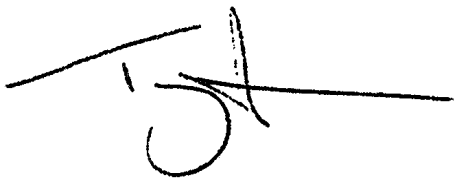
County Offices
Newland
Lincoln
LN1 1YL

28 November 2016

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 6 December 2016 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

Yours sincerely



Tony McArdle
Chief Executive

MEMBERS OF THE BOARD (*)

Lincolnshire County Council: Councillors: Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement) (Chairman), Mrs P A Bradwell (Executive Councillor for Adult Care, Health and Children's Services), C N Worth (Executive Councillor for Culture and Emergency Services), D Brailsford, B W Keimach, C R Oxby and N H Pepper and 1 vacancy

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

District Council: Councillor Marion Brighton OBE

GP Commissioning Group: Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Peter Holmes (Lincolnshire East CCG)

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

(*) Permanent Membership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 6 DECEMBER 2016

Item	Title	Pages	Estimated Time
1	**Apologies for Absence/Replacement Members**		
2	**Declarations of Members' Interest**		
3	**Minutes from the Lincolnshire Health and Wellbeing Board meeting held on 27 September 2016**	5 - 12	
4	**Action Updates from the previous meeting** *(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)*	13 - 14	
5	**Chairman's Announcements** *(For the Lincolnshire Health and Wellbeing Board to note the Chairman's announcements)*	15 - 22	
6	**Decision/Authorisation Item**		
6a	**Integration Self-Assessment** *(To receive a report from Alison Christie, Programme Manager Health and Wellbeing, which presents the outcome of the Integration Self-Assessment exercise, and requests the Board to consider what actions need to happen to ensure that Lincolnshire is able to drive forward with its ambition for closer integration across the health and care system)*	23 - 40	
6b	**Better Care Fund (BCF) 2016/17 & 2017/18** *(To receive an update report from Glen Garrod, Executive Director Adult Care and Community Wellbeing in relation to the Better Care Fund)*	41 - 62	
6c	**Lincolnshire Clinical Commissioning Groups Draft Operational Plan** *(To receive a report from Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West CCG, on behalf of the four CCG's, which asks the Board to consider the operational plan for 2017/2019 against the priorities in the Joint Health and Wellbeing Strategy)*	63 - 70	

Item	Title	Pages	Estimated Time

7 Discussion Items

7a District/Locality Updates
(To receive by exception, updates from District/Locality partnerships on issues, which may impact on the delivery of the Joint Health and Wellbeing Strategy. No items tabled for this meeting)

8 Information Items

8a Health and Wellbeing Grant Fund - Update 71 - 78
(To receive a half yearly report from Alison Christie, Programme Manager Health and Wellbeing, which provides the Board with an update on the Health and Wellbeing Grant Funded projects)

8b An Action Log of previous Decisions 79 - 82
(For the Health and Wellbeing Board to note decisions taken since June 2016)

8c Lincolnshire Health and Wellbeing Board - Forward Plan 83 - 84
(This item provides the Board with an opportunity to discuss items for future meetings which will subsequently be included on the Forward Plan)

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

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

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

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
27 SEPTEMBER 2016

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors C N Worth (Executive Councillor for Culture and Emergency Services), D Brailsford, B W Keimach and C R Oxby.

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Social Services) and Dr Tony Hill (Executive Director of Public Health Lincolnshire).

District Council: Councillor Jeff Summers (District Councils Representative).

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and District Councillor Jeff Summers (District Councils Representative).

Healthwatch Lincolnshire: Sarah Fletcher.

NHS England: Jim Heys.

Officers In Attendance: Steve Blagg (Democratic Services Officer), Alison Christie (Programme Manager, Health and Wellbeing Board), Mandy Clarkson (Consultant Public Health Wider Determinants) (Public Health), Philip Garner (Adult Health Improvement Manager), Chris Weston (Consultant in Public Health - Health Intelligence)), Sophie Dickinson (Lincolnshire Health and Care), Sarah Furnley (Lincolnshire East CCG) and David Stacey (Programme Manager, Public Health).

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor for Adult Care, Health and Children's Services), N H Pepper (Support Councillor Culture and Emergency Services) and Dr P Holmes (Lincolnshire East CCG).

12 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations made at this stage of the meeting.

13 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 7 JUNE 2016

RESOLVED

That the minutes of the previous meeting of the Lincolnshire Health and Wellbeing Board held on 27 September 2016, be confirmed as a correct record and signed by the Chairman.

14 ACTION UPDATES FROM THE PREVIOUS MEETING

The Board received an update of actions since the previous meeting of the Board on 7 June 2016.

A Board Member enquired about the reason for the delay in examining the Board's composition with regard to District Council membership. He requested that this matter should be brought forward for consideration. The Chairman stated that the ideal time to address the matter was after the County Council Election in 2017 as the Council might have new Members elected who would require training, support and added that the Board was a Committee of the Council.

RESOLVED

That the report be noted.

15 CHAIRMAN'S ANNOUNCEMENTS

The Board received a report in connection with the Chairman's announcements.

The Chairman drew attention to the details of letter she had sent to the Chief Executive of the United Lincolnshire Hospital Trust raising concerns about the level of emergency provision in the south of the county, in particular, the capacity of the Ambulance Service to be able to respond to any increase in demand. She stated that there had been a campaign in the south of the county about the lack of a proper ambulance service and its detrimental impact locally.

Comments by the Board and officers included a specific case of a patient from Grantham who had refused to be taken to Lincoln because of his concerns about getting back to Grantham and the Police had taken patients to hospital because there was no ambulance available. It was noted that the South Lincolnshire CCG was examining this issue because of the importance of this service.

RESOLVED

That the report be noted.

16 DECISION/AUTHORISATION ITEMS

16a Annual Assurance Report

The Board received a report in connection with the progress being made to deliver the outcomes in the Joint Health and Wellbeing Strategy. The progress was detailed on the Strategy's Scorecard and Theme Dashboard for 2015/16.

Discussion between the Board and officers included the following topics:-

- There was a declining trend in the eight indicators which was welcome;
- It was noted that cases of liver disease were increasing and there was a need to focus on the strategy to tackle this issue and for a partnership approach;
- The elderly population was increasing rapidly and finding beds was becoming an issue. The strategy was going in the right direction but it was recognised that this issue was becoming more prominent;
- Increased mortality amongst the under 75's was becoming an issue in some communities due to inappropriate life styles. It was noted that an audit of GP practices was being undertaken to assess the take-up of health checks;
- The District representative queried the point in the report that the Board agreed to hold each other to account but there had been no discussion about at the Board about the decommissioning of services. The District representative was advised that the 2016/17 commissioning intentions for CCGs, Adult Care, Children's Services and Public Health were discussed at the informal Health and Wellbeing Board meeting in February 2016, to which all District Councils were invited to attend. In addition, the CCGs Operational Plans for 2016/17 were formally presented to the Board in March 2017;
- The Council had written to the Government about the reduction in funding for Public Health. It was hoped to address the reduction in funding of Public Health when local authorities had responsibility for setting their own priorities;
- The challenge faced was where to direct preventive resources and how to prioritise these resources as there were no easy choices for the NHS or Local Authorities. There was a need to consult the public and other agencies to identify constraints and the alternative options available;
- Elected Members faced election every four years and therefore there was a need to regularly examine priorities and the allocation of resources. Prevention was better than cure in the long term;
- The statistics in Theme One for physical activity did not match those given by Sport England. Officers were unaware how Sport England had produced their statistics or whether it was possible to measure statistics down to a District Council level;
- The presentation by The Sports Partnership was about the Sports England Strategy and their new arrangements on how funding was going to be allocated. The Chairman stated that engagement had taken place around these new arrangements and not everyone was aware. Officers stated that they would check exactly what the Sports England document was and get back to the Board;

- Gainsborough Town Council had received funding from West Lindsey District Council to support football at youth level but this funding was coming to an end. Over 2,000 young people had been involved and the activity should be encouraged. It was the case that the dividend from physical activity did not become apparent for many years and it was necessary to convince funding bodies that this was worth supporting;
- Theme 4 – there had been a lot of good work taking place with improving education attainment and narrowing the gap between those receiving free school meals and those not receiving them. The key challenge was obesity in children which was being tackled by the Government's national plan which Lincolnshire was following;
- The integration of health teams was welcomed;
- Children needed to feature in the Transformation Plan and District Councils also had a part to play;
- There was a lot of work to do in connection with reducing the number of Non-Accidental Injury cases particularly in teenagers and there would be a focus on this area in the future;
- Mental illness in children was an issue. Officers stated that the Safeguarding Board was examining risk in this area and the CAMHS transformation plan was helping to revise the service specification;
- There was a lot of emphasis on examination results especially in English and Maths. Officers stated that examination results were selected as the performance measure including measuring the gaps between those living in financial disadvantage and those not. This was a priority area;
- One of the reasons why Lincolnshire was not narrowing the education attainment gap was because Lincolnshire was not as well funded as other local authorities. Officers stated that there was a lot of work taking place in Lincolnshire to narrow the attainment gap for children eligible for free school meals and the government was being lobbied about school funding; and
- It was agreed that housing problems had an effect on health and was being addressed in the Strategy. Officers stated that support was given to people living independently and that fuel poverty was still a major issue. Details of the Energy Switch initiative were available on the County Council's website. Officers stated that a review of housing and support accommodation for 16-24 year olds was also needed.

RESOLVED

That the report, comments made by the Board and the responses of officers, be noted.

16b Prioritisation Framework for the Development of the Joint Health and Wellbeing Strategy

The Board received a report in connection with the need to agree the Prioritisation Framework for the development of the Joint Health and Wellbeing Strategy following a workshop held on 12 July 2016, involving members of the Board, partners and stakeholders.

Discussion between the Board and officers included the following topics:-

- There was an error in the criteria within the table under Exercise 2 of Appendix A of the report. Officers agreed to change the Public Acceptability weighting from high to medium to correct this;
- A similar error was included in Appendix B. Officers agreed to review weighting of all criteria in Appendix B to ensure the weighting of criteria in the Prioritisation Framework was correct;
- The District Councils stated that the Prioritisation Framework accurately the findings from the workshop;
- The Framework stood up to scrutiny and it was very good to show that comparisons had been made; and
- The Board discussed whether the criteria covering "Magnitude of benefit" and "Number of people benefitting" should be combined into one criterion as recommended. It was agreed that these were two different things and, as such, should be separated back out into two criteria as originally proposed. Officers agreed to make the necessary changes to the Prioritisation Framework to reflect this.

RESOLVED

1. That the feedback from the workshop on the Prioritisation Framework be noted and welcomed.

2. That, subject to the amendments identified by the Board in Exercise 2 of Appendix B, for developing the next Joint Health and Wellbeing Strategy for Lincolnshire, the Prioritisation Framework be agreed.

17 DISCUSSION ITEMS

17a Joint Commissioning Board - Update Report

The Board received a progress report of Lincolnshire's Better Care Fund (BCF) 2016/17.

Officers highlighted various aspects of the report including potential changes to the BCF which were likely to be announced with the Comprehensive Spending Review in November. Disabled Facilities Grants was another issue in Lincolnshire as one District Council had requested their full funding allocation. The Joint Commissioning Board had recommended that the Health and Wellbeing Board should not release the full allocation although there was a risk that this action could lead to a further challenge by the District Council in question as the legal advice was that the available guidance was unclear and open to interpretation. Discussions were on-going with the District Council to secure consensus across the county and a focus on how best to use next year's allocation.

Discussion between the Board and officers included the following topics:-

- Officers stated that the Delayed Transfer of Care (DTOC) performance was an ongoing challenge and that the national data indicated the worst performance for many years. Both acute and non-acute delays needed to remain a priority;
- With regard to the issue raised in the report about the Disabled Funding Grant did the District Council concerned have its own housing stock as some Local Authorities allocated this responsibility to Housing Associations? Officers replied that the Council concerned did have its own housing stock;
- Had officers spoken to the District Council concerned in connection with its funding issues? Officers stated that all of the District Councils had been informed about this matter;
- The Board needed a consistent approach to all of the District Councils in connection with the Disabled Funding Grants;
- What were the legal and financial implications for District Councils? Officers stated that the District Councils needed to hold a collective view on this matter so that a more efficient system could replace the current version where each District acted largely in isolation to each other; and
- The narrative between BCF and the Sustainability Transformation Plan (STP) was important, notably in relation to future integration plans. There was a need to improve care provision to allow people to stay in their own home rather than in hospital and it was important to maintain this vision.

RESOLVED

1. That the report be noted.

2. That the recommendation of the Joint Commissioning Board not to accede to the request from the single concerned District Council in connection with their Disabled Fund Grant for 2016/17, be agreed.

17b Lincolnshire Sustainability and Transformation Plan - (including Lincolnshire Health and Care)

The Board received a progress report in connection with the Sustainability and Transformation Plan (STP).

Discussion between the Board and officers included the following topics:-

- Planning for the STP had been on-going for the last two years;
- Uncertainty about the ability of being able to transpose information from the Lincolnshire Health and Care Programme to the STP;
- The public did not have enough information about the STP and there was a need to ensure that they were fully informed. Officers stated that it was proposed to consult the public and there had been a lot of consultation already. It was proposed to have an engagement plan to show how the STP would be delivered. The STP would be published before Christmas 2016 and there would be full engagement with the public;

- How robust were the financial plans for the STP? Officers stated that there were two elements, one element for changing the requirement and secondly a judgement was required in connection with increasing the workforce as it was going to take a number of years to recruit staff; and
- It was important that questions to the public should be kept simple as simple as it was a complicated subject.

RESOLVED

That the report be noted.

17c District/Locality Updates

It was noted that there were not any District/Locality updates to report.

18 INFORMATION ITEMS

19 AN ACTION LOG OF PREVIOUS DECISIONS

The Board received a report which gave details of decisions taken by the Board since its previous meeting held on 7 June 2016.

RESOLVED

That the report be noted.

20 LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN

The Board received its Forward Plan. It was noted that the meeting of the Board scheduled for 28 March 2017, had been brought forward to 7 March 2017 because of the County Council Election.

21 RETIREMENT OF TONY HILL, EXECUTIVE DIRECTOR OF COMMUNITY WELLBEING AND PUBLIC HEALTH

The Chairman stated that this was Tony Hill's last meeting as he was retiring. She thanked him for his services to the Board and added that Tony had been at the forefront in establishing the Board and on behalf of the Board she wished him well in his retirement.

The meeting closed at 4.00 p.m.

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Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
07.06.16	**8a**	**TERMS OF REFERENCE, PROCEDURAL RULES, MEMBERS ROLES AND RESPONSIBILITIES** The Chairman agreed to look into the Boards make-up with regard to District Council Membership and Devolution implications. The Executive Director of Adult Care agreed to respond to the District's with regard to the BCF process.	This action is pending until after the County Council election in May 2017. The Executive Director of Adult Care has responded to the District's with regard to the BCF process. Some discussions are still ongoing.
	10b	**LINCOLNSHIRE HEALTH AND WELLBEING BOARD – FORWARD PLAN** That an Update on the Sustainability and Transformation Plan be added as an item to the Forward Plan for the 27 September 2016 meeting of the Lincolnshire health and wellbeing Board.	A report on the Sustainability and Transformation Plan presented to the Board on 27 September 2016
27.09.16		**NO ACTIONS RECORDED**	

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Lincolnshire Health and Wellbeing Board – 6 December 2016

Announcements from: Cllr Sue Woolley, Chairman of the Lincolnshire Health and Wellbeing Board

Joint Strategic Needs Assessment Update

As you will be aware, we are currently reviewing Lincolnshire's Joint Strategic Needs Assessment (JSNA) and the bulk of the review work is now drawing to a close. Since April 2016, 33 Expert Panels, made up of representatives for the County Council, Clinical Commissioning Groups, District Councils, NHS Providers and the voluntary and community sector, have been held to review the topics. Approximately 400 people have been engaged in the process either through Expert Panels or as part of the peer review process.

36 topic areas have been identified and new topics include Dementia, Domestic Abuse, Financial Inclusion and Autism. The review programme is on plan to conclude in the New Year and the new JSNA for Lincolnshire is due to be published on the Lincolnshire Research Observatory in Spring 2017. Further details on the new JSNA will be presented to the Board at future meetings.

Pharmaceutical Needs Assessment (PNA)

On the 20 October 2016 the Government published its final report on *Community Pharmacy in 2016/17 and Beyond* which details an overall funding reduction for community pharmacies of £113 million or 4% in the current financial year followed by a further reduction of 3.4% in 2017/18. The full impact of these cuts on Lincolnshire is unknown at this point.

The PNA Steering Group met on 18 November to consider the potential impact and to investigate whether Lincolnshire's PNA needs to be reviewed to reflect any changes. The Steering Group concluded that the changes were highly complex and it was too soon to know how the changes will affect community pharmacies in Lincolnshire. The Group agreed to undertake work to better understand any potential local impact and to consider if the changes are significant to warrant a review of Lincolnshire's PNA.

Cancer Ratings

On 4 October 2016 NHS England published Cancer Ratings for all Clinical Commissioning Groups (CCGs) in England. I was concerned to see that all the CCGs in Lincolnshire are performing poorly compared to other areas in England. On behalf of the Board I wrote to the Chief Officers raising my concerns. A copy of my letter is attached (Appendix A) along with a response on behalf of all four Lincolnshire CCGs (Appendix B).

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County Offices, Newland,
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www.lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL
Working for a better future

My Ref:

11 October 2016

To: Please see Distribution List

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Newland
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LN1 1YL
Tel: (01522) 552094
Email: cllrs.woolley@lincolnshire.gov.uk

Sent via email

Dear Colleague

New Cancer Ratings

I am writing to you in my capacity as Chairman of the Lincolnshire Health and Wellbeing Board in connection with the new cancer ratings published by NHS England on 4 October 2016.

I am concerned the data shows that all the Clinical Commissioning Groups (CCGs) in Lincolnshire are performing poorly compared to other areas of the England. In particular Lincolnshire West CCG and Lincolnshire East CCG are assessed as being amongst the worst in the country for diagnosing cancer at an early stage.

In addition, Lincolnshire East CCG has been ranked as being one of 24 CCGs in England in the 'greatest need for improvement', with the remaining three CCGs ranked as 'needs improvement'. This information clearly shows that the health system in Lincolnshire is not providing adequate care to cancer patients and that there are significant improvements that need to be made to meet the critical needs of people living with cancer.

On behalf of the Board, I am therefore seeking assurance that improvement plans are being put in place to address the issues highlighted by the NHS England's cancer ratings, specifically measures to improve the rate of early diagnosis and treatment.

Yours sincerely

Sue

Cllr Sue Woolley
Chairman, Lincolnshire Health and Wellbeing Board

County Offices, Newland,
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www.lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL
Working for a better future

Distribution List
Dr Sunil Hindocha – Chief Clinical Officer, Lincolnshire West CCG
Gary James – Accountable Officer, Lincolnshire East CCG
John Turner – Accountable Officer, South Lincolnshire CCG
Allan Kitt – Accountable Officer, South West Lincolnshire CCG

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Lincolnshire West
Clinical Commissioning Group

Our Ref: 2016.10.25 SJM-SW
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Councillor Mrs Susan Woolley
Lincolnshire County Council
County Offices
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Date: 25 October 2016

Dear Councillor Woolley,

I am responding on behalf of the 4 CCGs in Lincolnshire to the letter sent by you on the 11th October 2016, in relation to the New Cancer Ratings published recently. I hope that the following is of assistance:

As you will be aware early diagnosis influences the prognosis for patients with Cancer. When a Doctor first diagnoses a cancer, he/she will carry out tests to check how big the cancer is and whether it has spread to surrounding tissues or other parts of the body. This information is referred to as the stage of the cancer. The following provides a summary of what the stages mean for most types of cancer.

Stage 1: usually means that a cancer is relatively small and contained within the organ it started in.

Stage 2: usually means the cancer has not started to spread into surrounding tissue but the tumor is larger than in stage 1. Sometimes stage 2 means that cancer cells have spread into lymph nodes close to the tumor. This depends on the particular type of cancer.

Stage 3: usually means the cancer is larger. It may have started to spread into surrounding tissues and there are cancer cells in the lymph nodes in the area.

Stage 4: means the cancer has spread from where it started, to another body organ. This is also called secondary or metastatic cancer.

The report you referred to used data regarding the number of cancers diagnosed as stage 1 & 2 of all the cancers diagnosed. Unfortunately there is a significant problem with the capture of information regarding stage at diagnosis by ULHT, this has resulted in an under reporting of the number of cancers diagnosed as stage 1 & 2. We have been working with the Trust to ensure that going forward this information is routinely collected. A new cancer management system has recently been installed, I am confident that when their new cancer management system is fully implemented the data quality will significantly improve.

Staging information is not the only data we consider when seeking assurance that patients in Lincolnshire are receiving appropriate cancer treatment. An alternative metric is the 1 and 5 year survival rates. I have included for your information the recent data with regards 1 year survival rates.

Table 2: Cancer survival rates at one year in Lincolnshire, by type of disease and CCG, 2013.

CCG	One year survival rate			
	All cancers	Breast	Lung	Colorectal
Lincolnshire East	68.8	95.8	30.5	74.5
Lincolnshire West	69.9	96.5	37.3	73.9
South Lincolnshire	71.1	96.1	39.4	76.6
South West Lincolnshire	69.3	96.9	33.9	75.9
England	**70.2**	**96.7**	**35.4**	**77.7**

Additional analysis from colleagues in Public Health indicates:

- One year survival rates for all cancers across Lincolnshire are comparable to the national average. South Lincolnshire is the only CCG area where survival rates exceed the national equivalent.
- Of the defined types of cancer, survival rates are highest for breast cancer, with rates comparable to England.
- Around three quarters of adults across Lincolnshire initially diagnosed with colorectal cancer survive at one year.
- One year survival rates for lung cancer are much lower across Lincolnshire, at between 30.5% and 39.4%.
- Over time, survival rates for all cancers have seen the greatest increase in South Lincolnshire of 13.4% between 2004 and 2013. South West Lincolnshire has the slowest increase of 10.8%.

Improving cancer services for the people of Lincolnshire remains a top priority and we are committed to driving the continued improvement of cancer services. A network of key stakeholders has been established, co-ordinated by Lincolnshire West CCG, to focus on the development of services for local people. The team are responsible for leading the development of cancer services across Lincolnshire and implementing local plans which reflect local challenges and the National Cancer Strategy.

The Lincolnshire Cancer Improvement Plan considers the main areas of intervention to reduce premature deaths from cancer, support people living with and beyond cancer and ensuring patients have a positive care experience. The key programmes of work include:

- Prevention, raising awareness and promoting screening.
- Acute treatment – including referral, diagnosis and treatment.
- Holistic support for patients from referral to recovery / transfer to palliative care.
- End of life care.

The programme of work is specifically focused on 4 main tumour sites; namely Lung, Lower and Upper GI, Urology and Breast.

The key projects that are currently being managed by the Cancer Improvement Group include:

- Direct access to diagnostic investigations.

  ULHT have piloted the development of a Clinical Nurse Specialist led telephone triage for patients with suspected Lower GI cancer. The details of this project are outlined in appendix 1 and have led to a reduction in the time taken from GP referral to diagnostic test from 23 days to 10. The project has also improved patient experience and costs less than the previous pathway. The plan is to roll out the new way of working to all sites.

- Work with colleagues in Public Health to gather information that will further support our understanding of issues for the local population.

  Cancer prevention and early presentation interventions are essential for addressing the health and wellbeing gap in the Lincolnshire Sustainability and Transformation Plan (STP). As a key work stream in the Lincolnshire Cancer Improvement Plan, colleagues in Public Health are leading the development of an integrated plan to support the co-ordination of plans, to facilitate early detection and prevention. This group includes

representatives from Clinical Commissioning Groups, Public Health England, the Local Authority and Cancer Research UK.

The group will ensure that the Lincolnshire Improvement plan considers the range of strategies and programmes that show the importance of cancer prevention and early presentation. Some of these include:

National

- The 5 Year Forward View includes how the NHS will take the lead for improving health and wellbeing and includes the need for incentivising and supporting healthier behaviours.
- Improving Outcomes: A Strategy for Cancer 2015-2020 sets out the approach that health and care services will take to improve outcomes for cancer patients which includes the role of prevention and public health.
- The NHS Mandate for 2016/17 includes actions on cancer to address poor outcomes and inequalities.
- Public Health England's plan 'From Evidence into Action: Opportunities to Protect and Improve the Nation's Health' identifies seven priorities, which includes risk factors for cancer, for example, tackling obesity, reducing smoking and reducing harmful drinking.
- There are a number of other national strategies that are relevant to cancer. For example, 'Healthy Lives, Healthy People: A Tobacco Control Plan for England' and 'Healthy Lives, Healthy People. A Call to Action on Obesity in England'.

Local

- Cancer is one of the topics in the Lincolnshire Joint Strategic Needs Assessment which relates to a number of core themes (for example, ill health and inequalities).
- A number of the themes of the Joint Health and Wellbeing Strategy for Lincolnshire, such as Promoting Healthier Lifestyles and Delivering Care for Major Causes of ill Health and Disability, are very relevant to cancer.
- There are a number of other local strategies that are relevant to cancer, for example, the Lincolnshire Tobacco Control Strategy 2013-2018 and the Lincolnshire Alcohol and Drug Strategy.

Actions plans are being developed to support continuous improvement in:

- Cancer prevention.
- Cancer screening.
- Promoting symptom awareness.

- Development of community based cancer support services.

  A dedicated project manager has been appointed to lead the development of community based services. The key objectives of the programme include:

  - Identifying patients who may need additional support prior to diagnosis and to ensure that this support is available.
  - Improve the management of patients transferring from acute treatment to a recovery programme.
  - Develop the network of services to support patients adjusting to the new norm of life after cancer treatment.
  - Ensuring that patients who have a palliative condition are connected with palliative care services.

- Develop links with tertiary centres to facilitate the review of clinical pathways and where appropriate explore the development of formal alliances.

  ULHT are working with colleagues to develop systems and processes that ensure that patients who need to go out of area for some aspects of their treatment are supported and aren't lost to local clinical teams. Discussions with colleagues in Nottingham have supported the development of the 'Next steps' framework – which is aimed at ensuring that when a patient leaves an appointment they are clear about what will happen next, this joint management of patients is critical to both ensuring they are well supported but also in ensuring that there are no delays in their treatment.

- Develop frameworks to support utilisation of different diagnostic strategies to facilitate access for patients at high risk of cancer.

  A project manager has been appointed to lead the **Find out Faster initiative**.

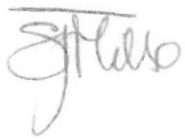
  The Find out Faster project aims to offer rapid access to diagnostic testing for patients who present to their GP with vague symptoms of cancer. GPs currently have two options for patients where there is a suspicion of cancer - refer on a two week wait pathway or send for routine diagnostics (this can take up to 6 weeks for results). The Find out Faster pathway offers a third option, for patients who present with vague symptoms of cancer the GP will use a risk stratification tool (QCancer) to accurately predict the patients current risk of having a cancer, patients receiving a score of between 2% & 5% will be referred on the Find out Faster pathway. It is hoped that the outcomes of the project will be:

  - A shift to early stage diagnosis of cancer (stages 1 & 2 rather than stages 3 & 4) where it is more treatable.
  - A reduction in the number of emergency presentations of cancer.
  - A reduction in the number of two week wait referrals.
  - Improved access to diagnostics for patients classed as medium risk.

In addition to the whole system improvement plan, individual Clinical Commissioning Groups have programmes to tackle variation in their specific locality and there are projects to support improvement of services that are under pressure, for example Breast services at ULHT.

I hope that the above provides assurance that the Lincolnshire Health Community has robust plans to drive improvement of cancer services for people living in the county. Should you have any further information about any of the initiatives or any queries please do not hesitate to contact me.

Yours sincerely,



Sarah-Jane Mills
Director of Development & Service Delivery
NHS Lincolnshire West Clinical Commissioning Group
Programme Lead for Cancer

Cc: Sunil Hindocha, NHS Lincolnshire West Clinical Commissioning Group
Sarah Newton, NHS Lincolnshire West Clinical Commissioning Group
Allan Kitt, NHS South West Lincolnshire Clinical Commissioning Group
Gary James, NHS Lincolnshire East Clinical Commissioning Group
John Turner, NHS South Lincolnshire Clinical Commissioning Group

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**6 December 2016**
Subject:	**Integration Self-Assessment**

Summary:
In July 2016 the Local Government Association, in conjunction with NHS Confederation, Association of Directors of Adult Social Services and NHS Clinical Commissioners, published '*Stepping up to the Place: Integration Self-Assessment'.* This tool has been developed to support local health and care systems critically assess their ambition, capabilities and capacity to integrate services to improve the health and wellbeing of local citizens and communities.

In order to assess Lincolnshire's ambition for integration during October 2016 the Health and Wellbeing Board asked key partners and stakeholders to complete the self-assessment questionnaire. Feedback from this exercise was collated and partners were given the opportunity to discuss the key themes at an informal meeting of the Health and Wellbeing Board on 8 November 2016.

This report presents the outcome of the self-assessment exercise and asks the Board to consider what actions need to happen to ensure Lincolnshire is able to drive forward with its ambition for closer integration across the health and care system.

Actions Required:
The Board is asked to:

- Consider and note on findings of the Integration Self-Assessment exercise detailed in Appendices A and B.
- Approve the next steps as detailed on page 3 of this report which asks partner organisations to:
    - Share the details of the Integration Self-Assessment exercise with their governing bodies;
    - Identify three priority areas for improvement and to feed this information back to the Programme Manager: Health and Wellbeing by the end of January

2017;

- Agree to receive a further report in March 2017 which asks the Board to agree a small number of actions to progress based on a ranked list of priority areas identified by partners.

1. Background

Bringing together health and social care to provide high quality and sustainable services to improve local health and wellbeing outcomes is a key government policy driver. The primary purpose of integration is to shift the focus of health and care services to improving public health and meeting the holistic needs of individuals, of drawing together all services across a place for the greatest benefit, and of investing in services which maximise wellbeing throughout life.

In July 2016 the Local Government Association, in conjunction with NHS Confederation, Association of Directors of Adult Social Services and NHS Clinical Commissioners, published '*Stepping up to the Place – Integration Self-Assessment'.* This tool was developed to support local health and care system leaders critically assess their ambition, capabilities and capacity to integrate services to improve the health and wellbeing of local citizens and communities.

In order to assess the level of ambition, as well as the challenges and opportunities offered by integration, the Lincolnshire Health and Wellbeing Board (HWB) invited key partners and stakeholders to complete the self-assessment questionnaire. The purpose of the exercise was to explore Lincolnshire's readiness across the key characteristics needed for successful integration and to help identify areas of improvement. The questions were structured around two themes:

- Do we have the essentials for the integration journey in Lincolnshire?
- How ready for delivering integration is Lincolnshire's health and care system?

Eleven corporate responses were received from a range of organisations and a summary of the findings is attached in Appendix A. Partners were given a further opportunity to discuss the findings at an informal meeting of the HWB on 8 November and the feedback from this session is summarised in Appendix B.

Key Themes

Participants at the informal HWB welcomed the opportunity to take part in the self-assessment exercise and there was a genuine willingness to engage in a constructive way.

The general census was that relationships, partnership working and accountability have moved forward in Lincolnshire. However for integration to progress further all stakeholders need to commitment to greater openness, honesty and trust. As a group of organisations there needs to be a shared understanding and vision on how resources can be used in the most effective way and we need to learn from best practice. There needs to be a greater focus on delivery which places the individual/patient at the centre rather than the organisation.

There is a clear message from partners to keep things simple especially the language and terminology so that all stakeholders understand the message and know how they fit within the health and care system. In addition, the term 'health and care system' needs defining so there is a shared understanding of what this means in Lincolnshire. The relationship between key drivers, such as the Better Care Fund (BCF), Sustainability and Transformation Plan (STP) and Lincolnshire Health and Care (LHAC) need to communicated so stakeholders understand which part of the system they are addressing. Better communication and sharing of information was also highlighted as an area for improvement.

National requirements and local governance are viewed as barriers that limit the ability of local system leaders to make binding decisions. Simplified governance arrangements which allow specific delegated powers to be delegated by governing bodies to the System Executive Team (SET) and the HWB could address some of the current issues. As a 'system', Lincolnshire should be speaking with 'one voice' and seeking additional freedoms and flexibilities.

Next Steps

The self-assessment exercise has highlighted a number of areas where wider partners and stakeholders feel improvements need to be made. Therefore as part of identifying and agreeing an improvement plan it is recommended the HWB approves the following next steps:

1. Each partner organisation, including all district councils, NHS Providers and Involving Lincs, share the details of this exercise with their governing body to raise awareness of the feedback and to gain commitment from stakeholders to develop a shared improvement plan to address the issues highlighted through this exercise.
2. Each partner is asked to identify their top three priority areas for improvement (ranked 1 to 3, with 1 being the top priority) and to feed this information back to the Programme Manager: Health and Wellbeing by the end of January 2017.
3. The organisational priorities are collated and developed into a ranked long list.
4. A further report is presented to the HWB in March 2017 which asks the Board to agree a small number of improvement actions to progress based on the ranked list of priorities.

2. Conclusion

Integration between health and social care is a key driver to providing high quality and sustainable services which meet the needs of the local population and address local priorities. The Integration Self-Assessment tool, developed by the LGA, focuses on the key elements and characteristics needed for successful integration, offering insights into the current ambition and areas for improvement.

The HWB is required to promote joint working and integration to improve health and wellbeing in Lincolnshire. To this end, partners and key stakeholders were asked to take part in the self-assessment exercise and the findings from this exercise were discussed at the informal HWB meeting in November. Whilst the general view was that progress has been made in Lincolnshire further work is still needed to ensure all partners and stakeholders are engaged in the integration journey. The HWB is therefore seeking commitment from partners to share the outcome of the self-assessment exercise and to identify priority areas for improvement.

3. Consultation

Health and Wellbeing Board members and wider stakeholders including all District Councils, NHS Providers, Police, Fire and Rescue, and Involving Lincs were invited to be involved in this exercise.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Integration Self-Assessment – Findings
Appendix B	Feedback from the informal Health and Wellbeing Board held 8 November 2016

5. Background Papers

Document Title	Where can the document be viewed
Stepping up to the place: Integration Self-Assessment Tool	http://www.local.gov.uk/publications/-/journal_content/56/10180/7867709/PUBLICATION

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

Lincolnshire Health and Wellbeing Board

Integration Self Assessment - Findings

Module A – Do we have the essentials for the integration journey in Lincolnshire?

This module explores the essential elements that need to be in place for integration ambitions to be achieved. It explores whether or not the system has a shared culture, trust between individual organisations, and a shared commitment and agreement to redesigning the health and social care landscape together.

The module also looks at whether there is a genuine sense of shared leadership across the system, with a clear understanding of where joint and individual accountability sits, and whether the system has the right governance and leadership to achieve its integration ambitions.

Lines of Enquiry:

- **A1 – Shared Commitment in Lincolnshire**
- **A2 – Shared Leadership in Lincolnshire**
- **A3 – Shared Accountability in Lincolnshire**
- **A4 – Getting it done in Lincolnshire**

A1 - Shared Commitment in Lincolnshire

Strengths – the majority of responses 'agreed' or 'strongly agreed'
There is a shared understanding on the objectives of integration and prevention
There is a shared purpose and vision of how to improve health and wellbeing
System leaders understand the benefits and challenges of integration

Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
System leaders have taken responsibility for their contribution to improving health and wellbeing
There is a shared and demonstrable commitment to a preventive approach which focuses on promoting health and wellbeing for all citizens
Local system leaders have gained commitment from all stakeholders to make the changes required for transformation
The services and local system is designed around individuals and the outcomes important to them

A2 - Shared Leadership in Lincolnshire

Strengths – the majority of responses 'agreed' or 'strongly agreed'
Partners have honest conversations about the challenges facing the whole system and its component parts

Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed''
System leaders have the right relationship, shared values and behaviours to work together for the public good
Partners are able to reach shared solutions
There is a willingness to put the needs of the public before the needs of individual organisations
There is trust between system leaders and organisations

A3 - Shared Accountability in Lincolnshire

Strengths – the majority of responses 'agreed' or 'strongly agreed'
The health and care system have arrangements in place to hold organisations to account for delivery
There is clear governance in place for accounting to partners on progress
The system shares data
Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
Roles and responsibilities are clearly set out in terms of reference and they match the decision making authority
There are clear links to each other's organisations statutory decision making responsibilities
There is open communication
The right information is provided to the right people to enable them to carry out their roles and responsibilities
There are agreed key metrics and benefits

A4 - Getting it done in Lincolnshire

Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
There is capability and capacity to deliver integration
Given the scale of integration needed, we have the appropriate arrangements and transactional skills in place to deliver across the whole health and care system
Appropriate governance arrangements are in place to make binding decisions at the required pace
Appropriate agreed processes are in place to support local changes which will meet the tests of law for public bodies
Local system leaders have agreed a change model for the whole of the health and care system
There is strong programme management in place to align resources and tasks

Module B – How ready for delivering integration is Lincolnshire's health and care system?

Having taken a broad overview in Module A of the commitment to deliver integration, this module focuses on the practical working arrangements that are required to ensure that the shared commitment is translated into successful delivery.

Key lines of enquiry:

- **B1 – Our Shared Vision**
- **B2 – Shared Decision Making**
- **B3 – Shared Systems – models**
- **B4 – Shared Systems - enablers**

B1 - Our Shared Vision

Strengths – the majority of responses 'agreed' or 'strongly agreed'
Partners have a clear understanding of where there are gaps in capacity and resources
The local case of change reflects the national challenges facing health and care
There is a clear evidence base assessment informing the future demands for services

Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
Partners have a clear picture of future resources

B2 - Shared Decision Making in Lincolnshire

Strengths – the majority of responses 'agreed' or 'strongly agreed'
System leaders are engaging with communities and stakeholders to secure their engagement in 'what', 'why' and 'how' change needs to happen

Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
The right stakeholders are involved to make binding decisions
All relevant partners – local authorities, CCGs, NHS England, providers, community & voluntary sector leaders – are engaged and committed to playing their part
Partners have agreed the governance for local system wide working
Services are being developed in conjunction with communities, service providers and the people that use them
Lincolnshire has the right decision making footprint agreed for planning and delivering the integration improvement needed

B3 - Shared Systems - models

Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
Partners have critically assessed and agreed which modern care delivery models would best improve health and wellbeing outcomes
Partners have appraised and agreed which organisational models best support Lincolnshire's modern care delivery model
Partners have appraised and agreed how financial resources will be deployed to best effect

B4 - Shared Systems - Enablers

Strengths – the majority of responses 'agreed' or 'strongly agreed'
Workforce needs are being considered across the whole system to ensure the supply, adequate training and development of multidisciplinary approaches
Areas for Improvement – the majority of responses were neutral or 'disagreed / strongly disagreed'
Information and technology, at an individual and population level, is shared between relevant agencies and individuals
Access and efficiencies are being maximised across the public estate

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Appendix B

Feedback from the informal Health and Wellbeing Board held 8 November 2016

25 people attended the workshop and were placed across four tables. Each table were provided with a copy of the full results from the questionnaire (shown in Appendix A) and were asked to discuss two sections from Module A and two from Module B. The information from the session has been collated and is summarised below.

Module A – Do we have the essentials for the integration journey in Lincolnshire?

This module explores the essential elements that need to be in place for integration.. It explores whether or not the system has a shared culture, trust between individual organisations, and a shared commitment and agreement to redesigning the health and social care landscape together. The module also looks at whether there is a genuine sense of shared leadership across the system, with a clear understanding of where joint and individual accountability sits, and whether the system has the right governance and leadership to achieve its integration ambitions.

Shared Commitment in Lincolnshire

- Need for genuine commitment, across all organisations, to work differently so there is greater emphasis on individual/patient and less focus on the organisation.
- Need for shared understanding and knowledge of organisational drivers and opportunities.
- Agree shared objectives across the health and care system that includes all stakeholders.
- Agree that personal, social and community responsibility must be a fundamental principle behind delivering 'integration/graduation'.

Shared Leadership in Lincolnshire

- Perspectives vary, so there needs to be greater awareness, openness and engagement in agreeing the 'right' solution.
- When agreeing priorities, identify all stakeholders that might impact on that and involve them early in discussions on delivery – this needs to include Housing.
- Who needs to be involved – have we got the right people around the table and are they being involved in the right way at the right time.
- Need to build trust – with partners, stakeholders and the public.
- Need to be open and honest by adopting a genuine partnership approach which avoids blame
- Keep it simple – don't make the 'system' too big.
- Work with all relevant organisations to develop clear pathways and criteria – we also need to learn from what is working well and share best practice.

Shared Accountability in Lincolnshire

- What do we mean by the 'health and care system' – there is currently no shared understanding on what this term means nor how all stakeholders are involved.
- Need to develop a shared message so that 'Lincolnshire' can collectively lobby for flexibilities on national policy.
- Seek single accountability upwards to NHS England (NHSE) & NHS Improvement (NHSI) so all Trusts and CGGs in Lincolnshire report progress once and to one place.

- Need to focus on delivery – locally developed and agreed action plans which are measurable and monitored to demonstrate improvements.

Getting it done in Lincolnshire

- Greater focus on delivery
- Need for a shared common language which avoids clinical jargon.
- Join together Disabilities Facilities Grants with small aids and adaptations work.
- More joined up commissioning and joint working to ensure resources are used more effectively across the system.
- System wide health literacy programme to support personal and social responsibility.
- Need for better shared communication – both to staff and the public.

Module B – How ready for delivering integration is Lincolnshire's health and care system?

Having taken a broad overview in Module A of the commitment to deliver integration, this module focuses on the practical working arrangements that are required to ensure that the shared commitment is translated into successful delivery.

Our Shared Vision

- Need a clear understanding on how future resources will be allocated – Lincolnshire needs to be creative.
- Not all partners understand their role or how they fit into the health and care system therefore need to ensure there are opportunities for joint discussions, e.g. informal health and wellbeing board meetings, where wider partners can engage.

Shared Decision Making

- Legislation as well as local governance limits the ability of local system leaders to make binding decisions (e.g. a decisions by the SET will still require sign off by the all Trust and CCG boards as well as NHSE & NHSI). A memorandum of understanding and specific delegated powers from trust boards and the Executive to both the Health and Wellbeing Board and the SET would simply decision making.

Shared Systems – models

- Neighbourhood teams are the agreed care delivery model that is being rolled out across Lincolnshire. More needs to be done to celebrate the success of neighbour teams including better communication and awareness of what is happening in localities and more sharing of what is working well.

Shared Systems - enablers

- Need to stop duplicating roles and resources – need a new way of working which makes it easier to share resources and staff.
- Workforce – need a shared vision/approach on how across the system we are going to address some of the workforce gaps.
- Links need to be made with the growth agenda to ensure a holistic approach which ensures the right key infrastructure is in place to attract key workers in the county.
- More joined up approach to the One Estate Programme and the co-location of services/teams.
- Implementation of the Care Portal will make it easier to share information/data across the health and care system.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**6 December 2016**
Subject:	**Better Care Fund (BCF) 2016/17 and 2017/18**

Summary:

This report provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's plans for the BCF Narrative Plan and Planning Template for 2017/18 and 2018/19. Also included as Appendix A is a performance update which provides the Board with information on performance against the key BCF metrics for the first six months of 2016/17. Appendix B provides and update describing a proposal for improved use of Disabled Facilities Grant funding agreed with the seven District/City Councils.

Actions:
The Health and Wellbeing Board is asked to consider and agree the following proposals:-

1. HWB delegate to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Chair of the Health and Wellbeing Board, the responsibility to submit the BCF Plans for 2017/18 – 2018/19.

2. HWB note that JCB is likely to recommend that the Protection of Adult Care Services should be at the minimum amount identified in the Planning Guidance due to be issued on 7 December 2016, and that the Council are likely to accept this minimum amount (all subject to any material requirements in the national guidance).

3. HWB defer to the A&E Delivery Board target setting and note that 'stretch targets' will be set for both 2017/18 and 2018/19, notably with respect to Non-elective Admissions (NEA) and Delayed Transfers of Care (DTOC).

4. It is proposed that the HWB agree that the DFG paper (see Appendix B) prepared

by the Interim Director of Public Health should provide a steer on the way forward to address DFGs for 2017/18 – 2018/19.

5. It is proposed that the HWB agree that there is currently a level of informal consensus that Lincolnshire should make an application to be a pilot 'graduation site'

6. It is proposed that the HWB do not progress any work in developing a contingency sum in the next BCF submission. (Subject to any material requirements in the national guidance).

Background

The Lincolnshire Better Care Fund totals £196.5m in 2016/17 of which £53.8m is the national allocation. Lincolnshire's fund is the fourth largest in the country and this does help us to have some influence at national level. In addition to the £53.8m, there are pooled budgets for Learning Disabilities, CAMHS and Community Equipment plus 'aligned' Mental Health funds from the same organisations. For 2016/17 both Non Elective Admissions and delayed transfers of care are a priority, primarily because both nationally and locally NEAs and DTOC have increased and are causing additional financial pressures particularly to NHS partners.

Section 75s

The overall BCF now comprises:-

S75 agreement	**£m**
Proactive Care	46.3
Community Equipment	5.8
CAMHS	5.4
Specialist Services	63.7
Mental Health	5.6
Corporate (see note 1 below)	4.0
	130.8
Mental Health (LCC aligned budget)	63.0
16/17 BCF Plan	**193.8**
LCHC Community Beds (see below)	2.7
Total	**196.5**

(Note 1 – the £4m comprises £3m for the Risk Contingency and £1m for LHAC).

LCHS Community Beds

In addition to the approved BCF programme, during the summer of 2016 Lincolnshire Community Health Service (LCHS) and Adult Care worked together to block purchase a number of care home beds to support Lincolnshire residents.

The work was led by Adult Care with a Section 75 'pool' agreement under pinning the work,

which was used to bring the money from both organisations into one place to purchase the beds. The pool fund has an annual value of £2.72m and the block contract has been awarded for 3 years, with the ability to extend it for up to a further two years.
The number of beds that have been secured is 85 beds; these are spread across the county and are 'nursing' and 'residential'. The beds will be used as 'step up' hospital avoidance and 'step down' hospital discharge capacity, and should support better utilisation of the beds in the local hospitals, acute and non-acute. As with other NHS organisations, LCC continues to work with LCHS to deliver integrated service delivery.
LCC will 'manage' the contracts with the care home providers, including overseeing the quality monitoring.

Performance
Appendix A is a performance update which provides the Board with information on performance against the key BCF metrics for the first six months of 2016/17. On the key national performance targets there is still a need for improvement, with the key targets showing:-

- Non-elective admissions – the local target is for a 2.7% reduction in NEAs and in the first six months a reduction of 1.6% has been achieved. The South CCG has over-achieved against the target, the West and East have both achieved reductions, and the South West CCG has seen a significant increase.
- Permanent admissions to residential and nursing care – the target reduction in new admissions has not been achieved as the service has seen an increase in new admissions; though the September numbers show a considerable improvement. The increase is however being partially offset by the increased attrition rates being experienced within Adult Care particularly in Adult Frailty.
- Delayed Transfers of Care – the target is not being achieved. The targeted performance assumes further improvements during the year and it is difficult to see these targets being achieved. It is likely that the BCF planning in 2017/18 will require a stronger focus on DTOC as nationally the weaknesses in this area are a key element of health service overspending.
- Nationally performance is worsening in key targeted areas, notably NEA and DTOC. See tables below:-

Period	Total Emergency Admissions via A&E	Other Emergency Admissions (i.e. not via A&E)	Total Emergency Admissions
Sep-11	297,295	113,466	410,761
Sep-12	308,242	113,536	421,778
Sep-13	311,081	116,697	427,779
Sep-14	327,392	118,734	446,126
Sep-15	338,081	126,114	464,195
Sep-16	350,191	125,877	476,068

Date	NHS	Social Care	Both	Total		% DTOC attributable to social care
Sep-16	113,354	67,594	15,298	196,246		**34.4%**
Sep-15	91,492	45,570	10,676	147,738		**30.8%**
Sep-14	93,123	35,664	9,480	138,267		**25.8%**
Sep-13	80,536	31,606	6,722	118,864		**26.6%**
Sep-12	74,838	32,518	6,908	114,264		**28.5%**
Sep-11	72,291	36,948	7,955	117,194		**31.5%**

- The performance locally suggests we are improving against a national deterioration on NEAs, though our local target is not being met. For DTOC there are 33 local systems that have been identified for Ministerial intervention where DTOCs are above 8%. Lincolnshire is not on that list and again – at least for Adult Care local performance suggests we are improving, not deteriorating.
- The DTOC comparison for Adult Care is 22% against a national figure of 34.4%. Overall delays in Lincolnshire, whilst a challenge, are not following the national level of deterioration. It is also important to note that nationally NEAs and DTOC for September 2016 are the worst ever reported and worsening.

Finance

For 2015/16 a £3.6m Risk Contingency was established to address the financial impact of not achieving the NEA target. £3m of the contingency is joint BCF funding including £600k having come from the BCF Capital Allocation which has a DFG focus.

The Risk Contingency fund can be used to:-

1. Address NEA under-performance and it is likely that much of the funding will be required for this purpose.
2. Support new investment in BCF target areas should 1 above not be required.
3. Leave within the Contingency. The CCG Chief Finance Officers appear to favour this approach, once any liability under the NEA arrangements has been met.

It is currently assumed all BCF spend for 2016/17 is on budget and certainly that the £16.825m plus one-off £300k 'Protection of Adult Care Funding' is fully committed.

We are currently assuming there will be no Pay-for-Performance requirements in 2017/18. It should though be recalled that the 2016/17 requirements only became apparent late (February/March 2017) in the planning cycle and caused significant difficulties to the funding arrangements for 2016/17. For 2017/18 and 2018/19, the BCF funding package is also expected to include a new source of funding.

Looking forward, nationally an additional £105m is anticipated to be made available to upper-tier councils through the BCF in 2017/18, and £825m in 2018/19. For Lincolnshire the indicative sums are annual increases of:

- 2017/18 - a further £2.1m
- 2018/19 - a further £12.1m
- 2019/20 - a further £10.9m, making the BCF £25.1m greater than in 2016/17

Whilst these sums are expected to come to the County Council via a Section 31, direct from Government, it is also anticipated that they will need to be included in the pooled fund arrangements and therefore agreed within the total BCF fund.

Protection for Adult Care Services (PACS)
Whilst there was no national planning guidance around the funding to be provided within BCF plans for the 'Protection for Adult Care Services', Narrative Plans have **not** been given national approval unless they included a minimum 1.5% uplift to the minimum figure for PACS nationally identified for 2015/16. In Lincolnshire the locally agreed BCF Narrative Plan showed a sum of £16.825m available in 2016/17, some £1.15m above the nationally prescribed minimum. This helped Lincolnshire's Narrative Plan to be one of the earlier plans approved. In addition to the agreed £16.825m, an extra £300k has been made available for PACS from BCF underspends in 2015/16.

It is estimated that the minimum sum required to be made available by Lincolnshire CCGs will be £15.9m for 2017/18, some £925k less than the 2016/17 allocation. Also that the CCGs financial difficulties will make it difficult for them to provide more than the statutory minimum amount for 2017/18 – 2018/19. The CCGs will be informed during December of the minimum amount they should allocate to this for 2017/18, and presumably 2018/19. To address the £0.925m potential shortfall in 2017/18 we are currently reviewing schemes funded with the £16.825m available this year, to see what level of funding is required in 2017/18 and what the service impact would be if lower levels of funding is available.

Planning for 2017/18 – 2018/19
NHS Operational Planning and Contracting Guidance 2017 – 2019 were issued in October. There are two references to the BCF within the guidance:

- *CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the BCF for 2017/18 and 2018/19 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of their notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and delayed transfers of care. Further guidance will be provided later in the autumn.*

- *Health and Social Care integration – Overall 2020 goals: - achieve better integration of Health and Social Care in every area of the country, with significant improvements in performance against integration metrics within the new CCG improvement and assessment framework. Areas will graduate from the BCF programme management once they can demonstrate they have moved beyond its requirements, meeting the Government's key criteria for devolution.*

The BCF Planning Guidance, Planning Return Template and BCF Allocations for 2017/18 - 2018/19 has been delayed. We do not now expect to receive this guidance until at least 7 December 2016. We have though some level of insight into what the guidance is likely to contain:-

- A required two year BCF plan 2017/18 – 2018/19.
- CCG minimum amount for the Protection of Adult Care Services to be notified, presumably for both years.
- Funding will need to explicitly support reductions in NEAs and DTOC.

- Graduation from the BCF – the Government is proposing to establish (up to 10) 'graduation pilots'.

Graduation – this is the Government's latest phrase for moving local areas from the BCF to the full integration of health and social care. The benefits of being a 'graduation pilot' are still being determined nationally. Discussions are taking place about whether Lincolnshire should bid, and the likelihood of being selected if we do.

Timetable for BCF Plans
Whilst the Government's planning timelines for the refresh of the BCF have been delayed, we do however have a firm indication of key dates and the issues which require addressing within the refresh of the BCF Narrative Plan and accompanying documents.
Key dates within this include:

BCF Planning Requirements; Planning Return template, BCF Allocations published	7 December 2016
Submissions from places that wish to graduate	20 December 2016
First BCF submission from HWB (agreed by CCGs and LCC) to consist of: • Draft narrative • High level BCF planning return	12 January 2017
Assurance of CCG Operating Plans and BCF plans	12-26 January 2017
Moderation and cross regional moderation	
Second submission following assurance and feedback, to consist of: • Revised BCF planning return • Revised Narrative plan	10 February 2017
Assurance status of draft plans confirmed	24 February 2017
Cross regional moderation exercise	W/C 27 February 2017
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	31 March 2017
All S75 agreements to be signed and in place	30 May 2017

Key Challenges
The Health and Wellbeing Board is asked particularly to consider:

- The implications of the timetable for developing BCF plans (financial and performance) for 2017/18 and 2018/19.

The timetable requires the submission of a two year plan, providing a Narrative Plan and Planning Templates covering finance and performance information, and moving all relevant S75s to a two year cycle. As shown above the first submission is required by 12 January 2017 with a final submission by 10 February 2017, and requires the agreement of the 4 CCGs, the County Council and the HWB. The CCG Boards may, as for 2016/17, decide to delegate approval of the Plan to Chief Officers and this would certainly help retain flexibility in progressing along the timeline. The County Council will need to give consideration to the

same issue as will the HWB.

It is therefore proposed that the HWB delegate to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Chair of the Health and Wellbeing Board, the responsibility to submit the BCF Plans for 2017/18 – 2018/19.

- Agreeing the funding for 'the Protection of Adult Care Services' both as an overall sum and at a detail level of which schemes should be funded. It is anticipated that the announcement of BCF allocations around 7 December will include a specific and clear reference to the minimum amount each CCG should make for 'the Protection of Adult Care Services'. It is still envisaged that this will be an inflationary uplift to 2016/17 figures and hence be circa £15.9m. It is interesting to note how such funding has been used nationally when compared to Lincolnshire (see table below)

BCF 2016/17 Spend		Nationally	East Midlands	Lincolnshire
Capital spending (e.g. DFG not Care Act)	(£m)	22%	22%	22%
Care Act Duties (including Capital spending)	(£m)	8%	8%	9%
For new or additional adult care services	(£m)	7%	5%	11%
Toa avoid cust in existing adult care services	(£m)	55%	57%	38%
To cover adult care demographic pressures	(£m)	8%	8%	20%
Total Protection of Adult Care	(£m)	100%	100%	100%

- The January 2017 submission requires a 'High level planning return'. This requires consideration of:

  Which schemes to fund in 2017/18 (and 2018/19?) and how much to fund each scheme. This is across the entirety of the BCF funding and hence includes CCG schemes as well as schemes within the Protection of Adult Care
- The performance targets for NEA/DTOC, residential accommodation, etc. and/or any other key performance targets required.
- A narrative to refresh the existing BCF Plan in those key areas requiring a refresh.
- The additional funding for Adult Social Care paid directly between Government and upper-tier Councils will also need to fulfil certain obligations. Either to mitigate cuts in social care develops new services and/or address demographic pressures. (Cf. table above).

To aid the review of the BCF Plan, all BCF funded schemes within the £196.5m pooled budget will be speedily reviewed.

It is proposed that the HWB note that JCB is likely to recommend that the Protection of Adult Care Services should be at the minimum amount identified in the Planning Guidance due to be issued on 7 December, and that the Council are likely to accept this minimum amount (all subject to any material requirements in the national guidance).

As noted earlier in the paper, performance is not as strong across all key performance metrics as was set out in the targets for 2016/17. HWB should discuss what can be done to improve performance and whether renewed targeting of investments is required. The alternative is to defer to the A&E Delivery Board (AEDB) and seek assurances from that quarter. It would then be for AEDB to propose targets and services as part of the BCF plan.

Targets for 2017/18 and 2018/19 need to be established with the planning timeline and must be realistic but to include 'Stretch'.

It is proposed that the HWB defer to A&E Board target setting and note that 'Stretch targets' will be set for both 2017/18 and 2018/19.

The eight Lincolnshire local authorities have developed and agreed an approach to managing and reforming the DFG system in Lincolnshire over the two years of the 'new' BCF. This outline agreement was presented to the Joint Commissioning Board on 22 November, in the form of the paper at Appendix B, and agreed as a set of principles and targets.

Some of the approaches and targets set out in the paper are challenging and will now be pass-ported into a Memorandum of Understanding, with milestones, that can be managed by the relevant authorities and performance managed at JCB.

This agreement is a significant step forward in enabling us to integrate housing need into the pathways of support for vulnerable people and make more locally focused used of the resources available to us.

It is proposed that the HWB agree that the DFG paper (see Appendix B) prepared by the Interim Director of Public Health should provide a steer on the way forward to address DFGs for 2017/18 – 2018/19.

The concept of 'graduation' and graduation pilots' is detailed on page 5 of the paper. The indications are that submissions from areas that wish to graduate will be required by 20 December 2016, and that only a small number (up to ten) will be selected for 2017/18. Criteria for selection is likely to include:

- Commitment of the Health and Wellbeing Board.
- Strong local leadership, with an agreed vision for health and social care integration by 2020, and clear links to wider health and local government strategies.
- CCGs involved are not currently subject to legal directions on finance or performance.
- There is a clear commitment to continue to maintain social care spending and the level of NHS commissioned out-of-hospital services at levels above the minimum required through the BCF, through the pooling of budgets or similarly robust financial arrangements.

The Joint Commissioning Board (JCB) will begin the process of drafting a 'graduation plan'. This provides an opportunity to create a local narrative that brings together the LHAC, STP and BCF programmes with additional information that can evidence further progress towards integration. (NB. It should be noted that this will probably have the greatest relevance in Joint Commissioning, Children's and older people service areas). The JCB will agree the mechanism and lead team to produce such a plan in draft.

It is proposed that the HWB agree that there is currently a level of informal consensus that Lincolnshire should make an application to be a pilot 'graduation site'.

Within the financial section on page 4 of the paper the Risk Contingency re NEAs is

discussed. The draft guidance appears to indicate that there will be no statutory or regulatory requirement for a Risk Contingency in future years. Establishing a contingency comes at the expense of putting investment now, into areas that require investment to enable performance in key areas to be improved.

It is proposed that the HWB do not progress any work in developing a contingency in the next BCF submission (subject to any material requirements in the national guidance).

Conclusion

There is a considerable amount of work to be undertaken to ensure Lincolnshire is able to submit an agreed BCF Plan within anticipated timescales. Although requirements for the next two years are being reduced there is the added complication of graduation plans and, heightened interest in DFGs. Accordingly a core team will be needed to manage the process and that Glen Garrod will remain as SRO and David Laws continues to support BCF work with Emma Scarth hosting and co-ordinating performance data. CCGs have agreed to support the development of the Plans with lead officers including Gary James, Sarah Furley and Carol Cottingham.

Consultation

Not applicable

Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Performance Report to 30 September 2016
Appendix B	Appendix B – DFG paper prepared by the Interim Director of Public Health

Background Papers

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

This report was written by David Laws, BCF and Financial Special Projects Manager, who can be contacted on 01522 554091 or David.Laws@lincolnshire.gov.uk.

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Better Care Fund - 2016/17

Performance Report

Quarter 2 Report

September 2016

Performance Alerts

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

Total measures

Summary

	BCF metrics
Achieved	**0**
Not achieved	**4**
Improving but not achieved	**1**
Not reported in period	**1**
	6

Symbols Key:

CCG NEA Target reduction met ✓

CCG NEA Target reduction not met ✗

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.

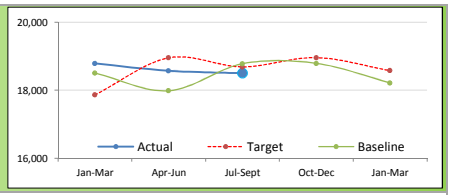
Polarity	Indicator Description	Responsibility	Previous Years		2016/17					
					Current - September 2016			Forecasting		
			2014/15	2015/16	Actual	Plan	Alert	Forecast	Target/Plan	Target/Plan (Period)
Health and Wellbeing Better Care Fund Metrics										
Smaller is Better	1. Total non-elective admissions into hospital : General and Acute	NHS	6,034 (average per month)	6,101 (average per month)	18,501	18,185	Improving but not achieved	-	-	Quarterly
Smaller is Better	2. Permanent admissions to residential and nursing care homes - aged 65+ **ASCOF 2A part 2**	LCC	938	1,019	579	491	Not achieved	1,158	982	Annual
Bigger is Better	3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation **ASCOF 2B part 1**	NHS / LCC	78.8%	76.0%	73%	80%	Not achieved	73%	80%	Annual
Smaller is Better	1. Delayed transfers of care: Delayed days from hospital, aged 18+	NHS / LCC	1,765 (average per month)	2,787 (average per month)	8,777	7,575	Not achieved	-	-	Quarterly
Local Performance Metric										
Bigger is Better	Percentage of older people leaving hospital who received reablement/rehabilitation services **ASCOF 2B part 2**	NHS / LCC	3.6%	4.2%	3.9%	4%	Not achieved	3.9%	4.4%	Annual
Local Patient Experience Metric										
Bigger is Better	3. Proportion of people feeling supported to manage their long term condition (local indicator) (%)	NHS	63.8%	63.0%	Not reported in period			-	66.0%	Annual

Health and Wellbeing Better Care Fund Metrics

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

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

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



Observations from the data:
The BCF plan committed CCGs to a 2.7% reduction in the HWB Plan figures in each quarter of the year. A total of 18,501 admissions were made during the quarter, which is 188 admissions less than the original CCG plans (1% lower than plan), and 1.5% reduction compared to Q2 of 2015/16. The measure has been marked as improving but not achieved. Only the South CCG have consistently experienced monthly admission rates lower than the HWB Planned reduction, so far saving 135 admissions in the area this quarter; a 3.9% reduction. Both the East and South CCGs saw a modest reduction in admissions, but the pressure remains in the South West and from other contributing CCGs elsewhere in the country where admissions have been higher than the target.

Prior Year	2015/16 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
In Month	5,947	6,179	5,858	6,538	6,031	6,212	6,354	6,107	6,330	5,975	5,926	6,316
In Quarter (cumulative)	5,947	12,126	17,984	6,538	12,569	18,781	6,354	12,461	18,791	5,975	11,901	18,217

Current Year		2016/17 BCF (Calendar Year)											
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In Month		6,122	6,236	6,214	6,183	6,206	6,112						
In Quarter		6,122	12,358	18,572	6,183	12,389	18,501						
HWB Plan Total		6,318	12,636	18,955	6,229	12,459	18,688	6,320	12,639	18,959	6,192	12,384	18,577
HWB NEA Plan (after reduction) - TARGET		**6,149**	**12,298**	**18,447**	**6,062**	**12,124**	**18,185**	**6,152**	**12,304**	**18,456**	**6,027**	**12,053**	**18,080**
Planned reduction	number	169	339	508	168	335	503						
	%	2.68%	2.68%	2.68%	2.69%	2.69%	2.69%						
Actual reduction	number	196	278	382	46	70	188						
	%	3.11%	2.20%	2.02%	0.75%	0.56%	1.00%						
Performance		Achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved						

by CCG

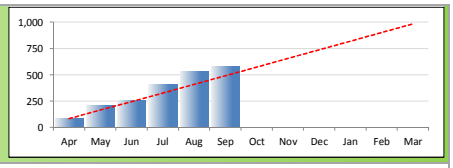
Actual In Quarter	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	2,125	4,293	6,481	2,224	4,303	6,417						
West CCG	1,908	3,775	5,683	1,814	3,761	5,559						
South CCG	1,040	2,250	3,321	1,088	2,209	3,344						
South West CCG	927	1,791	2,711	929	1,869	2,815						
Other contributing CCGs	122	250	376	127	247	366						
Total	**6,122**	**12,358**	**18,572**	**6,183**	**12,388**	**18,501**						

HWB Plan	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	2,169	4,337	6,506	2,192	4,385	6,577						
West CCG	1,961	3,923	5,884	1,855	3,711	5,566						
South CCG	1,180	2,360	3,540	1,160	2,319	3,479						
South West CCG	890	1,780	2,670	903	1,806	2,709						
Other contributing CCGs	118	236	355	119	238	357						
Total	**6,318**	**12,636**	**18,955**	**6,229**	**12,459**	**18,688**						

Variance from plan (cumulative in Qtr)	monthly increase/reduction	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG		-44	-45	-25	32	-82	-160						
West CCG		-54	-148	-201	-41	50	-7						
South CCG		-140	-110	-219	-71	-111	-135						
South West CCG		37	11	41	26	63	106						
Other contributing CCGs		4	14	22	8	9	9						
Total		**-196**	**-278**	**-382**	**-47**	**-70**	**-188**						

% Variance from plan (cumulative in Qtr)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	✗ -2.01%	✗ -1.03%	✗ -0.38%	✗ 1.45%	✗ -1.87%	✗ -2.44%						
West CCG	✓ -2.74%	✓ -3.77%	✓ -3.41%	✗ -2.23%	✗ 1.35%	✗ -0.13%						
South CCG	✓ -11.83%	✓ -4.65%	✓ -6.20%	✓ -6.14%	✓ -4.77%	✓ -3.88%						
South West CCG	✗ 4.17%	✗ 0.61%	✗ 1.55%	✗ 2.88%	✗ 3.50%	✗ 3.91%						
Other contributing CCGs	✗ 3.20%	✗ 5.72%	✗ 6.12%	✗ 6.81%	✗ 3.82%	✗ 2.48%						
Total	✓ -3.11%	✗ -2.20%	✗ -2.02%	✗ -0.75%	✗ -0.57%	✗ -1.00%						

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



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

Observations from the data:
From April to September, there have been 579 permanent admissions to care homes for older people. This is 88 admissions more than planned at this point in the year, but a low number of admissions in September shows signs that placement activity is slowing. The year end estimate has been revised down to 1,158, which would be 18% higher than planned (982). This appears to have been caused by discharge pressures in hospitals and the availability of alternative home-based support in the community.

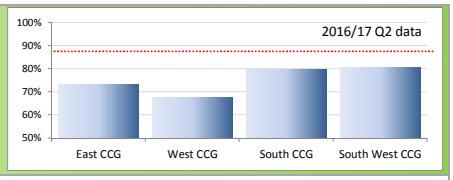
Prior Year	2015/16 BCF (Financial Year)											
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
In month	81	72	85	87	79	118	80	95	75	86	75	86
Cumulative YTD	81	153	238	325	404	522	602	697	772	858	933	1,019

Current Year		2016/17 BCF (Financial Year)											
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Additions per month		87	121	52	153	123	43						
Cumulative YTD		87	208	260	413	536	579						
Denominator		172,133	172,133	172,133	172,133	172,133	172,133						
Rate per 100,000		50.5	120.8	151.0	239.9	311.4	336.4						
Target (admissions)		**82**	**164**	**246**	**327**	**409**	**491**	**573**	**655**	**737**	**818**	**900**	**982**
Target (per 100k)		48	95	143	190	238	285	333	380	428	475	523	570
Performance		Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved						

by CCG

Care home admissions (Cumulative)	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East	385	41	90	110	177	223	239						
West	339	22	51	61	101	131	144						
South	167	13	38	46	61	94	100						
South West	106	11	28	42	69	77	85						
Not Recorded	22	-	1	1	5	11	11						
Total	**1,019**	**87**	**208**	**260**	**413**	**536**	**579**						
Est. CCG population (aged 65+)	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	58,286	62,724	62,724	62,724	62,724	62,724	62,724						
West CCG	44,185	47,550	47,550	47,550	47,550	47,550	47,550						
South CCG	31,865	34,291	34,291	34,291	34,291	34,291	34,291						
South West CCG	25,617	27,568	27,568	27,568	27,568	27,568	27,568						
Lincolnshire	**159,953**	**172,133**	**172,133**	**172,133**	**172,133**	**172,133**	**172,133**						
Rate per 100,000	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	661	65	143	175	282	356	381						
West CCG	767	46	107	128	212	276	303						
South CCG	524	38	111	134	178	274	292						
South West CCG	414	40	102	152	250	279	308						
Lincolnshire	**637**	**51**	**121**	**151**	**240**	**311**	**336**						

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: 6-monthly / Cumulative for sample period
Source: Reablement - external service provider - Allied Healthcare, rehabilitation - LCHS

Observations from the data:
During the sample period in Spring, the proportion of patients at home, with or without support, on the 91st day is lower than the previous year. Further analysis of the figures reveal that since 2015/16, fewer people are at home because re-admission rates to hospital has almost tripled, and there has been a small increase in the number of people who were placed in short term care. Allied Healthcare provide Social Care reablement and LCHS provide health-focussed rehabilitation. When we look at the comparative performance, for patients discharged from hospital into social care reablement provided by Allied Healthcare, 85% were at home 91 days later, compared to 62% for LCHS. Performance by CCG shows that the effectiveness support in the East and West is below target.

	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numerator	728						658						
Denominator	958						896						
Value	76.0%						73.4%						
Target	**80.0%**						**80.0%**						**80.0%**
Performance	Not achieved						Not achieved						

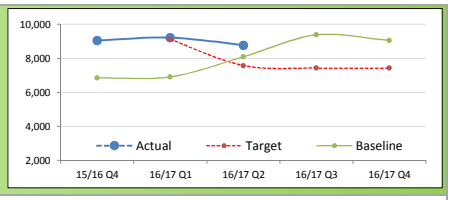
by CCG

Numerator	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	318						241						
West CCG	157						196						
South CCG	122						119						
South West CCG	114						96						
Not known	17						6						
Total	**728**						**658**						
Denominator	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	403						329						
West CCG	214						290						
South CCG	165						149						
South West CCG	158						119						
Not known	18						9						
Total	**958**						**896**						
Actual	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	78.9%						73.3%						
West CCG	73.4%						67.6%						
South CCG	73.9%						79.9%						
South West CCG	72.2%						80.7%						
Total	**76.0%**						**73.4%**						

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

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

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



Observations from the data:
There were a total of 8,777 delayed days for patients in Quarter 2, 5% fewer than Quarter 1, but 8% higher than the same quarter last year. This position is 1,200 higher than the target of 7,575 delayed days. For the second consecutive month, the proportion of non-acute delays has fallen, and now makes up 47% of total delayed days. Social Care delays have dropped to 22%, NHS delays have increased again to 70%; the highest this year. In terms of delay reasons, almost two-thirds of delayed days relate to waiting for further non-acute care, residential or packages in the persons home. In general terms, there is little movement in delay reasons. As mentioned in previous reports this year, housing delays are higher than usual and one to watch.

To give some national context, an ADASS summary of delayed days in Sept 2016 compared to Sept 2015 shows that there has been a 33% increase in total delayed days, whereas in Lincolnshire, delayed days in the month of September are only 5% higher than the same time last year. ADASS also identify that in the month of Sept 2016, social care delays at a national level were the highest on record, accounting for 34.4% of total delayed days. In Lincolnshire, social care delays have been coming down since 2015/16 and in the month of September, accounted for 19% of delays. Just to point out that the data in this section of the report show the position over the full quarter (3 months). Figures for the month of September only have been calculated separately for the purposes of comparison with the ADASS summary.

Prior Year	2015/16 BCF (Financial Year)											
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Numerator	2,283	4,490	6,910	2,548	5,360	8,094	3,514	6,333	9,386	3,543	6,301	9,052
Denominator	591,829	591,829	591,829	591,829	591,829	591,829	591,829	591,829	591,829	596,120	596,120	596,120
Actual	**385.8**	**758.7**	**1,167.6**	**430.5**	**905.7**	**1,367.6**	**593.8**	**1,070.1**	***1,585.9***	**598.7**	**1,057**	**1,518**

Current Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In month	3,006	3,227	2,985	3,048	2,856	2,873						
In Quarter (cumulative)	3,006	6,233	9,218	3,048	5,904	8,777						
Denominator	598,595	598,595	598,595	598,595	598,595	598,595						
Rate per 100,000 population	502.2	1,041.3	1,539.9	509.2	986.3	1,466.3						
Target (days)	**3,042**	**6,085**	**9,127**	**2,525**	**5,050**	**7,575**	**2,475**	**4,950**	**7,425**	**2,475**	**4,950**	**7,425**
Target (per 100k)	508.2	1,016.5	1,524.7	421.8	843.6	1,265.5	413.5	826.9	1,240.4	410.5	821.1	1,231.6
Performance	Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved						

by Type of Care

	2015/16 Q4	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Acute	6,171	1,806	3,682	5,217	1,530	3,093	4,645						
Non Acute	2,881	1,200	2,551	4,001	1,518	2,811	4,132						
Total	**9,052**	**3,006**	**6,233**	**9,218**	**3,048**	**5,904**	**8,777**						
	2015/16 Q4	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
Acute	68%	60%	59%	57%	50%	52%	53%						
Non Acute	32%	40%	41%	43%	50%	48%	47%						

by Responsible Organisation

	2015/16 Q4	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
NHS	6,184	2,000	4,307	6,157	1,931	4,020	6,163						
Social Care (SSD)	2,415	830	1,489	2,226	848	1,370	1,897						
Both	453	176	437	835	269	514	717						
Total	**9,052**	**3,006**	**6,233**	**9,218**	**3,048**	**5,904**	**8,777**	-	-	-	-	-	
	2015/16 Q4	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
NHS	68%	67%	69%	67%	63%	68%	70%						
Social Care (SSD)	27%	28%	24%	24%	28%	23%	22%						
Both	5%	6%	7%	9%	9%	9%	8%						

by Delay Reason

	2015/16 Q4	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
A. Completion of Assessment **(BOTH)**	2,252	473	792	1,180	542	1,020	1,434						
B. Public Funding **(BOTH)**	114	13	106	159	46	88	177						
C. Awaiting NHS Non-acute care **(NHS)**	1,366	511	1,157	1,654	543	1,099	1,714						
D. Residential or Nursing Care **(BOTH)**	1,211	612	1,293	2,035	570	1,264	1,794						
E. Care Package at home **(BOTH)**	2,693	833	1,602	2,275	701	1,294	1,976						
F. Awaiting Equipment **(BOTH)**	434	133	264	465	79	138	218						
G. Patient or Family Choice **(NHS or SSD)**	779	283	638	839	299	511	804						
H. Disputes **(NHS or SSD)**	132	73	200	304	76	188	248						
I. Housing - **(SSD)**	71	75	181	307	192	302	412						
Total	**9,052**	**3,006**	**6,233**	**9,218**	**3,048**	**5,904**	**8,777**	-	-	-	-	-	
	2015/16 Q4	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
A. Completion of Assessment **(BOTH)**	25%	16%	13%	13%	18%	17%	16%						
B. Public Funding **(BOTH)**	1%	0%	2%	2%	2%	1%	2%						
C. Awaiting NHS Non-acute care **(NHS)**	15%	17%	19%	18%	18%	19%	20%						
D. Residential or Nursing Care **(BOTH)**	13%	20%	21%	22%	19%	21%	20%						
E. Care Package at home **(BOTH)**	30%	28%	26%	25%	23%	22%	23%						
F. Awaiting Equipment **(BOTH)**	5%	4%	4%	5%	3%	2%	2%						
G. Patient or Family Choice **(NHS or SSD)**	9%	9%	10%	9%	10%	9%	9%						
H. Disputes **(NHS or SSD)**	1%	2%	3%	3%	2%	3%	3%						
I. Housing - **(SSD)**	1%	2%	3%	3%	6%	5%	5%						

by NHS Trust

	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
ULHT	4,829	1,303	2,762	3,923	1,149	2,335	3,480						
LCHS	2,055	670	1,235	1,694	540	983	1,665						
LPFT	811	530	1,316	2,307	978	1,828	2,467						
Total*	**7,695**	**2,503**	**5,313**	**7,924**	**2,667**	**5,146**	**7,612**	-	-	-	-	-	
	2015/16	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
ULHT	63%	52%	52%	50%	43%	45%	46%						
LCHS	27%	27%	23%	21%	20%	19%	22%						
LPFT	11%	21%	25%	29%	37%	36%	32%						

Note: *Total of NHS Trust delayed days will never equal Total LCC delayed days, because NHS delays can relate to treatment of residents from other authorities.

Local Performance / Patient Experience Metrics

	5. The proportion of people aged 65+ offered Reablement services following discharge from hospital (ASCOF 2B part 2)	6. Proportion of people feeling supported to manage their long term condition
	Definition: The number of people aged 65+ offered Reablement services following discharge from hospital during October to December, as a proportion of the total number of people aged 65+, discharged alive from hospitals in England between 1 October 2015 and 31 December 2015 **Frequency / Reporting Basis:** Annual **Source**: SALT STS004 / Hospital Episode Statistics	**Definition:** Of the number of people identifying a long-term condition in their responses, the % who responded 'Yes, definitely' or 'Yes, to some extent' to the question 'In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?'. **Frequency / Reporting Basis:** 6-monthly / results from 2 GP patient surveys in the year are aggregated and reported as an annual figure **Source:** GP Patient Survey
	Observations from the data: The number of patients offered reablement/rehabilitation services have dropped off since the end of 2015/16, reducing from 958 to 896. Given the unabated pressure in hospitals and the high level of delayed discharges (particularly back to the community), this is lower than expected. The hospital episode statistics relating to discharges in the period are not available mid year, so the 2015/16 figures have been used to calculate an approximate offer rate. This means the target has not been achieved, but in the absence of an actual denominator figure, this may not be a true reflection of performance.	**Observations from the data:** Figures for 2015/16 have just been provided for 2015/16. The target of 64% was only just missed. The South West CCG was the only CCG to hit the 64% target, and had the highest proportion of patients who felt supported, with 65.1%.

	2015/16	Q2 2016/17	2015/16	2016/17
Numerator	958	896	3,719	
Denominator	22,830	22,830	5,900	
Value	4.2%	3.9%	63.0%	
Target	**Not monitored in BCF in 2015/16**	**4.4%**	**64.0%**	**66.0%**
Performance	-	Not achieved		

By CCG				
Numerator	**2015/16**	**Q2 2016/17**	**2015/16**	**2016/17**
East CCG	403	329	1252	
West CCG	214	290	1018	
South CCG	165	149	767	
South West CCG	158	119	682	
Not known	18	9	0	
Total	958	896	3719	0
Denominator	**2015/16**	**2016/17**	**2015/16**	**2016/17**
East CCG	Data not disaggregated by CCG	Data not disaggregated by CCG	2032	
West CCG			1621	
South CCG			1200	
South West CCG			1047	
Not known			0	
Total	22,830	22,830	5,900	0
Value	**2015/16**	**Q2 2016/17**	**2015/16**	**2016/17**
East CCG	Data not disaggregated by CCG	Data not disaggregated by CCG	61.6%	
West CCG			62.8%	
South CCG			63.9%	
South West CCG			65.1%	
Not known			0.0%	
Total	4.2%	3.9%	63.0%	0

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

Report to	**Joint Commissioning Board**
Date:	**22 November 2016**
Subject:	**Lincolnshire's Approach to DFG for 2017/18 & 2018/19**

Summary:

This report provides the Joint Commissioning Board with an update on Lincolnshire's plans for the maintenance and modernisation of our approach to housing as a key component in the health and care system.

It proposes an approach over the coming two years that has been agreed with the seven district housing authorities and the County Council.

Actions:

The Board is asked to consider and comment on the information contained in this report, and agree recommendations.

Background and Context

Appropriate housing is a key factor in determining whether an individual can maximise their independence in the community and avoid the need for, or reduce the length of, stays in residential and/or hospital settings. Work on developing a new strategic approach to 'housing for independence' began early in 2016/17 and brought us to the point of consensus on a strategic development framework; a way of working together and a list of work streams of different urgency and complexity.

Moving from consensus to an agreement of delivery of the more urgent work streams has been constrained by disagreements about the handling of the DFG element of the BCF in the current year's plan. Despite this, development work designed to propose an approach to this for 2017/18 and beyond has progressed, although at a slower rate than expected.

The work has been further complicated by planning uncertainty in government departments around the role and conditions of DFG funding in the BCF for future years. Whilst we understand the overall allocation to Lincolnshire for this element of the BCF, the apportionment to individual housing authorities is not yet clear. This is important to the shape of the plan being proposed, as different housing authorities are in very different demand and financial positions, and additional resources allocated at the centre may not fall in the place of most need.

What is almost certain for 2017/18 forward is that BCF partners will be required to allocate all capital funds in this area to the relevant housing authority initially. We will then be able

to agree with those authorities areas of joint development interest and 're-pool' funds to deliver these by locally agreed arrangements. The workstreams identified below represent a mixture of things to be done collaboratively and things for individual authorities to manage.

The Overarching Agreement with Housing Authorities

The overarching approach to DFGs, and associated funding is described below, and has been negotiated between all 8 local authorities.

1. In 2017/18 the County will allocate BCF in full accordance with government direction.

2. Districts will engage in a process together with County in allocating BCF DFG funding in 2018/19 and future years on a basis that reflects actual need.

3. It is up to Districts to establish the best delivery mechanisms for their area i.e. local delivery is best. However County wide targets to be set and monitored for the delivery of DFGs by 2018/19.

4. Fees to be at no more than 15%.

5. County and OTs to make sure by 2018/19 budget allocation that demand and allocation of funding is not skewed by longer waiting and assessment times in different parts of the County.

6. By the time of the 2018/19 budget allocation County in consultation with Districts will have determined a prioritisation process for OTs to use when assessing cases.

In addition to the main agreement above some key milestones have been agreed:

- A target of 8 weeks from self-referral to job completion is the aim for the end of 2018/19 year.
- A FastTrack hospital discharge process in place by April 17.

The Approach in Practice

The practical expression of this agreement for 2017/18 and 2018/19 has been worked up with representatives of district councils in outline, and will be fleshed out in more detail assuming JCB agreement to this approach.

1. DFG Delivery mechanism review – this will assess the current different district process and pathways of DFG's to identify best practice across the county to develop a uniform process that can be adapted to local need.
2. DFG/OT review - in line with workstream 1 this will focus on the LCC OT aspect of the DFG pathway to identify best practice across the county to develop a uniform process that can be adapted to local need.
3. Hospital Discharge of Complex Cases A working group will look to address the immediate issue of a small number of cases to develop a fast track

discharge process

4. Hospital Discharge Processes – using the findings of workstream 3 a longer term look at the hospital discharge process and how housing and DFG can be integral to this work.
5. Mental Health and Learning disability – To look at the complex cases of these two groups and how the housing and DFG's processes can support them.

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A longer term project will consider, informed by the 5 workstreams above, the issue of bespoke housing solutions where the existing system cannot meet needs. This will encompass capital investment and new build initiatives.

All of these requirements, including a clear understanding of the use of all of the grant allocation for DFG purposes will form the basis of a memorandum of understanding between the County Council and DCs.

Key Challenges

Achieving uniformity across 7 housing authorities and their housing providers will not be straightforward in some cases, but must be attempted through this mechanism in a partnership rather than imposed approach.

In some cases significant additional activity will be required to fulfil some of the workstream requirements and as housebuilding picks up the recruitment of sufficient contractors who can deliver adaptations and new build in the new target time frames will be difficult.

Recommendations

1. JCB to note progress and endorse the overarching agreement and initial workstreams proposed by the County and District Councils.
2. JCB to receive more detailed plans in line with the overall planning timetable identified in the paper by David Laws.

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Lincolnshire Clinical Commissioning Groups

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**6 December 2016**
Subject:	**Lincolnshire CCGs Draft Joint Operational Plan: Lincolnshire East CCG, Lincolnshire West CCG, South Lincolnshire CCG, South West Lincolnshire CCG.**

Summary:
NHS England published planning guidance in September 2016 bringing the NHS planning cycle forward by 3 months this year, and requiring CCGs to align operational planning to years 2 & 3 of the local Sustainability and Transformation Plan (STP).

Lincolnshire has worked together more closely than ever in the past 3 years to develop the Lincolnshire Health and Care Programme; our Blueprint for future health and care services in Lincolnshire and our new model of care. The development of the Sustainability and Transformation Plan (STP) over the last year has built on this strong foundation and is a major milestone in a very complex and extensive programme of work. Our Sustainability and Transformation Plan has been developed by the whole Lincolnshire system. It covers the underpinning changes that have been required to enable us to develop the plan and become ready for implementation, including how organisations and leaders:

- Have changed their awareness and understanding of challenges,
- Have developed a changed approach to leadership,
- Have changed behaviours in the past year
- Have developed a different and shared understanding of the solutions.

The Joint Draft Lincolnshire CCG Operational Plan 2017-19 forms years 2-3 of the STP and translates our strategic STP into a delivery plan; turning solutions into reality. Like our STP, our two year operational plans have also been developed by cross organisational working; for the first time

all seven NHS organisations have come together to agree these operational plans. The STP assumptions for activity, finance and workforce modelling as well as the STP critical path have been further developed for our operational plan(s) so we have collective understanding of what is required and how and when we are going to deliver it. Our two year operational plans will start to make the STP "business as usual" and deliver this complex and challenging improvement programme.

To support delivery of the STP we are developing principles of planning and contracting including dispute resolution that will be used to support some of the difficult decisions to be made during the lifecycle of this operational plan and assist us to mitigate risk so enhancing our opportunities for success.

In addition to being held to account for delivery of the STP the CCG Improvement and Assessment Framework provides the framework by which CCGs performance will be monitored during the life cycle of the operational plan. The table below provides an overview of current performance against the CCG Improvement and Assessment Framework.

	Area	IAF Target	Period	Eng Avg Nat Std	Lincs STP	LE	LW	SWL	SL	Better is…
Better Health	Smoking	Maternal smoking at delivery	Q1 16/17	10.2%	11.0%	12.7%	12.7%	10.1%	7.0%	↓
	Child obesity	Children 10-11 overweight or obese	2014-15	33.2%	33.3%	38.3%	31.1%	28.2%	33.6%	↓
	Diabetes	Achieved all three of the NICE treatment targets	2014-15	39.8%	38.4%	39.3%	39.7%	34.7%	37.8%	↑
		Diagnosed < 1 yr attend a structured education course	2014-15	5.7%	16.1%	15.9%	20.6%	14.3%	9.3%	↑
	Falls	Injuries in people aged 65+ per 100,000 popn	Mar-16	2,014		1,663	1,625	1,832	2,200	↓
	Personalisation and choice	Utilisation of the NHS e-referral service	Jul-16	52.0%		73.0%	73.2%	76.5%	62.1%	↑
		Personal health budgets per 100,000 popn	Q1 16/17	11.3	23.4	21.6	29.7	24.1	16.5	↑
		% deaths which take place in hospital	Q4 15/16	47.0%	47.0%	48.6%	45.2%	43.5%	49.4%	↓
		People with a LTC feeling supported	2016	64.3%		64.8%	65.3%	64.8%	68.0%	↑
	Health inequalities	Inequality in avoidable chronic ACS emergency admissions	Q4 15/16	929		700	676	543	684	↓
		Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,168		1,539	1,495	1,203	1,472	↓
	Anti-microbial resistance	Appropriate prescribing of antibiotics in primary care	Jul-16	1.07		1.18	1.07	1.04	1.14	↓
		Prescribing of broad spectrum antibiotics in primary care	Jul-16	9.3%		10.8%	11.3%	10.6%	10.2%	↓
	Carers	Quality of life of carers - health status score (EQ5D)	2016	80.0%		76.2%	78.1%	73.3%	77.9%	↑
Better Care	Care ratings	Use of high quality providers	in development							
	Cancer	Cancers diagnosed at early stage	2014	50.7%	39.0%	36.5%	33.3%	42.8%	48.3%	↑
		Cancer 62 days first definitive treatement standard	Aug-16	85.0%	77.1%	75.7%	84.2%	72.2%	73.7%	↑
		One-year survival from all cancers	2013	70.2%		68.8%	69.9%	69.3%	71.1%	↑
		Cancer patient experience	2015	8.68		8.52	8.37	8.56	8.91	↑
	Mental Health	Improving Access to Psychological Therapies recovery rate	Jun-16	50.0%	55.3%	53.2%	53.1%	62.1%	56.9%	↑
		1st episode of psychosis < 2 weeks of referral	Jul-16	50.0%	94.4%	100%	85.7%	100%	88.9%	↑
		CYPMH services transformation				50%	50%	50%	50%	↑
		Crisis care and liaison MH transformation				60%	60%	60%	60%	↑
		Out of area placements (inpatient) - transformation				25%	25%	25%	25%	↑
	Learning Disability	LD and/or autism specialist inpatient care (per million)	Q1 16/17	58.2		67.0	67.0	67.0	67.0	↓
		LD annual health check	2014-15	47.0%		47.0%	25.0%	46.0%	32.0%	↑
	Maternity	Neonatal mortality and stillbirths per 1,000 births	2014-15	7.1	6.4	6.5	4.2	8.5	8.3	↓
		Women's experience of maternity services	2015	80.3		83.2	80.8	73.8	82.4	↑
		Choices in maternity services	2015	65.6		68.0	61.9	63.7	65.4	↑
	Dementia	Estimated diagnosis rate for people with dementia	Aug-16	67.0%	64.2%	64.1%	63.5%	56.8%	71.1%	↑
		Dementia care planning and post-diagnostic support	2014/15	77.0%	78.8%	75.1%	77.8%	82.6%	82.7%	↑
	Urgent & Emergency Care	Milestones delivery of an integrated urgent care service	Aug-16	8		1	1	1	1	↑
		Emergency admissions rate for urgent care sensitive conditions	Q4 15/16	2,359		2,054	2,111	1,772	1,929	↓
		A&E 4 hour standard	Aug-16	95%	87.2%	88.2%	87.6%	78.2%	89.9%	↑
		Ambulance Cat A RED 1 standard		75%	63.1%	52.4%	75.8%	77.3%	55.6%	↑
		DToC attributable to the NHS and Social Care per 100,000	Aug-16	14.1	15.9	16.0	15.4	16.2	16.3	↓
		Emergency bed days per 1,000 population	Q4 15/16	1.0		0.9	0.9	0.8	0.9	↓

	Area	IAF Target	Period	Eng Avg Nat Std	Lincs STP	Clinical Commissioing Group LE	LW	SWL	SL	Better is…
Better Care cont..	Primary Medical Care	Emergency admissions for chronic ACS conditions	Q4 15/16	795		731.2	670.3	656.5	672.1	↓
		Patient experience of GP services	H1 2016	85.2%	85.4%	82.5%	88.5%	84.6%	86.0%	↑
		Primary care access (evening/weekend)	in development							
		Workforce - GPs and practice nurses per 1,000 popn	H1 2016	1.0	1.2	1.3	1.1	1.3	1.3	↑
	Elective Access	18 week RTT standard	Aug-16	92%	91.0%	90.7%	89.5%	90.8%	94.0%	↑
	7 Day Services	Achievement of clinical standards in delivery of 7 day (consultant) services	in development							
	NHS Continuing Healthcare	Eligible for standard NHS Continuing Healthcare per 50,000 popn	Q1 16/17	46.0	63.4	64.5	59.7	63.7	66.6	↑
Sustainability	Financial sustainability	Financial plan	2016			Amber	Green	Green	Green	↑
		In year financial performance	Q1 16/17			Red	Amber	Green	Amber	↑
	Allocative efficiency (C4V)	Expenditure in areas with identified scope for improvement	in development							
		Outcomes in areas with identified scope for improvement	Q1 16/17	58.3%		66.7%	wave 2	66.7%	wave 2	↑
	New models of care	Adoption of new models of care	in development							
	Paper-free at the point of care	Local digital roadmap in place				Yes	Yes	Yes	Yes	↑
		Digital interactions between primary and secondary care	Q2 16/17	62.4%		71.0%	72.2%	70.3%	59.9%	↑
	Estates strategy	Local strategic estates plan (SEP) in place	2016-17			Yes	Yes	Yes	Yes	↑
Well Led	STP	Sustainability and Transformation Plan	in development							
	Probity & corporate governance	Managing Conflicts of Interest	in development							
	Workforce engagement	Staff engagement index	2015	3.8		3.7	3.7	3.7	3.8	↑
		Progress against Workforce Race Equality Standard	2015	0.2		0.3	0.2	0.3	0.3	↓
	CCGs' local relationships	Effectiveness of working relationships in the local system	2015-16	69.1		68.3	62.0	78.6	63.9	↑
	Quality of leadership	Quality of CCG leadership	Q1 16/17			Green	Green	Green	Green	↑
	Area	**STP Target**	**Period**	**Eng Avg Nat Std**	**Lincs STP**	**LE**	**LW**	**SWL**	**SL**	**Better is…**

Our joint operational plan must ensure we continue to deliver core NHS Constitution and associated standards within the Improvement and Assessment Framework. Where we are not achieving we have developed improvement trajectories and improvement plans to achieve core standards. These improvement plans will focus on short term improvement whilst longer term strategic change programmes forming part of the STP, will ensure longer term sustainable delivery of NHS standards is achieved. The 3 top priority improvement plans that all 4 CCGs will focus on over the next 2 years are:

- A & E four hour wait standard
- Referral to Treatment 18 week standard
- NHS Constitution standards for cancer

Appendix A Lincolnshire CCGs Draft Joint Operational Plan on a Page provides a summary of our plan.

Actions Required:

The Health and Wellbeing Board is asked to note the Lincolnshire CCGs Draft Joint Operational Plan on a Page 2017-19

Background

NHS England CCGs requires CCGs to submit final Operational Plans on 23 December 2016 alongside finalising contract negotiations with providers. Operational plans form the basis of year 2 and 3 of the STP. STPs are more than just plans. They represent a different way of working, with partnership behaviours becoming the new norm. What makes most sense for patients, communities and the taxpayer should always trump the narrower interests of individual organisations. This means improving and investing in preventative, primary and community based care. It means creating new relationships with patients and communities, seeing the totality of health and care in identifying solutions, using social care and wider services to support improved productivity and quality as well as people's wellbeing.

There are 9 'must do's' outlined in the planning guidance for 2017-19.

1. Deliver years 2 and 3 of the STP.

2. Financial balance: Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals.

3. Deliver the 5 Year forward View for Primary Care to ensure sustainability of general practice and develop primary care at scale.

4. Urgent and emergency care: Deliver the four hour A&E standard, and standards for ambulance response times and meet the four priority standards for seven-day hospital services for all urgent network specialist services. Implement the Urgent and Emergency Care Review. Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department. Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

5. Elective Care: Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT). Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals. Streamline elective care pathways. Implement the national maternity services review, Better Births, through local maternity systems.

6. Cancer: Implement the Cancer Taskforce Report. Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards. Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission. Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types. Ensure all elements of the Recovery Package are commissioned.

7. Deliver the implementation plan for the Mental Health Five Year Forward View for all ages, including: Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care. More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services; Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral. Increase access to individual placement support for people with severe mental illness in secondary care services. Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral. Reduce suicide rates by 10% against the 2016/17 baseline. Ensure delivery of the mental health access and quality standards. Increase baseline spend on mental health to deliver the Mental Health Investment Standard. Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support. Eliminate out of area placements for non-specialist acute care by 2020/21.

8. Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism. Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population. Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check. Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

9. Quality: All NHS organisations should implement plans to improve quality of care, particularly for organisations in special measures. Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services. Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

2. Conclusion

The Draft Joint CCG Operational Plan for 2017-19 is built on the Lincolnshire Sustainability and Transformation Plan and signals a significant shift in the way healthcare is planned and delivered across Lincolnshire. Over the next 2 years implementing the joint operational plan will require partners to work collaboratively at pace and scale to deliver sustainable services for the people of Lincolnshire.

3. Consultation

In line with the STP critical path there are elements of the plan that require formal consultation. For those elements formal consultation will commence May 2017.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Draft Joint CCG Operational Plan on a Page

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 Annette Lumb Head of Planning and Corporate Governance Lincolnshire West CCG (on behalf of Lincolnshire East CCG, Lincolnshire West CCG, South Lincolnshire CCG South West Lincolnshire CCG who can be contacted on (01522 513355)

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

Clinical and financial performance and outcome

2017/18

2018/19

Recovery

- **Clinical improvement -** Drive delivery of recovery plans for NHS Constitutional Standards
- **Financial improvement -** Realise benefits of Operational Efficiency, Capacity Optimisation and Commissioning Priorities /RightCare projects in 2017/18 and further benefit in 2018/19, this includes a reduction in unwarranted variation and demand plus delivering improved outcomes

Clinical redesign

May 2017 Engage and consult with the public in order that we can finalise service configuration and start to implement change

Promote prevention and early intervention

- Build equitable mental health and emotional wellbeing capacity
- Develop sustainable primary care
- Integration at pace in 2017/18 and fully operational in 2018/19
  - Health and care neighbourhood networks
  - Urgent care networks
  - Develop at scale transitional care
  - Further build collaborative working with upper and lower tier local authorities
  - Multispecialty Community Providers develop in shadow form by 2019

Deliver a smaller but more resilient acute hospital sector

- Centralisation of fragile services and specialties to achieve safe, effective and resilient services

Benefits to be achieved

- Improvements in health, NHS quality standards and patient experience outcomes demonstrated
- Develop workforce to deliver new models of care
- 150 lives saved from mortality that is preventable by 2019.
- Non elective admissions are reduced by 4.7% by 2019
- Realise benefits of early intervention, integrated community and urgent care in 2017-19

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**6 December 2016**
Subject:	**Health and Wellbeing Grant Fund - Update**

Summary:

This report provides the Health and Wellbeing Board with an update on the Health and Wellbeing Grant Funded projects.

Actions Required:
The Health and Wellbeing Board is asked to note the details contained in Appendix A.

1. Background

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

In March 2015 the Board agreed to allocate £1,316,234.00 of the Health and Wellbeing Grant Fund to ten projects. As previously reported to the Board two projects have been withdrawn and one project, My Rural Life, concluded in January 2016. A summary report on the remaining seven grant funded projects is contained in Appendix A.

All these projects remain on plan and are delivering in line with the grant fund agreement. There are no significant issues to report to the Board, therefore this report is for information and the Board is asked to note the progress of the projects.

2. Conclusion

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

3. Consultation

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health and Wellbeing Grant Fund – Update Report September 2016.

5. Background Papers

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

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

HEALTH AND WELLBEING GRANT FUND PROJECT – 2016 – 2017 Quarter 2 report **Appendix A**

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Buddy Up (Care Leavers Mentoring Project)	Oct 2015 – Sept 2017	£150,516.00	£75,259	£75,257	●
Description:	To deliver a two year Care Leavers Mentoring Project across Lincolnshire to improve outcomes for both Care Leavers (CL) and volunteers. Mentors will deliver specialist interventions to sixty care leavers over the two years with a clear focus on supporting social isolation. The project is managed by a full time project worker who is responsible for recruiting 20 volunteer mentors to work with the care leavers.				
Project Lead:	Barnardo's				
Project Update:	The project start date was 01 July 2015, however the Volunteer Co-ordinator started in post in September. Since then the project has received 57 expressions of Interest forms from potential volunteers of which 13 have been recruited, inducted and fully trained to support care leavers, 2 of the volunteer mentors are themselves ex care leavers. All 13 volunteer mentors have been matched with 23 young people and meet on average once a week. Of the 23 all have reported improved health, emotional wellbeing and or social networks; 7 have engaged with Health services; and 17 have engaged with EET services.				

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Let's Get Fizzical	July 2015 – March 17	£40,720.00	£30,998	£9,722	●
Description:	Let's Get Fizzical is an award winning project developed by national sports charity Street Games, which engages inactive children aged 8 – 14 years in sport. Positive Futures is piloting this model in 2 disadvantaged communities in Lincolnshire; Lincoln and Boston.				
Project Lead:	Positive Futures				
Project Update:	After successfully completing the Lets Get Fizzical programme and through resourceful management of the funds; a saving of £9,722 was identified. Following consultation with the HWB Grant Fund Sub Group it was agreed to extend the programme for a further three months to utilise the remaining funds. Positive Futures were keen to do this with a view to adapt and improve the model using the learning from the work that had already taken place: • Tasters and 6-week programmes delivered in 12 primary and 3 Secondary Schools. • Weekly community sessions running in 4 locations. • A total of 93 children from the school's program have been signposted to our LGP community sessions • 196 participants have made 723 attendances at the school-based sessions • 10 sessional coaches trained and employed • 9 volunteers recruited and delivered 97.5 hours between them. • RSPH Level 1 Training, Mental Health First Aid and Solution Focused Behavior Change Training delivered to coaches and volunteers. The extended programme focus on a further 3 schools; 1 in Lincoln North; 1 in Lincoln South; and 1 in Boston. This will start in January 2017 and run through until March 2017. Taster sessions will be delivered in each school, followed by 9 weeks of after school activities and a hub session in each area. Positive Futures will again support with in kind contributions in terms of equipment, venue costs, and project coordination.				

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Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Diabetes Education & Resources	Jan 2016 – Dec 2018	£169,800.00	£8,278.91	£161,521.09	●
Description:	With agreement from the HWB Grant Fund Sub Group, the project has now been extended to deliver: • Support people newly diagnosed with type 2 diabetes by supporting the rollout of the updated Spotlight education course across Lincolnshire. • Support people both newly diagnosed and living with type 2 diabetes by working with Diabetes UK to deliver a range of interventions. • Patient information packs containing support details produced both by Diabetes UK and Lincolnshire specific information • Living with Diabetes Days. • Local Peer Support Groups.				
Project Lead:	4 Lincolnshire Clinical Commissioning Groups				
Project Update:	The project suffered a set-back due to the delay with the signing of the NHS standard contract with Diabetes UK. Progress to dates includes: • Updated Spotlight education programme extended across Lincolnshire. • Promotional material for Spotlight produced. • Patient booklets to support those attending the Spotlight course produced and being used as part of the updated Spotlight course. • Finalised locations across Lincolnshire of the Living With Diabetes Days and Peer Support Groups with Diabetes UK. • Developed patient support resources with Diabetes UK. • 350 people were invited to a Spotlight training event, of which 247 attended (42% all of which set a personal target).				

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Step Forward	Oct 2015 – Sept 2017	£226,200.00	£35,936.00	£190,264	●
Description:	To support adults that are unemployed and have a learning disability, autism and/or a mental health condition and help them access employment opportunities, improve their employability and reduce worklessness.				
Project Lead:	Adult Specialist Services through contracted providers				
Project Update:	Boston College are running close to capacity in their contract for the Lincs East CCG area. The main reason for this is that people joining the project are not dropping out as anticipated and so the concern is that, as they progress through the programme, there will be no funding to support them and providers are reluctant to start people if they don't feel they will be able to see them right through. The original target profile assumed a drop-out rate of 30% however; most of those engaged with the project are still active. The current identified savings due to the non-allocation of Lot 2 and savings on the management costs; will allow for the full allocation of starters to be able to progress right through the project and to make provision for this number to increase if necessary; 67 beneficiaries have engaged with the service.				

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	To date, 4 beneficiaries have completed a work experience placement and the number is set to increase as learner's progress through the programme towards their work experience. Although Lot 2 funding was not allocated, the contracts with Boston College for Lots 3-5 were all varied to allow for services to be provided to young people aged 18 and over that have a learning disability. The need for this arose when 2 or 3 young people were not able to access a service from the LCC YPLP Employment Support Team.

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Assisting low income households into work	Sept 2015 – Sept 2019	£98,000.00	£38,375	£59,625	●
Description:	This project is being undertaken as part of the 'Universal Support Delivered Locally' (USDL) work linked to the national Universal Credit rollout agenda. Adults in low income households will be supported to enhance their skills and helping them to improve their employment prospects and potentially increase their income.				
Project Lead:	City of Lincoln in conjunction with Lincoln College				
Project Update:	Due to the procurement process, the programme did not start until September 2015. Indicators show that the training programme has proved very popular and uptake for the courses has been high, in response to the high demand the spend profile for the project has been adjusted to take this into account. The ICT/employment skills courses delivered by Lincoln College are self-directed learning in the Community Education Centre, so specific sessions are not delivered – learners are working towards their own individual learning aims with tutor support. This model allows greater flexibility for the learners to work at their own pace and fits around other commitments. To date 183 learners have accessed training; 20 learners have moved into employment; 8 learners have made progression within their current employment, resulting in an increased wage. It is expected that this figure will rise as most learners have only very recently finished their learning and are entering into the tracking period.				

Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Connecting Communities	July 2015 – June 2017	£120,302.00	£76,902	£43,400	●
Description:	This project is to further establish and embed sustainability into two resident led, fully constituted partnership groups within the hard pressed communities of Wainfleet and Winthorpe, by funding two part time local coordinators to help develop and co-ordinate activities.				
Project Lead:	Lincolnshire East Clinical Commissioning Group				
Project Update:	The programme went live on 6th July 2015. Two Community Coordinators are in post; one in Wainfleet and one in Winthorpe. **Wainfleet** Good relations have been established with Wainfleet St Mary Parish Council and the community coordinator is supporting them to develop their community assets i.e. refurbishment of their community hall and funding to refurbish the community play park. **Activities:** • Street clean-up has been supported.				

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	• Issue 2 of the Wainfleet newsletter was produced and circulated. • Further engagement activity (Tea Party in the car park) was organised and all residents invited with a personal invite through their door. • Dementia group now running monthly at Miller Court. • Notice board now in situ in the surgery. • Investigating the setting-up of a Credit Union in the town. • Investigating the setting-up of a children's lunch club during holiday times. There is still a lack of engagement and buy-in from organisations and local residents; also, there is reluctance for residents to get involved with the partnership because of past history and past members influence in the town: • Continue to share minutes of meetings with Town Council Clerk. • Attend Town Council Meetings when requested. • Continue to inform people of the good work of the partnership and encourage participation and offer support and personal development opportunities. **Winthorpe** **Activities include:** • Continue to attend and support monthly partnership meetings. • Continue to support monthly development group meetings to administer lottery funding. Further Health lottery funding applied for (£18,531) and secured. • **Charitable Status** – WCP Winthorpe Community Partnership has registered with the Charity Commission to become a CIO (Charitable Incorporated Organisation), charitable status is still pending. • Police Surgeries are now up and running at the community centre to give residents a voice. • Linkages with Skegness Dementia Action Alliance have been established. • Family Stay and Play sessions organised were children are encouraged to try new things, play together, and eat lots of free fruit. Parents also stayed and joined in; a total of 59 young people attended. • £1,800 from the Horncastle Health fund was applied for and secured to develop a herb/fruit garden at the Community Centre. Volunteers are now involved in developing the garden and raised beds to grow herbs and fruit. • A local Health and Wellbeing event was organised at the primary school; residents were able to talk to a host of service providers from many different areas including housing: Well-being team; LCC; Health Watch; and many more. • Winthorpe Community Coordinator has applied to Esmee Fairbairn Foundation for 5 years funding to continue the role. • The 5 year Community Plan has been signed off

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Project Name:	Project Lifetime	Total Allocated	Total claimed	Total remaining	Project Status
Lincs Carers Charter	June 2015 – December 2017	£110,600.00	£59,350	£51,250	●

Description:	To establish a quality standard 'Kite' mark recognisable to all Lincolnshire carers, providers and partners as a way of addressing some of the difficulties caused by rurality, poor transport infrastructure and sparsity of population. It will also ensure a connection with other areas of work, such as Carers & Employment, where SME's will be supported to meet best practice.
Project Lead:	Every-One (formally Lincolnshire Carers & Young Carers Partnership)
Project Update:	The project went live in June 20154 and the Kite Mark award was promptly established. Marketing/Promotional Materials been developed and distributed and the Carers Charter and Award Standards have been written – this is a 6 month process. The Application Process/Pack and accompanying documentation are now completed and in place – Carers and Young Carers were involved in producing the application form and will be represented in the assessment panel: • 81 organisations have now signed up to and are working towards the accreditation. • 6 organisations have achieved accreditation: Abbey view Surgery; Ermine Academy; Peterborough and Stamford NHS trust; Lincoln Castle Academy; EMAS; and Wragby Surgery. 3 organisations are pending assessment; EMAS; Lincoln University; and Wragby Surgery and 6 more pending. • 18 organisations have received 2 hour Carer Awareness training, which has enabled those organisations to have a better understanding of the demands on those with a caring responsibility. Examples of this include, staff being offered flexible working arrangement and increased awareness of the demands placed Young Carers. 415 have been people reached through the training. Further sessions have been booked, particularly working with cohorts of staff from ULHT.

Amount available		**£**
		1,328,661.00
Project	**Provider**	
Get Started & Get into Healthy Lives	Prince's Trust	39,999.00
Care leavers mentoring project	Barnardo's	150,516.00
Let's Get Fizzical	Positive futures	40,720.00
Diabetes Education & Resource	4 CCGs	169,800.00
Step Forward	LCC - subcontractor	226,200.00
Assisting Low Income Households	City of Lincoln Council	98,000.00
Connecting Communities	East Lincolnshire CCG	120,302.00
My Rural Life	Sortified CiC	10,096.00
Lincs Carers Charter	Every One (Lincs Carers & Young Carers Partnership)	110,600.00
Total remaining		**362,428.00**

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Health and Wellbeing Board – Decisions from 7 June 2016

Meeting Date	Minute No	Agenda Item & Decision made
7 June 2016	**1**	**Election of Chairman** That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2016/17
	2	**Election of Vice-Chairman** That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2016/17
	5	**Minutes** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 22 March 2016, be confirmed by the Chairman as a correct record.
	6	**Action Updates from the previous meeting** That the completed actions as detailed be noted.
	8a	**Terms of Reference, Procedural Rules, Board members Roles and responsibilities** That the Terms of Reference. Procedure Rules and Board Members Roles and Responsibilities be re-affirmed.
	8b	**Proposal for the development of the Joint Health and Wellbeing Strategy** That the following proposal be agreed:- That the prioritisation framework the HWBB adopted to develop the JHWS is rooted in the topics included within the JSNA; That the HWBB adopts the five core principles as detailed in the minutes and set out in the report within which the development of the JHWS will be undertaken; The HWBB adopts the nine criteria as detailed in the minutes are worked up into a formal prioritisation framework that can be used for the purposes of developing the JHWS for Lincolnshire; The proposed stakeholders identified as being involved in the initial engagement on the prioritisation framework; and The HWBB agrees the final prioritisation framework in September 2016, with a view to completing prioritisation work by March 2017.
	9a	**Joint Commissioning Board – Update** That the verbal updates relating to the BCF and the STP be noted.
	9b	**Lincolnshire health and Care – Verbal Update** That the verbal update be noted.
	9c	**Health and Wellbeing Grant Fund – Update Report** That the update report on the Health and Wellbeing Grant Fund Project be noted.

7 June (continued)	**9e**	**Joint Health and Wellbeing Strategy Theme Updates** That the update be noted.
	10a	**Action Log of Previous Decisions** That the Action Log of previous decisions of the Lincolnshire health and Wellbeing Board be noted.
	10b	**Lincolnshire health and Wellbeing Board – Forward Plan** That the Forward Plan for formal and informal meetings presented be received, subject to a 'Update on the Sustainability and Transformation Plan being added to the agenda for the meeting on 27 September 2016
	10c	**Future Scheduled Meeting Dates** That the following scheduled meeting dates for the remainder of 2016 and for 2017 be noted. 27 September 2016 6 December 2016 28 March 2017 26 September 2017 5 December 2017 (All the above meetings to commence at 2.00pm)
27 September 2016	**13**	**Minutes** That the minutes of the previous meeting of the Lincolnshire Health and Wellbeing Board held on 27 September 2016, be confirmed as a correct record and signed by the Chairman.
	14	**Action Updates from the previous meeting** That the report be noted.
	15	**Chairman's Announcements** That the report be noted.
	16a	**Annual Assurance Report** That the report, comments made by the Board and the responses of officers, be noted.
	16b	**Prioritisation Framework for the Development of the Joint Health and Wellbeing Strategy** That the feedback from the workshop on the Prioritisation Framework be noted and welcomed. That, subject to the amendments identified by the Board in Exercise 2 of Appendix B, for developing the next Joint Health and Wellbeing Strategy for Lincolnshire, the Prioritisation Framework be agreed.
	17a	**Joint Commissioning Board – Update Report** That the report be noted. That the recommendation of the Joint Commissioning Board not to accede to the request from the concerned District Council in connection with their Disabled Fund Grant for 2016/17, be agreed.

	17b	**Lincolnshire Sustainability and Transformation Plan – (including Lincolnshire Health and Care)** That the report be noted.
	19	**An Action log of Previous Decisions** That the report be noted.

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Lincolnshire Health and Wellbeing Board Forward Plan: December 2016 – June 2017

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
6 December 2016 **2pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Integration Self-Assessment** To receive a report detailing the outcome of the Integration Self-Assessment exercise conducted with the Board and wider partners, and to agree an action plan. **Alison Christie, Programme Manager Health and Wellbeing** **Better Care Fund** To receive a report asking the Board to agree the next developments of Lincolnshire's BCF **Glen Garrod, Director of Adult Care & Community Wellbeing** **CCG Operational Plans 2017 – 2019** To receive a report on behalf of all the CCGs on the Sustainable Transformation Plan and Operational Plans for 2017-2019 **TBC**	**District/Locality Updates** Standing agenda item for the Board to receive updates, by exception, from District/locality partnerships – **currently no items tabled**	**Health and Wellbeing Grant Fund – Update** To receive a half yearly report on the Health and Wellbeing Grant Fund projects. **Alison Christie, Programme Manager Health and Wellbeing**
7th March 2017 **2pm in Committee Room 1, County Offices, Newland, Lincoln LN1 1YL**	**Joint Strategic Needs Assessment Review** To receive an update on the fundamental review of the JSNA and to seek approval from the Board to the next steps. **Chris Weston, Public Health Consultant – Public Health Intelligence and Health Improvement** **Engagement and Communication Strategy for the HWB** To receive a report asking the Board to agree the engagement approach and strategy for the JSNA and development of the JHWS, and to ask the Board to agree	**Joint Commissioning Board – Update Report** To receive an update report from the JCB on the Better Care Fund and joint commissioning arrangements in Lincolnshire. **Glen Garrod, Director of Adult Care & Community Wellbeing** **Children and Young Peoples Commissioning Plan 2017-2020** To receive a report from Children's Services on the Children and Young People's Commissioning Plan and provide the Board with an opportunity to discuss and comment on the plan. **Andrew McLean, Children's Service Manager - Commissioning**	

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
	the consultation arrangements for the JHWS. **Alison Christie, Programme Manager Health and Wellbeing and David Stacey, Programme Manager, Strategy and Performance**	**Carer's Memorandum of Understanding** To receive a report asking the Board to comment on the Carer's MOU **Jane Mason, Commissioning Manager & Emma Krasinska, Carer's Lead, Adult Care** **STP / Lincolnshire Health and Care** To receive an update on the LHAC programme **Allan Kitt, Leading Chief Officer, LHAC Programme**	
6 June 2017	**Annual General Meeting** Election of Chair and Vice Chair **Terms of Reference and Procedural Rules, roles and responsibilities of core Board members** Review and formal agreement **Alison Christie, Programme Manager Health and Wellbeing**		

Future dates:

26 September 2017;
5 December 2017