commentary:

- Number of out of area bed days for acute and Psychiatric Intensive Care Units halved in 2018/19 versus the previous year.
- Total number of admissions to Mental Health in-patient facility reduced; 70% of admissions avoided since Psychiatric Clinical Decisions Unit opened

Progress on Delivery

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

Key Activities:

- Opened Psychiatric Clinical Decisions Unit, expanded crisis resolution home treatment team, and increased bed occupancy in crisis houses. All of which have contributed to a reduction in the number of admissions into a mental health in-patient setting.
- Secured £640K capital to create a mental health hub in Lincoln, opening April 2020.
- NHSE transformation funds secured in 2018/19 to expand LPFT perinatal services, service launched February 2019.
- Secured funds to expand Individual Placement Support in LPFT – thereby improving employment opportunities for those with serious mental illness
- Reduced Delayed Transfers of care in LPFT
- Funds secured to implement new patient-held digital information platform for Mental Health in 2019/20 to increase the number of people who can self-manage low level needs. This will be first of its kind nationally.

- LPFT acute in-patient reconfiguration to improve sub-standard estate from dormitories to single occupancy rooms has been impacted by NHSE decision not to fund £30m capital bid. The delivery group continue to explore options to seek a system solution to identify capital funding.
- The delivery group regularly reports against the national Mental Health Investment Standard and all Lincolnshire CCG's achieved this for 18/19.

Engagement:

- In May 2018 the 'Lincolnshire Multiagency Review of Crisis Services' was published. This was jointly commissioned by LCC and CCG's and its recommendations will be delivered through STP MH, LD and ASD Group. Various methods were used to identify and target stakeholders, including patients, service users, carers and the public. Engagement was carried out via questionnaires and interviews
- Engagement is carried out in partnership with the LPFT engagement team. Varied tools and engagement methods are used including questionnaires, interviews and service specific workshops
- The Mental Health Partnership Group meet bi-monthly and feed into Mental Health Crisis Concordat.

1.10 Dementia

Progress on Impact

Outcome	Progress/Impact
Increase Dementia Diagnosis Rates (DDR)	↑
Improve post diagnostic support	↑

Commentary:

- Significant improvement in Dementia Diagnosis Rate in 2018 - 2019. SWLCCG has seen highest increase in the care home population, due to improved screening.
- Increased referrals to the Alzheimer's Society National helpline and the Dementia Family Support Service
- Increased the number of people participating in clinical trials: registration to Join Dementia Research in the East Midlands is 522, of which 290 in Lincolnshire.

Progress on Delivery

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

Key Activities:

- Lincolnshire Dementia Strategy 2018- 2021 launched at local Dementia Conference
- Admiral Nurse Service two year pilot starting in June 2019
- Lincolnshire now has 23,376 Dementia Friends and 89 registered Champions
- Standardising a county wide pathway which aligns to NICE guidance (published June 2018)
- LPFT upgrading in-patient facility to ensure single e-suite rooms (completion due Aug 2019)
- Implement electronic referral forms to Dementia Family Support Service from Primary Care, LCHS and LPFT
- Dementia publicity campaign funded to raise public awareness about dementia including countywide plans to promote Dementia Action Week 24th May 2019.

Engagement:

- An engagement plan is being developed. The Dementia Officers Group will aim to have this in place by June 2021
- The following engagement has taken place:
    - Engagement with key stakeholders on the refresh of the Lincolnshire Dementia Strategy to agree achievements for the last three years and the key aims for 2019 –

2021. Key stakeholders included health partners, community sector organisations, user groups that have key responsibilities for delivering the Dementia Action Plan and individuals that are directly impacted or who have lived experience

- Lincolnshire Dementia Strategy Launch conference
- LPFT Older Adult Services engagement events
- Social media campaign launched Oct 2018
- HealthWatch provider event held July 2018 with the engagement feedback used to inform services
- Introduced dementia information boards for GP practices including slides to be used in GP waiting room screens

1.11 Physical Activity

Progress on Impact

Outcome	Progress/Impact
Inactive Adults (doing fewer than 30 minutes a week of moderate to vigorous activity)	
Fairly Active Adults (doing 30-149 minutes a week of moderate to vigorous activity)	
Active Adults (doing at least 150 minutes a week moderate to vigorous activity)	
Children and Young People - Less Active (less than an average of 30 minutes a day)	
Children and Young People - Fairly Active (an average of 30-59 minutes a day)	
Children and Young People – Active Across the Week (an average of 60 minutes a day, but not every day)	
Children and Young People – Active (at least 60 minutes every day)	

Commentary:

- All data is prior to the publication of the JHWS and so represents a baseline position only.
- Adult Outcomes are based on overall trend 2015/16 to 2017/18 (i.e. baseline trend prior to JHWS) as per the Active Lives Survey
- Lincolnshire at baseline is worse than national average based on Public Health Outcome Framework measures
- Public Health England Outcome Framework indicator for physical activity includes gardening as an activity (unlike Sport England's Active Lives indicator). The inclusion of gardening generates a 5-8% improvement in the county's figures; reflecting the difference in the respective indicators and a valuable context of a rural county
- Children and Young People outcomes based on Active Lives Survey (2017/18 is baseline year) hence there being no trend
- Less Active CYP is similar to national average, Fairly Active and Active Across the Week are below national average and Active is above national average

Progress on Delivery

Objective	Progress
Integrating physical activity into pathways and strategic planning (e.g. clinical pathways, neighbourhood integrated teams, locality teams, district council networks, planning and transport services and GLEP)	Some progress
Undertaking robust local insight analysis (including population need and service provision). Use the insight to drive developments and service improvements.	Some progress
Supporting workforce wellbeing through physical activity and workforce strategy.	Good progress
Explore innovation and technology to increase physical activity levels across the county.	Some progress
Ensure safeguarding is embedded and considered across physical activity within the county.	Good progress

Key Activities:

- Over 40 partner organisations and many staff now engaged with the Lincolnshire Physical Activity Taskforce (LPAT) work
- Numerous advocate's for physical activity recruited to embed physical activity into policies and plans across the public sector
- A series of workshops undertaken to review and develop the World Health Organisation Framework goals and objectives
- Leisure services contracts changing to include a stronger emphasis on engaging the inactive
- Related programmes contribute to the plans, e.g.
    - 1,500 adults engaged with the NHS England Diabetes Prevention programme for health gains
    - 25,000 NHS Health Checks, with adults screened for CVD risk, including physical activity
    - Wellbeing Service and the Social Prescribing programme support adults to be more active
    - Integrated Lifestyle Service (commissioned by LCC and supported by NHS CCGs re: weight loss before surgery) to go live on 1 July 2019

Engagement:

- Engagement activities in the set up phase of the L-PAT Taskforce have primarily been with partners and politicians who will influence the components of the future work, including using their own mechanisms for engagement of service users, communities and the public. This will be developed further in 2019 - 2020
- Local partners are sharing results from national and local surveys (postal and e-surveys) relating to physical activity and wellbeing with the L-PAT Steering Group
- A series of organisational meetings have generated partners' interest and connections with the strategy work, e.g. Boston, East Lindsey, South Holland, North Kesteven and West Lindsey councils and H&WB partnerships
- A series of workshops have taken place to explore thematic issues with partners and mutual objectives. It is the intention to reconvene such workshops every six months.
- Involving Lincs and Healthwatch are members of the L-PAT Steering Group.

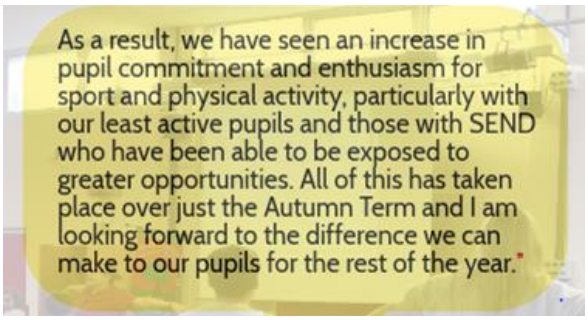
Case Studies:

Case Study 1: PE and sport apprentices look to an active future

Lincolnshire young people are being offered the chance to make a career out of being active. Across Lincoln College, Boston College and Stamford College over 146 apprentices are studying for a Sport NVQ Level 3.

In the south of the county Inspire+, a school sports charity, operates the programme where apprentices spend four days each week in their schools and one day learning with an inspire+ tutor. The course is designed to help those who are considering sports coaching, teaching, or studying sports science at university. In the first cohort the apprentices qualified and went on to sports coaching, teaching assistant posts, teaching degree courses or a sports career.

The contribution of the apprentices within the school has been substantial with thousands of primary school pupils in receipt of dedicated PE and after school activities.



Headteacher

"Doing this apprenticeship has been the best decision of my life. This has given me a great opportunity to further my career path while working in an area I love." **JF – Apprentice**

Case Study 2: Social prescribing is just the tonic

Lincolnshire people are finding a healthy alternative to medicine that is just the tonic they need. Social Prescribing aims to tackle social isolation, depression and other mental health problems by supporting people to become more involved in community life. Many Lincolnshire people are now benefiting from taking part in physical activity with the support of the social prescribing service.

A resident, MY, had completely lost her confidence since being hospitalized following a fall;

> *"My physical strength was poor and I was struggling with everyday tasks. My mood was low. I had not been outside because I was scared of falling again. I was relying on friends and neighbours to get my shopping for me."*

The community occupational therapist referred MY to the Social Prescribing Team as she recognised that lack of confidence was delaying her recovery. MY said;

> *"The 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. My link worker took me out for a drive and then for a coffee. We also went to a seated exercise class for three weeks to help me to build my physical strength further."*
>
> The outcome for MY:
>
> *"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."*

1.12 Housing

Progress on Impact

Outcome	Progress/Impact
Strengthen multi-agency partnership working across the local system, including local government, health, social care and housing sectors in Lincolnshire, to support joint action on tackling housing need, including homelessness.	
Improve housing standards (availability, condition, appropriateness) within Lincolnshire	
Strengthening housing support and advice to enable people to more easily access and maintain suitable housing (including those with complex needs).	?
Reduce housing related delayed transfers of care	

Commentary:

- Modernising the Disabled Facilities Grants process, including agreeing a single county wide schedule of rates for DFGs and moving the application process onto Mosaic
- On-going work to ensure that all organisations, partners and agencies adopt a more holistic 'whole family' approach to tackling housing needs
- Working with wider partners/programmes to identify opportunities for providing housing related support/advice –includes the (new) Wellbeing Service, integrated neighbourhood teams, carers services.

Progress on Delivery

Objective	Progress
Our shared commitment to joint action across local government, health, social care and housing sectors, in Lincolnshire through an agreed Memorandum of Understanding	Some progress
Adopt a whole family approach to tackling housing needs. *f*	Some progress
Understand and address housing related delayed transfers of care. *f*	Good progress
Ensure supported housing arrangements, across partners, fully support vulnerable people with complex presenting needs. *f*	Good progress
Address poor standards of housing and the level of appropriate housing required. *f*	Some progress
Concerted action across partners to tackling homelessness. *f*	Some progress
Ensure people have the knowledge and capability to access and maintain appropriate housing.	Barriers to progress

Key Activities:

- Development of a Memorandum of Understanding to support joint action on improving health and wellbeing through the home
- Secured homelessness funding from Ministry of Housing, Communities and Local Government

- Lincolnshire Housing, Health and Care Delivery Group has been held up as best practice and used as an example in the national review of Disabled Facilities Grants for how a system should work
- A County wide Homelessness Strategy has been created and officially launched
- A Hoarding Policy has been developed and launched
- Where there is a barrier to progress relating to improving knowledge and capability for vulnerable people in accessing and maintaining appropriate housing this is related to risk associated with multi-agency (including NHS) support for tackling this issue.

Engagement:

- A targeted workshop was held with members of the Housing Health and Care Delivery Group to jointly develop the Memorandum of Understanding. The MoU was created and formally reported back via partners' governance process in order to raise awareness and ensure it is embedded in each organisation
- Healthwatch have been invited to the HHCDG in order to strengthen the connection with the voluntary sector
- Housing Needs: A multi-agency meeting was held in March to explore opportunities to further develop links
- Homelessness: A collaborative Communication Strategy is being developed
- A formal engagement plan is being created. All the groups connected to housing have been reviewed and a Housing Architecture document that maps all meeting and groups within the housing arena has been created. This has added value in terms of engagement as it has enabled us to see who we need to engage with
- Planning for engagement with service users is on-going and stakeholders' views will be sought based on experience of working with service users and customers.

2. Joint Strategic Needs Assessment

2.1 Background

The local authority and CCGs have equal and joint statutory responsibility to prepare a JSNA for Lincolnshire, through the Health and Wellbeing Board. The JSNA is a continuous process of review which reports on the health and wellbeing needs of the people of Lincolnshire. It is a shared evidence base made up of commentaries, data and published evidence. Each of the 36 topic areas assesses the current picture in Lincolnshire, existing services, inequalities, potential risks and challenges, and projected levels of future need. The JSNA is published as an interactive web based resource on the Lincolnshire Research Observatory (LRO).

The governing principles for Lincolnshire's JSNA are:

- **Current –** the JSNA will be a continuous process with a rolling programme of review to ensure each topic area is refreshed on an annual basis.

- **Accessible –** the JSNA will be publically available to partners, stakeholders and the public, and we will listen to feedback to improve the way people access information.

- **Relevant –** steps will be taken to fill gaps in knowledge by identifying new topic areas or undertaking calls for evidence.

- **Partner Driven –** the JSNA is a shared evidence base and not the sole responsibility of one organisation therefore partnership working is crucial.

- **Embedded –** for the JSNA to be effective it needs to be embedded within organisational processes and there needs to be a clear link between the evidence in the JSNA and commissioning decisions.

2.2 JSNA Review 2017/18

The JSNA review programme ensures that all of the topics areas are reviewed on an annual basis. For most of the topic areas, this meant only a 'light touch' review requiring minor changes to data and statistical information. However, several topic areas did undergo a more fundamental review prompted by new evidence or a change in the topic scope. As a result a number of changes have been made:

- Substance Misuse (replacing the separate topics of Drug Misuse and Alcohol)
- Sexual and Reproductive Health (merger of the Sexual Health and Teenage Pregnancy topics)

In addition, three new topic areas have been developed during 2018:
- Neurological Conditions
- Access to Transport
- Musculoskeletal Conditions

We are continuing to use JSNA infographics to provide a 'topic on a page' summary for each of the topic areas. These are available for all colleagues, partners and members of the public to view and download on the LRO. Updates on the status of JSNA chapters are regular promoted in the council's internal communications mechanism and updates are given to CCGs as part of

the monthly updates provided by the Public Health Consultants. Wider partners and stakeholders are kept informed every quarter through the HWB newsletter.

A summary of Health and Wellbeing in Lincolnshire 2019, based on the evidence in the JSNA can be found in Appendix A.

2.3 Plans for 2019/20

- Deliver the JSNA Review Programme 2019
- We are currently developing a new JSNA topic area on Oral Health. An expert panel workshop is scheduled for July 2019, with the intention of publishing the topic by October 2019.
- The Educational Attainment (Foundation) topic is being renamed Early Years and the scope is being widened to look at the health and wellbeing needs of children aged 0 to 5 years.

3. Other Board Achievements

3.1 Pharmaceutical Needs Assessment

The Board has a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA) for Lincolnshire (every three years) which was published in March 2018 on the LRO. The PNA identifies the pharmaceutical services currently available in the county and assesses the level need and demand for services in the future. The document is used by NHSE to help inform the planning and commissioning of pharmacy service.

The PNA concludes that the residents of Lincolnshire are adequately served by providers of pharmaceutical services in both urban and rural areas, and no gaps have been identified in the provision of essential and advanced services during and outside normal working hours across Lincolnshire. Any changes linked to population growth in districts and therefore pharmaceutical provision will be subject to assessment of local need, patient demand, clear evidence of benefit, value for money and improved health outcomes.

The PNA Steering Group, made up of representatives from Public Health, the Lincolnshire Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), CCGs and Healthwatch Lincolnshire will continue to monitor the PNA on behalf of the HWB to ensure there are no significant changes that warrant a further review. Supplementary statements on the PNA are published as required on the LRO.

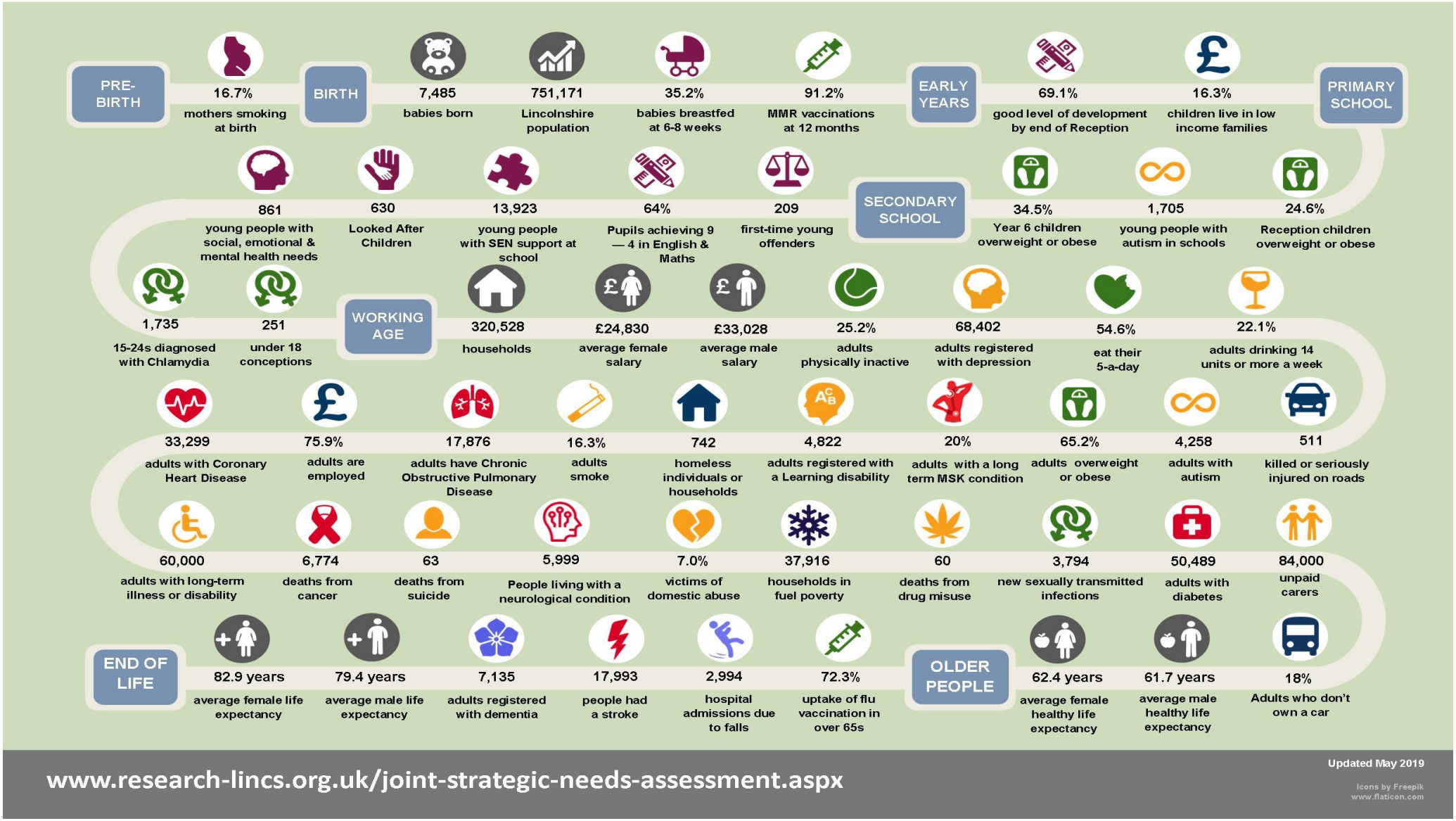
3.2 Strengthening the links with community safety

In March 2018, the Police and Crime Commissioner joined the Board as a core member to strengthen the links between the health and wellbeing and community safety agendas. In September 2018, the Board received a report on the Policing and Mental Health Development Plan which considers developing a partnership approach to tackle the mental health challenges in Lincolnshire. The report, commissioned by the Office of the Police and Crime Commissioner identifies the need to look differently at our approach to community safety and wellbeing by focusing on opportunities and sharing learning. The report sets out a number of joint actions which are now being considered alongside the JHWS Mental Health (Adults) Delivery Plan.

3.3 Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire

The protocol, which sets out the working relationship between the HWB, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire was updated. The document acknowledges the respective roles and responsibilities of each body and is intended to be a formal agreement to ensure transparency and accountability in order to help deliver the shared vision to improve health and wellbeing in Lincolnshire. As part of the agreement quarterly liaison meetings have been established to enable the joint working arrangements.

Health and Wellbeing in Lincolnshire 2019



www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx

Updated May 2019

Icons by Freepik www.flaticon.com

Health and Wellbeing in Lincolnshire - summary of key data from Lincolnshire's JSNA

No Significant Change | Increase, getting worse | Increase, getting better | Decreasing, getting worse | Decreasing, getting better

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Mothers smoking at time of birth	16.7%	2017/18	https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/4/gid/1938132993/pat/6/par/E12000004/ati/102/are/E10000019/iid/20301/age/1/sex/2	↓	Significantly worse	Significantly worse
Number of births	7,485	2016	Birth data	-	-	-
Population	751,171	2017	ONS Mid year population figures	-	-	-
Breastfeeding at 6-8 weeks	35.2%	2017/18	https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/3/gid/1938133035/pat/6/par/E12000004/ati/102/are/E10000019/iid/20202/age/170/sex/4	-	Significantly worse	Significantly worse
Baby vaccinations - Dtap/IPV/Hib	93.5%	2017/18	https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30303/age/30/sex/4	↓	Significantly worse	Similar
Baby vaccinations - MenC	96.8%	2017/18	https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30305/age/30/sex/4	-	-	Significantly better
Baby vaccinations - Hep B	100%	2017/18	https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30301/age/30/sex/4	-	-	-
Baby vaccinations - MMR (2 years)	91.2%	2017/18	https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30309/age/31/sex/4	↓	Significantly worse	Similar
School readiness	69.1%	2017/18	https://fingertips.phe.org.uk/search/school%20readiness#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90631/age/34/sex/4	↑	Similar	Significantly better
Children living in low income families	16.3%	2016	https://fingertips.phe.org.uk/search/low%20income#page/4/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/10101/age/169/sex/4	↓	Similar	Significantly better
Overweight or obese children (Reception)	24.6%	2017/18	https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000004/ati/102/are/E10000019	→	Similar	Significantly worse
Overweight or obese children (Year 6)	34.5%	2017/18	https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000004/ati/102/are/E10000019	→	Similar	Similar
Children living with autism	15.5% (1,705)	2018	https://fingertips.phe.org.uk/search/autism#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/92133/age/217/sex/4	-	Higher than	Higher than
First time young offenders	209	2017	https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000004/ati/102/are/E10000019/iid/10401/age/211/sex/4	↑	Similar	Similar
Percentage of pupils achieving 9 - 4 in English and Maths (at KS4)	64%	2018	https://www.gov.uk/government/collections/statistics-gcses-key-stage-4	→	Similar	Similar
Number of looked after children	630	2018	http://www.research-lincs.org.uk/CBP-further-info-measure-23.aspx	-	-	-
School pupils with social, emotional and mental needs	861	2018	https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000004/ati/102/are/E10000019/iid/91871/age/216/sex/4	-	Significantly worse	Similar

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Number of pupils with SEN support	13,923	2018	https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018	-	-	-
15-24 year olds diagnosed with chlamydia	1,735	2017	https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/90776/age/156/sex/4	→	Higher than	Similar
Number of STIs diagnosed excluding chlamydia in under 25s	445	2017	https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/91306/age/182/sex/4	→	Lower than	Lower than
Under 18 conceptions	251	2016	https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/20401/age/173/sex/2	↑	Similar	Similar
Number of households	320,528	2016	https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10720&mod-area=E10000019&mod-group=AllDistrictsInCountry_England&mod-type=namedComparisonGroup	-	-	-
Average male full time salary	£33,390	2018	NOMIS - ONS Annual Survey of Hours and Earnings (ASHE)	-	-	-
Average female full time salary	£24,830	2018	NOMIS - ONS Annual Survey of Hours and Earnings (ASHE)	-	-	-
Physically active adults	63.8%	2017/18	https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000004/ati/102/are/E10000019/iid/93014/age/298/sex/4	-	Similar	Significantly worse
Physically inactive adults	25.2%	2017/18	https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000004/ati/102/are/E10000019/iid/93015/age/298/sex/4	-	Similar	Significantly worse
Percentage of adults who are overweight or obese	65.2%	2017/18	https://fingertips.phe.org.uk/search/excess%20weight#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/93088/age/168/sex/4	-	Similar	Significantly worse
Percentage of adults eating their 5 a day	54.6%	2016/17	https://fingertips.phe.org.uk/search/5%20a%20day#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/93077/age/164/sex/4	-	Similar	Similar
Number of adults with mental ill health (mental illness)	6,459	2017/18	QOF	-	-	-
Number of adults with mental ill health (depression)	68,402	2017/18	QOF	-	-	-
Percentage of smokers	16.3%	2016/17	https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000004/ati/102/are/E10000019/iid/92443/age/168/sex/4	-	Similar	Similar
Percentage of adults drinking over 14 units a week	22.1%	2011-14	https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938133118/pat/6/par/E12000004/ati/102/are/E10000019/iid/92778/age/168/sex/4	-	Similar	Similar
Number of new STIs	3,794	2017	https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000004/ati/102/are/E10000019/iid/91523/age/1/sex/4	→	Significantly lower	Significantly lower
Number of people killed or seriously injured on the road	1,325	2015-17	https://fingertips.phe.org.uk/search/KSI#page/4/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/11001/age/1/sex/4	-	Significantly worse	Significantly worse
Number of people killed or seriously injured on the road	511	2018	Lincolnshire Road Safety Partnership	-	-	-
Percentage of people who don't own a car	18.0%	2011	Census data	-	Lower than	Lower than
Number of passenger journeys on local bus services in Lincolnshire (millions)	13.6	2016/17	https://www.gov.uk/government/statistical-data-sets/bus01-local-bus-passenger-journeys#table-bus0101	-	-	-

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Number of adults with autism	4,258	2019	https://www.pansi.org.uk/index.php?pageNo=392&areaID=8640&loc=8640	-	-	-
Number of people with learning difficulties	4,822	2017/18	QOF	-	-	-
Gap in the employment rate between those with a learning disability and the overall employment rate	71.3%	2017	https://fingertips.phe.org.uk/search/learning%20disability#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90283/age/183/sex/4	-	Similar	Similar
Number of statutory homelessness	742	2017/18	https://fingertips.phe.org.uk/search/homelessness#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/11501/age/-1/sex/-1	↑	-	-
Percentage of adults employed	75.9%	2017/18	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000041/pat/6/par/E12000004/ati/102/are/E10000019/iid/92313/age/204/sex/4	↑	Similar	Similar
Number of people with COPD	17,876	2017/18	QOF	-	-	-
Number of people with CHD	33,299	2017/18	QOF	-	-	-
Number of people with diabetes	50,489	2017/18	QOF	-	-	-
Number of people with dementia	7,135	2017/18	QOF	-	-	-
Number of people who have had a stroke	17,993	2017/18	QOF	-	-	-
Number of households in fuel poverty	37,916	2016	https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90356/age/1/sex/4	↑	-	-
Number of unpaid carers	84,000	2011	Census data	-	-	-
Number of adults with long term illness or disability	60,000	2011	Census data	-	-	-
Estimated number of people living in Lincolnshire with certain neurological conditions	5,999	2018	A Health Needs Assessment for people living with neurological conditions in Lincolnshire	-	-	-
Percentage of adults reporting a long term Musculoskeletal (MSK) condition	20.0%	2017/18	https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133186/pat/6/par/E12000004/ati/102/are/E10000019/iid/93377/age/168/sex/4	-	Significantly worse	Significantly worse
Percentage of people who experience at least one domestic abuse incident	7.0%	2013 - 16	https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool	-	-	Significantly worse
Number of admissions due to falls in over 65s	2,994	2017/18	https://fingertips.phe.org.uk/search/falls#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/22401/age/27/sex/4	-	Significantly lower	Significantly lower
Percentage of flu uptake vaccinations	72.3%	2017/18	https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30314/age/27/sex/4	↓	Lower than	Lower than
Number of deaths from cancer	6,774	2015-17	HES	-	-	-
Number of deaths from drug misuse	60	2015-17	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E10000019/iid/92432/age/1/sex/4	-	Similar	Significantly lower
Number of deaths from suicide	63	2017	Suicide Audit 2018	-	-	-

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Life expectancy - female	82.9	2015-17	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90366/age/1/sex/2	-	Similar	Similar
Life expectancy - male	79.4	2015-17	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90366/age/1/sex/1	-	Similar	Similar
Health life expectancy - female	62.4	2015-17	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90362/age/1/sex/2	-	Similar	Similar
Health life expectancy - male	61.7	2015-17	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90362/age/1/sex/1	-	Similar	Significantly worse
Number of DALYs	233,716.14	2017	Global Burden of disease 2017	-	-	-
Number of YLLs	121,207.79	2017	Global Burden of disease 2017	-	-	-
Number of YLDS	112,508.61	2017	Global Burden of disease 2017	-	-	-

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of John Turner, Accountable Officer,
Lincolnshire Clinical Commissioning Groups

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**11 June 2019**
Subject:	**Clinical Commissioning Groups – Developing Management Arrangements**

Summary:

This item will enable the Board to consider the developing management and staffing arrangements for the four clinical commissioning groups in Lincolnshire. This item will also cover emerging joint arrangements; and the relationships with NHS England/Improvement in the Midlands.

Actions Required:

To consider and note the information provided on the:

- initial and developing executive and staffing arrangements;
- emerging joint governing body arrangements;
- emerging joint governance committee arrangements;
- early consideration of the national *NHS Long Term Plan* commitments to the development of integrated care systems, strategic commissioning and the future roles of CCGs; and
- developing arrangements with the new NHS England/Improvement Midlands Regional Team.

1. Background

The Board will be aware that the four Lincolnshire NHS Clinical Commissioning Groups (CCGs) – Lincolnshire West CCG, Lincolnshire East CCG, South Lincolnshire CCG and

South West Lincolnshire CCG – are working increasingly closer together as part of the developing system working in the NHS in the County.

Furthermore, the recently published national *NHS Long Term Plan* emphasised the need for all Sustainability and Transformation Plan (STP) areas (of which Lincolnshire is one) to become an Integrated Care System by April 2021, and that each Integrated Care System would typically have one CCG within it.

In December 2018, the Lincolnshire CCGs commenced a national recruitment exercise to appoint to the post of single Accountable Officer covering the four CCGs. As a result of this exercise John Turner, previously Accountable Officer for both South and South West Lincolnshire CCGs, was appointed to the post, which commenced on 1 April 2019. It is anticipated that a single Executive Team serving the CCGs will be developed under John Turner's leadership.

John Turner will attend the Board meeting on 11 June and provide an update in relation to:

- initial and developing executive and staffing arrangements;
- emerging joint governing body arrangements;
- emerging joint governance committee arrangements;
- early consideration of the national *NHS Long Term Plan* commitments to the development of integrated care systems, strategic commissioning and the future roles of CCGs; and
- the developing arrangements with the new NHS England/Improvement Midlands Regional Team.

2. Conclusion

The Board is asked to consider the update report.

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

This report is for information only.

4. Consultation

This is not a direct consultation item.

5. Appendices

There are no appendices to this report.

6. 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 John Turner who can be contacted via
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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**11 June 2019**
Subject:	**Lincolnshire NHS Healthy Conversation 2019 – General Update**

Summary:

This report provides a summary of the Healthy Conversation 2019 campaign, detailing the activity-to-date, feedback and results, and next steps in the campaign.

Actions Required:

To note the progress on the delivery of the Healthy Conversation 2019 campaign.

1. Background

1.1 Objective

The ongoing need for modernisation in how the county's health care is provided must be informed by of our patients, public, their representatives, our partners and of course, our staff's views. After engaging with, and seeking the advice of wider stakeholders, the health care system in Lincolnshire agreed that to allow the gathering and understanding of these groups' views, a county wide campaign that offered a consistent and recognisable point of contact would be appropriate.

1.2 Activity to date

Lincolnshire NHS' Healthy Conversation 2019 campaign went live on 05/03/19. This first day involved:

- A series of internal and stakeholder briefing sessions

    - Staff team briefing process – face to face
    - Briefs to all communication points of access across NHS organisations to ensure public were dealt with effectively and quickly, first time, should they wish to contribute feedback.
    - Email briefs to lay members and NEDs, council of members, GPs, MPs, local councillors, health and care stakeholders and partners (all 'internal' audiences)
    - A catch all email to those unable to attend face to face briefings
    - Briefings emails sent to all partners, stakeholders, and local 'influencers' (eg education sector, large local businesses etc) (all 'external' audiences)
- A press call to brief the media, led by clinicians
- Lift of public embargo at 3pm
- Proactive social media and press bulletin schedule commenced for the following fortnight initially

Days two to eight were dedicated to press office management and responding to public enquiries.

13th March was our first public engagement event. The initial events delivered in this series were:

13/03 Boston
14/03 Louth
19/03 Skegness
20/03 Grantham

Each event was a consistent format, with a series of information and listening stands, supported by expert clinicians and support staff. The route through the event stands was:

- ICC – self-care, primary care, diabetes, INW
- Mental Health
- Acute Services
- UTCs (at Grantham)
- IM&T
- Health watch long term plan
- Travel and transport

At each event, attendees were able to talk directly to staff who captured their feedback, as well as complete feedback forms and the more formal survey. The survey has been requested in numerous languages (Romanian, Polish, Russian, Latvian, Lithuanian, and Portuguese), and have been translated to all. These feedback forms and survey were also on our website and available in paper format on request as well the public being able to email and phone directly to the team.

In addition to the public events to date, we have also been working alongside our partner, The People's Partnership, in order to hear the views of Lincolnshire's communities with protected characteristics and those who we would otherwise not be readily represented. These findings will inform this work, as well as our Equality Impact Assessments.

1.3 Outcomes

1.3.1 Press relations:

The initial press call was attended by seven key print press and broadcasters in the county (a full list is available at Appendix A). Quotes and interviews within the resulting articles were all delivered by senior clinicians.

The core themes that the press subsequently led with were:

1) Urgent and emergency care – headlines included 'A&E downgrade at Grantham'
2) Publicity of HC2019 (county wide)

Overall the balance of media reports were neutral, with the negative articles being concentrated in the urgent and emergency care theme. A full list of the first day's media coverage can be found at Appendix B.
After the first ten days, press activity dropped significantly. It increased again when the engagement events took place (March: 13th – Boston, 14th – Louth, 19th – Skegness, 20th – Grantham). In this period, the balance of coverage was much more positive.

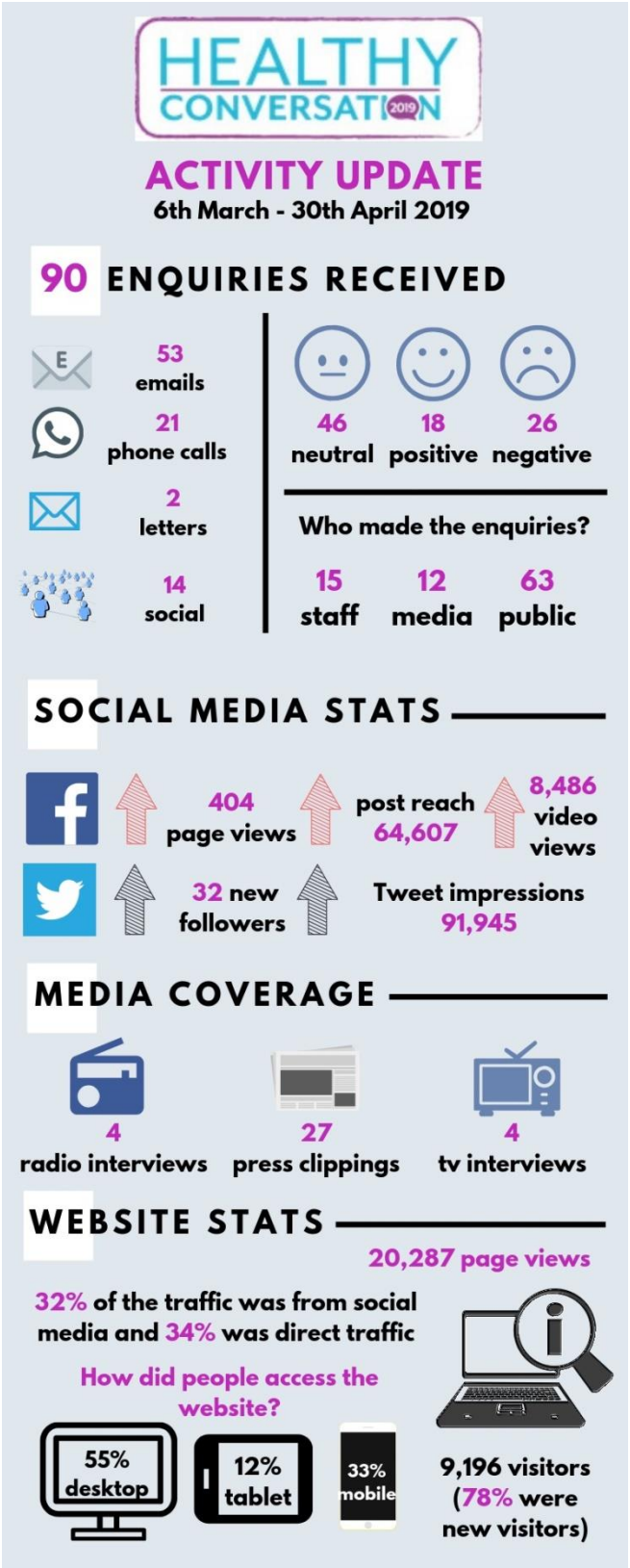
The core themes of coverage during this period were:

1) Publicity of HC2019 (county wide)
2) Urgent and emergency care – headlines included 'A&E downgrade at Grantham'
3) Future stability of Pilgrim Hospital (Boston)

The focus became increasingly on the HC2019 campaign coverage, opposed to the themes, as the events continued.

A full list of subsequent media coverage can be found at Appendix C.

This infographic captures the volume of activity up to the end of April managed by our press and public relations office. A monthly version is published on the website for public viewing.



1.3.2 *Public engagement events:*

The engagement events to date have been attended by 233 people. The core themes that were raised within feedback (through direct verbal feedback, formal forms and the surveys analysed to date) were:

Boston:

- Accessibility of stroke services in the future
- Loss of services to Boston as a whole

Louth:

- Threat of hospital closure (this was an initial concern that alleviated once responded to)

Skegness:

- Accessibility of stroke services in the future
- Loss of services to Boston as a whole

Grantham:

- A&E downgrade perception
- UTCs and what this is

Throughout all events, we consistently heard that the public are concerned about:

- Transport to services for patients and family
- NHS111 and its effectiveness
- EMAS and response times
- Issues of overburden on Lincoln County Hospital

As of the end of April, 500 surveys had been completed and submitted. Our updates on engagement activity is also published on the website for public viewing, as is a full overview of the key themes from public feedback in our ‘you said, we did’ section. Any individual who requested direct information or feedback since the campaign began, has received a reply.

Examples of feedback we heard and responses given to date:

My husband could be treated in Boston for his skin cancer but services have been moved to Lincoln. Lincoln cannot cope and don’t have the capacity.

In the 1990's Boston was the European epi-centre for the worst breast cancer rates. I would imagine that figures for the area are still high - have these been taken into account when deciding to 'centralise' them in Lincoln? Moving services to Lincoln will cause implications for transport - public transport is very poor. I would like to know what the correct figures are, compared to other parts of the country and county.

Suggestion: Direct trains between Boston/Skegness and Lincoln and regular trains. Rebuild the lines around the county that were closed in the late 60/70s. Bus routes to be clearly provided at all bus stops with times of buses

My son had a stroke at 30 if the unit closed at Pilgrim he would have been dead before he arrived at Lincoln.

Grantham hospital is being sidelined - everything at Lincoln + to some extent Boston. Not good enough - Grantham serves a large area, including population living in Leics + Notts. Ambulance services are stretched. Not sufficient public transport. Lincoln too far away for urgent cases!

You claim that the "emerging" option is to develop a UTC at GDH to provide 24 hour, 7 day a week access to urgent care services locally, yet you then go on to say that "overnight ...NHS111 will serve as the entry point to the UTC during this "out of hours" period', because that means a limited and reduced service. So this is not, in reality, a 24 hour service if it has "out of hours" provision. I am much less interested in WHERE I am treated than in the EXPERTISE that I would like to see in the people treating me - and the specialist equipment and facilities needed to make the best job of treating me.

Totally unacceptable wait times for EMAS. More ambulances need and hospital staff i.e A/E needed to receive patients.

1.4 Next Steps

A communication and engagement plan is in place as Healthy Conversation 2019 progresses over the summer and into autumn.

This incorporates key learnings from our first stage of activity, including:

- Featuring more partners and their work in our engagement events, such as EMAS
- Making more of the opportunity to spotlight positive activity happening across Lincolnshire's NHS upon recruitment, for example our Talent Academy, schools in-reach etc
- Continuing to develop and promote our 'good news stories' and case studies, and focusing more upon the patient point of view within these

Completion of first wave engagement events is to the following schedule:

- 20.05.19 (Monday) – Sleaford NLC
- 21.05.19 (Tuesday) – Gainsborough United Reformed Church
- 22.05.19 (Wednesday) - Lincoln FC
- 12.06.19 (Wednesday) – Stamford Theatre Lounge
- 13.06.19 (Thursday) – Spalding United Reformed Church

In conjunction with these events, we will continue to attend partner and stakeholder events in order to promote and discuss HC2019, as well as hosting our standard events throughout the county.

Our 'you said, we did' communications will continue; publication of the key themes, requests and responses captured throughout these listening events in order to demonstrate the commitment made to the public.

Continuation of proactive and positive public and stakeholder engagement will develop into more detailed discussions around themes identified across the system and more visibility of the campaign and its content across the county.

2. Conclusion

The Healthy Conversation 2019 campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire's NHS.

Priorities now are:

- To ensure we highlight the importance of prevention and self-care, community care, and mental health throughout the remainder of the campaign
- To engage with a broader and deeper section of Lincolnshire's public, delivering a fully representative engagement piece
- Providing evidence regarding the impact of public feedback upon continued transformation planning

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

This report is for information only.

4. Consultation

This is not a direct consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Media Outlets attending 5 March 2019
Appendix B	Media Coverage Published on the First Day
Appendix C	Media Coverage in the Days Following the Press Call

6. 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 Charley Blyth, Director of Communications and Engagement, Lincolnshire STP, who can be contacted on Charley.blyth@nhs.net

Appendix A

Media outlets attending 05/03/19:

The Lincolnite
Health Correspondent BBC East Midlands
BBC East Midlands
Grantham Journal
Lincs FM
BBC Radio Lincolnshire & Sunday Politics (Yorkshire & Lincolnshire)
Lincolnshire Live

Appendix B

Media coverage published on the first day:

05/03/2019	Lincolnshire Reporter	Grantham A&E to be downgraded to Urgent Treatment Centre
05/03/2019	Lincolnshire Reporter	Disappointment as A&E fears come true for Grantham and Louth campaigners
05/03/2019	Boston Standard	Healthy Conversation proposals for Lincolnshire's health service
05/03/2019	Sleaford Standard	Healthy Conversation proposals for Lincolnshire's health service
05/03/2019	Louth Leader	Healthy Conversation proposals for Lincolnshire's health service
05/03/2019	Grantham Journal	Public consultation on future of healthcare service in Lincolnshire to begin
05/03/2019	Grantham Journal	Breaking news: Downgrade of Grantham A&E formally announced
05/03/2019	Market Rasen Mail	Healthy Conversation proposals for Lincolnshire's health service

Appendix C

Media coverage in the days following the press call:

06/03/2019	Horncastle News	Health campaigners for Boston-s-Pilgrim-Hospital-vow-to-keep-fighting-
06/03/2019	Sleaford Standard	Campaigners for Boston's Pilgrim Hospital vow to keep fighting in face of latest proposals by health bosses
06/03/2019	Sleaford Standard	Grantham Campaigners react to news of downgrade plans
06/03/2019	Radio Lincolnshire	changes to NHS .2:11.58-2:18.16 interview transcribed
08/03/2019	Lincolnshire Reporter	Matt Warman A concrete commitment to our NHS
08/03/2019	Grantham Journal	Residents react in fury over plans to downgrade Grantham Hospital
08/03/2019	Lincolnshire Reporter	Local Democracy Weekly Diagnosis downgrade for county's hospitals
13/03/2019	Louth Leader	https://www.louthleader.co.uk/news/have-your-say-at-the-healthy-conversation-2019-engagement-events-1-8847056
13/03/2019	Horncastle News	Have-your-say-at-the-healthy-conversation-2019-engagement-events
13/03/2019	Lincs. FM News	Public feedback session in Boston on health changes
14/03/2019	Lincs. FM News	Interview with Tracy P at noon
14/03/2019	Grantham Journal	Have your say on plans for Grantham Hospital in 'Healthy Conversation'
15/03/2019	Grantham Journal	We've waited so long - now we have our say Martin Hill page 36
15/03/2019	Grantham Journal	Let's have a "healthy conversation" about Grantham Hospital Dr Neill Hepburn page 36
15/03/2019	Grantham Journal	Chance to have your say on hospital services at Drop-in session page 7
16/03/2019	Grantham Journal	We have waited so long - now we have our say
16/03/2019	Grantham Journal	Let's Have a healthy conversation about Grantham hospital
17/03/2019	Skegness Standard	Chance to have say on health service issues
19/03/2019	Lincolnshire Reporter	Jan Sobieraj Let's start a healthy conversation
19/03/2019	Lincolnshire Free Press	Have your say on future of NHS page 5
20/03/2019	Calendar News	Plug for Healthy Conversation session on Grantham today
21/03/2019	Lincs FM	Interview with Kevin Turner about A&E services and funding at Pilgrim hospital, Boston
22/03/2019	Grantham Journal	People make voices heard on hospital page 5
22/03/2019	Grantham Journal	Grantham people make their voices heard at NHS engagement event
26/03/2019	County News	Have your say on health page 5

*Not all press clippings have been collated to date.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**11 June 2019**
Subject:	**Health Protection Board Assurance for 2018/19**

Summary:

The Health and Social Care Act (2012) mandated a role for the Directors of Public Health of upper tier local authorities to provide assurance that arrangements for protecting the health of local people were safe and effective.

Local mechanisms have been put in place to provide this assurance and bring together the various organisations with a role in commissioning or delivering this function. Two key parts of this assurance mechanism are the Local Health Resilience Partnership (LHRP) and the Health Protection Board (HPB).

The functions and services covered, and the responsible bodies are:

- Community Infection Prevention and Control County Council
- Screening and Immunisation Programmes NHSE/PHE
- Communicable Disease Control PHE
- Emergency Planning, Preparedness and Response CCGs

This report seeks to provide assurance to the Health and Wellbeing Board that these mechanisms are in place and that where there is a need for improvement in performance of the services which protect people's health, that these are being managed appropriately.

The report provides evidence that both main assurance boards are in place and effectively managing the services and programmes within their remits. It identifies some challenges to delivery to local people for the HWB to note and look for progress on in future assurance reports. These might be summarised for 2018/19 as:

- The continued challenges with the uptake of immunisation programmes, especially those for children under 5 years;
- The challenge to cervical screening turnaround times during the preparation for transition to HPV first screening methodology;

- A range of 'slow burn' outbreaks of communicable diseases.
- Cyber resilience issues following attacks or accidental disruption of infrastructure within the NHS.

Actions Required:

1. To note the governance and assurance arrangements in place for the protection of the health of people in Lincolnshire.
2. To note the challenges within the health protection programmes in Lincolnshire, and the plans in place to address them.
3. To approve the plan to report to the Board twice yearly on this area of service.

1. Background

Overview of Roles and Governance Arrangements

The 2012 Health and Social Care Act divided the responsibilities for commissioning and provision of a range of functions which serve to protect the population from a range of hazards such as chemical, biological, radiological and nuclear (CBRN) threats; communicable diseases and the late detection of cancers and other diseases through the commissioning of screening programmes.

It also placed a duty on the Director of Public Health of upper tier local authorities to support the prevention and control of infection in 'the community'.

Whilst each of these functions has a designated accountable body, the DPH has an overarching responsibility to provide assurance to the local authority that these programmes are delivered effectively to the local population. This assurance function is provided by the DPH deploying local authority officers to work with accountable bodies to provide assurance to a number of governance groups.

These governance groups and their primary roles are:

The Health Protection Board	Immunisation and vaccination programmes. Screening Programmes. Community Infection Prevention and Control. Oversight of Communicable Disease Control outbreaks and incidents
Local Health Resilience Partnership	Oversight of Emergency Planning, Preparedness and Response.

Immunisation and Vaccination Programmes

2018/19 Summary

The national schedule of immunisation and vaccination programmes can be divided up summarily as programmes for: 0-5 year olds, school age children, young people and

adults. The performance of the Lincolnshire system in delivering immunisations across these broad programmes continued to be varied in 2018/19.

Overall, uptake in Lincolnshire is comparable to the rest of the country, although below the uptake rate required to achieve herd immunity for most of the diseases covered. There are a number of 'forces' at play which affect the delivery and uptake of vaccines which include: population trust in the safety and efficacy of vaccines; public perception of the risk of acquiring vaccine preventable illnesses and barriers to access to the 'outlets' where vaccines are on offer to local people.

One of the more significant areas of concern for the Health Protection Board was the 0-5 year old programme and this has been the focus of the development of an improvement plan by the Immunisation Programme Board partners. This plan is being implemented and will continue to be a significant challenge in 2019/20.

A Look Forward

The focus for 2019/20 will be the 0-5 year old programme. Table 2 below provides a guide to the focus for this work programme, with the interventions agreed in the Improvement Plan being rolled out sequentially to each CCG population based on inequalities in coverage. This work has begun in Lincolnshire East and will progress to Lincolnshire West and then to South and Southwest Lincolnshire.

The ultimate objective of the improvement plan is to increase coverage across the whole programme to 95%, with improvements toward that being the measure of success of the Improvement Plan.

Table 2

Vaccine	Year	Uptake
Dtap / IPV / Hib (One year old)	2017/18	93.5%
MenC (One year old)	2015/16	96.8%
Hib / MenC booster (2 years old)	2017/18	91.3%
MMR for one dose (2 years old)	2017/18	91.2%
Dtap / IPV / Hib (2 years old)	2017/18	95.0%
Hib / MenC booster (5 years old)	2017/18	90.2%
MMR for one dose (5 years old)	2017/18	93.9%
MMR for two doses (5 years old)	2017/18	85.2

From September 2019 the HPV vaccine programme which has been available to girls will extend to cover boys of the same age as a key step towards eradicating this cause of cervical abnormalities in women.

Communicable Disease Control

2018/19 Summary

The Health Protection (Notification) Regulations (2010) legislate that Registered Medical Practitioners notify PHE on suspicion and/or confirmation of a number of notifiable diseases that may present a risk to the wider public health. This allows for relevant public health action to prevent and control the spread of these infections. Where two or more cases are linked in time and place the PHE Health Protection team will declare an outbreak and convene (and lead) a multi-agency outbreak/incident meeting. If there is a single case of a serious/rare disease warranting an extended public health response, then PHE will lead a multi-agency incident response.

Within Lincolnshire there are a number of formal multi-agency networks delivering a health protection function. For example, with Tuberculosis (TB) there is a Lincolnshire TB network which reports to the East Midlands TB Board, which in turn is linked to the national TB Strategy Group. This is mirrored for all major communicable disease hazards. There are clear links to, and communication with, national expert teams and reference laboratories which provide support and oversight of all major incidents and outbreaks.

During 2018-2019, the Health Protection Team managed 1610 individual cases of communicable disease in the county, responded to 264 enquiries and dealt with 193 situations/incidents. These annual figures are fairly typical, with the numbers of cases, situations and enquiries remaining largely stable over the last few years. Table 1 shows a number of notifiable diseases managed during 2018-2019.

Table 1: Notable infections managed in 2018/19

Notifiable Diseases	Count
Scarlet Fever	267
Influenza A, Seasonal	196
Salmonellosis	81
Hepatitis B	56
Mumps	54
iGAS (Invasive Group A Streptococcal) infection	46
Cryptosporidiosis	39
E.coli infection, VTEC	15
Meningococcal infection	14
Influenza B	10
Legionellosis	10

Communicable Disease Control Incidents and Outbreaks

A number of incidents and outbreaks were managed in Lincolnshire during 2018/19. Some of these were within the 'normal' range of what might be expected, for example:

- A cluster of legionnaire's disease cases in the Gainsborough area which on investigation appeared to be a cluster of cases unlinked to a single source of infection, rather than an outbreak.

- A public health response to the death of a prisoner following a legionella pneumophilia infection to investigate the source of infection and devise and implement control strategies with HMP Prison Service.
- A number of 'slow burn' TB outbreaks associated with food and horticultural production plants in the south of the County requiring immediate risk and treatment management and a longer term approach to screening and awareness in cooperation with the employers affected.

Some less usual incidents included:

- In 2018 there were two applications to serve Part 2A Orders (The Regulations of the Public Health Act include legal powers such as Part 2A Orders, available to enforce actions to protect public health) against two individuals with multi-drug resistant Tuberculosis infection who were not complying with treatment and therefore presented a risk to the wider public health.
- A case of a bat infected with European Lyssavirus-2, the first ever in Lincolnshire, where a number of people were exposed to the bat and required support to risk assess and plan for protection from disease.
- A historic case of Mycobacterium Leprae referred for advice by a housing provider considering the housing needs of a person with a history of this rare infection.

A Look Forward

In January 2019 the government published a 20-year vision and 5-year national action plan on to tackle Antimicrobial Resistance (AMR). The national action plan builds upon the UK 5-year AMR strategy (2013 to 2018) and sets out the first step towards the UK's vision for AMR in 2040. Control of anti-microbial resistance is a national priority for the UK government and local frameworks and multi-agency co-ordination will be key in supporting this agenda.

Community Infection Prevention and Control

2018/19 Summary

2018/19 was a year of consolidating baseline systems of community infection prevention and control within the priority services for this year, residential care environment for vulnerable adults. That is not to infer that this is the only area of work undertaken, but this was the core work of this part of the health protection programme in 2018/19

Notable activities included:

- Strengthening of the reactive systems of support to care settings experiencing outbreaks, agreeing role protocols with other agencies and improving the communication of outbreak information and setting status to key system players. The team concerned with this work supported management of 98 outbreaks during the last year across a number of providers.
- Supporting commercial team quality and safety systems in settings of concern.
- Developing and implementing a programme of prospective support visits to settings to support best practice and strengthening the network of Infection Prevention Control (IPC) 'link' practitioners in residential settings.

- Supporting urgent care and patient flow decisions when IPC concerns are slowing progress.
- Supporting the outbreak and incident management roles of other bodies where additional capacity was required.

A Look Forward

Having consolidated existing core programmes in 2018/19 development areas for the coming year include:

- Extension of the core offer already available to adult settings to children's settings.
- Extension of the adult core offer into domiciliary care provision.

Screening Programmes

2018/19 Summary

The range of screening programmes available to Lincolnshire people perform broadly in line with expectations and national performance levels. The two most problematic programmes in 2018/19 were breast and cervical programmes and both were the subject of national level 'incidents' and now there is a government review over this period.

Within Lincolnshire the breast programme has had severe difficulties in maintaining its performance as a result of the problems of staffing the programme, which has also been a feature of the onward diagnosis and treatment pathways. Despite this fragility performance has been maintained and the additional activity resulting from the national incident absorbed and managed.

The cervical programme has not met its performance targets for results turn around for some time now. The efforts of laboratories to overcome this delay, which resulted from a workforce problem with screeners, was hampered by the planned roll out of a new screening methodology involving initial screening of samples for human papilloma virus (HPV). This roll out expected to see a reduction in the need for microscopists and hampered recruitment and retention. This programme is beginning to recover now as the expected benefits from the new 'HPV first' begin to be realised.

A Look Forward

The main area of focus going forward will be to: sustain the generally positive performance of these programmes in Lincolnshire, to track the impact of changes to the location of the breast screening service and to ensure that the benefits of the new approach to cervical screening are realised in Lincolnshire.

Emergency Planning, Resilience and Response (EPRR)

2018/19 Summary

The Lincolnshire Health Resilience Partnership is co-chaired by the DPH and a senior manager from NHS England and the Lincolnshire Partnership is well regarded. This good standing comes from effective approaches to EPRR being in place and evidenced by:

- High levels of compliance with national core standards by local NHS bodies and effective methods for developing and tracking improvements where necessary.
- A fully completed action plan following a national audit of health protection arrangements carried out in 2017.
- Very well embedded relationships with the Lincolnshire Local Resilience Forum (LRF) and a full programme of relevant exercising of plans delivered.

A Look Forward

EPRR is by its nature reactive, although much of the need to react can be predicted and planned for. Priorities for the coming year include:

- Pandemic Influenza.
- Cyber resilience as a national threat with growing profile and attack rate.
- The joint exercising of Major Casualty and Mass Fatality plans.

2. Conclusion

Lincolnshire has strong and effective partnerships and governance in place to oversee and seek improvement in the health protection offer to the public. Self-assessment and external verification processes indicate that whilst there are some challenges to these programmes, the County is generally in a strong place:

- The NHS Organisations in Lincolnshire are all either fully or substantially compliant with the core standards for EPRR set by NHS England and annually assessed.
- Performance of the majority of screening programmes is at the national standard despite some significant challenges linked to the overall health and care challenges in the County.
- Relationships with partners in the complex systems for communicable disease control are strong, with rapid and appropriate reactions to outbreaks and incidents which put public safety first.
- Immunisation programmes which perform as well as comparator authorities in most areas and better than comparator authorities in, for example, NHS staff flu immunisation.

Where we have challenges we work effectively to overcome them and improve services for local people, including:

- Implementing HPV first methodologies for cervical screening programmes which have started to improve women's experiences of turn-around times for their results.
- Developing and delivering a multi-agency improvement plan for 0-5 immunisations to bring our performance at least to equivalence with comparator authorities.

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

The Joint Strategic Needs Assessment for Lincolnshire offers insight into a range of health topics of interest when considering health protection issues. Not least of these are the cancer and immunisations topics where the health protection services described in this report make an important contribution to prevention, detection and successful treatment.

The Joint Health and Wellbeing Strategy is not explicit in describing health protection as a priority, but by any measure, freedom from harm from CBRN threats to wellbeing makes a significant contribution to the wellbeing of local people.

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 Tony McGinty, who can be contacted on 01522 554229 or tony.mcginty@lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Lincolnshire Physical Activity Taskforce

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**11 June 2019**
Subject:	**Lincolnshire Physical Activity Taskforce Launch of 'A Blueprint for Creating a More Active Lincolnshire'**

Summary:

On the 10 May 2019 the Lincolnshire Physical Activity Taskforce (L-PAT) published `A Blueprint for Creating a More Active Lincolnshire` (the Blueprint).

There are numerous benefits to be found by being active. More than half of the children and adult populations in Lincolnshire are sufficiently active to take advantage of such benefits within their daily lives. However, nearly a third of the population undertake little or no active and this level of inactivity is increasing.

Through the collaboration of local authorities, charities, the NHS and many partners a commitment to work together utilising a `whole systems approach` and a framework derived from the WHO Global Action for Physical Activity, the Blueprint provides an outline plan to improve people's lives through habitual physical activity.

Actions Required:

The Health and Wellbeing Board is asked to note progress made by the Lincolnshire Physical Activity Taskforce, the production of `A Blueprint for Creating a More Active Lincolnshire` and the development of a collaborative approach to increasing physical activity levels across Lincolnshire.

1. Background

The Blueprint document (Appendix A), outlines our approach to get Lincolnshire moving: to improve health and well-being, social and community development and our economy, by making physical activity a normal part of everyday and a lifelong habit.

Our ambition is for Lincolnshire to become the most active county in the country. In order to gain the maximum benefits from an active lifestyle we will:

- support people who are inactive to become active throughout their lives
- address the inequalities that prevent people from being active
- enable people within communities to remain active.

This means creating conditions and situations where being active becomes routine rather than an aspiration. To achieve this, changes are required to the way that public, private, voluntary and community organisations work: share information better, plan together, and make physical activity a key element of our collective thinking, discussions and actions.

The Blueprint is focussing on four main areas that have the greatest potential to change physical activity levels across Lincolnshire:

- Active Societies
- Active Places
- Active People, and
- Active Systems.

Within the county's adult population Lincolnshire is identified as one of the most inactive areas in England (Sport England, The Active Lives: Adults Survey, 2019). The survey reports that:

- 30.5% do no activity or very little activity to be of benefit to their health.
- 12% are fairly active (30-149 minutes of moderate physical activity a week), and
- 57.6% of the population are active sufficiently to reach the Chief Medical Officers' physical active recommendations (150+ minutes of moderate physical activity a week).

The Active Lives: Children & Young People survey of physical activity (Sport England 2019) shows that Lincolnshire's children and young people are similar to the average for England. In terms of overall activity for children and young people in the county:

- 22.2% report being active every day (60+ minutes every day)
- 32.4% report being less active (less than 30 minutes a day).

The Joint Health and Wellbeing Strategy, agreed by the Lincolnshire Health and Wellbeing Board in June 2018, has physical activity as one of the seven priority areas for improvement, recognising that being physically active is one of the key ingredients of a healthy and fulfilled life.

Since then, more than 60 partners have come together to form the Lincolnshire Physical Activity Taskforce – an alliance of partners from across the county taking a fresh look at the problem of inactivity using a ‘whole system’ approach.

The aim of the Blueprint is to change systems that help people to be more active every day.

The full 'Let's Move Lincolnshire' strategy, with its four goals, detailed action plans and measures of success is in the process of being refined. It will provide the guidance to help plan interventions and capture the impact and learning from our work.

2. Conclusion

Lincolnshire's Physical Activity Taskforce (L-PAT) has a shared vision and commitment to tackling low levels of physical activity across the county. The Blueprint outlines that vision and describes a new way of working; a "whole system" approach, to increasing the opportunities for people of all ages and abilities to be more physically active every day.

The Blueprint sets out four goals and provides a 'roadmap' for implementing a countywide approach to increasing physical activity, health and wellbeing.

With the support of the Health and Wellbeing Board, L-PAT will develop the Blueprint into a comprehensive 'Let's Move Lincolnshire' strategy that identifies key priorities and actions, across multiple sectors, designed to support a physically active lifestyle.

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 Blueprint is a component of the refreshed Joint Health & Wellbeing Strategy. There is a JSNA: physical activity topic. L-PAT has the responsibility to update and maintain the relevance of the topic in the future.

4. Consultation

Detailed in the report.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	A Blueprint for Creating a More Active Lincolnshire

6. Background Papers

Document	**Available from**
World Health Organisation Global Action on Physical Activity	https://www.youtube.com/watch?v=uZX14W4rVCU https://www.youtube.com/watch?v=OxeFwv4AeKM

This report was written by Philip Garner who can be contacted on (01522 552292) or (philip.garner@lincolnshire.gov.uk)

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Let's move LINCOLNSHIRE

A Blueprint for Creating a More Active Lincolnshire

Lincolnshire's Physical Activity Taskforce (LPAT) has a shared vision and commitment to tackling low levels of physical activity across the county. This 'Blueprint' outlines that vision and describes a new way of working, a "whole system approach", to increasing the opportunities for people of all ages and abilities to be more physically active every day.

LET'S MOVE LINCOLNSHIRE | BLUEPRINT

The Blueprint sets out four goals and provides a 'roadmap' for implementing a countywide approach to increasing physical activity, health and wellbeing.

With your help, LPAT will develop the Blueprint into a comprehensive '*Let's Move Lincolnshire*' strategy that identifies key priorities and actions, across multiple sectors, designed to support a physically active lifestyle.

Join us in creating the strategy and a future for Lincolnshire where physical activity is the natural choice, the easier choice, the preferred choice for everyone.

– Dr Jayne Mitchell, Chair, Lincolnshire Physical Activity Taskforce

A Blueprint for a more active Lincolnshire

This document outlines our approach to get Lincolnshire moving: to improve health and well-being, social and community development and our economy, by making physical activity a normal part of every day and a lifelong habit.

Our vision is to improve everyone's lives through habitual physical activity, with the ultimate ambition for Lincolnshire to become the most active county in the country. In order to gain the maximum benefits from an active lifestyle we will:

- support people who are **inactive to become active** throughout their lives
- address the **inequalities** that prevent people from being active
- enable people within communities to **remain active**

"Our mission is for everyone in Lincolnshire to lead a physically active life, regardless of age, wealth, gender, ability or circumstance."

This means creating conditions and situations where being active becomes routine rather than an aspiration. To achieve this, changes are required to the way that public, private, voluntary and community organisations work, share information, plan together and make physical activity a key element of our collective thinking, discussions and actions.

LET'S MOVE LINCOLNSHIRE | BLUEPRINT

Vision — To improve people's lives through habitual physical activity

Mission — Everyone in Lincolnshire is leading a physically active life, regardless of age, wealth, gender, ability or circumstance

Goals

Active Society	Active Place	Active People	Active Systems
Enhancing understanding of, and appreciation for, the many benefits of regular physical activity, according to ability and at all ages	Creating environments for people, of all ages, to have equitable access to safe places and spaces, in which to take part in regular physical activity	Providing opportunities and programmes, across many settings, to help all people and communities to take part in regular physical activity	Creating the leadership, governance & partnerships, plus workforce capabilities across sectors to use resources in a more coordinated way to reduce sedentary behaviour

Intended outcome — Lincolnshire will become the most active county in England where physical activity is part of everyday life

Benefits of physical activity

Physical wellbeing	Mental wellbeing	Social & community development	Individual development	Economic development

The Blueprint is focussing on four main areas that have the greatest potential to change physical activity levels across Lincolnshire.

1. Active Societies

An active society empowers people to take control of their lives by providing them with the information they need to make good choices.

Goal 1: To create a paradigm shift in Lincolnshire by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.

We will:

- Implement behaviour-change communication campaigns
- Build upon partners' engagement with national and local campaigns, e.g. Change4Life, One You and Self Care Week
- Develop mass participation events, e.g. community events, festivals, park runs
- Enhance staff and volunteers' knowledge and ability to be advocates for physical activity and apply behaviour change approaches within their roles

2. Active Places

Lincolnshire's towns and rural communities have a strong sense of community and place, which we intend to utilise.

Goal 2: To create and maintain environments that promote and safeguard opportunities for all people, of all ages, to have equitable access to safe places and spaces, in which to engage in regular physical activity, according to ability.

We will:

- Create safe, modern and well-maintained facilities and public open spaces that provide opportunities for all to enjoy walking, cycling and other active pastimes
- Promote active travel which will be an embedded feature of all future planning and transport developments
- Create areas where people can relax and enjoy physical activities safely. We will ensure that everyone can access good quality open areas, sports and leisure facilities, green networks and other recreational sites including river and coastal sites

[1]This Blueprint has been informed by and aligns with:

- Lincolnshire Joint Health and Wellbeing Board (2017) *Joint Health and Wellbeing Strategy delivery plan for Physical Activity*
- Active Lincolnshire (2018) *Strategic Plan*
- Public Health England (2016) *Everybody Active Everyday*
- WHO (2018) *Global Action Plan on Physical Activity 2018-2030*

3. Active People

People will be at the centre of our opportunities, programmes and services.

Goal 3: To create and promote access to opportunities and programmes, across multiple settings, to help people of all ages and abilities to engage in regular physical activity as individuals and communities.

We will:

- Make sure that people of all ages and abilities have access to the services and support they need to take part in regular physical activity in a variety of settings. This will start at an early age by increasing physical activity and active learning opportunities within nurseries, schools and other educational settings
- See a vibrant Lincolnshire, with more opportunities for physical activity in numerous diverse settings, including community venues, parks and open spaces, workplaces, public buildings, sports clubs and the home
- Embrace physical activity over the whole of someone's life
- See physical activity opportunities as a feature of health and care provision and settings
- Support the least active communities to become more active and to enjoy the health and well-being benefits of a more active way of life

4. Active Systems

Underpinning all of our work will be a strong and effective leadership.

Goal 4: To create and strengthen leadership, governance, multi-sectoral partnerships, workforce capabilities, advocacy and information systems across sectors in order to achieve excellence in resource utilisation and implementation of coordinated county-wide and district-level actions to increase physical activity and reduce sedentary behaviour.

We will:

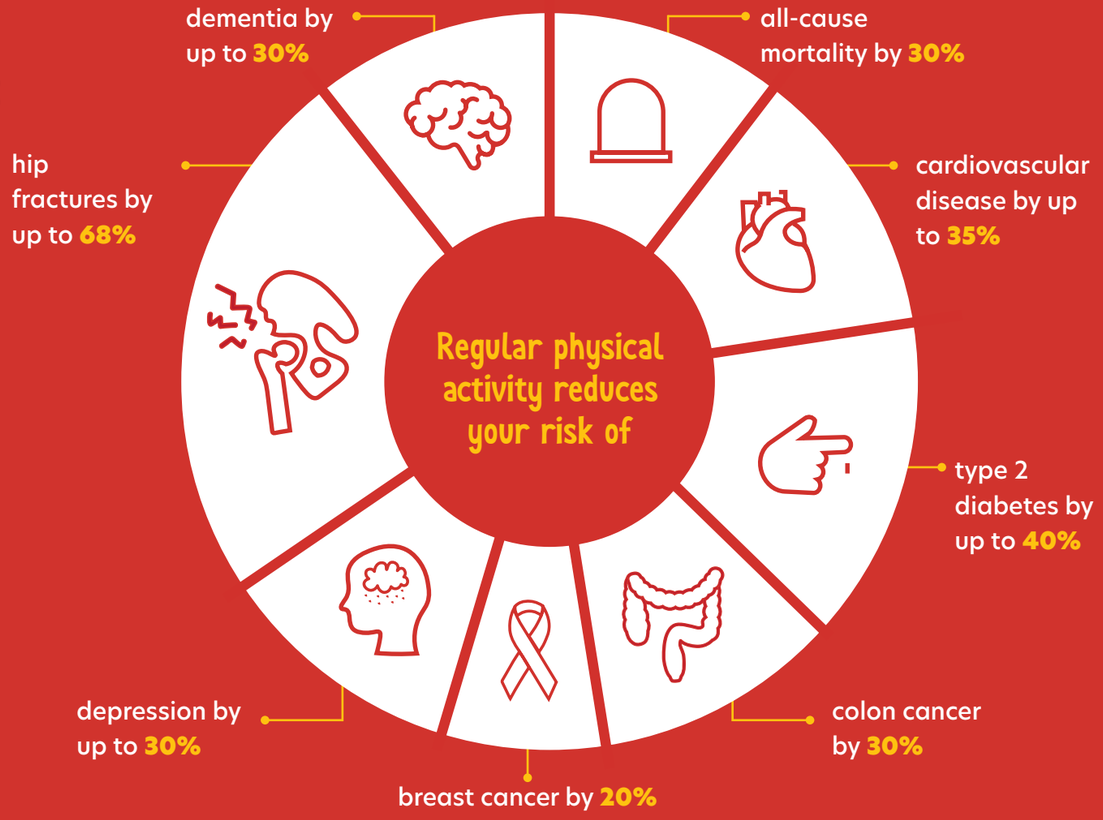
- Strengthen leadership, governance, partnerships, workforce, research, advocacy and information systems to support coordinated policy implementation
- Establish multi-partner collaboration
- Utilise information and digital solutions to help make better decisions
- Build upon and escalate an advocacy role with partners
- Share the growing evidence-base for greater levels of physical activity
- Create the conditions that make sure our efforts are sustainable

Why Physical Activity Matters

The Chief Medical Officer's report 'Start Active, Stay Active' (Department of Health 2011) presents a compelling case for the benefits of physical activity and the damage associated with a sedentary lifestyle.

Physical inactivity contributes to many diseases and premature deaths, including heart disease, strokes, diabetes and certain cancers. Regular physical activity can help to prevent and manage over 20 chronic conditions and diseases; it also plays an important role in good mental health.

What are the health benefits of physical activity?

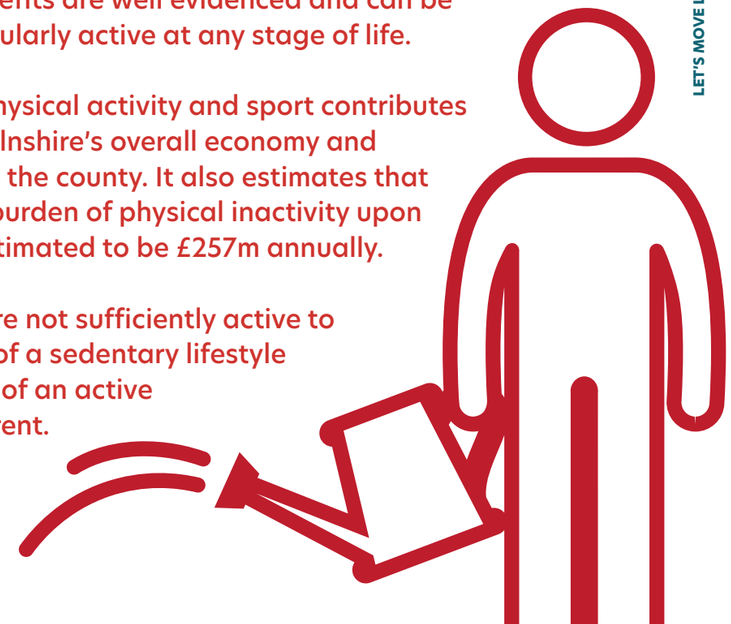


Public Health England, 2018

Regular physical activity has also been shown to improve educational attainment, community cohesion, resilience in our economy and improve overall quality of life. These benefits are well evidenced and can be achieved by becoming more regularly active at any stage of life.

Sport England estimates that physical activity and sport contributes over £170 million a year to Lincolnshire's overall economy and supports over 4,500 jobs across the county. It also estimates that there is a substantial financial burden of physical inactivity upon the health and care systems; estimated to be £257m annually.

Across England, many people are not sufficiently active to reduce the health-related risks of a sedentary lifestyle or gain the many other benefits of an active lifestyle. Lincolnshire is no different.



What is physical activity?

Physical activity is any form of movement or force upon the skeleton and muscles that results in energy expenditure and raises the heart beat above a resting level.

Active Living	Active Travel	Recreation	Sport
Housework	Walking	Exercise	Informal sport
Gardening	Cycling	Dance	Organised sport
Walking	Running	Swimming	Structured competition
Play			Elite & professional sport

Physical Activity in Lincolnshire

Within the county's adult population Lincolnshire is identified as one of the most inactive areas in England (Sport England, The Active Lives: Adults Survey, 2019). The survey reports that:

30.5%

do **no activity** or **less than 30 minutes** per week to be of benefit to their health

12%

are **fairly active** (30-149 minutes of **moderate physical activity** a week)

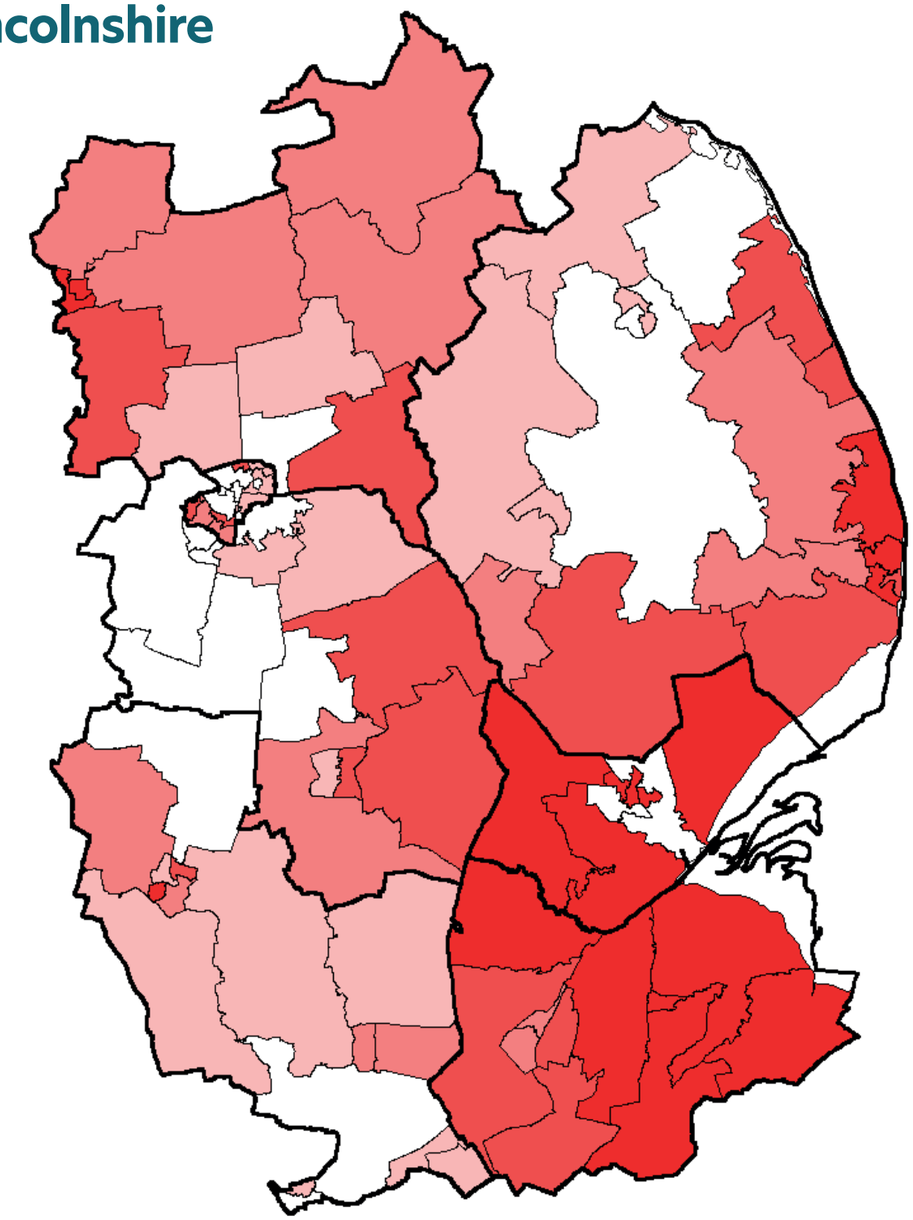
57.6%

of the population are **active sufficiently** to reach the Chief Medical Officers' physical active recommendations (150+ minutes of moderate physical activity a week)

The Active Lives Survey results demonstrate for Lincolnshire that physical activity:

- decreases with **age**
- is **limited** by poor health and disability
- mirrors a social gradient, where the more active tend to be in the most **affluent areas** and the least active in more d**isadvantaged areas**.

Map of Physical Inactivity in Lincolnshire



Active Lives, 2018

The Active Lives: Children & Young People survey of physical activity (Sport England 2018) shows that Lincolnshire's children and young people are similar to the average for England. In terms of overall activity for children and young people in the county:

Active Lives, 2018

22.2%

report being active **every day**

(60+ minutes every day)

32.4%

report being **less active**

(less than 30 minutes a day)

45% of children and young people in this survey are active most days; however, only 22% of young people meet the recommended guidance for daily activity that will be benefit their health. One third of children are deemed inactive.

Whole System Approach

In 2018, Lincolnshire Health and Wellbeing Board - the local strategic forum for health and care made physical activity one of its seven priority areas for improvement, recognising that being physically active is one of the key ingredients of a healthy and fulfilled life.

Since then, more than 60 partners have come together to form the **Lincolnshire Physical Activity Taskforce** - an alliance of partners from across the county taking a fresh look at the problem of inactivity using a "whole system approach".

"Increasing physical activity requires a system-based approach – there is no single policy solution."

(World Health Organisation, Global Action Plan 2018)

The Taskforce is working towards:

- fully developing a *'Let's Move Lincolnshire'* strategy
- encouraging collaborative leadership among partners
- publicising the many benefits of physical activity
- promoting environments that bring physical activity opportunities within everyone's reach
- supporting behaviour change

This collaborative way of working is evident throughout the range of partners that have already come together in workshops, engagement events and taskforce meetings to share their views and experience. Together they are identifying the actions that are meaningful to their sector and communities that will lead to active societies, people, places and systems.

Measuring impact

The aim of this Blueprint is to change systems that help people to be more active every day.

There are several ways we will monitor and measure our progress towards achieving this aim. In addition to using Sport England Active Lives surveys to identify changes in activity levels, we are creating a model that will help us to evaluate how we are 'transforming' the systems that impact on habitual physical activity. This will include monitoring:

- our actions and outputs within the delivery plans
- how we work in collaboration
- the adoption of behaviour change models to our decisions and work
- how physical activity becomes a 'social norm'
- how we create the support networks that help people to be more active.

The full *'Let's Move Lincolnshire'* strategy, with its four goals, detailed action plans and measures of success will provide the guidance to help plan interventions and capture the impact and learning from our work.

Next steps

The strategic plan that emerges from this Blueprint – Let's Move Lincolnshire - will be published in autumn 2019. It has been, and continues to be, developed by a number of workshops, engagement events and Taskforce meetings with partners from all sectors.

If we are to achieve the ambition of this Blueprint, we will need the input of as many partners, organisations and individuals as possible. Already there are more than 60 partners committed to making our vision a reality. If you would like to get involved or find out more, please contact our Strategic Programme Manager on:

info@lpat.org.uk

We are committed to working better together to challenge 'the way we do things around here' to help more people in Lincolnshire lead an active life.

We are doing this by building on what we already have, by championing innovation and by making sure that the key organisations with the influence to broker change are fully involved.

Through our Blueprint for creating a more active Lincolnshire, we are prioritising the key interventions that will have the most impact on physical and mental health, our economy and our local communities.

Statement of Intent, LPAT Executive Group, April 2019.

Lincolnshire Physical Activity Taskforce Executive Group current members:

East Lindsey District Council

Lincolnshire County Council – Working for a better future

North Kesteven District Council

South Kesteven District Council

Lincolnshire Police – policing with PRIDE

South Holland District Council

West Lindsey District Council

Active Lincolnshire

Boston Borough Council

City of Lincoln Council

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Lincolnshire COUNTY COUNCIL
Working for a better future

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:	**11 June 2019**
Subject:	**Better Care Fund 18/19 Quarter 4 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 by the government – 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 contribution' 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 has been to-date nationally seen by some (notably NHSE), 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 to time, to reflect changes in assumptions that may give rise to a change in the planning total.

2. General BCF Update

April saw the publication of a number of documents in readiness of the requirement for local BCF systems to agree plans for the final year of the BCF in 2019/20, these are enclosed for your information and include:-

- Better Care Fund 2019-20 Policy Framework (Appendix A)
- iBCF Reporting Requirements 2019-20 (Appendix B)
- iBCF 2019-20 S31 Grant Determination (Appendix C)
- ASC Winter Pressures S31 Grant Determination (Appendix D)
- Disabled Facilities Grant Capital (DFG) Grant Determination 2019-20 (Appendix E)

Lincolnshire County Council are currently making arrangements to pass the 2019/20 funding which totals £6.149m to Districts as per the terms of the grant determination and a letter (Appendix F) was issued to all Districts on 16th May informing them of the process.

A recent teleconference of regional BCF leads chaired by the regional Better Care Support Team provided a number of updates in relation to the BCF in 2019/20:-

- The national ambition for managing Delayed Transfers of Care (DToC) will continue, ie., to reduce DToCs to less than 4,000 daily delays. Local expectations will continue to be set through the BCF and this will be confirmed in the Planning Requirements due to be published early in the summer.

- There is an expectation that the CCG minimum contribution to the BCF will increase to £3.84 billion nationally in 2019-20, in line with average NHS revenue growth. As such revised allocations at a CCG and H&WB level will be made available shortly, however the approach to allocating the increase is being finalised, and it is not expected to result in a uniform increase across the country.

- The BCF planning requirements for 2019-20 will be collected via a single template with reduced, targeted, input rather than a separate narrative plan as was required for the 2017-19 plans.

- 2019/20 Winter Pressures funding will be included as part of the overall iBCF and as such winter plans will need to be reflected within the overall submission

- The assurance process will be similar to before, that is regional panels but there will be no "Approved with Conditions" category there is a need to ensure all plans get through first time where possible.

- The estimated timescale for completion of the planning process are estimated to be 6 to 7 weeks following the publication of planning requirements and submission, therefore a deadline around late July or early August 2019.

3. Finance

The final 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

The final outturn for the period to 31 March 2019 against the BCF was £236.151m, representing an overspend of £4.029m (1.74%) against the total allocation of £232.123m.

Spending against the first four principle funding areas of the BCF were balanced against respective allocations (£46.621m).

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 £2.680m against a budget of £70.329m. This has been reported to the LD Joint Delivery Board and includes the application of additional CHC funding via the iBCF totalling £0.700m The level of CCG overspend again Continuing Healthcare budgets was £2.156m and Lincolnshire County Council overspend totalled £0.525m

- Integrated Community Equipment Services (ICES) S75 Agreement also produced an overspend of £0.746m against a budget of £5.800m. This has been reported to the ICES Strategic Partnership Board. The level of CCG overspend against their share of the service was £0.096m and Lincolnshire County Council overspend totalled £0.650m

- Mental Health S75 agreement between LCC and LPFT overspent by £0.601m in 2018/19

In each case the final overspend has been dealt with via existing risk arrangements detailed in each of the relevant S75 agreements. The final risk payments incurred by Lincolnshire County Council totalled £1.777m and the four CCG's overspend totalled £2.251m. An analysis of potential risk payments for each CCG is shown below.

East	£755,189
West	£668,833
South	£456,716
South West	£370.786
Total	£2,251,524

4. Performance

An expanded BCF performance report for Quarter 4 2018/19 is shown as Appendix G.

The report shows continued excellent progress towards achieving the main outcomes of the Better Care Fund (BCF), with the majority of target being successfully achieved. In particular support put in place to keep people independent in the community and various activities designed to speed up and facilitate hospital discharges have contributed to the good performance.

There is strong evidence that hospital delays have been reduced over the last 12 months, with a 15% reduction in total delayed days compared to 2017/18. The impact of the BCF on the demand for hospital beds is less clear and the ambitious non-elective admissions target for 2018/19 was not achieved, however demand for hospital beds did not change significantly from the previous year, which shows that performance has been stabilised. Combined with improved discharges, this has helped to reduce the pressure on the acute sector.

Some highlights from the BCF performance report are listed below:

- ***Non-Elective Admissions –*** The total number of non-elective admissions in 2018/19 was 84,600, similar to the 2017/18 figure despite an increasing local population. The target is ambitious and the system would have needed to avoid almost 10,000 further non-elective admissions in the year to achieve it.

- ***Residential Admissions*** – There have been less than 1,000 permanent placements to care homes for older people (65+) during the year, representing a 3% reduction on the already low level of permanent placements in 2017/18, and successfully exceeding target by more than 150 placements.

- ***Delayed Days –*** There were a total of 23,000 delayed days in 2018/19 across the system, representing a 15% reduction on 2017/18. Since an amended delayed days per day target was introduced in October 2018, Lincolnshire has achieved the 58.7 days target in 4 of the last 6 months, including the most recent month of March where there were an average of 48.5 delayed days per day.

- ***Reablement*** – For a sample 3-month period over winter, the situation of older people discharged from hospital into a community rehab or reablement service is determined at 91 days to indicate the medium term impact of support. Almost 9 out of 10 people (88%) discharged into reablement are at home 91 days after being discharged from hospital, a further improvement on last year's figure of 81%.

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

    - An increase in the number of adults supported with a home care service, where needs have been met with slightly reduced hours.
    - Almost 1,500 patients discharged from hospital into social care services at the weekend as a result of 7-day working, saving unnecessary delays in hospital.
    - Over 10,000 carers supported by the Local Authority in the last 12 months, to recognise, support and sustain valuable caring roles in the community

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	Better Care Fund 2019-20 Policy Framework
Appendix B	iBCF Reporting Requirements 2019-20
Appendix C	iBCF 2019-20 S31 Grant Determination
Appendix D	ASC Winter Pressures S31 Grant Determination
Appendix E	Disabled Facilities Grant Capital (DFG) Grant Determination 2019-20
Appendix F	2019-20 DFG Letter to District Councils – May 2019
Appendix G	BCF Performance Report - Q4 2018.19

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

HM Government

2019-20 Better Care Fund: Policy Framework

Department of Health and Social Care and the Ministry of Housing, Communities and Local Government

Published 10 April 2019

Contents

1. Introduction

Person-centred Integrated Care

1.1 The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Progress on the Better Care Fund and Integration

1.2 Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives. The plans produced are owned by Health and Wellbeing Boards, representing a single, local plan for the integration of health and social care in all parts of the country.

1.3 In every year of its operation, most local areas have agreed that the BCF has improved joint working and had a positive impact on integration. In 2017-18, for example, 93% of local areas agreed that delivery of the BCF had improved joint working between health and social care in their locality, whilst 91% agreed that delivery of BCF plans had a positive impact on the integration of health and social care. Additionally, since its inception, local areas have voluntarily pooled at least £1.5 billion above the minimum required, in each year, with approximately £2.1 billion planned in voluntary pooled funding in 2018-19.

1.4 There are signs of real progress in joining up care and wider integration:

(a) The **New Care Model Vanguards** have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems. The Vanguards have seen a positive impact on emergency admissions, with community models demonstrating the benefits of a more proactive approach that helps

keep people independent for longer. Vanguards made progress in reducing the pressure on A&E. Emergency admissions in Vanguards on average grew by 0.9% in Multispecialty Community Providers and 2.6% in Primary and Acute Care Systems compared with 6.9% in the rest of the NHS. For Enhanced Health in Care Home Vanguards, emergency admissions from care residents flatlined compared with an increase of 9% for care homes that were not part of a Vanguard.

(b) The **Integration Accelerator Sites**, building on the work previously conducted through the Integrated Personalised Commissioning programme, continue to make encouraging progress in empowering people to manage their healthcare, and the better integration of services across health, social care and the voluntary and community sector. Integrated personal budgets are one way of delivering more integrated and personalised care. Covering both health and social care, they have been developed based on the lessons learned through personal budgets, personal health budgets, and direct payments. NHS England has now published Universal Personalised Care: Implementing the Comprehensive Model - co-produced with partners in social care - which sets out the road map to deliver the Long Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.

(c) We are committed to creating a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability. This will enable health and care professionals to have access to the information they need to provide care. We are encouraging local areas to ensure data is collected consistently and made available to support joined-up and safer patient care by investing in the development of Local Health and Care Record Exemplars. This will enable data to be accessed as patients move between different parts of the NHS and social care. The first five Exemplars cover 23.5 million people and will each receive up to a total of £7.5 million over two years.

(d) Both the NHS and social care have been working hard to **reduce delays and free up beds**. Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).

1.5 The Shifting the Centre of Gravity report on making person-centred, place-based integrated care a reality was published in October 2018, and produced by the Association of Directors of Adult Social Services, Association of Directors of Public Health NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association. The report noted that there are now many more

examples of joined-up working across the country than there were at the time of the previous report, Stepping up to the Place, in June 2016.

1.6 The NHS Long Term Plan outlines objectives for joined-up care across the system with commitments to increased investment in primary medical and community health services to support new service models including an urgent response standard for urgent community support; integrated multi-disciplinary teams; NHS support to people living in care homes; the NHS Personalised Care model; an integration index; reducing Delayed Transfers of Care; and supporting local approaches to blend health and social care budgets, amongst other initiatives.

1.7 The forthcoming Adult Social Care Green Paper will also build on the approach to joined-up, person-centred integrated care.

2. The Better Care Fund in 2019-20

What the BCF will look like in 2019-20

2.1 The BCF in 2019-20 will retain the same National Conditions as in 2017-19. Areas will be required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.

2.2 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.

2.3 Further information on how this will work in practice will be set out in the Planning Requirements.

Funding and conditions of access for 2019-20

2.4 This Policy Framework covers 2019-20.

2.5 The mandate to NHS England and the annual remit for NHS Improvement for 2019-20 will include an expectation of a minimum CCG contribution of £3.84 billion to establish the BCF in 2019-20. The amended NHS Act 2006 gives NHS England the powers to attach conditions to the amount that is part of Clinical Commissioning Group allocations. NHS England will look to include conditions that allow the recovery of funding, in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, where the National Conditions are not met. These powers do not apply to the amounts paid directly from Government to local authorities. The expectation remains that in any decisions around BCF Plans and funding, Ministers from both aforementioned departments will be consulted.

2.6 Allocations of improved Better Care Fund, Winter Pressures funding and Disabled Facilities Grant will be paid directly from Government to local authorities. Any future year's allocations will be decided through the 2019 Spending Review.

2.7 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. Funding previously earmarked for reablement (£300 million) and for the provision of carers' breaks (£130 million) also remains in the NHS contribution.

2.8 The local flexibility to pool more than the mandatory amount will remain.

2.9 Further details of the financial breakdown are set out in Table 1.

Table 1 – BCF funding contributions in 2019-20

BCF funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

Disabled Facilities Grant (DFG)

2.10 Funding for the DFG in 2019-20 will be £505 million. This will be paid to local government via a section 31 grant. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this Policy Framework and Planning Requirements that will follow.

2.11 In two-tier areas, decisions around the use of the DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. Full details will be set out in the DFG Grant Determination Letter.

Winter Pressures funding

2.12 This money will be paid to local government, via a Local Government Act 2003 section 31 grant. Government will attach a set of conditions, requiring the funding to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care. The Grant

Determination will be issued in April 2019. Reporting in relation to this funding will be managed through wider BCF reporting. Health and Wellbeing Boards will be required to confirm plans for the use of this funding in their BCF plans.

Improved Better Care Fund (iBCF) Funding

2.13 The iBCF grant will again be paid to local government, via a section 31 grant. The total allocation of the iBCF in 2019-20 will be £1.837 billion. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

2.14 The Government will attach a set of conditions to the section 31 grant to ensure it is pooled in the BCF at local level and spent on adult social care. The final conditions will be issued in April 2019. As part of our ambition to maintain continuity in 2019-20, the iBCF will not have any additional conditions of usage above what has previously been set out. The grant is to be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

National Conditions & Metrics for 2019-20

2.15 For 2019-20, there continue to be four National Conditions, in line with our vision for integrated care:

(i) Plans to be jointly agreed

(ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution

(iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care

(iv) **Managing Transfers of Care:** A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.

2.16 Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance (for example by agreeing ambitious expectations across the metrics

with plans setting out how the ambitions will be met) in the following four BCF 2019-20 metrics: **Delayed Transfers of Care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**

2.17 Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The BCF should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.

2.18 Across the country, areas have made strong progress in reducing Delayed Transfers of Care. From February 2017 to January 2019, there have been more than 2,280 fewer people delayed in an NHS bed per day. We believe that no-one should stay in a hospital bed longer than necessary as it removes people's dignity and can lead to poorer health and care outcomes. We want to continue to drive down Delayed Transfers of Care and for 2019-20 the national ambition will remain for no more than 4,000 delayed days per day (reported as 'DTOC beds').

The assurance and approval of local Better Care Fund plans for 2019-20

2.19 Plans will be developed locally in each Health and Wellbeing Board area by the relevant local authority and CCG(s). In order to reduce planning burdens we will collect narrative elements and confirmation of agreements through a set template, rather than freeform narrative. Areas should look to align with, and not duplicate, other strategic documents such as plans set out for local Strategic Transformation Partnerships/Integrated Care Systems. BCF plans will need to set out priorities for embedding implementation of the High Impact Change Model (National Condition four), and update their local visions and approaches to integration - see paragraph 3.1. Areas will need to submit full planning templates, confirming that the HWB has signed them off, in order for the National Conditions to be assured. Plans will be assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning Requirements. As in 2017-19, there will be one round of assurance, after which plans deemed compliant by assurers at regional level will be put forward for approval.

2.20 Final decisions on plan approval and permission to spend from the CCG ringfenced contribution will be made by NHS England (as the Accountable Body

for the BCF) having consulted the respective Secretaries of State for Health and Social Care, and Housing, Communities and Local Government.

2.21 The NHS Act 2006 allows NHS England to direct the use of the CCG elements of the fund where an area fails to meet one (or more) of the BCF conditions. This includes the requirement to develop an approved plan. If a local plan cannot be agreed or other National Conditions are not met, any proposal to direct use of the CCG elements of the Fund will be discussed and agreed with Ministers.

2.22 Local authorities are legally obliged to comply with section 31 grant conditions.

3. The Better Care Fund, Housing and Wider Integration Initiatives

3.1 The BCF offers a good opportunity to support the delivery of wider objectives and strategies around health and social care. In particular, every health and care system in England has agreed a Sustainability and Transformation Plan (STP) and formed a delivery partnership, providing the system-level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service. Local areas should ensure the financial planning and overall approach to integrated care within BCF plans and local STP plans are fully aligned.

3.2 The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, along with NHS England, the Local Government Association, and the Association of Directors of Adult Social Services are currently reviewing the BCF beyond 2020. We intend to provide an update on the future of the BCF shortly.

3.3 STPs and Integrated Care Systems (ICSs) will be required to agree new plans during the first half of 2019-20. We expect every STP and ICS plan to cover their work on Integrated Care; and for Health & Wellbeing Boards, and STP/ICS colleagues to engage proactively in producing this. Where these collaborative strategies exist, we will allow them to form the basis of integration narratives in planning for the BCF (or alternative programme, depending on the review of the BCF) for the following years. Graduation as previously set out has not been possible to date. As part of our review, Government will consider the use of graduation.

3.4 The Long Term Plan also sets out proposals on integration including investing in models of care that strengthen links between primary care networks and local care homes, such as the roll-out of Enhanced Health in Care Homes. The Government will encourage and support the NHS to use this as an opportunity to involve local government in the implementation of the Long Term Plan.

3.5 Building on previous work, a refreshed memorandum of understanding (MoU) 'Improving health and care through the home' was published by Public Health England in March 2018. This MoU, signed by over 25 stakeholders, emphasises the importance of housing in supporting people's health and sets out a shared commitment to joint action across Government and health, social care, and housing sectors in England.

3.6 There is an increasing range of material available to support local systems with the practical development of joint integration strategies and integrated services. The NHS England Integrating Better project recently produced a practical guide based on learning from 16 areas, which is available to health and care practitioners as part of the STP/ICS library of good practice (access requires a login). The Local Government Association also provide a range of support, tools and case studies, such as through a recently published evidence review and case studies of integrated care or the support provided through its Care and Health Improvement Programme.

3.7 Although the Disabled Facilities Grant (DFG) has been part of the BCF since 2015, it was last reviewed in 2008. Following calls from the sector and local authorities to ensure that it continues to provide help and meet users' needs as effectively as possible, the Government commissioned an independent review in February 2018. This was conducted by the University of the West of England in conjunction with several other partners, and both the main report and executive summary were published in December 2018. There are 45 recommendations and Government is carefully considering the detailed findings and will issue a response in due course.

Published to GOV.UK in pdf format only.

Community and Social Care Group/Care and Transformation Directorate/Commissioning, Integration and Transformation Unit

www.gov.uk/dhsc

improved Better Care Fund 2019-20
Quarterly reporting from local authorities to MHCLG

As with previous years reporting, we want to understand how you are using the ***additional*** improved Better Care Fund (announced at Spring Budget 2017) to deliver the purposes of the grant, in meeting adult social care needs generally, reducing pressures on the NHS (including DTOC) and stabilising the care provider market.

2019-20 is year three of three and continues our development of aligning reporting with wider BCF reporting, and reducing the burden on local areas. To that end, in this final year we have stripped back requirements to the minimum we think enables us to understand how the money has been spent across the purposes of the grant and the impact it has had.

Quarter 1 (April – June 2019)

No reporting required.

Quarter 2 (July – Sept 2019)

A. Provide details of the average amounts that you paid to external providers for care (both home care and domiciliary care) in 2018-19, and on the same basis, the average amount that you expect to pay in 2019-20.

Quarter 3 (Oct – Dec 2019)

No reporting required.

Quarter 4 (Jan – Mar 2020) and looking back across the whole year

B. What proportion of your additional iBCF funding for 2019-20 did you allocate towards each of the three purposes of the funding?

C. Assessment of the impact the additional funding for 19-20 has had on:
    - Number of home care packages – provide figures
    - Hours of home care provided – provide figures
    - Number of care home placements – provide figures

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THE IMPROVED BETTER CARE FUND (REVENUE) GRANT DETERMINATION (2019-20): No 31/3699

The Parliamentary Under Secretary of State (Minister for Local Government) ("the Minister"), in exercise of the powers conferred by section 31 of the Local Government Act 2003, makes the following determination:

Citation

1. This determination may be cited as the **IMPROVED BETTER CARE FUND (REVENUE) GRANT DETERMINATION (2019-20) No 31/3699**.

Purpose of the grant

2. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred by them.

Determination

3. The Minister determines as the authorities to which grant is to be paid the authorities set out in Annex A. The Minister determines as the amount of grant to be paid the amounts set out for each authority in the column headed Total Improved Better Care Fund 2019-20 in the tables in Annex A.

4. The grant will be paid in monthly instalments.

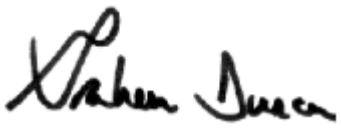
Grant conditions

5. Pursuant to section 31(4) of the Local Government Act 2003, the Minister determines that the grant will be paid subject to the conditions in Annex B.

Treasury consent

6. Before making this determination in relation to local authorities in England, the Minister obtained the consent of the Treasury.

Signed by authority of the Parliamentary Under Secretary of State for Housing, Communities and Local Government



Deputy Director,
Ministry of Housing, Communities and Local Government

April 2019

Annex A – Improved Better Care Fund grant allocations to local authorities 2019-20

TABLES

Local authority*	**Improved Better Care Fund 2019-20**	**Additional Improved Better Care Fund 2019-20**	***Total Improved Better Care Fund 2019-20***
Barking & Dagenham	£8,186,362	£1,292,759	*£9,479,121*
Barnet	£5,851,881	£2,039,280	*£7,891,161*
Barnsley	£10,064,787	£1,751,914	*£11,816,701*
Bath & North East Somerset	£3,000,932	£1,028,179	*£4,029,111*
Bedford	£1,810,276	£873,628	*£2,683,904*
Bexley	£4,184,699	£1,308,547	*£5,493,246*
Birmingham	£52,388,719	£7,932,295	*£60,321,014*
Blackburn with Darwen	£6,257,725	£1,081,454	*£7,339,179*
Blackpool	£8,371,989	£1,279,870	*£9,651,859*
Bolton	£11,081,479	£1,966,210	*£13,047,689*
Bournemouth, Christchurch and Poole	£8,830,766	£2,464,995	*£11,295,761*
Bracknell Forest	£609,665	£508,552	*£1,118,217*
Bradford	£17,155,801	£3,247,611	*£20,403,412*
Brent	£9,711,064	£1,898,224	*£11,609,288*
Brighton & Hove	£6,219,573	£1,732,769	*£7,952,342*
Bristol	£11,624,550	£2,862,518	*£14,487,068*
Bromley	£4,635,876	£1,676,908	*£6,312,784*
Buckinghamshire	£875,120	£2,346,242	*£3,221,362*
Bury	£5,433,794	£1,153,651	*£6,587,445*
Calderdale	£5,967,537	£1,300,199	*£7,267,736*
Cambridgeshire	£9,127,379	£3,273,842	*£12,401,221*
Camden	£9,392,354	£1,817,408	*£11,209,762*
Central Bedfordshire	£618,630	£1,215,908	*£1,834,538*
Cheshire East	£4,956,869	£2,042,422	*£6,999,291*
Cheshire West & Chester	£6,970,961	£2,068,556	*£9,039,517*
City of London	£196,617	£68,736	*£265,353*
Cornwall	£16,903,436	£3,943,423	*£20,846,859*
Coventry	£11,579,316	£2,192,761	*£13,772,077*
Croydon	£6,308,238	£1,975,177	*£8,283,415*
Cumbria	£17,167,430	£3,542,288	*£20,709,718*
Darlington	£3,147,338	£707,667	*£3,855,005*
Derby	£8,918,051	£1,624,238	*£10,542,289*
Derbyshire	£25,928,389	£5,126,339	*£31,054,728*
Devon	£19,650,187	£5,044,754	*£24,694,941*
Doncaster	£12,185,089	£2,135,843	*£14,320,932*
Dorset	£7,966,854	£2,408,891	£10,375,745

Local authority*	**Improved Better Care Fund 2019-20**	**Additional Improved Better Care Fund 2019-20**	***Total Improved Better Care Fund 2019-20***
Dudley	£12,368,484	£2,208,698	*£14,577,182*
Durham	£23,143,915	£3,992,988	*£27,136,903*
Ealing	£8,887,531	£2,001,623	*£10,889,154*
East Riding of Yorkshire	£7,793,619	£2,039,913	*£9,833,532*
East Sussex	£14,901,593	£3,649,105	*£18,550,698*
Enfield	£8,248,771	£1,833,840	*£10,082,611*
Essex	£30,748,124	£8,349,329	*£39,097,453*
Gateshead	£8,316,618	£1,601,938	*£9,918,556*
Gloucestershire	£13,337,177	£3,568,769	*£16,905,946*
Greenwich	£11,766,828	£1,883,246	*£13,650,074*
Hackney	£12,753,065	£1,989,501	*£14,742,566*
Halton**	-	-	-
Hammersmith & Fulham	£7,514,757	£1,299,268	*£8,814,025*
Hampshire	£18,907,454	£6,697,875	*£25,605,329*
Haringey	£6,749,240	£1,620,634	*£8,369,874*
Harrow	£4,131,169	£1,366,633	*£5,497,802*
Hartlepool	£3,990,762	£708,800	*£4,699,562*
Havering	£4,201,582	£1,417,039	*£5,618,621*
Herefordshire	£4,460,881	£1,241,926	*£5,702,807*
Hertfordshire	£12,908,802	£5,819,306	*£18,728,108*
Hillingdon	£4,739,631	£1,467,509	*£6,207,140*
Hounslow	£5,524,544	£1,410,027	*£6,934,571*
Isle of Wight	£4,150,739	£1,081,256	*£5,231,995*
Isles of Scilly	£48,591	£17,841	*£66,432*
Islington	£10,970,240	£1,819,835	*£12,790,075*
Kensington & Chelsea	£5,346,041	£1,223,816	*£6,569,857*
Kent	£33,682,563	£8,697,178	*£42,379,741*
Kingston upon Hull	£13,882,184	£2,058,371	*£15,940,555*
Kingston upon Thames	£407,800	£804,796	*£1,212,596*
Kirklees	£12,810,073	£2,627,812	*£15,437,885*
Knowsley**	-	-	-
Lambeth	£10,865,426	£2,132,609	*£12,998,035*
Lancashire	£40,013,825	£7,799,412	*£47,813,237*
Leeds	£22,722,051	£4,677,589	*£27,399,640*
Leicester	£13,239,580	£2,226,941	*£15,466,521*
Leicestershire	£11,352,700	£3,403,556	*£14,756,256*
Lewisham	£11,199,290	£1,935,201	*£13,134,491*
Lincolnshire	£25,120,225	£4,761,288	*£29,881,513*
Liverpool**	-	-	-
Luton	£5,359,396	£1,113,437	*£6,472,833*
Manchester	£24,374,318	£3,775,406	*£28,149,724*

Local authority*	**Improved Better Care Fund 2019-20**	**Additional Improved Better Care Fund 2019-20**	***Total Improved Better Care Fund 2019-20***
Medway	£4,688,023	£1,406,772	*£6,094,795*
Merton	£3,060,748	£1,053,738	*£4,114,486*
Middlesbrough	£6,560,925	£1,072,792	*£7,633,717*
Milton Keynes	£3,806,965	£1,279,529	*£5,086,494*
Newcastle upon Tyne	£12,752,585	£2,123,952	*£14,876,537*
Newham	£13,139,623	£2,079,019	*£15,218,642*
Norfolk	£28,371,579	£5,903,436	*£34,275,015*
North East Lincolnshire	£5,939,467	£1,102,455	*£7,041,922*
North Lincolnshire	£5,188,990	£1,075,022	*£6,264,012*
North Somerset	£4,553,663	£1,302,858	*£5,856,521*
North Tyneside	£6,809,427	£1,456,382	*£8,265,809*
North Yorkshire	£10,979,238	£3,416,147	*£14,395,385*
Northamptonshire	£14,407,671	£3,832,846	*£18,240,517*
Northumberland	£8,460,139	£2,146,770	*£10,606,909*
Nottingham	£12,372,171	£2,192,439	*£14,564,610*
Nottinghamshire	£21,504,760	£4,979,399	*£26,484,159*
Oldham	£8,149,963	£1,586,363	*£9,736,326*
Oxfordshire	£4,876,858	£3,222,184	*£8,099,042*
Peterborough	£5,345,090	£1,121,186	*£6,466,276*
Plymouth	£9,453,525	£1,815,167	*£11,268,692*
Portsmouth	£6,214,546	£1,258,181	*£7,472,727*
Reading	£1,243,140	£800,830	*£2,043,970*
Redbridge	£7,093,059	£1,575,910	*£8,668,969*
Redcar & Cleveland	£4,986,432	£1,017,638	*£6,004,070*
Richmond upon Thames	£0	£92,793	*£92,793*
Rochdale	£9,240,332	£1,568,280	*£10,808,612*
Rotherham	£10,806,546	£1,902,941	*£12,709,487*
Rutland	£0	£76,671	*£76,671*
Salford	£10,491,654	£1,863,739	*£12,355,393*
Sandwell	£17,878,328	£2,618,260	*£20,496,588*
Sefton**	-	-	-
Sheffield	£21,896,440	£3,826,894	*£25,723,334*
Shropshire	£8,153,519	£1,967,260	*£10,120,779*
Slough	£2,629,700	£726,969	*£3,356,669*
Solihull	£4,159,978	£1,227,106	*£5,387,084*
Somerset	£16,659,819	£3,528,022	*£20,187,841*
South Gloucestershire	£2,246,264	£1,315,144	*£3,561,408*
South Tyneside	£7,965,945	£1,295,531	*£9,261,476*
Southampton	£7,713,111	£1,567,547	*£9,280,658*
Southend-on-Sea	£5,580,147	£1,164,088	*£6,744,235*
Southwark	£13,528,915	£2,223,018	*£15,751,933*

Local authority*	**Improved Better Care Fund 2019-20**	**Additional Improved Better Care Fund 2019-20**	***Total Improved Better Care Fund 2019-20***
St Helens**	-	-	-
Staffordshire	£23,202,688	£5,002,713	*£28,205,401*
Stockport	£6,333,072	£1,809,477	*£8,142,549*
Stockton-on-Tees	£4,922,855	£1,192,949	*£6,115,804*
Stoke-on-Trent	£11,727,652	£1,885,462	*£13,613,114*
Suffolk	£20,288,373	£4,604,909	*£24,893,282*
Sunderland	£14,346,491	£2,220,154	*£16,566,645*
Surrey	£1,471,549	£5,606,896	*£7,078,445*
Sutton	£2,172,642	£1,037,561	*£3,210,203*
Swindon	£3,383,460	£1,084,147	*£4,467,607*
Tameside	£9,428,473	£1,632,637	*£11,061,110*
Telford & Wrekin	£5,724,690	£1,094,548	*£6,819,238*
Thurrock	£3,828,152	£923,354	*£4,751,506*
Torbay	£6,577,207	£1,171,936	*£7,749,143*
Tower Hamlets	£12,777,414	£2,073,665	*£14,851,079*
Trafford	£5,701,878	£1,335,021	*£7,036,899*
Wakefield	£12,929,409	£2,331,922	*£15,261,331*
Walsall	£10,308,569	£2,023,652	*£12,332,221*
Waltham Forest	£6,581,880	£1,536,900	*£8,118,780*
Wandsworth	£13,348,881	£1,839,453	*£15,188,334*
Warrington	£4,043,044	£1,161,529	*£5,204,573*
Warwickshire	£9,305,226	£3,148,557	*£12,453,783*
West Berkshire	£0	£281,912	*£281,912*
West Sussex	£12,051,045	£4,652,177	*£16,703,222*
Westminster	£13,930,562	£1,876,343	*£15,806,905*
Wigan	£12,426,291	£2,251,719	*£14,678,010*
Wiltshire	£5,552,121	£2,565,815	*£8,117,936*
Windsor & Maidenhead	£1,132,630	£670,122	*£1,802,752*
Wirral**	-	-	-
Wokingham	£0	£56,390	*£56,390*
Wolverhampton	£11,003,681	£1,946,983	*£12,950,664*
Worcestershire	£12,716,559	£3,363,938	*£16,080,497*
York	£3,447,466	£1,031,686	*£4,479,152*
TOTAL*	**£1,423,792,567**	**£324,458,174**	**£1,748,250,741**

*** Funding paid to local authorities with responsibility for adult social care <u>only</u>**
**** The total iBCF allocation for Liverpool City Region councils (£88,749,256) has been devolved as a part of the Business Rates Retention pilots and will not need to be paid out**
Allocations may not sum to exact totals due to rounding

Restructures:
1) On 1 April 2019 Bournemouth, Christchurch and Poole Council was established, comprising the areas of Bournemouth Borough Council, Christchurch Borough Council & Poole Borough Council.
2) On 1 April 2019 Dorset Council was established, comprising the areas of East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth & Portland District Council.

Annex B – Grant Conditions

1. In this Annex:
    a. "a recipient authority" means a local authority listed in Annex A to this determination;
    b. "the Department" means the Ministry of Housing, Communities and Local Government;
    c. "the Minister" means the Parliamentary Under Secretary of State (Minister for Local Government).

Use of grant

2. Grant paid to a recipient authority under this determination may be used only for the purposes of;

    a. meeting adult social care needs,

    b. reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and

    c. ensuring that the social care provider market is supported.

3. A recipient authority must:

    a. pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;

    b. work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the 2019-20 Better Care Fund Policy Framework and Planning Requirements; and

    c. report on spend as required, through the Better Care Fund (BCF).

Financial Management

4. A recipient authority must maintain a sound system of internal financial controls.

5. If a recipient authority has any grounds for suspecting financial irregularity in the use of any grant paid under this funding agreement, it must notify the Department immediately, explain what steps are being taken to investigate the suspicion and keep the Department informed about the progress of the investigation. For these purposes "financial irregularity" includes fraud or other impropriety,

mismanagement, and the use of grant for purposes other than those for which it was provided.

Breach of Conditions and Recovery of Grant

6. If a recipient authority fails to comply with any of these conditions, the Minister may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Minister and notified in writing to the authority. Such sum as has been notified will immediately become repayable to the Minister who may set off the sum against any future amount due to the authority from the Government.

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WINTER PRESSURES (REVENUE) GRANT DETERMINATION (2019-20): No : 31/3696

The Parliamentary Under Secretary of State (Minister for Local Government) ("the Minister"), in exercise of the powers conferred by section 31 of the Local Government Act 2003, makes the following determination:

Citation

1. This determination may be cited as the **WINTER PRESSURES (REVENUE) GRANT DETERMINATION (2019-20) No 31/3696**.

Purpose of the grant

2. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred by them.

Determination

3. The Minister determines as the authorities to which grant is to be paid and the amount of grant to be paid, the authorities and the amounts set out in Annex A.

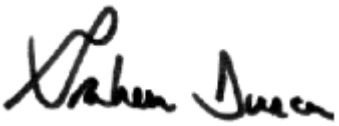
Grant conditions

4. Pursuant to section 31(4) of the Local Government Act 2003, the Minister determines that the grant will be paid subject to the conditions in Annex B.

Treasury consent

5. Before making this determination in relation to local authorities in England, the Minister obtained the consent of the Treasury.

Signed by authority of the Parliamentary Under Secretary of State for Housing, Communities and Local Government



Deputy Director,
Ministry of Housing, Communities and Local Government
April 2019

Annex A – Winter Pressures grant allocations to local authorities 2019-20

TABLES

Local authority*	Winter Pressures Grant 2019-20
Barking & Dagenham	£913,061
Barnet	£1,447,489
Barnsley	£1,238,401
Bath & North East Somerset	£729,753
Bedford	£620,812
Bexley	£928,375
Birmingham	£5,600,295
Blackburn with Darwen	£764,416
Blackpool	£903,685
Bolton	£1,390,102
Bournemouth, Christchurch and Poole	£1,747,878
Bracknell Forest	£361,836
Bradford	£2,297,209
Brent	£1,343,037
Brighton & Hove	£1,228,660
Bristol	£2,028,366
Bromley	£1,190,455
Buckinghamshire	£1,671,318
Bury	£816,711
Calderdale	£920,617
Cambridgeshire	£2,324,056
Camden	£1,285,762
Central Bedfordshire	£865,972
Cheshire East	£1,450,638
Cheshire West & Chester	£1,467,219
City of London	£48,791
Cornwall	£2,793,384
Coventry	£1,551,062
Croydon	£1,401,339
Cumbria	£2,507,222
Darlington	£501,172
Derby	£1,148,569
Derbyshire	£3,627,306
Devon	£3,575,532
Doncaster	£1,509,880
Dorset	£1,708,771
Dudley	£1,561,621
Durham	£2,822,376
Ealing	£1,417,568
East Riding of Yorkshire	£1,445,968
East Sussex	£2,585,651
Enfield	£1,298,636
Essex	£5,919,494
Gateshead	£1,133,285

Local authority*	Winter Pressures Grant 2019-20
Gloucestershire	£2,529,984
Greenwich	£1,330,277
Hackney	£1,405,003
Halton	£639,132
Hammersmith & Fulham	£918,381
Hampshire	£4,754,497
Haringey	£1,148,202
Harrow	£969,828
Hartlepool	£501,123
Havering	£1,005,683
Herefordshire	£880,614
Hertfordshire	£4,134,415
Hillingdon	£1,041,108
Hounslow	£999,342
Isle of Wight	£766,415
Isles of Scilly	£12,662
Islington	£1,285,889
Kensington & Chelsea	£866,806
Kent	£6,164,434
Kingston upon Hull	£1,452,943
Kingston upon Thames	£573,179
Kirklees	£1,859,881
Knowsley	£977,056
Lambeth	£1,508,916
Lancashire	£5,518,152
Leeds	£3,310,729
Leicester	£1,573,738
Leicestershire	£2,414,247
Lewisham	£1,367,882
Lincolnshire	£3,367,950
Liverpool	£2,957,108
Luton	£788,125
Manchester	£2,666,050
Medway	£997,871
Merton	£747,910
Middlesbrough	£757,937
Milton Keynes	£908,078
Newcastle upon Tyne	£1,500,831
Newham	£1,468,413
Norfolk	£4,178,678
North East Lincolnshire	£779,710
North Lincolnshire	£760,919
North Somerset	£923,945
North Tyneside	£1,031,077
North Yorkshire	£2,423,601
Northamptonshire	£2,717,108
Northumberland	£1,521,452

Local authority*	Winter Pressures Grant 2019-20
Nottingham	£1,550,028
Nottinghamshire	£3,527,070
Oldham	£1,122,354
Oxfordshire	£2,291,555
Peterborough	£793,661
Plymouth	£1,284,105
Portsmouth	£890,417
Reading	£569,502
Redbridge	£1,115,976
Redcar & Cleveland	£720,225
Richmond upon Thames	£660,842
Rochdale	£1,108,358
Rotherham	£1,345,287
Rutland	£135,720
Salford	£1,317,668
Sandwell	£1,847,928
Sefton	£1,524,885
Sheffield	£2,705,263
Shropshire	£1,393,823
Slough	£515,453
Solihull	£870,356
Somerset	£2,497,567
South Gloucestershire	£935,046
South Tyneside	£915,260
Southampton	£1,109,386
Southend-on-Sea	£824,000
Southwark	£1,570,648
St Helens	£962,856
Staffordshire	£3,541,964
Stockport	£1,283,215
Stockton-On-Tees	£845,239
Stoke-on-Trent	£1,331,896
Suffolk	£3,261,399
Sunderland	£1,567,778
Surrey	£3,994,637
Sutton	£737,282
Swindon	£769,255
Tameside	£1,154,036
Telford & Wrekin	£774,291
Thurrock	£654,204
Torbay	£828,580
Tower Hamlets	£1,464,965
Trafford	£945,705
Wakefield	£1,648,875
Walsall	£1,431,825
Waltham Forest	£1,088,692
Wandsworth	£1,297,456

Local authority*	Winter Pressures Grant 2019-20
Warrington	£823,737
Warwickshire	£2,234,584
West Berkshire	£500,898
West Sussex	£3,303,452
Westminster	£1,323,159
Wigan	£1,592,223
Wiltshire	£1,823,064
Windsor & Maidenhead	£476,457
Wirral	£1,800,370
Wokingham	£401,589
Wolverhampton	£1,376,477
Worcestershire	£2,384,625
York	£731,801
TOTAL	**£240,000,000**

*** Funding paid to local authorities with responsibility for adult social care only.**

Restructures:
1) On 1 April 2019 Bournemouth, Christchurch and Poole Council was established, comprising the areas of Bournemouth Borough Council, Christchurch Borough Council & Poole Borough Council.
2) On 1 April 2019 Dorset Council was established, comprising the areas of East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth & Portland District Council.

Annex B – Grant Conditions

1. In this Annex:
    a. "a recipient authority" means a local authority listed in Annex A to this determination;
    b. "the Department" means the Ministry of Housing, Communities and Local Government;
    c. "the Minister" means the Parliamentary Under Secretary of State (Minister for Local Government).

Use of grant

2. Grant paid to a recipient authority under this determination may be used only for the purposes of supporting the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise by delayed, with the appropriate social care support in place, and which help promote people's independence.

3. A recipient authority must:

    a. pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
    b. work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the 2019-20 Better Care Fund Policy Framework and Planning Requirements; and
    c. report on spend as required through the Better Care Fund (BCF).

Financial Management

4. A recipient authority must maintain a sound system of internal financial controls.

5. If a recipient authority has any grounds for suspecting financial irregularity in the use of any grant paid under this funding agreement, it must notify the Department immediately, explain what steps are being taken to investigate the suspicion and keep the Department informed about the progress of the investigation. For these purposes "financial irregularity" includes fraud or other impropriety, mismanagement, and the use of grant for purposes other than those for which it was provided.

Breach of Conditions and Recovery of Grant

6. If a recipient authority fails to comply with any of these conditions, the Minister may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Minister and notified in writing to the authority. Such sum as has been notified will immediately become repayable to the Minister who may set off the sum against any future amount due to the authority from the Government.

Ministry of Housing, Communities & Local Government

INTEGRATION AND BETTER CARE FUND: THE DISABLED FACILITIES CAPITAL GRANT (DFG) DETERMINATION 2019-20 [31/3710]

The Parliamentary Under Secretary of State (Minister for Local Government) ("the Minister") in exercise of the powers conferred by section 31 of the Local Government Act 2003 hereby makes the following determination:

Citation

1. This Determination may be cited as the Disabled Facilities Capital Grant Determination (2019-20) **[31/3710].**

Purpose of the grant

2. The purpose of this grant is to provide support to Tier 1 and Tier 2 authorities in England towards capital expenditure lawfully incurred or to be incurred by them.

Determination

3. The Minister determines as the Tier 1 and Tier 2 authorities to which grant is to be paid and the amount of grant to be paid, the authorities and the amounts set out in Annex B.

Grant conditions

4. Pursuant to section 31(4) of the Local Government Act 2003, the Minister of State determines that the grant will be paid subject to the conditions set out in Annex A to this determination.

Treasury consent

5. Before making this determination in relation to local authorities in England, the Minister obtained the consent of the Treasury.

Ministry of Housing,
Communities &
Local Government

Signed by authority of the **Parliamentary Under Secretary of State (Minister for Local Government).**

Cathy Page
Deputy Director
Housing Support Division

May 2019

Ministry of Housing, Communities & Local Government

GRANT CONDITIONS

1. Grant paid to a local authority under this determination may be used only for the purposes of meeting capital expenditure and as provided for in paragraphs 2 and 3 below.

2. Grant paid under this determination is required to be spent in accordance with a Better Care Fund (BCF) spending plan jointly agreed between the local authority and the relevant Clinical Commissioning Groups. This plan must be developed in keeping with the Integration and BCF Policy Framework 2017-19, and Planning Guidance, National Condition 1('Plans to be Jointly Agreed')[1] of which provides specific guidance on the DFG.

3. In accordance with National Condition 1, the amounts named housing authorities must be paid in full, unless otherwise agreed in two-tier areas, are contained in Annex B. In two-tier authority areas, where amounts are paid to Tier 1 authorities, the amounts specified in Annex B must be passed in full to the named Tier 2 authorities **no later than 28th June 2019**, except where with the express agreement of Lower-Tier authorities that any money is to be used for other social care capital projects.

4. Any money paid under this grant determination must only be used for the specific purpose of providing adaptations for disabled people who qualify under the scheme[2] (or any other social care capital projects where otherwise agreed as above).

5. The Chief Executive or Chief Internal Auditor of each of the recipient payment authorities (London Boroughs, Unitary Authorities and Upper Tier Authorities) are required to sign and return to Disabled.facilitiesgrants@communities.gov.uk at the Housing Support Division of the Ministry of Housing, Communities and Local Government a declaration, **to be received no later than 31st October 2020**, in the following terms:

   "To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the **Disabled Facilities Capital Grant Determination (2019-20) No [31/3170]** have been complied with".

[1] https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf [2] Disabled facilities grants made under the Housing Grants, Construction and Regeneration Act 1996.

6. If an authority fails to comply with any of the conditions and requirements of paragraphs 1, 2, 3 and 4 the Minister of State may-

a) reduce, suspend or withhold grant; or

b) by notification in writing to the authority, require the repayment of the whole or any part of the grant.

7. Any sum notified by the Minister of State under paragraph 6(b) shall immediately become repayable to the Minister.

Ministry of Housing, Communities & Local Government

DISABLED FACILITIES GRANT ALLOCATIONS 2019-20

Tier 1 Authorities	2019/20 Allocations
Buckinghamshire	**£3,583,439**
Aylesbury Vale	£968,429
Chiltern	£702,768
South Bucks	£634,507
Wycombe	£1,277,735
Cambridgeshire	**£4,467,928**
Cambridge	£746,881
East Cambridgeshire	£608,184
Fenland	£1,070,614
Huntingdonshire	£1,315,029
South Cambridgeshire	£727,221
Cumbria	**£6,284,315**
Allerdale	£1,214,265
Barrow-in-Furness	£1,242,491
Carlisle	£1,899,764
Copeland	£714,771
Eden	£477,740
South Lakeland	£735,284
Derbyshire	**£6,960,719**
Amber Valley	£1,281,883
Bolsover	£999,472
Chesterfield	£1,208,957
Derbyshire Dales	£530,326
Erewash	£936,182
High Peak	£489,109
North East Derbyshire	£722,417
South Derbyshire	£792,375
Devon	**£7,266,863**
East Devon	£1,349,522
Exeter	£858,523
Mid Devon	£720,795
North Devon	£979,268
South Hams	£775,187
Teignbridge	£1,328,793

Torridge	£746,953
West Devon	£507,822
Dorset	**£4,235,709**
Christchurch	£576,044
East Dorset	£826,145
North Dorset	£471,750
Purbeck	£433,965
West Dorset	£992,920
Weymouth and Portland	£934,884
East Sussex	**£7,159,553**
Eastbourne	£1,546,926
Hastings	£1,812,584
Lewes	£1,080,405
Rother	£1,625,876
Wealden	£1,093,762
Essex	**£10,474,954**
Basildon	£1,267,929
Braintree	£931,069
Brentwood	£370,282
Castle Point	£732,741
Chelmsford	£970,881
Colchester	£1,279,778
Epping Forest	£855,956
Harlow	£798,153
Maldon	£539,488
Rochford	£475,968
Tendring	£2,045,092
Uttlesford	£207,619
Gloucestershire	**£6,030,346**
Cheltenham	£902,940
Cotswold	£1,170,291
Forest of Dean	£879,755
Gloucester	£1,125,384
Stroud	£727,679
Tewkesbury	£1,224,297
Hampshire	**£12,561,045**
Basingstoke and Deane	£1,377,158
East Hampshire	£1,489,813

Eastleigh	£1,163,139
Fareham	£757,036
Gosport	£795,489
Hart	£738,645
Havant	£1,756,631
New Forest	£1,125,419
Rushmoor	£1,060,510
Test Valley	£1,212,262
Winchester	£1,084,944
Hertfordshire	**£7,283,182**
Broxbourne	£743,767
Dacorum	£870,316
East Hertfordshire	£680,871
Hertsmere	£691,310
North Hertfordshire	£840,076
St Albans	£683,034
Stevenage	£746,540
Three Rivers	£586,315
Watford	£675,859
Welwyn Hatfield	£765,094
Kent	**£16,882,585**
Ashford	£909,625
Canterbury	£1,188,396
Dartford	£602,440
Dover	£1,298,504
Gravesham	£1,037,911
Maidstone	£1,328,182
Sevenoaks	£1,148,482
Shepway	£1,326,767
Swale	£2,570,919
Thanet	£3,015,899
Tonbridge and Malling	£1,184,711
Tunbridge Wells	£1,270,749
Lancashire	**£14,731,268**
Burnley	£2,399,450
Chorley	£774,675
Fylde	£1,090,401
Hyndburn	£965,897
Lancaster	£1,889,809
Pendle	£973,703

Preston	£1,481,033
Ribble Valley	£346,368
Rossendale	£1,022,385
South Ribble	£682,271
West Lancashire	£1,272,147
Wyre	£1,833,127
Leicestershire	**£3,919,459**
Blaby	£585,028
Charnwood	£992,908
Harborough	£451,561
Hinckley and Bosworth	£510,231
Melton	£303,802
North West Leicestershire	£670,314
Oadby and Wigston	£405,615
Lincolnshire	**£6,148,560**
Boston	£557,628
East Lindsey	£1,797,485
Lincoln	£750,881
North Kesteven	£802,480
South Holland	£680,721
South Kesteven	£859,556
West Lindsey	£699,809
Norfolk	**£8,070,995**
Breckland	£1,171,850
Broadland	£893,405
Great Yarmouth	£1,188,068
King's Lynn and West Norfolk	£1,571,235
North Norfolk	£1,193,858
Norwich	£1,140,032
South Norfolk	£912,547
Northamptonshire	**£4,513,005**
Corby	£518,331
Daventry	£428,429
East Northamptonshire	£508,259
Kettering	£647,698
Northampton	£1,407,050
South Northamptonshire	£419,781
Wellingborough	£583,457

North Yorkshire	**£4,507,917**
Craven	£556,818
Hambleton	£477,134
Harrogate	£727,721
Richmondshire	£272,249
Ryedale	£583,807
Scarborough	£1,446,593
Selby	£443,595
Nottinghamshire	**£6,950,696**
Ashfield	£922,788
Bassetlaw	£1,167,487
Broxtowe	£867,198
Gedling	£1,048,082
Mansfield	£1,256,409
Newark and Sherwood	£1,021,695
Rushcliffe	£667,037
Oxfordshire	**£5,868,351**
Cherwell	£1,092,792
Oxford	£1,252,746
South Oxfordshire	£1,366,451
Vale of White Horse	£1,444,470
West Oxfordshire	£711,891
Somerset	**£4,365,069**
Mendip	£889,785
Sedgemoor	£962,833
South Somerset	£1,238,632
Taunton Deane	£833,162
West Somerset	£440,657
Staffordshire	**£8,817,994**
Cannock Chase	£926,471
East Staffordshire	£1,022,684
Lichfield	£977,562
Newcastle-under-Lyme	£1,511,575
South Staffordshire	£992,957
Stafford	£1,341,408
Staffordshire Moorlands	£1,563,346
Tamworth	£481,989
Suffolk	**£6,170,607**

Babergh	£670,029
Forest Heath	£467,378
Ipswich	£1,205,089
Mid Suffolk	£615,135
St Edmundsbury	£814,544
Suffolk Coastal	£990,442
Waveney	£1,407,990
Surrey	**£8,950,616**
Elmbridge	£861,053
Epsom and Ewell	£692,090
Guildford	£710,262
Mole Valley	£781,577
Reigate and Banstead	£1,133,996
Runnymede	£770,460
Spelthorne	£831,303
Surrey Heath	£779,111
Tandridge	£460,387
Waverley	£751,424
Woking	£1,178,953
Warwickshire	**£4,516,609**
North Warwickshire	£700,267
Nuneaton and Bedworth	£1,456,056
Rugby	£632,119
Stratford-on-Avon	£847,346
Warwick	£880,821
West Sussex	**£8,297,661**
Adur	£652,378
Arun	£1,673,053
Chichester	£1,516,963
Crawley	£927,566
Horsham	£1,237,206
Mid Sussex	£1,025,094
Worthing	£1,265,402
Worcestershire	**£5,432,123**
Bromsgrove	£913,295
Malvern Hills	£601,836
Redditch	£839,355
Worcester	£687,629
Wychavon	£1,103,362

Wyre Forest	£1,286,646
Tier 1 Authorities Total:	**£194,451,569**

Unitary Authorities and London Boroughs	2019/20 Allocations
Barking And Dagenham	£1,636,536
Barnet	£2,542,210
Barnsley	£2,976,280
Bath And North East Somerset	£1,270,789
Bedford	£1,243,320
Bexley	£2,613,112
Birmingham	£11,407,088
Blackburn With Darwen	£1,876,999
Blackpool	£2,304,619
Bolton	£3,153,289
Bournemouth	£1,475,312
Bracknell Forest	£853,469
Bradford	£4,527,491
Brent	£4,685,921
Brighton And Hove	£2,038,449
Bristol, City Of	£3,109,627
Bromley	£2,152,696
Bury	£1,830,172
Calderdale	£2,673,074
Camden	£922,516
Central Bedfordshire	£1,698,077
Cheshire East	£2,064,279
Cheshire West And Chester	£3,250,597
City Of London	£32,689
Cornwall	£6,652,704
County Durham	£6,158,831
Coventry	£3,685,430
Croydon	£2,637,527
Darlington	£937,154
Derby	£2,047,589
Doncaster	£2,451,971
Dudley	£5,679,451
Ealing	£3,282,472
East Riding Of Yorkshire	£2,719,960
Enfield	£3,292,570
Gateshead	£1,860,611

Greenwich	£2,517,810
Hackney	£1,525,299
Halton	£1,757,984
Hammersmith And Fulham	£1,318,109
Haringey	£2,360,942
Harrow	£1,517,250
Hartlepool	£1,076,870
Havering	£1,812,714
Herefordshire, County Of	£1,999,424
Hillingdon	£4,504,510
Hounslow	£2,643,609
Isle Of Wight	£2,002,408
Isles Of Scilly	£25,862
Islington	£1,709,575
Kensington And Chelsea	£845,918
Kingston Upon Hull, City Of	£2,533,171
Kingston Upon Thames	£1,339,715
Kirklees	£3,193,921
Knowsley	£2,420,693
Lambeth	£1,479,227
Leeds	£7,302,720
Leicester	£2,391,923
Lewisham	£1,338,708
Liverpool	£7,503,889
Luton	£1,417,554
Manchester	£7,476,077
Medway	£2,177,470
Merton	£1,279,883
Middlesbrough	£1,998,957
Milton Keynes	£1,117,331
Newcastle Upon Tyne	£2,399,392
Newham	£2,510,077
North East Lincolnshire	£2,838,604
North Lincolnshire	£2,280,050
North Somerset	£2,081,237
North Tyneside	£1,647,220
Northumberland	£2,933,884
Nottingham	£2,439,908
Oldham	£2,065,201
Peterborough	£1,970,984
Plymouth	£2,479,859
Poole	£1,049,425
Portsmouth	£1,815,258

Reading	£1,055,248
Redbridge	£2,140,914
Redcar And Cleveland	£1,577,780
Richmond Upon Thames	£1,697,204
Rochdale	£2,632,865
Rotherham	£2,700,150
Rutland	£238,183
Salford	£3,084,633
Sandwell	£4,167,539
Sefton	£4,250,963
Sheffield	£4,502,097
Shropshire	£3,209,291
Slough	£1,005,311
Solihull	£2,189,967
South Gloucestershire	£2,061,494
South Tyneside	£1,690,787
Southampton	£2,215,050
Southend-On-Sea	£1,516,820
Southwark	£1,486,043
St. Helens	£2,774,199
Stockport	£2,543,381
Stockton-On-Tees	£1,590,490
Stoke-On-Trent	£3,034,932
Sunderland	£3,574,130
Sutton	£1,593,249
Swindon	£1,151,362
Tameside	£2,511,180
Telford And Wrekin	£2,033,004
Thurrock	£1,162,050
Torbay	£1,876,070
Tower Hamlets	£2,045,288
Trafford	£2,176,858
Wakefield	£3,825,582
Walsall	£3,704,013
Waltham Forest	£2,081,964
Wandsworth	£1,551,147
Warrington	£1,958,612
West Berkshire	£1,820,120
Westminster	£1,523,990
Wigan	£4,013,889
Wiltshire	£3,273,126
Windsor And Maidenhead	£909,645
Wirral	£4,163,057

Wokingham	£948,004
Wolverhampton	£3,147,482
York	£1,293,767
Unitary Authorities & London Boroughs Total:	**£310,548,432**
Overall Total for DFG in 2019/20:	**£505,000,000**

TO: Please see Distribution List

Sent via mail

16th May 2019

Adult Care & Community Wellbeing
Lincolnshire County Council
County Offices
Newland
Lincoln
LN1 1YL
Tel: 01522 550808
E-mail: glen.garrod@lincolnshire.gov.uk

Dear Colleague

BETTER CARE FUND: DISABLED FACILITIES GRANT IN 2019 – 2020

Further to the recent Grant Determination letter sent out to all chief executives in Lincolnshire, I am formally writing on behalf of the four Clinical Commissioning Groups and the County Council (as formal signatories to the Better Care Fund) to confirm the allocation for each district and agree arrangements for transfer of the DFG funding by the 28th June 2019 as described in the guidance.

Disabled Facilities Grant (DFG)

A total of £6,148,560 is available to be allocated as shown below along with the 2019/20 allocations for information:

District Council	2018/19 Allocation	2019/20 Allocation
Boston	£516,772	£557,628
East Lindsey	£1,665,788	£1,797,485
Lincoln	£695,866	£750,881
North Kesteven	£743,684	£802,480
South Holland	£630,846	£680,721
South Kesteven	£796,579	£859,556
West Lindsey	£648,536	£699,809
Total DFG	**£5,698,071**	**£6,148,560**

The regulations make clear that:

- Grant paid under this determination is required to be spent in accordance with a Better Care Fund (BCF) spending plan jointly agreed between the local authority and the relevant Clinical Commissioning Groups. This plan must be developed in keeping with the BCF Policy Framework 2017-19 and Planning Guidance, National Condition 1 ('Plans to be Jointly Agreed') of which provides specific guidance on the DFG.

Contd…

- Any money paid under this grant must only be used for the specific purpose of providing adaptations for disabled people who qualify under the scheme (DFGs made under the Housing Grants, Construction and Regeneration Act 1996).

- The grant must be paid in full to the DCs no later than 28th June 2019 unless there has been agreement to hold some back for other purposes.

We can confirm that funding was received by the Council on 15th May 2019 and we are keen to pass funding to the districts as soon as possible. Purchase orders will be raised for each District for the value of their respective grant and we ask that you raise an invoice for the full amount, quoting the relevant purchase order. Payment will then be made upon receipt of each invoice, as per Lincolnshire County Council's current payment terms with each district.

Invoices should be made out to:

Lincolnshire County Council
Serco Lincs Invoices
PO Box 7811
Corby
NN17 9HF

Alternatively invoices can be sent electronically to invoices@lincolnshire.gov.uk

If you have any queries with regards to the payment process please contact Steven Houchin, Head of Finance for Adult Care and Community Wellbeing on 01522 554293 or via email at steven.houchin@lincolnshire.gov.uk

Yours sincerely

Glen Garrod

Glen Garrod

Executive Director of Adult Care and Community Wellbeing
(On behalf of the four Clinical Commissioning Groups, the County Council and the Health and Wellbeing Board)

Distribution List

Phil Drury – Chief Executive, Boston Borough Council
Robert Barlow – Chief Executive, East Lindsey District Council
Angela Andrews – Chief Executive, Lincoln City Council
Ian Fytche – Chief Executive, North Kesteven District Council
Anna Graves – Chief Executive, South Holland District Council
Aidan Rave – Chief Executive, South Kesteven District Council
Mark Sturgess – Head of Paid Service, West Lindsey District Council
Debbie Barnes–Head of Paid Service & Executive Director, Lincolnshire County Council
Carolyn Nice – Assistant Director, Lincolnshire County Council
Justin Hackney – Assistant Director, Lincolnshire County Council
Derek Ward – Director of Public Health, Lincolnshire County Council
John Turner – Chief Officer, South Lincolnshire and South West Lincolnshire CCGs
Councillor P Bradwell - Executive Councillor: Adult Care, Health and Children's Services
Councillor S Woolley – Chair Lincolnshire Health & Wellbeing Board
Councillor W Bowkett – Chair Housing Health and Care Delivery Group

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Better Care Fund - 2018/19

Performance Report

Quarter 4

Produced May 2019

Performance Alerts for main Health & wellbeing Board measures only

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 Health & Wellbeing Board measures

Achieved	3
Not achieved	1
Improving but not achieved	0
Not reported in period	0
	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.

Polarity	Indicator Description	Responsibility	Previous Years		Current Year 2018/19 Q4			
			2016/17	2017/18	Actual	Target	Trend (vs. 2017.18)	Alert
Health and Wellbeing Better Care Fund Measures								
Smaller is Better	1. Total non-elective admissions into hospital : General and Acute IN QUARTER	Carol Cottingham (NHS)	20,299 (Q4)	20,750 (Q4)	21,789	18,588	⇧	Not achieved
Smaller is Better	2. Permanent admissions to residential and nursing care homes in the year - aged 65+ **ASCOF 2A part 2**	Carolyn Nice (LCC)	1,031	1,020	994	1,150	⇩	Achieved
Bigger is Better	3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation **ASCOF 2B part 1** 3-MONTH SAMPLE	NHS / Tracy Perrett (LCC)	75%	81%	88%	80%	⇧	Achieved
Smaller is Better	4 (i) . Delayed transfers of care: **Total** delayed days from hospital, aged 18+ IN QUARTER	NHS / LCC	8,341 (Q4)	6,198 (Q4)	4,848	5,282	⇩	Achieved
Smaller is Better	4 (ii). NEW Oct-18* Delayed transfers of care: Average delayed days per day from hospital, aged 18+ IN MONTH	NHS / LCC	98.2 (annualised)	74.5 (annualised)	48.5 (Mar-19)	58.7	⇩	Achieved
iBCF Measures								
	5. Number of home care packages provided in the year	LCC	-	4,581	4,611	n/a	⇧	n/a
	6. Total number of paid hours of homecare provided in the year	LCC	-	1,456,768	1,397,019	n/a	⇩	n/a
	7. Number of funded care home placements at the end of the period	LCC	-	3,271	3,296	n/a	⇧	n/a
Local Measures								
Bigger is Better	8. Social Care Reablement hours delivered in the year**	LCC	-	128,272	123,699	n/a	⇩	n/a
Bigger is Better	9. Reablement - % episodes completed in the year where the person was reabled to no service **(LCC Council Business Plan)**	LCC	-	87%	tbc	95%	tbc	tbc
Bigger is Better	10. 7 Day Services - % patients discharged to Social Care at the weekend IN QUARTER	LCC	-	12.4%	12.5%	n/a	⇧	n/a
Bigger is Better	11. Carers Supported by Lincolnshire Carers Service in the last 12 months, per 100k population (**LCC Council Business Plan)**	LCC	-	1,631	1,692	1,730	⇧	Achieved
Bigger is Better	12. Make Every Contact Count: Staff trained in the year **(LCC Council Business Plan)**	LCC	-	1,258	1,126	1,000	⇩	Achieved

Notes:

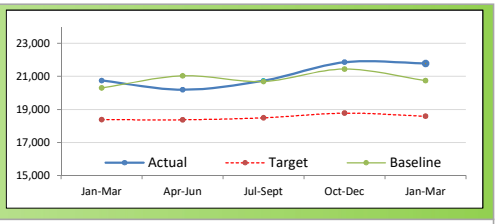
* the DTOC measure and targets were amended with effect from 01 October 2018 to move away from quarterly monitoring of total delays to monthly monitoring of average days per day.

** owing to service disruption in Q3 of 2018/19 caused by a change in provider, the reablement hours were not reportable, so for Oct - Dec the monthly hours have been approximated using the year to date average.

Health and Wellbeing Board Measures

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)



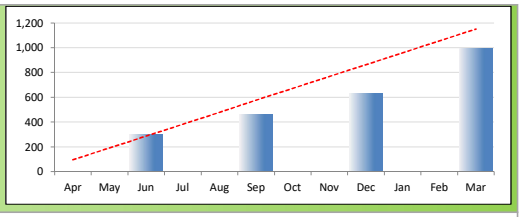
Performance observations from the data:
Over the year, non-elective admissions to hospital have been consistently higher than the target set out in the Health & Wellbeing Plan. Quarter 1 results were the most promising, with a 4% reduction compared to the corresponding quarter from 2017/18, but this was still 10% higher than the stretch target. There were just over 84,500 admissions in total for the 12 months of 2018/19, which was a negligible increase of 0.8% compared to the total admissions for 2017/18.

Prior Year	2017/18											
	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											
		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	7,696	6,764	7,329
In Quarter		6,640	13,616	20,197	6,937	13,952	20,738	7,275	14,580	21,855	7,696	14,460	21,789
HWB NEA Plan - Target		6,125	12,250	18,375	6,164	12,327	18,491	6,258	12,516	18,774	6,196	12,392	18,588
Actual reduction (negative indicates an increase)	number	-515	-1,366	-1,822	-773	-1,625	-2,247	-1,017	-2,064	-3,081	-1,500	-2,068	-3,201
	%	-7.75%	-10.03%	-9.02%	-11.15%	-11.64%	-10.83%	-13.98%	-14.15%	-14.10%	-19.49%	-14.30%	-14.69%
Performance		Not achieved	Not achieved	Not achieved	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+ (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



Performance observations from the data:
A total of 994 permanent placements in a residential care home were made during the year. This represents a 2.5% reduction in activity compared to 2017/18, and over 150 placements lower than the 2018/19 target.

Prior Year	2017/18											
	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 Quarter			292			319			249			160
Cumulative YTD			292			611			860			1,020

Current Year		2018/19											
		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 Quarter				296			164			172			362
Cumulative YTD				296			460			632			994
Target (admissions)				**288**			**575**			**863**			**1,150**
Performance				Achieved			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

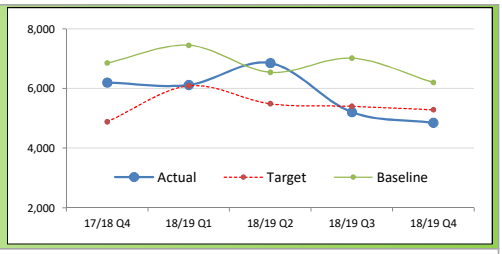
Observations from the data:
The provision outturn for the year for this measure is 87.9%, pending validation for statutory reporting purposes (but unlikely to change). The target has been exceeded. This shows a good improvement over 2017/18 where 80.5% of patients aged 65+ discharged from hospital into reablement or rehab were at home 91 days later. However, it does appear that this year, the step down intermediate care service offer in the community is significantly lower than in 2017/18 with almost 30% fewer patients discharged into community reablement and rehabillitation. This in part could be attributed to the reablement provider change over the winter months with temporary capacity issues, but also due to a greater number of patients being supported with rehab in community hospitals (which are excluded from this indicator).

	2017/18	2018/19											
		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												451
Denominator	719												513
Value	80.5%												87.9%
Target	**80.0%**												**80.0%**
Performance	Achieved												Achieved

4: Delayed transfers of care (delayed days) from hospital for adults aged 18+

Definition: The number of delayed transfers of care (days) for adults who were ready for discharge from acute and non-acute beds. This changed to average delayed days per day from October 2018. Both have been reported below.
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. This measure has evolved over time from rate per 100,000 to total days and now performance is judged based on average bed days per month.



Performance observations from the data:
DTOC overall is below taget at 4,848 delay days in Q4 compared to target of 5,282. For the 12 months of 2018/19, there have been a total of 23,016 delayed days across the system, which represents a 15% reduction compared to total delayed days in 2017/18. Since an amended delayed days per day target was introduced in October 2018, Lincolnshire has achieved the 58.7 days target in 4 of the last 6 months, including March where there were an avergae of 48.5 delayed days per day. The monthly target days per day was also set at responsible organisation level, and performance against NHS/SSD and Both has been less consistent, mainly impacting on SSD delays. This is largely due to the 18/19 targets being set in Q2 17/18 where the relative splits in responsible organisations were in stark contrast to the typical trend (i.e. SSD delays were unusually low in Q2 17/18 and the targets were re-set based on this). The make up of delays in terms of acute and non acute remain consistent with 2017/18 with 88% and 12% of delays respectively. 68% of delays are attributed to the NHS, which is down from 72%, with a corresponding increase in social care and joint delays which now account for almost a third of delayed days.

Prior Year	2017/18											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Days Delayed in Quarter	2,391	5,095	7,446	1,958	4,226	6,539	2,263	4,533	7,015	2,056	3,802	6,198
rate per 100,000	**397**	**845**	**1,235**	**325**	**701**	**1,085**	**375**	**752**	**1,164**	**339**	**627**	**1,022**

Current Year		2018/19											
	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	51.2	62.8	48.5
In month	2,396	2,039	2,136	1,942	2,174	2,334	2,340	1,784	1,765	1,654	1,587	1,757	1,504
In Quarter (cumulative)	6,198	2,039	4,175	6,117	2,174	4,508	6,848	1,784	3,549	5,203	1,587	3,344	4,848
Target (days)	**4,883**	**2,096**	**4,125**	**6,087**	**1,895**	**3,723**	**5,483**	**1,819**	**3,580**	**5,400**	**1,819**	**3,463**	**5,282**
Performance		Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

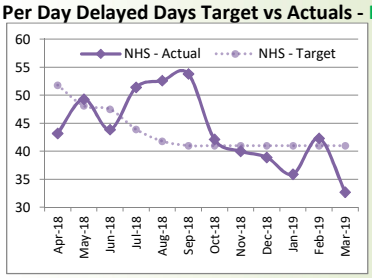
by Type of Care

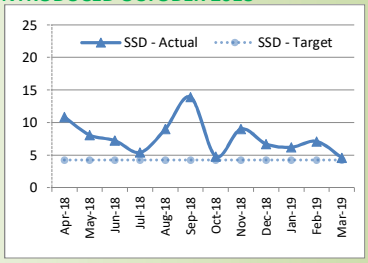
	2017/18 Q4	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Acute	5,423	1,816	3,788	5,537	1,913	3,976	5,975	1,492	2,983	4,357	1,362	2,902	4,258
Non Acute	775	223	387	580	261	532	873	292	566	846	225	442	590
Total	**6,198**	**2,039**	**4,175**	**6,117**	**2,174**	**4,508**	**6,848**	**1,784**	**3,549**	**5,203**	**1,587**	**3,344**	**4,848**
	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%	86%	87%	88%
Non Acute	13%	11%	9%	9%	12%	12%	13%	16%	16%	16%	14%	13%	12%

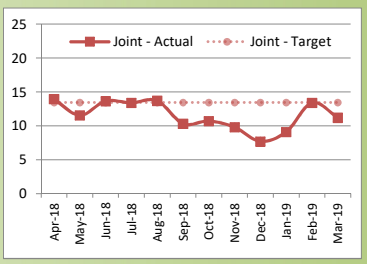
by Responsible Organisation

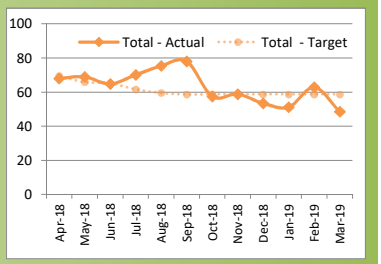
	2017/18 Q4	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS	4,437	1,296	2,824	4,140	1,593	3,225	4,839	1,304	2,505	3,712	1,113	2,296	3,310
SSD	548	325	575	792	166	444	862	149	419	626	192	392	535
Joint	1,213	418	776	1,185	415	839	1,147	331	625	865	282	656	1,003
Total	**6,198**	**2,039**	**4,175**	**6,117**	**2,174**	**4,508**	**6,848**	**1,784**	**3,549**	**5,203**	**1,587**	**3,344**	**4,848**
	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%	70%	69%	68%
SSD	9%	16%	14%	13%	8%	10%	13%	8%	12%	12%	12%	12%	11%
Joint	20%	21%	19%	19%	19%	19%	17%	19%	18%	17%	18%	20%	21%

Per Day Delayed Days Target vs Actuals - INTRODUCED OCTOBER 2018







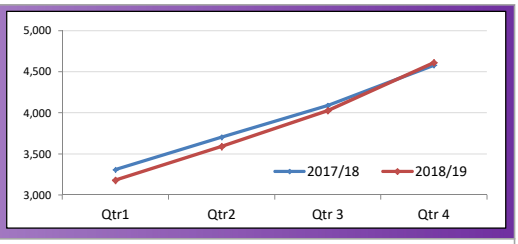


Average days	1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS - Actual	55.2	43.2	49.3	43.9	51.4	52.6	53.8	42.1	40.0	38.9	35.9	42.3	32.7
NHS - Target	n/a	51.8	48.1	47.5	43.9	41.8	41.0	41.0	41.0	41.0	41.0	41.0	41.0
Performance		Achieved	Not achieved	Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Achieved	Achieved	Achieved	Not achieved	Achieved
SSD - Actual	7.1	10.8	8.1	7.2	5.4	9.0	13.9	4.8	9.0	6.7	6.2	7.1	4.6
SSD - Target	n/a	4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2
Performance		Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved
Joint - Actual	12.2	13.9	11.5	13.6	13.4	13.7	10.3	10.7	9.8	7.7	9.1	13.4	11.2
Joint - Target	n/a	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5
Performance		Not achieved	Achieved	Not achieved	Achieved	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
Total - Actual	**74.5**	**68.0**	**68.9**	**64.7**	**70.1**	**75.3**	**78.0**	**57.5**	**58.8**	**53.4**	**51.2**	**62.8**	**48.5**
Total - Target	**n/a**	**69.5**	**65.8**	**65.2**	**61.6**	**59.5**	**58.7**	**58.7**	**58.7**	**58.7**	**58.7**	**58.7**	**58.7**
Performance		Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Achieved	Not achieved	Achieved	Achieved	Not achieved	Achieved

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



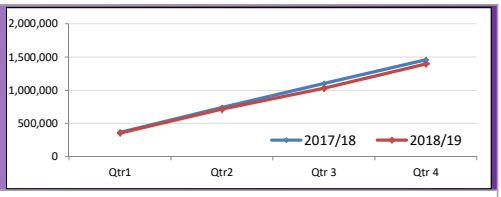
Observations from the data:
There has been a negligible 0.7% increase in the number of adults suported by Adult Care with a home care package during the year. This figure tends to be fairly stable year on year.

Prior Year		2017/18											
		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											
		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			4,611

6: Total number of paid hours of Home Care provided in the quarter

Definition: Cumulative YTD number of all paid hours of homecare delivered
Frequency / Reporting Basis: Monthly / Cumulative within quarter only
Source: Brokerage weekly service returns

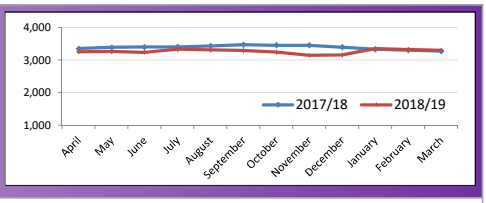


Observations from the data:
Given a slight increase in packages from measure 5 above, it appears as though, on average, adults with a home care package are receiving slightly less hours in total, as total hours has reduced by 4% from last year.

Prior Year		2017/18											
		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											
		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			1,397,019

7: Number of funded care home placement at the end of the period
Definition: Number of clients that are in a social care wholly or part funded care home placement at the end of the period.
Frequency / Reporting Basis: Monthly / Snapshot
Source: BO Report - Long Term Care (Summary)



Observations from the data:
Throughout 2018/19, the care home population (funded by social care) has remained relatively stable. In light of the reduction in new placements made during the year in measure 2, this would imply that the attrition rate is static.

Prior Year		2017/18											
		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											
		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	3,349	3,321	3,296

Local Measures

8. Number of Reablement Hours Delivered in the period
Definition: Total number of face to face contact hours delivered
Frequency / Reporting Basis: Quarterly (Cumulative)
Source: Reablement Provider Contract KPI's

Observations from the data:
There has been a slight reduction in the number of reablement hours provided this year compared to last, although the total for 2018/19 is approximated since October to December figures were not reported while the service managed the transition to a new provider. The average year to September monthly hours has been used for these months to approximate. The reduction therefore is likely to be a result of the service disruption, but it could also reflect the effectiveness of reablement in being able to reduce hours per week for people as they gain independence through the course of their reablement.

Year	2017/18	2018/19											
		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 per month		10,730	10,498	10,161	10,558	10,009	9,714	*10,278*	*10,278*	*10,278*	10,741	9,420	11,034
Cumulative Hours	128,272	10,730	21,228	31,389	41,947	51,956	61,670	71,948	82,226	92,504	103,245	112,665	123,699
Target	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set

9. Reablement: % of people reabled to no service, or a lower service (ASCOF 2D)
Definition: % of concluded episodes of reablement for NEW clients where the sequel to reablement is no support or support of a lower level
Frequency / Reporting Basis: Quarterly / Cumulative YTD
Source: Short & Long Term Return (SALT STS002a)

Observations from the data:
The figures for 2018/19 are currently being processed and won't be available until 30th May 2019.

Current Year	2017/18	2018/19											
		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	1,925			637			1,142			1,547			tbc
Denominator	2,225			648			1,211			1,701			tbc
Actual	86.5%			98.3%			94.3%			91%			tbc
Target	not set			95%			95%			95%			95%
Performance				Achieved			Achieved			Not Achieved			tbc

10. 7 Day Services: % of hospital discharges to Social Care which occur at the weekend
Definition: Of the total number of patients discharged from hospital to a Social Care hospital team, the % that were discharged at the weekend
Frequency / Reporting Basis: Quarterly / Cumulative (in quarter)
Source: BO Report - Hospital Discharges

Observations from the data:
The proportion of weekend discharges to social care remains consistently around 12-14%. It is difficult to gauge what 'good' looks like but it is encouraging that almost 1,500 patients have been discharged into social care services over the weekend, where previously they typically would have waited until the following week. This is likely to have a positive effect on reducing unnecessarily delays for people.

Current Year		2018/19											
	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			404
Denominator	2,923			2,741			2,715			2,751			3,222
Actual	12..4%			12.9%			11.9%			13.8%			12.5%
Target	not set			not set			not set			not set			not set

11. Carers Supported by Carers Service and Adult Care
Definition: The total number of Carers Supported by Lincolnshire County Council in the last 12 months
Frequency / Reporting Basis: Quarterly / Rolling 12 month period
Source: Council Business Plan (Carers Strategy) (SALT LTS003 total)

Observations from the data:
This measure is also included in the Lincolnshire Cunty Council Busienss Plan in the Carers Strategy. The target has been achieved as the rate per 100,000 is within 5% of the target. The authority continue to see an expansion of the universal offer to carers in Lincolnshire.

	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
				Q1 1819			Q2 1819			Q3 1819			Q4 1819
Numerator	9,689			10,006			10,238			10,487			10,324
Denominator	5.94			6.1			6.1			6.1			6.1
Actual	**1,631**			**1,640**			**1,678**			**1,719**			**1,692**
Target	1,440			1,730			1,730			1,730			1,730
Performance	Not Achieved			Not Achieved			Achieved			Achieved			Achieved

12. Making Every Contact Count
Definition: The total number of front line staff and volunteers who have been trained on Making Every Contact Count (MECC) during the year.
Frequency / Reporting Basis: Quarterly / Cumulative
Source: Council Business Plan (Wellbeing Strategy)

Commentary:
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.

Current Year	2017/18	2018/19											
		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)	1,258			187			399			662			1,126
Target	1,000			150			350			700			1,000
Performance	Achieved			Achieved			Achieved			Achieved			Achieved

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.
26 March 2019	**29**	**Minutes of the meeting held on 11 December 2018** That the minutes of the meeting held on 11 December 2018 be signed by the Chairman as a correct record
	30	**Action Updates from the previous meeting** That the completed actions, as detailed in the report, be noted.
	31	**Chairman's Announcements** That the Chairman's Announcements be noted.

	33	**NHS Healthy Conversation 2019** That the Board note the launch of the Healthy Conversation 2019 listening and engagement exercise on 5 march 2019 and that feedback would be incorporated into the local 5 year long term plan which was required to be developed by autumn 2019.
	34	**NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20** That the Board note the detail in the report about the NHS Long Term Plan and the key priorities (system extensions) for 2019/20 as set out in the draft System Operating Plan.
	35	**Neighbourhood Working** That the Board note the Information within the report and the future plans to further develop neighbourhood working in Lincolnshire.
	35a	**Implementing the NHS Long Term Plan – Proposals for Possible Changes to legislation** That the Lincolnshire Health and Wellbeing Board respond to the 'Call for views' and agreed that a response should be drafted by Alison Christie (Programme Manager) and Derek Ward (Director for Public Health)
	37	**Better Care Fund Update** That the Lincolnshire Health and Wellbeing Board note the BCF update report
	38	**An Action Log of Previous Decisions** That the report for information be received
	39	**Lincolnshire Health and Wellbeing Board Forward Plan** That the report for information be received

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

Items for the 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 the annual report this provides the Board with a summary of key activities over the past year. It includes an update on each of the priority areas in the Joint Health and Wellbeing Strategy and an overview of the evidence in the JSNA.	Alison Christie, Programme Manager Health and Wellbeing	Discussion
Clinical Commissioning Groups – Developing Arrangements To receive a report on behalf of the Lincolnshire clinical commissioning groups which updates on the Board on the developing management arrangements, including the emerging joint arrangements and the relationship with NHS England/Improvement in the Midlands	John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups	Discussion
Lincolnshire NHS Healthy Conversation 2019 – General 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	John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups and Charley Blyth, Director of Communications and Engagement Lincolnshire STP	Discussion
Health Protection Board Assurance 2018/19 To receive a report 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	Tony McGinty, Consultant, Public Health	Discussion
Lincolnshire Physical Activity Taskforce Launch of 'A Blueprint for Creating a More Active Lincolnshire' To receive a report on behalf of the Lincolnshire Physical Activity Taskforce which provides an update on the progress and presents the Physical Activity Blueprint	Jayne Mitchel, Chairman L-PAT Phil Garner, L-PAT Strategic Programme Manager	Discussion
Better Care Fund 2018/19 Quarter 4 Update 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 2018/19	Steven Houchin, Head of Finance – Adult Care and Community Wellbeing	Information

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

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

24 September 2019, 2pm, Committee Room 1, County Offices, Lincoln		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Director of Public Health Annual Report To receive the annual report	Derek Ward Director of Public Health	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	John Turner, Chief Officer South Lincolnshire Clinical Commissioning Group (for Lincolnshire CCGs)	Discussion
Neighbourhood Working – update To receive an update report on neighbourhood working in Lincolnshire including information on the Care Portal and expected outcomes.	Sarah Jane Mills Chief Operating Officer Lincs West CCG	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	John Turner, Chief Officer South Lincolnshire Clinical Commissioning Group (for Lincolnshire CCGs)	Discussion

Items to be programmed:

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