

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

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

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



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

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

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

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

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



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			right time		

Priority | Carers

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

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

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

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

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

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	<p>priorities.</p> <p>Resourced by Adult Care &amp; Community Wellbeing (and University of Lincoln).</p>		<p>workforce development.</p> <p>Improved outcomes for different carer groups (evidenced by Carers Star).</p>		

Priority | **Mental Health (Adults)**

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



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

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

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

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

Priority | **Dementia**

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

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

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

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



## Priority | Physical Activity

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

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

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

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

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

Priority | **Housing and Health**

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

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

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



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

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

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

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

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

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