County Offices
Newland
Lincoln
LN1 1YL

6 June 2022

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 14 June 2022 at 2.00 pm in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

MEMBERS OF THE BOARD

Lincolnshire County Council: Councillors: 1 vacancy, Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners) (Chairman), Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), W H Gray, R J Kendrick, C E H Marfleet and Mrs S Rawlins

Lincolnshire County Council Officers: Heather Sandy (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Richard Wright

NHS Lincolnshire Clinical Commissioning Group: Dr G McSorley and John Turner (Vice-Chairman)

Healthwatch Lincolnshire: Sarah Fletcher

Police and Crime Commissioner: Philip Clark

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer and Sarah Connery

United Lincolnshire Hospitals NHS Trust: Elaine Baylis and Andrew Morgan

Lincolnshire Community Health Services NHS Trust: Elaine Baylis and Maz Fosh

Primary Care Network Alliance: Dr Sunil Hindocha

ASSOCIATE MEMBERS (Non-Voting):
Julia Debenham, Lincolnshire Police
Oliver Newbould, NHS E/I
Emma Tatlow, Voluntary and Community Sector

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 14 JUNE 2022

9c	**Childhood Obesity** *(To receive a report from Andy Fox, Consultant Public Health, which provides the Board with an overview of the 2020/21 National Child Measurement Programme data and Lincolnshire's plans for addressing this issue)*	109 - 130

10 Information Items

10a	**An Action Log of Previous Decisions** *(For the Board to note decisions taken since June 2021)*	131 - 134
10b	**Lincolnshire Health and Wellbeing Board Forward Plan** *(This item provides the Board with a copy of the Lincolnshire Health and Wellbeing Board Forward Plan for the period 14 June 2022 to 27 September 2022)*	135 - 136

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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.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Lincolnshire Health and Wellbeing Board on Tuesday, 14th June, 2022, 2.00 pm (moderngov.co.uk)

All papers for council meetings are available on:
https://www.lincolnshire.gov.uk/council-business/search-committee-records

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
29 MARCH 2022

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), W H Gray and R J Kendrick.

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

District Council: Councillor Steve Clegg.

NHS Lincolnshire Clinical Commissioning Group: John Turner (Vice-Chairman).

Healthwatch Lincolnshire: Sarah Fletcher.

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer and Sarah Connery.

Police and Crime Commissioner: Philip Clark.

Associate Members (non-voting): Jason Harwin (Lincolnshire Police), Oliver Newbould (NHS E/I) and Emma Tatlow (Voluntary and Community Sector).

Officers in Attendance: Michelle Andrews (Assistant Director – ICS), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer).

The following officers/presenters joined the meeting remotely, via Teams:

Gareth Everton (Head of Integration and Transformation), Lucy Gavens (Consultant - Public Health) (Public Health), Andrzej Gallas (Pharmacist, University of Lincoln), and Nick Harwood (Associate Director of Operations for the Adult Mental and Community Division LPFT).

Sir Andrew Cash (Designate Chair of the NHS Lincolnshire Integrated Care Board) attended the meeting as an observer.

18 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors K H Cooke and C E H Marfleet, Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Gerry McSorley (Chair of the NHS Lincolnshire CCG), Sunil Hindocha (Chair – Primary Care Network Alliance), Elaine Baylis (Chair – United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health

Service NHS Trust), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Maz Fosh (Chief Executive, Lincolnshire Community Health Service NHS Trust) and Councillor Richard Wright (District Council representative).

The Committee noted that Councillor Steve Clegg had replaced Councillor Richard Wright District Council representative) for this meeting only.

19 DECLARATIONS OF MEMBERS' INTEREST

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

20 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 28 SEPTEMBER 2021

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 September 2021 be agreed and signed by the Chairman as a correct record.

21 ACTION UPDATES

RESOLVED

That the Action Updates presented be noted.

22 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting Sir Andrew Cash, Designate Chair of the NHS Lincolnshire Integrated Care Board.

The Chairman invited the Board to note the Chairman's announcements as detailed on pages 15 to 17 of the agenda pack.

During consideration of this item, the following comments were raised:

- Some concern was expressed that the public health arrangements for Greater Lincolnshire would dilute the current service provided. The Board was advised that the councils Executive had agreed the proposal to pilot and test a joint public health arrangement across Greater Lincolnshire. The Director of Public Health advised that he was happy to provide further information to district councils regarding this matter. Reassurance was given that the arrangement would provide for a stronger service and for greater resilience across Greater Lincolnshire; and
- A request was made for district councils to be fully engaged in the Joint Strategic Needs Assessment. The Board was advised that officers welcomed the opportunity to speak with all district councils.

The Chairman invited Derek Ward, Director of Public Health to provide the Board with update relating to Covid-19.

The Board was advised that the number of Covid-19 cases had increased. It was felt that this was due to the winter booster starting to wain; the new variant BA.2 Omicron being highly infectious; and the general population now living with Covid-19 strategy.

It was reported that the vaccination programme had been very effective in reducing the severity of the disease.

The Director of Public Health encouraged members of the public to get vaccinated, keep testing, and to adhere to hands, face, and space; and to maintain a circulation of fresh air wherever possible.

RESOLVED

That the Chairman's announcements presented be noted.

23 DECISION ITEM

23a Lincolnshire Pharmaceutical Needs Assessment 2022

The Chairman invited Lucy Gavens, Consultant in Public Health and Andrzej Gallas, Pharmacist, University of Lincoln, to present the item to the Board.

The Board was advised of the background to the Pharmaceutical Needs Assessment (PNA); that completion of a PNA was a statutory duty for Health and Wellbeing Boards to undertake at least every three years; the timetable for the PNA for Lincolnshire, it was highlighted that a draft PNA was being prepared to go out to consultation between 19 April and 19 June 2022, with a final draft of the PNA needing to be published by 1 October 2022.

To prepare the report the Board noted that data was gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources including commissioners and planners. The Board noted further that the draft/final PNA report would provide information relating to present and future needs of pharmaceutical services in Lincolnshire.

Attached to the report for consideration by the Board was a copy of the Lincolnshire Draft PNA 2022 (Appendix A), the Lincolnshire Draft PNA Appendices 2022 (Appendix B), and a copy of the Consultation Distribution List (Appendix C).

It was noted that during the consultation period, a workshop would be set up by members of the Health Scrutiny Committee for Lincolnshire to review the draft PNA.

The Board was advised that the results of the consultation would be considered by the PNA Steering Group at its meeting on 5 July 2022, and a final draft PNA produced, with recommendation for the Health and Wellbeing Board to publish, at its meeting on 27 September 2022. It was highlighted that the PNA Steering Group had worked closely with the county council's Corporate Engagement Team and PNA Guidance, to ensure due process was followed and that every opportunity was made available for people to feed into the draft PNA.

During consideration of the item, the Board raised some of the following comments:

- Some concern was expressed regarding access to pharmacy provision on a Sunday in rural areas. The Board was reminded that the PNA was a factual document, which provided information relating to present need. It was felt that once the Integrated Care Board was operational, pharmacy accessibility would be a matter for further discussion;
- Clarification was sort regarding as to what the PNA was providing, as it appeared that there was not a fundamental need for change in provision. The Board noted that the PNA was a prescribed document; and that there was enough provision based on the criteria. Section 7 of the report advised the Board of the procedure to be followed for consultation was on a notional approach, notwithstanding that more might be required. It was highlighted that the only objection that could be made against the PNA was against the process followed;
- Reassurance was given that key interest groups were involved in the consultation. The district council representative offered district council assistance in promoting the consultation;
- Whether on-line pharmacy companies would be consulted as part of the process. It was reported that there were five on-line pharmacies, and that all of them had been contacted pre-engagement; and would be partaking in the public consultation. Confirmation was given that anyone on the pharmacy list for the Lincolnshire Health and Wellbeing Board area would be consulted;
- One member enquired whether support was provided to members of the public wishing to complete the consultation form. The Board was advised that Healthwatch Lincolnshire would be assisting with this; and once contact details were know, these would be shared with members of the Board; and
- Reference was also made to the prevalence of chronic disease and illness on the east coast as referenced in 2.2.2 of Appendix A to the report.

RESOLVED

1. That the conclusions of the draft Pharmaceutical Needs Assessment (PNA) be noted.

2. That the draft PNA be approved in preparation for consultation.

3. That the planned consultation period on the draft PNA for Lincolnshire (Tuesday 19 April 2022 to Monday 19 June 2022) be noted.

4. That a progress update and the project timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2022 Lincolnshire PNA be received at a future meeting.

24 DISCUSSION ITEMS

24a Integrated Care System Update

The Board considered a report from the NHS Lincolnshire Clinical Commissioning Group, which provided an update on the development of Integrated Care Systems (ICS).

The Chairman invited John Turner, Chief Executive NHS Lincolnshire CCG, to present the item to the Board.

A summary of the key developments from the work that had been carried out to date was set out in Appendix A for the Board to consider. The Board noted that the contents had been developed through the ICS Development Group, which was comprised of Executives from all partner NHS organisations, and that the document was subject to ongoing review and development.

The Board was updated on the Integrated Care Board (ICB) recruitment process, details of which were shown on pages 144 and 145 of the report.

It was reported that a third version of the draft NHS Lincolnshire Integrated Care Board Constitution had been submitted to NHS England on the 25 February 2022. The Board noted that the key focus of the constitution was to outline the composition of the Integrated Care Board. Details of the draft consultation was contained on page 144 of the report presented. The Board was advised that everything was on target for 1 July 2022; and that the next partnership workshop was due to be held on 26 July 2022.

During consideration of this item, the Board raised the following comments:

- The Board was advised that the Lincolnshire Resilience Forum welcomed the greater focus on the development of integrated working arrangements, the benefits of which had become evident during the pandemic. Thanks were extended to the Lincolnshire Resilience Forum for their continued leadership;
- One member enquired as to what would be changing as ICSs were implemented. The Board was advised that the impact of the ICS would not be known for a few years. There was recognition that there were challenges for Lincolnshire, but there was also lots of good work happening across the county. It was reported that the ICS would provide joined up care, built around the needs of patients and families; and that the integrated approach would help Lincolnshire with the levelling-up agenda investment, making Lincolnshire a more attractive place for people to live, work and learn;

- Joint working of Healthwatch and the CQC, and that the information could help the Lincolnshire Health and Wellbeing Board in its decision-making process. It was noted that Lincolnshire had been chosen due to its rurality;
- The need to ensure that contributions to the ICS were sought from the voluntary and community sector. Reassurance was given that the ICS leadership group involved leaders across all sectors; and
- Reassurance was also sought that district councils would also be involved as they played a pivotal role in the community. The Board was advised that engagement was already taking place with district councils, as this was a key role of the partnership and districts would be involved in the design and development process.

RESOLVED

That the current position in relation to ICS legislation be noted.

24b Integrated Care Partnership

The Chairman invited Michelle Andrews, Assistant Director ICS - Corporate, to present the report to the Board, which advised on the ongoing development of Lincolnshire's Integrated Care Board (ICB).

In guiding the Board through the report, reference was made to:

- The background and context behind the Integrated Care Partnership (ICP);
- The purpose of the ICP, and its role, which included helping people live independent, healthier lives for longer; taking a holistic view of people's interactions with services across the system and the different pathways with in it; addressing inequalities in health and wellbeing outcomes, experiences and access to health services; improving the wider social determinants that drive the inequalities, employment, housing, employment, housing, education, environment and reducing offending; and improving life chances;
- Timings and the establishment of ICPs. It was noted that the ICP could not be established formally until the ICB was in place from 1 July 2022;
- The Integrated Care Strategy was a key responsibility of the ICP;
- The relationship between the ICP and the Lincolnshire Health and Wellbeing Board (HWB). It was noted that Lincolnshire only had one Integrated Care System (ICS) and that this area was coterminous with the HWB. It was noted further that the HWB could not act as the ICS, however existing arrangements such as the HWB, provided an opportunity to build greater alignment between different partners and communities, to ensure effective joined up decision making. It was reported that planning for the Lincolnshire ICS was being progressed and as part of the journey to establishing the ICP, further engagement would be taking place with a broad range of partners to consider the challenges and opportunities as the system developed. Details of the aim of the workshop was shown on page 176 of the report. The Board noted that a workshop had been arranged for 26 April 2022; and

- The process being followed after the guidance was issued in September 2021, which confirmed that the HWB could not act as an ICP, as further amendments were required, and that this work would align with the development of the ICP terms of reference. It was highlighted that as the HWB was a committee of the Council, any changes to the terms of reference required full council approval. It was reported that a revised terms of reference for the HWB would be presented to the Board at the 14 June 2022 meeting for consideration, and then presented to the Council on 16 September 2022. If there was the need for the timeline to be put back, the Board would then consider the revised terms of reference at its 27 September 2022 meeting, which would then be considered by Council on 9 December 2022.

In conclusion, the Board noted that any plans concerning the ICP were subject to the passage of the Health and Care Bill through Parliament. It was highlighted that to continue to progress, some assumptions had been made, whilst awaiting the final guidance.

During discussion of this item, some the following comments were made:

- The need to work through the processes until the formal guidance was received; and
- That Lincolnshire was one of only a small number of areas having one ICP and one HWB, on this basis the complexity was less than in other areas and this would hopefully avoid any duplication moving forward.

RESOLVED

1. That the current position in relation to the development of the ICP be noted.

2. That the information provided regarding the proposed ICP planning and development workshop on 26 April 2022 be noted.

24c Lincolnshire's Community Mental Health Transformation Programme

The Chairman invited Sarah Connery, Chief Executive, Lincolnshire Partnership Foundation NHS Trust (LPFT) and Nick Harwood, Associate Director of Operations for the Adult Mental Health Community Division, to present the item, which provided the Board with an update on the Lincolnshire Community Mental Health Transformation Programme for adults and older adult.

The Board was advised that the NHS Long Term Plan and NHS Mental Health Implementation Plan had set out the ambition to transform the provision of community mental health care and to the development of new and integrated models of primary and community mental health care.

It was noted that Lincolnshire had been selected as one of twelve early implementer sites to lead the transformation of community health services in England in partnership with all local stakeholders. It was noted further that LPFT had been successful in securing further funding to rollout county wide, and that the findings of the programme would be used to help

inform the roll out of new models of integrated primary and community care at a national level.

Appendix A to the report provided details of Lincolnshire's Community Mental Health Transformation Programme for Adults and Older Adults for consideration by the Board.

In a short presentation, the Board were advised of the following:

- The background to the transformation programme;
- An overview of the provision to be provided to improve mental health and wellbeing through thriving connected communities, including the integrated model for promoting self-efficacy;
- What parts of the programme were already in place, which included the roll out of four of the proposed nine Integrated Place Based Teams; the development of better solutions to enable better system access; and alignment with the local authority to link together digital technologies to ensure a collaborative approach. Fuller details were shown on pages 189 to 190 of the report pack;
- What parts of the programme were underway, which included working with primary care to embed Mental Health Practitioners in each GP practice; moving forward to engage with the public to destigmatise mental health, and working together with public health, CCG colleagues to lead out the innovative Lincolnshire Mental Health and Wellbeing training offer. Fuller details were shown on page 191 of the report;
- What was still to come, which included the roll out of 15 integrated based teams across the county; having a dedicated engagement resource in place to ensure clear messaging and the involvement of all people; and ensuring that everyone had a personalised care plan. Further details were shown on page 192 of the report pack;
- The Committee noted that the transformation would enable the following to become available in the community, this included countywide night-life cafes and community connections; fluid pathways for people to access mental health services; the provision of an integrated digital offer to support face to face engagement; continuous and active dialogue about mental health; ongoing training and upskilling of communities to enable thriving communities; reducing mental health prescribing, with a more comprehensive offer of psychological therapies; ensuring everyone would have a 'What matters to me plan'; and the move to a four week waiting times for adults and older adults community mental health teams, in line with the clinically-led review of NHS Access Standards; and
- The Board was advised that by 2024 there would be 15 Integrated Place Based Teams working on Primary Care led neighbourhoods; an increased investment of up to £1 million into the VCSE sector; the provision of an additional 200 roles; and that 6,000 people would have been supported by Integrated Place Based Teams.

During consideration of the item, the Board raised some of the following comments:

- Some support was expressed to the working with primary care to embed mental health in each GP practice and to support plans, and to the overall transformation process;
- Crisis Cafes provision. It was reported that crisis cafes would help take of some of pressures felt with in the service. The Board was advised that cafes were available in Gainsborough, Grantham, Lincoln City and Boston and that further provision would be made available. It was highlighted that there had been some difficulty finding hosts willing to take on the crisis cafes in some areas. There was recognition that there was more to do in this regard;
- The need for integrated working and linking into existing digital platforms to ensure sustainability;
- The challenges of recruiting and retaining staff. The Board was advised that LPFT were exploring different types of recruitment methods to overcome recruitment challenges; and
- Thanks were extended for the presentation.

Derek Ward left the meeting at 15:56pm.

RESOLVED

That the presentation on Lincolnshire Community Mental Health Transformation Programme be received and noted.

24d The Mental Health Challenge

RESOLVED

That the Mental Health Challenge item be deferred to the next meeting.

25 INFORMATION ITEMS

25a Better Care Fund 2022/23

RESOLVED

That the Better Care Fund 2022/23 report as presented be noted.

Councillor Mrs P A Bradwell left the meeting at 16:02pm.

25b An Action Log of Previous Decisions

RESOLVED

That the Action Log of Previous Decisions as presented be noted.

25c Lincolnshire Health and Wellbeing Board Forward Plan

RESOLVED

That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.

The meeting closed at 4.03 pm.

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
22.06.21	**8a**	**Terms of Reference & Procedure Rules & Responsibilities of Board Members** It was agreed that consideration would be given to the setting up of a working group to look into the membership of the ICS partnership.	This will be considered as part of developing the ICS Partnership.
	8b	**Lincolnshire's Joint Strategic Needs Assessment** Further Discussion concerning Autism. Inclusion of air quality and neurological conditions.	The additional issues highlighted at the Board meeting have been fed back to the project group and will be built into the review process.
	9b	**Integrated Care Systems (ICS) legislation Update** Workshop to be arranged with wider partner, once restrictions have been lifted.	A workshop session is expected to be held later in the year.
28.09.21	**16a**	**Covid-19 Update** The Director of Public Health agreed to draft a note to be circulated to all Lincolnshire schools to reaffirm the basic message of Hands, Face and Spa; and for Flu data to be reported back to the Board.	An update on Flu is provided in December's Chairman's Announcements
	16b	**Integrated Care Systems Update** The Chief Executive, NHS Lincolnshire CCG agreed to circulate Recruitment details for the post of Chair of the ICS Board.	Details of the application pack for the Integrated Care System Chair can be found at https://www.england.nhs.uk/non-executive-opportunities/wp-content/uploads/sites/54/2021/07/ICS-Chair-Applicant-Pack-1.pdf
	16c	**Lincolnshire Mental Health Services** Further information to be circulated to the Board with regard to mental health services.	Further details on mental health services were circulated to HWB members by email on 30 September 2021.
	16d	**Joint Strategic Asset Assessment Update** Information was sought as to how the Connect to Support platform was be utilised and by whom.	An update on Connect2Support is provided in December's Chairman's Announcements
	17c	**Lincolnshire Health and Wellbeing Board Forward Plan** Suggested items for inclusion of the Forward Plan More information on mental health services; and Update on the Let's Move Lincolnshire initiative	The Forward Plan has been updated to include these items.

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
29.03.22	**22**	**Chairman's Announcements** The Director of Public Health agreed that he was happy to provide further information to district councils regarding the public arrangements for Greater Lincolnshire	A briefing was sent to the District Council representative on the HWB on 20 May 2022 for wider circulation to the other district councils.
	23a	**Lincolnshire Pharmaceutical Needs Assessment 2022** That contact details of Healthwatch representatives helping members of the public to complete the PNA consultation form would be circulated to members following the meeting.	An email providing details of Healthwatch's arrangements to support members of the public to complete the PNA consultation form was circulated to HWB members on 22 April 2022.

LINCOLNSHIRE HEALTH AND WELLBEING BOARD – 14 JUNE 2022
CHAIRMAN'S ANNOUNCEMENTS

Health and Care Act 2022

The Health and Care Act 2022, which as a Bill began its passage through Parliament on 6 July 2021, received Royal Assent on 28 April 2022. The main provisions of the Act include:

- the establishment of integrated care boards (1 July 2022)
- the discontinuation of clinical commissioning groups (1 July 2022)
- the merger of previous statutory entities, such as the NHS Commissioning Board, the Trust Development Authority and Monitor, into a new legal entity of NHS England.

NHS Lincolnshire Integrated Care Board Non-Executive Appointments

On 12 April 2022, four non-executive director appointments for the NHS Lincolnshire Integrated Care Board were confirmed following an extensive recruitment and appointments process. The appointments are:

- Dawn Kenson, who as a non-executive will lead on service delivery and performance.
- Dr Gerry McSorley, who as a non-executive will lead on the Remuneration Committee, primary care, and East Midlands partnerships.
- Pete Moore, who as a non-executive will lead on audit and risk.
- Sir Jonathan Van-Tam, who as a non-executive will lead on quality, health inequalities, population health and prevention, and research, education and innovation.

Arrangements for the appointment of the remaining non-executive director are in hand.

Pharmaceutical Needs Assessment

Following the Board's consideration of the draft Pharmaceutical Needs Assessment at our last meeting the 60-day statutory consultation exercise began on 19 April 2022. Details of the consultation have been circulated to all statutory consultees and wider interested stakeholders. The consultation is available on the Let's Talk Lincolnshire platform www.letstalk.lincolnshire.gov.uk/pna-2022-60-day-consultation. and runs until Monday 20 June.

As part of the consultation process a workshop was held with members of the Health Scrutiny Committee for Lincolnshire on 23 May 2022. The session facilitated by a Consultant from Public Health provided an opportunity for the Committee to draft a response for approval at their next meeting on xx June 2022.

Joint Health and Wellbeing Strategy Assurance Update

An assurance report on the priorities in Lincolnshire's Joint Health and Wellbeing Strategy is provided in Appendix A. It provides a current position statement, details on what's worked well, an overview of the activities that have been progressed during 2021/22 and the plans for 2022/23.

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This report provides the Lincolnshire Health and Wellbeing Board with an update on each of the JHWS priority areas which gives a current position statement, what's worked well during 2021/22, an overview of the activities that have been progressed during 2021/22 with outcomes and the proposals for 2022/23.

JHWS Priority	CARERS
Current Position Statement	The Carers Delivery Partnership met less often in 2021/22 due to the pandemic and work pressures on the members. Some elements of the Delivery Plan were de-prioritised but in the face of significant adversity, much has still been achieved. In particular, the theme of "Strong operational support" continued as carers have been impacted emotionally, physically and financially; some people (including young adults) became carers for this first time and for longer-term carer, the caring role increased. Recovery is still very much at the forefront for the Carer Agenda. The Carer Priority Group Delivery Plan is currently being revised to take account of learning from the pandemic, taking the opportunity to: • strengthen our strategic ambition • refocus on what's a priority for 2022/23 and ensure delivery • secure greater system ownership to improve outcomes for carers.
What we said we would do in 2021/22	The following objectives in the delivery plan have continued to be met, but in many cases in different ways than had been envisaged: 1. Work with strategic partners to ensure early identification of carers from the point of diagnosis and signpost to appropriate support. (Collaboration) 2. Work with health and care professionals to ensure carers are listened to from the outset and involved in the care of the person they support. (Collaboration) 3. Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment. Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms (Early Help and Support) (Collaboration) 4. Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment. (Early Help and Support) 5. Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers (Assurance)
What's Working Well?– examples of key achievements 2021/22	Lincolnshire received national recognition from Carers UK for its work supporting carers during the pandemic. Lincolnshire's system was proactive during the early days of the pandemic, creating "The Carers Guidance Booklet" following requests from carers and advice from government. This booklet was revised several times and was widely shared with carers, and with professionals across the whole system. Quote from Carers UK: "Katherine Wilson, Head of Employers for Carers at Carers UK, has commended our Carers Guidance document produced during the crisis. She said the guidance was "excellent – really comprehensive and clear…well done for pulling together such a helpful and thorough resource for carers". Carers FIRST flexed its support service and adapted quickly, for example offering daily telephone calls, offering practical and emotional support and advise on shielding, food deliveries, pharmacy deliveries, links to community support groups, co-producing a database of community resources, dealing with breakdown in care, hospital admission and discharge, loneliness, end of life care, funeral arrangements, employment, redundancy and furlough support, rights and benefits support and supporting physical and mental wellbeing. The service continued to liaise closely with sister agencies such as the Wellbeing Service.

	Carers FIRST found innovative ways to boost morale, delivering simple treats e.g., arranging fish and chips to be delivered, to carers and those they care for. Carers FIRST, through its charitable funds, was able to source digital equipment and training to enable carers to remain in touch with each other and with support services. Carers continued to access support networks, etc and in many cases found this easier as they did not need to secure sitting services, etc. This identified a significant latent demand for IT and digital support which will be a key area of focus going forward. Personal budgets were used flexibly where carer breaks and relief of carer burden, such as cleaning, could no longer be taken. Examples include using tablets, online resources such as Audible and play equipment for disabled children. Carers were kept connected through social media, online peer support groups and a new digital programme of activity, such as Laughing Yoga, Don't Tone Alone, new online book and craft clubs. During the summer, doorstep visits were organised and socially distanced face to face support offered outdoors. Small groups met safely for a walk or day out. Public Health prioritised carers for free PPE and wrote letters of introduction for supermarkets to ask that carers be prioritised where they were under time pressure to return home to meet their caring duties or had had to bring the person they care for with them, but leave them in their car. Every school in the county has a dedicated Young Carer lead that young carers and/or their families can go to for advice or help around their caring role, and every school receives a regular newsletter to share information and good practice. To enable Young Carer leads to develop their confidence and good practice, support is available through a Carer Community of Practice where they can share what they are doing, share good practice and support one another. Work is in hand with colleagues across the health sector, including sector specific training and workshops to increase confidence and professional curiosity around exploring Young Cares lives and what support they may need. We are working with Everyone to develop a pilot project across GP surgeries, which will be extended to all GPs, resulting in an increase in identification of Young Carers from health colleagues. We continue to work with colleagues in adult services to ensure is a focus on Whole Family Working so that families only have to tell their story once and get the right people involved when they need them. We have developed joint workforce development opportunities to embed this within practice, collecting case studies to show the difference that whole family working makes. This will remain a priority. To ensure that support and advice is relevant and effective, a Young Carers Participation Group has been established. This will support co-production in services and support that will evolve as needs change. We continue to seek out 'hidden' young carers, such as those not in a school setting, working with education teams to make sure that they are asked questions about their caring role within their home education visits.
What is the outcome?	In February 2022, a task and finish group reviewed the Carers Delivery Plan, reflecting on learning from covid and reviewing what is working, what needs further attention and what still a priority as move to living with covid. The consensus was that: • The current objectives (set out above) remain appropriate • The current delivery plan is too big and needs refocusing • The plan should set a clear strategic ambition which is owned by the wider health and care system and needs greater ownerships across all sectors

	As a result, the membership of the Delivery Group needs reviewing, and a memorandum of Understanding will be brought forward to secure commitment across the Health and Wellbeing Board / ICS partners.
What is planned for 2022/23?	The review of the current delivery plan started in February, along with "Post Covid learning" is a real opportunity for "Review, Reflect and Reset" for the partners. The Group membership needs refreshing, and a new Chairman is needed who can advocate for carers across the Lincolnshire system. Going forward for 2022/2023, the priorities are to: • Develop and a agree a Lincolnshire MOU for Lincolnshire to secure greater commitment to supporting carers, and particularly to identify carers and their needs as early as possible in their caring journey • Ensure the needs and voices of carers are recognised and fully embedded in the ICS • Support employers to retain carers in their workforces, and to employ those whose caring roles may have ended • Fully embed a Whole Family Approach • Use the White Paper Key principles to embed Choice – Control – Living Independently • Embed Strengths based approaches and tools in all services supporting carers.

JHWS Priority	**DEMENTIA**
Current Position Statement	The Dementia Strategy 2018-21 came to term in March 2022. Covid -19 had resulted in refresh not taking place in 2021 as planned. However, a Dementia Services Review was commissioned by CCG and LCC and completed over summer and autumn 2021. The recommendations of the review have been approved by CCG and DLT. These will form the basis of a refreshed system strategy and will form part of an activity within the new Integrated Care System. The current action plan for the strategy will be completed and signed off by the Dementia Expert Reference Group – DERG. This is a group of clinicians and managers from across the system that lead and oversee Lincolnshire's Dementia programme.
What we said we would do in 2021/22	**Multi-agency Dementia Service Review (DSR)** The CCG and LCC commissioned a comprehensive multi-agency review of dementia services across Lincolnshire in July – November 2021. The report has highlighted several gaps in the current service provision and outlines a number of recommendations with regards to interventions that could be introduced to mitigate these gaps. The purpose of the DSR was to gain a better understanding of the current pathway for dementia, understand what is important to people living with dementia, and identify any gaps in provision and potential improvements in the pathway for people with dementia, their families and carers. The recommendations from the review will be incorporated into the new Lincolnshire Joint Dementia Strategy. **GP/Primary Care Dementia Pathway and Handbook** The new pathway for over 65's has been developed by primary care in conjunction the Lincolnshire Local Medical Committee (LMC), Lincolnshire Partnership Foundation Trust (LPFT) and other care providers. It is intended to act as a guide to practitioners through the patient journey from presenting symptoms, to diagnosis and post-diagnostic care and support. The CCG Clinical Dementia Lead stepped down in August 2021 with plans in place for this post to be replaced to lead in the implementation of this pathway and delivery of educational sessions across the system. The handbook is now being reviewed and will go to LMC for sign off.

	Memory Service Referral Form: This is now incorporated as part of the Primary Care Dementia Pathway. It contains clearly defined criteria for referral which aims to improve getting the right patients to the clinic. This should improve the conversion to diagnosis rate. The referral form has recently been updated to identify patients who may be suitable to be seen on the digital pathway. Lincolnshire are piloting a digital pathway to improve people's access to memory assessment, offer greater flexibility of appointment times and improved waiting time to diagnosis. Benefits of the pathway include: • A new fully digital pathway developed using consultants with extensive experience of remote consultations within MAMS • Provides an additional route of service delivery to expand and compliments the existing MAMS pathway • The service is 'boundaryless' and can be accessed/delivered to anyone within the county based on choice and meeting access requirements • The service will target waits and reduce length of time to a diagnosis (target is 6 weeks from referral to diagnosis) **Admiral Nurse Service** In June 2019 LCC launched a two-year proof of concept for the Admiral Nurse Service (ANS). LCC's grant agreement was due to end with St Barnabas on 31st May 2021, but in order for the proof of concept to be given the opportunity to evidence impact LCC extended the proof of concept to March 2022 and Lincolnshire CCG agreed to joint fund this. The proof of concept ended on 31 March 2022 and St Barnabas have made the decision to charitably fund the service and continue to work with Dementia UK from April 2022. The service will continue to work with LCCG, LCC and the wider system. **Dementia Diagnosis Rate** The pandemic has undoubtedly impacted the DDR (dementia diagnosis rate) in Lincolnshire and nationally, this is partly due to people not presenting to their GP with memory concerns and consequently less diagnoses being made and also due the number of deaths of the over 65 population. Primary care resources being redirected to the Covid-19 vaccination programme arguably has also had an impact. However, prior to the pandemic Lincolnshire was not achieving the national target, with variation across localities, for example, the South West locality was significantly underperforming at 58.9% (March 2020) whereas the West locality was performing well at 71% (March 2020). Previous drives to improve DDR across the county have clearly helped increase the DDR but they have not been sustained. The CCG/ICS will be working with PCN's in 2022/23 on local improvement plans, to case find people with memory concerns and to better support people with a dementia diagnosis, their families and carers.
What's Working Well?– examples of key achievements 2021/22	**LD Health Checks** The Joint Lincolnshire Dementia Strategy 2018 – 2021 (health and care) committed to look at how the process for people with Learning Disabilities to get dementia assessments could be improved. The importance of this has been highlighted through the health inequalities work that commenced in 2021. The rates of dementia in Learning Disability (LD) patients are higher than in the general population and the age of onset is of dementia is younger. For example, in patients with Downs Syndrome, dementia can occur 30 years earlier than expected in the general population i.e., in a person's 40's. The LD annual health check template now includes a pre-assessment Dementia Screening questionnaire for people with learning disabilities, this has been promoted through primary care and further education will be provided to support the identification and assessment of people with LD and dementia. LPFT are supporting with this pathway. **Digital MAMS**

D-MAMS is a pilot currently funded by NHSEI System Recovery Funding, which began in January 2022 and is due to end October 2022. It is an additional access pathway into the MAMS process for those who prefer a potentially quicker turn around in assessment and diagnosis process and are able and happy to use the virtual process. A protocol and methodology have been developed for this digital process.

The pilot is demonstrating a faster route to diagnosis, when compared to standard MAMS with average time to from first contact to diagnosis being between 2-3 weeks. However, as referral volume is being controlled as part of pilot, some caution is required until full results are reviewed at the end of the pilot period.

There has been very good service user feedback of the digital experience from those that have chosen this route to assessment. The digital pilot has allowed better family engagement in the process and the skills of the clinicians involved have also improved.

Dementia Ambassadors

A 12-month programme was set up raising awareness with staff from Community Supported Living, residential care and home care. A further online programme provided further support to staff during the covid period. The programme included an introduction to the Lincolnshire dementia pathway, identification of dementia in the community, delirium, BPSD (Behavioural Psychological Symptoms of Dementia), oral health and nutrition, safeguarding and end of life care. The funding for this service has now ended.

Dementia Home Treatment Team

When Grantham Hospital was turned into a Green Site (Covid free site), LPFT services had to leave the site and the Manthorpe Unit closed. The Dementia Home Treatment Team (DHTT) was set up to compensate for the loss of beds caused by this closure. The service has been extremely successful with around a 96% admission avoidance rate by delivering more intensive support at home. This pilot has shown that prior to having this more intensive 7-day week service, people were being admitted unnecessarily due to there being no other option.

The DHTT is still in pilot form. It was agreed it would run as a joint pilot with a re-opening of the Manthorpe (as a smaller 8-bedded short-stay unit) along with the DHTT. As Manthorpe has not yet re-opened the pilot is yet to be completed. However, despite Manthorpe still not yet being re-opened, bed occupancy in the remaining in-patient beds is lower than when Manthorpe was open but there was no DHTT.

Dementia Support Service (DSS)

The service, commissioned by LCC and provided by LPFT, continues with the aim of improving support for customers across Lincolnshire who are living with dementia or who have memory impairment. The service has been evaluated showing improved performance re KPI's in:

- Personal plans completed within 10 days of referral
- Referrals responded to within 72 hours.
- Care planning

Further work is required with reviewing care plans within 12 weeks and a target has been set for this. The service is now better embedded into the extended dementia assessment pathway and links are now being established with the acute hospitals. There are significant plans to review and develop the post-diagnostic support pathway, as highlighted by the Dementia Services Review, and this will link the LPFT MAMS service.

The contract with LPFT was due for renewal this year but resulting pandemic pressures has resulted in a 24-month extension to contract being approved by Exec DLT at Lincolnshire County Council (extended until 2024). This will allow for further development and re shaping of the service in line with recommendations from the Dementia Service Review.

Reduction of Antipsychotic Medication for Patients with Dementia
A DERG task and finish group was set up with the aim of reducing the amount of antipsychotic medication prescribed to people with dementia and to ensure a person prescribed antipsychotic medication was reassessed every 6 weeks. Reduction in Anti-Psychotic medication is a national priority. LPFT colleagues have worked closely on their internal protocols to enable reduction in antipsychotic medication being prescribed. GP's, primary care and secondary care have also had a key role which has resulted in a month-on-month reduction in these drugs being prescribed. This work continues across these areas.

Admiral Nursing
An evaluation was also completed on the Admiral Nursing service, grant funded by Lincolnshire County Council and Lincolnshire CCG. The service was hosted by St Barnabas with specialist support from Dementia UK.

This report identified the impact of the Admiral Nurse Service in Lincolnshire. It highlighted the work of the service in providing support for families living with dementia through direct clinical activity and interventions. It showed how the service supported best practice through engagement with other services and sharing of expertise.

The service faced challenges in responsiveness but continually reflected and assessed the most effective way of providing support despite COVID-19.
The service provided a supportive and essential role in advocating for carers by working directly and intensively with them to identify and meet their needs in a person-centred way.

Carers responded well to the service with 92% saying it was easy to make contact with the service, 91% stating nurses showed them compassion and respect and 89% of those responding saying they would recommend the service.

Feedback from other professionals and carers has demonstrated the value of the service. The feedback was positive and suggested that the service has been able to avoid crisis points in care, impact decision making, and help coordinate support. Professionals who fed back on the service included Adult Social Care workers from the County Council, OT's from the County Council, Neighbourhood Lead, Neighbourhood Professional and staff from GP practices.

What is the outcome?

As part of the Dementia Services Review, a survey was taken across Lincolnshire on peoples experience of the services being provided across the system. Summary of these results is shown below.

How would you rate your overall experience of dementia services in Lincolnshire?

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Not engaged or used services

1%	5.5%	22%	10%	29%	24%	8%

How would you rate your experience of your diagnosis of dementia in Lincolnshire?

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied
4%	7%	21%	25%	28%	15%

How would you rate your experience of support services in Lincolnshire following diagnosis?

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Have not accessed support services
3%	5%	21%	13%	15%	28%	15%

How would you rate your satisfaction with access to dementia information and advice?

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Not engaged or used services
0	18%	18%	22%	21%	21%	0

How would you rate your experience of dementia support at end of life (if applicable)?

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Not applicable
0	4%	6%	1%	7%	15%	66%

How easy have you found it to access services?

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Not engaged or used services
0	4%	14%	24%	26%	32%	66%

This feedback from the public clearly identifies areas where further development is required and forms the basis of the outcomes identified in the review. These will be worked on across the system over the next years.

Admiral Nursing

An evaluation was also completed on the Admiral Nursing service, grant funded by Lincolnshire County Council and Lincolnshire CCG. The service was hosted by St Barnabas with specialist support from Dementia UK.

	This report identified the impact of the Admiral Nurse Service in Lincolnshire. It highlighted the work of the service in providing support for families living with dementia through direct clinical activity and interventions. It showed how the service supported best practice through engagement with other services and sharing of expertise. The service faced challenges in responsiveness but continually reflected and assessed the most effective way of providing support despite COVID-19. The service provided a supportive and essential role in advocating for carers by working directly and intensively with them to identify and meet their needs in a person-centred way. Carers responded well to the service with 92% saying it was easy to make contact with the service, 91% stating nurses showed them compassion and respect and 89% of those responding saying they would recommend the service. Feedback from other professionals and carers has demonstrated the value of the service. The feedback was positive and suggested that the service has been able to avoid crisis points in care, impact decision making, and help coordinate support. Professionals who fed back on the service included Adult Social Care workers from the County Council, OT's from the County Council, Neighbourhood Lead, Neighbourhood Professional and staff from GP practices.
What is planned for 2022/23?	Implementation of the recommendations of the Dementia Service Review – DSR. We are currently reviewing governance of the joint dementia programme in light of the move to ICS. We will share arrangements with stakeholders shortly following consultation with system leaders and relevant boards. Co-production through the new ICS will be essential for this work. A delivery plan will be developed around the main recommendations from the review. 1. Staff competency - Improve staff's understanding and skills with respect to supporting patients and their carers with dementia. 2. Establish a 'one stop' support service to provide ongoing support & co-ordination of care form pre-diagnosis to end of life. 3. Promote integration of services / partnership working. 4. Standardise information on websites. 5. Enhance support to care homes to enable them to effectively care for people with challenging behaviour. 6. Optimise digital solutions. 7. Incorporate dementia into Population Health Management strategies for Primary Care Networks – paying particular attention to Health Inequalities. 8. Ensure that End of Life care planning is supported by Dementia Support Services and incorporated into Primary Care Annual Reviews 9. Undertake further review to determine the need and inform restoration/development of day service provision 10. Improve access arrangements to equipment and other aids/adaptations to support carers with activities of daily living for people with dementia. **Digital Self-Service Portal** LPFT are also funding the development of a Digital 'Self-Service' Portal ('front end') for MAMS. The first iteration of this system is due for testing in May 2022. This Digital Portal will enable service users and carers to commence assessment immediately upon access, with self-completion of certain assessments and information, assisted by an AI assistant. The aim is also to provide links to information. This process means that at first point of face-to-face contact,

	significant information will already be present and enable a more detailed and focused assessment. As traditionally the first contact is spent collecting information rather than reviewing and formulating from it, this could have a significant impact on use of professional's time. The aim, if this pilot is successful is that the Portal would ultimately support self-referral/access as well as be a choice at the point of referral from traditional GP contact route.

JHWS Priority	EMOTIONAL WELLBEING & MENTAL HEALTH (CHILDREN & YOUNG PEOPLE)
Current Position Statement	Children's mental health has been a priority in Lincolnshire for many years and continues to grow in line with national and local importance. Lincolnshire has a strong emotional wellbeing and mental health offer, through from CYP public mental health promotion and early intervention to specialist and crisis support. Lincolnshire County Council has had a partnership agreement (made under Section 75 of the NHS Act 2006) with NHS Lincolnshire CCG since 2015 to facilitate the pooled funding around Child and Adolescent Mental Health Services (CAMHS) and delegate lead commissioning to the Council. Similar partnership agreements have also been in place between the Council and Lincolnshire Partnership NHS Foundation Trust (LPFT) for the delivery of CAMHS and more recently Healthy Minds Lincolnshire and Mental Health Support Teams (MHSTs). A report was taken through joint decision-making during early 2022, agreeing that from September 2022 we will enter into new partnership agreements for up to five years with NHS Lincolnshire CCG and LPFT, which combine all CYP mental health funding, commissioning arrangements and delivery, including Healthy Minds Lincolnshire, MHSTs and CAMHS. This will allow us to be more streamlined in our governance and commissioning arrangements, as well as more easily redeploy resources to where there is most need and remove service boundaries to make a much smoother patient journey. In addition, a review has commenced to look at Lincolnshire's current model of mental health support for CYP, including online support, against anticipated future need, health inequalities, best practice and a range of other factors. This review will help us design and deliver a CYP Mental Health and Wellbeing Transformation Programme over the next few years, further strengthening Lincolnshire's offer and ensuring it is fit for now and the future. Challenges during and following the Covid-19 pandemic have generally been similar in Lincolnshire as other areas and in line with national trends, with Lincolnshire providing comparatively robust mental health support. A deep dive into waiting times for CAMHS completed in October 2021 has shown that CYP in Lincolnshire are at times experiencing waits for assessment following referral that are longer than the local target agreed with commissioners (six weeks), as opposed to the current national 18-week target, although, the ambition of the NHS Long Term Plan is that no one will wait longer than four weeks from referral to treatment starting. The average wait for assessment by Core CAMHS increased from 4.43 weeks in January 2020 to 7.59 weeks in January 2022. Again, this is in line with national trends over the same time-period. Some children are also having to wait longer for NICE recommended treatments following assessment in Lincolnshire, these waiting times increase risk of deterioration of the mental health of CYP whilst they are waiting and a subsequent requirement for more acute care. Factors that contribute to the waiting times currently experienced by CYP with mental health needs in Lincolnshire include significant increased demand for services – particularly for CYP with disordered eating or eating disorders – and capacity of the teams within services to respond to the actual current demand. There has been a decrease in the number of whole-time-equivalent posts within the commissioned Core CAMHS teams since 2019 because of skill mixing within teams to be able to offer NICE

compliant treatment pathways and movement of budgets to support teams under significant pressure, as well as vacancies across the teams. LPFT has developed an action plan to address these factors directly and mitigate the risks associated with increased waiting times.

As well as receiving national recurrent funding in 2021/22, the CCG has agreed to increase local baseline funding significantly from 2022/23. This will allow capacity to meet demand, reduce waiting times to an average 4-week wait and improve access so that more children who need support are able to get it.

What we said we would do in 2021/22

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

In 2021/22, we said we would…	We did…
Increase funding for core CAMHS staffing to meet the increased demand by increasing access, thereby reducing lengthening waiting times.	Increase core clinical provision, including recruitment of additional Systemic Therapy, Clinical Psychology, and Art Therapy specialists.
Continue the expansion of 24/7 urgent and emergency mental health response for CYP.	Recruit additional practitioners to the Crisis and Enhanced Treatment Team.
Increase specialist support for CYP with a Learning Disability (LD) to prevent escalation and hospital admissions and help reduce over-medication of CYP.	Recruit additional LD specialist support to work across all teams including a lead for the Stopping Over-medication Programme (STOMP).
Mobilise additional CYP MH health teams working with CYP across social care and justice services to support those CYP with multiple complex needs.	Successfully bid for and started implementing a new service, working across health, education and social care to support CYP with complex needs.
Further roll-out MHSTs across the county, building to at least 20%-25% coverage of school population across the county by April 2022 and 50% by 2024.	Go live with four MHSTs during 2021/22, four more are being phased in over the next four years to achieve 50% coverage in Lincolnshire.
Develop infrastructure and increase capacity in our Lincolnshire Here4You advice and referral line to improve access and advice to the CYP workforce.	Use non-recurrent funding to increase capacity in our Here4You access team, which has supported in reducing inappropriate referrals.
Secure recurrent funding for our Peer Support Worker programme and look to expand with additional lived experience and parent/carer Peer Support Workers.	Secure recurrent funding for our CYP Peer Support Worker programme and have recruited new roles as part of our service developments.
Increase capacity and expertise in the community CYP Eating Disorder Service (EDS) so they can offer more support to meet the increased demand.	Secure recurrent investment to recruit a Physical Healthcare Nurse, Dietician, Lead Psychologist, two Practitioners and a Systemic Therapist.

	Increase the scope of CYP EDS to deliver evidence-based interventions to support CYP presenting with Avoidance or Restrictive Food Intake Disorder (ARFID).	Commence training across the workforce in order to implement an ARFID pathway for CYP in Lincolnshire during 2022/23.
	Improve transition and support for 18-25 year olds by recruiting Transition Lead Mental Health Practitioners, to understand the wider support offer, review transition protocols and remove age-related barriers.	Recruit three practitioners to build strong links with Adult mental health, PCNs and local communities to promote patient-centred planning for young people between 16-25.
	Pilot a CYP Discharge Liaison Worker to support CYP and families pre- and post-discharge, attend multi-agency meetings and act as a consistent liaison.	Receive funding late in 2021/22, which is being supplemented to recruit two CYP Discharge Liaison Workers to cover north and south of the county.
What's Working Well?– examples of key achievements 2021/22	• LPFT's mental health services for CYP have been rated outstanding by the Care Quality Commission (CQC) in their last two inspections, most recently in 2020. • We wanted to make it easy in Lincolnshire for families and professionals to access support, so the Here4You Advice line was launched. Professionals, parents or CYP can call the line to speak to a clinician and self-refer to Healthy Minds Lincolnshire, MHSTs or CAMHS. Joint referral screening takes place across services so families do not have to navigate through different referral pathways. • Our paid Peer Supporter Workers are now fully established and recurrently funded. These young people with lived experience of mental health services work across all CYP mental health services to help support other CYP who are struggling to engage. • The Department for Education (DfE) and Department for Health and Social Care launched the Wellbeing for Education Return programme; training and resources developed by the Anna Freud Centre and Leeds Beckett University focused on a whole school approach to mental health and wellbeing, staff wellbeing and targeted support for CYP and families. In Lincolnshire, 46 training sessions were delivered to schools and colleges by local partners including LPFT, the Working Together Team, Kooth (online counselling service), Behaviour Outreach Support Service, Kyra Teaching School (Mobilise) and the Council's Caring2Learn team. 95% of schools and colleges took part and over 95% said the training helped them to understand how to further support CYP. • Subsequent to the Wellbeing for Education Return programme, the DfE launched the Senior Mental Health Lead training for schools and colleges and Lincolnshire, we are actively encouraging all Lincolnshire schools and academies to apply for grant funding in order to access the training. • We have successfully bid for eight MHSTs in Lincolnshire, four became operational during 2021/22 and will be fully embedded during 2022/23. Four more are being phased in over the next four years, by which time there will be 50% coverage in schools. MHSTs are funded by NHSE and are part of the NHS Long Term Plan commitment to increase access to mental health support for CYP. However, the MHST model is expensive, and challenging to deliver in a rural county. We are seeking support from NHS England to create a hybrid model of Healthy Minds Lincolnshire and MHSTs that will remove duplication, provide a financially sustainable countywide offer, and increase access for CYP. • In 2019, Children's Services piloted the locally designed Future4Me (F4M) service. F4M works with CYP with complex needs using a restorative trauma recovery model. LPFT staff are based with Children's Services staff and provide direct intervention to CYP and consultation to other professionals. This work won the CYP Now Mental Health and Wellbeing Award in 2021. • Following the success of F4M, in 2021 Lincolnshire bid and was awarded NHSE Health and Justice funding for the East Midlands region to develop an integrated service to support the mental health and wellbeing of CYP with complex needs including children in care (CiC), adopted children, those with complex health needs etc. This has seen the expansion of the F4M health team and their remit as well as the development of an extensive programme of trauma-informed and attachment-based practice training for all staff working with Lincolnshire CYP, this is being rolled-out from 2022/23. • In 2021, Children's Services was awarded DfE capital funding towards two new residential care homes in Lincolnshire which will have a strong therapeutic, trauma-informed offer with mental health staff working closely with residential home staff as part of the CYP Complex Needs service. • LPFT now provides a mental health practitioner to work in our Barnardo's-run Leaving Care Service.	

- The CAMHS Crisis and Enhanced Treatment Team is jointly commissioned by the East Midland Provider Collaborative. The service offers enhanced 24/7 crisis response and intensive home treatment in the community to prevent inpatient admissions and support transition home and has resulted in fewer admissions of Lincolnshire young people from 2020-22, compared to nationally.
- A positive outcomes of the pandemic was the rapid set up and use of video consultations using Microsoft Teams and WebEx, enabling teams to continue face-to-face digital appointments for CYP.

What is the outcome?

Outcome	Progress/Impact
Increased awareness of mental health specifically in regard to the needs of CYP	↑
Children from higher risk groups receive the interventions they need and are supported at times when their mental health and emotional wellbeing is put under strain	↑
Reduction in A&E attendances and hospital admissions attributed to self-harm and attempted suicide	→
Children's needs are reflected in ICS plans	↑
Young people have access to timely support when in crisis	↑
Parents will have a better understanding of child development and how to nurture resilience and positive emotional mental health	→

As a result of Covid-19 and national lockdowns, 2021/22 has seen increased demand and acuity of CYP who are presenting later to services, which is a result of a number of factors including increased anxiety, home isolation, school closures and difficulties accessing GP practices.

Referrals

- Between April and December 2021, 2,512 referrals were received for Healthy Minds Lincolnshire, of which 98% were accepted for interventions (1:1 and group support). 18% of referrals accepted were originally for CAMHS but were not eligible/appropriate for specialist mental health support.
- Referrals into Core CAMHS teams, the CAMHS Eating Disorder Service and CAMHS Crisis and Enhanced Treatment Team have all seen increases in referrals in 2021/22 to higher than previous yearly averages pre-pandemic. This referral increase is comparable to the national position.
- In line with increased volume and acuity of referrals, caseloads have gradually increased to considerably more than pre-pandemic; to hold approximately 300 more CYP than was normal.

Waiting times

- Wait times for Healthy Minds Lincolnshire rose over the year with an average of 37% of referrals accepted receiving an initial assessment within two weeks, compared to 66% for the same period in 2020/21. More than 58% of accepted referrals started interventions within six weeks of referral.
- CYP in Lincolnshire are experiencing waits for CAMHS assessment following referral that are longer than the six week target agreed with commissioners at times and there are also secondary waits for NICE recommended treatments following assessment.

Interventions

	• For Healthy Minds Lincolnshire between April and December 2021:
	  ○ 6,694 direct intervention sessions took place with CYP, compared to 6,213 in 2020/21
	  ○ 85% of CYP did not need any further treatment or were discharged to universal services
	  ○ Only 1.1% of CYP discharged needed to be stepped-up to CAMHS
	  ○ 104 groups were delivered to 424 CYP and 35 parent groups were delivered to 145 parents.
	  ○ 1,916 calls were made to the Here4You Lincolnshire line, mostly from parents/carers (66%)
	  ○ Six training sessions were delivered to almost 100 professionals (impacted by restrictions).
	• The number of CAMHS appointments (of all types including groups) offered since January 2019 reduced slightly over 2020/21 and into 2021/22. In 2020/21 there were 630 fewer appointments offered than the previous year. There were 1,871 CYP seen in a group in 2019/20 compared to just 382 in 2020/21.

What is planned for 2022/23?	• Undertake a comprehensive review of CYP mental health and emotional wellbeing in Lincolnshire, including key learning from the pandemic – this will result in a programme of transformation that will help ensure we are able to continue providing strong mental health promotion, prevention and support that will meet the needs of CYP in the future. • Establish a Children and Young People's Suicide Prevention Task and Finish Group – with the tragic increase in suicides in Lincolnshire (as well as nationally) during and following the pandemic, we will bring professionals together to develop a comprehensive, multi-agency action plan. • Increase access to early intervention – with additional funding from 2022/23, we will increase investment in early, low/moderate intervention to maintain a strong early intervention/prevention offer whilst MHSTs are rolled-out, we want to ensure that, whilst CYP in parts of the county are supported well in their schools via MHSTs, other areas continue to receive equitable and robust early intervention support along with training and children's public mental health promotion. • Continue to roll-out MHSTs across the county in line with NHSE/I timescales, prioritising these in the areas with greatest inequality and need, offering evidence-based interventions and building to an estimated 50% coverage by 2024/25. • Invest in core and specialist community CAMHS – with increased funding we want to grow and strengthen our core and specialist community CAMHS offer by increasing staffing to provide sufficient capacity to meet the increased demand, increasing medical capacity, growing our Here4You Lincolnshire access team to provide more effective advice and support at the 'front door'. This will address the existing waiting list, ensuring that as many CYP as possible do not wait for longer than four weeks from referral to treatment and also allow more CYP to be seen in more flexible ways, such as in the home, to reach CYP who might otherwise not engage in support. • Meet the increase demand for Eating Disorder (ED) support – increase workforce capacity to meet the increased demand and achieve the access and waiting time standard and NHS Long Term Plan targets, this includes increased medical and dietician capacity and Paediatric support. • Increase the scope of the CAMHS ED Service to deliver an evidence-based pathway for CYP presenting with ARFID – this will allow CYP to access an evidence-based specialist ARFID pathway, increasing accessibility to specialist support and improving outcomes and user experience. • Implement a seamless physical health care pathway for CYP with an ED that spans primary care though to acute physical health care, offering a choice of how their physical health is monitored. • Improve monitoring for those at risk of admission or currently inpatient – we will continue to build in early engagement and discharge planning to remove barriers to discharge, building a digital dashboard to use data and information more effectively by informing admission profiles for people waiting for or accessing Tier 4 inpatient services, monitoring and tracking admissions, using the information to identify discharge delays and support discharge planning.

	• Improve transition and support for 18-25 year olds – Transition Clinical Lead Workers, recruited in 2021/22, will review the current transition protocols to remove age-related barriers, and start to build strong links with Adult mental health. They will link with Primary Care Networks and local communities to understand the support offer and promote patient-centred planning for young people between 16-25. With additional funding in 2022/23 we will aim for full countywide coverage with another Transition Clinical Lead Worker and introduce links workers within the local university. • Implement Keyworking for CYP with a Learning Disability or Autism (LDA) who are at risk of admission – funding has been secured from 2022/23 to design and implement a CYP Keyworking Team to support CYP with LDA and their families who are at risk of admission or support speedy discharge if they require admission. The team will work across the Lincolnshire system to support better use of the Dynamic Support Register (DSR), training and understanding of processes related to high-risk CYP with LDA, as well as working closely as advocates for these CYP and families. • Undertake a comprehensive review of CYP mental health and emotional wellbeing in Lincolnshire, including key learning from the pandemic – this will result in a programme of transformation that will help ensure we are able to continue providing strong mental health promotion, prevention and support that will meet the needs of CYP in the future. • Establish a Children and Young People's Suicide Prevention Task and Finish Group – with the tragic increase in suicides in Lincolnshire (as well as nationally) during and following the pandemic, we will bring professionals together to develop a comprehensive, multi-agency action plan. • Increase access to early intervention – with additional funding from 2022/23, we will increase investment in early, low/moderate intervention to maintain a strong early intervention/prevention offer whilst MHSTs are rolled-out, we want to ensure that, whilst CYP in parts of the county are supported well in their schools via MHSTs, other areas continue to receive equitable and robust early intervention support along with training and children's public mental health promotion. • Continue to roll-out MHSTs across the county in line with NHSE/I timescales, prioritising these in the areas with greatest inequality and need, offering evidence-based interventions and building to an estimated 50% coverage by 2024/25. • Invest in core and specialist community CAMHS – with increased funding we want to grow and strengthen our core and specialist community CAMHS offer by increasing staffing to provide sufficient capacity to meet the increased demand, increasing medical capacity, growing our Here4You Lincolnshire access team to provide more effective advice and support at the 'front door'. This will address the existing waiting list, ensuring that as many CYP as possible do not wait for longer than four weeks from referral to treatment and also allow more CYP to be seen in more flexible ways, such as in the home, to reach CYP who might otherwise not engage in support. • Meet the increase demand for Eating Disorder (ED) support – increase workforce capacity to meet the increased demand and achieve the access and waiting time standard and NHS Long Term Plan targets, this includes increased medical and dietician capacity and Paediatric support. • Increase the scope of the CAMHS ED Service to deliver an evidence-based pathway for CYP presenting with ARFID – this will allow CYP to access an evidence-based specialist ARFID pathway, increasing accessibility to specialist support and improving outcomes and user experience. • Implement a seamless physical health care pathway for CYP with an ED that spans primary care though to acute physical health care, offering a choice of how their physical health is monitored. • Improve monitoring for those at risk of admission or currently inpatient – we will continue to build in early engagement and discharge planning to remove barriers to discharge, building a digital dashboard to use data and information more effectively by informing admission profiles for people waiting for or accessing Tier 4 inpatient services, monitoring and tracking admissions, using the information to identify discharge delays and support discharge planning. • Improve transition and support for 18-25 year olds – Transition Clinical Lead Workers, recruited in 2021/22, will review the current transition protocols to remove age-related barriers, and start to build strong links with Adult mental health. They will link with Primary Care Networks and local communities to

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JHWS Priority	**HEALTHY WEIGHT**
Current Position Statement	One You Lincolnshire is the county's provider of targeted healthy adult weight management services, part of an integrated healthy lifestyle offer. The service is fundamental to improving the health inequalities experienced by many of our vulnerable or deprived communities, due to interacting socio-economic, physical, cultural, environmental reasons. Health inequalities and the gap in health outcomes which has been exacerbated during the Covid pandemic is a priority for Public Health and one that is shared by our provider OYL. Referral pathways are primarily through Primary Care and health professionals. Self referrals were introduced during the pandemic and will be in place until end June. Governance for Healthy Weight (formerly the Healthy Weight Partnership, reporting to the Joint Health and Wellbeing Board) is currently paused from the pandemic and is likely to take a different structure as the ICS develops.
What we said we would do in 2021/22	<u>Child and Family Weight Management Service</u> Funding from LCC for a two-year CFWM service, which will be delivered by One You Lincolnshire and will begin in summer 2022, was agreed. As the CFWM will take a holistic approach to children's overall wellbeing it will also support the JHWS' Emotional Wellbeing and Mental Health (Children and Young People) priority. The CFWM service will align closely with a range of services, in particular the National Child Measurement Programme (NCMP) and the Holidays Activities and Food (HAF) programme. <u>Holidays Activities and Food</u> The HAF programme is funded by the Department for Education and was rolled out across all upper tier local authorities in 2021. HAF is not principally concerned with weight management; however, it places a strong focus on healthy eating and so can play an important part in supporting healthy weight in children. In 2021 HAF was open to all children from Reception to year 11 in receipt of free school-meals. <u>National Child Measurement Programme</u> The NCMP was suspended in Lincolnshire during 2021/22 due to the closure of schools <u>National Diabetes Prevention Programme (DPP)</u>

	The NDPP provides tailored support to reduce the risk of type 2 diabetes. The programme is funded by NHSE and delivered by Xyla Health. It offers group-based or one-to-one support which includes education on healthy eating and physical activity. During Covid, in-person support was suspended with all activities during 2021/22 being delivered by telephone or on-line. The NDPP supported 1302 people during 2021/2.
What's Working Well?– examples of key achievements 2021/22	<u>One You Lincolnshire Achievements</u> Lincolnshire's Integrated Lifestyle Service, 'One You Lincolnshire' (OYL) ran several successful pilots in 2021/22, including specialist schemes directly addressing health inequalities and hard to reach groups such as: • one to one weight management support for people with serious mental illness • work based health MOTs with a view to referring eligible clients into the service • a Man V Fat Football League in Grantham targeted at male obesity • ongoing support to unpaid family carers of all ages which includes an online digital resource to aid referrals and access As sub-contracted weight management services reopened after Covid-19 restrictions across the county, the OYL weight management targets were exceeded, with a reduction in bodyweight of a combined 114 tonnes from clients. Development of a Healthy Ageing department within OYL that focuses on the 60 plus age bracket has been successful with 6,641 referrals from this age group through 2021/22. Covid severely impacted normal referral routes (such as health checks and screening), which in turn affected service numbers. The service opened to self-referrals during the pandemic which has been a success and will continue until at least June depending on professional referral volumes. The service innovated with a shift from face to face interventions to greater use of digital and technology, with lots of learning and best practice as a result. A blended offer will continue, as well as a renewed emphasis on popular face to face interventions. It is important to note that many of the people accessing OYL services are from some of our most vulnerable and disadvantaged groups, and/or live in areas of Lincolnshire with the greatest levels of deprivation.
What is the outcome?	One You Lincolnshire achieved the following: • 2229 people have reduced their bodyweight by 5% against a target of 1840. • 4092 people have increased their physical activity. • 2723 have become physically active, achieving more than 150 minutes of moderate physical activity per week. • 2339 people have stopped smoking tobacco. Here is a case study of Karl – a Man v Fat client who lost over 5 stone in one of our leagues. https://manvfat.com/the-power-of-self-belief-amazing-loser-karl-proud/
What is planned for 2022/23?	One You Lincolnshire will continue to promote their service and develop referral numbers, as well as innovate and work in partnership, for example with social housing providers, to tackle health inequalities.

	<u>One You Lincolnshire Child and Family Weight Management Service</u> This new service will be mobilised during summer 2022. The pilot programme aims to support 400 young people of primary school age and their families who are measuring in the 91st centile and above as well as a Healthy Eating programme for children identified with poor diets. It will align closely with the NCMP from which it expects to receive the majority of referrals. It will also work alongside the HAF programme, and it is expected that the CFWM and HAF will act as mutual referral sources thereby enhancing and contributing to the sustainability of the benefits of both. This type of service will be new to Lincolnshire and so 2022/3 will be seen as a pilot phase which will provide an opportunity for continuous learning and refinement of the offer. Although the CFWM service is countywide it will be designed to address health inequalities by focusing resources in those areas with the highest levels of deprivation and childhood obesity and tailoring its offer, through consultation and co-production with local families, to the specific needs of the most deprived communities. <u>National Child Measurement Programme (NCMP)</u> The NCMP will resume its full programme of work in 2022/23. All children in Reception and year 6 from whom parental consent is received will be weighed and measured in school. Correspondence with parents will include information about the support on offer through the CFWM service for which all children identified as having a BMI between the 91st and 99.6th centile will be eligible. <u>Holidays Activities and Food</u> The HAF programme will continue to expand in 2022/23. From 2022 15% of its funding will be available to support children in locally determined priority groups who do not qualify for free school-meals; in Lincolnshire this will include children identified as overweight or obese. <u>National Diabetes Prevention Programme</u> The NDPP will continue in 2022/23 and will resume in-person activities as well as on-line support. <u>Strength and Balance</u> A scoping exercise has been carried out to look to develop a strength and balance programme for the 65+. If successful, the programme is aimed to start in the Autumn of 22/23.

JHWS Priority	HOUSING & HEALTH
Current Position Statement	The Housing Health and Care Delivery Group (HHCDG) continues to oversee the Housing and Health theme. Councillor William Gray now chairs the group. The Lincolnshire Homes for Independence blueprint which sets the objectives for collective action was published early in 2021/22 and a Delivery Plan has been developed. The terms of reference have been amended and adopted, and membership is being reviewed. The District Housing Network (DHN) has been renamed the Lincolnshire Housing and Health Network (LHHN) and coordinates action to achieve the Delivery Plan for HHCDG. It is chaired by Diane Krochmal from West Lindsey District Council and has also agreed new terms of reference and reviewed its structure so that each Delivery Plan action is allocated to a responsible subgroup and a named lead which are accountable for progress on implementing actions.

	Several joint-funded posts are now in place and will be instrumental in delivering numerous Delivery Plan actions: • The Lincolnshire Housing [Homelessness] Partnerships Manager, Jemma Munton has been in post since November 2022, employed by NKDC. • The Lincolnshire Strategic Lead for Healthy and Accessible Homes, Marianne Upton will take up the role in June 2022, employed by BBC. • One additional Public Health Analyst is to be recruited in the autumn of 2022 to improve housing intelligence. Linking data to housing issues and population health management, this role will be based alongside the public health intelligence team. In addition, a team of people from the Centre for Ageing Better (AB) and Lincolnshire's councils is exploring the model for a Good Home Agency / Alliance for Lincolnshire to improve service delivery, and potentially for others to adopt across the country. Consultants have been engaged, funded by AB through a service design contract. The HHCDG is now well resourced to accelerate implementation of its Delivery Plan.
What we said we would do in 2021/22	The activities originally identified in the Joint Health and Wellbeing Strategy (JHWS) Delivery Plan, including the shared commitment to joint action through a Memorandum of Understanding, were achieved or have been superseded by the HHCDG Delivery Plan. It was agreed that 2021/22 would be about recovering from the impacts of the COVID-19 pandemic and putting in place the mechanisms and resources to implement Delivery Plan actions. Having reached agreements and pooled budgets totalling almost £400,000 between the district councils, County Council and the National Health Service (NHS), the above shared posts have or are to be filled for an initial two-year period. In addition, AB has committed over £100,000 to the Good Home Agency project, half of which is for the service design contract for eleven months. There were some delays through not being able to recruit but revising adverts and changing from employing an individual Good Home Agency service designer to tendering a contract were successful and work can now progress. Despite these delays, half of the 49 Delivery Plan actions are in train. LHHN maintains a RAG-rated working copy of the Delivery Plan and is supporting the subgroups to drive actions forward. Once the Strategic Lead is in post and both the Healthy Homes Group and Accessible Homes Group are up and running we are confident that the number of actions in train will rise.
What's Working Well?– examples of key achievements 2021/22	Unexpected challenges not included in the Delivery Plan have led to several key achievements and evidence the strong partnership arrangements which now exist. 1. The Homelessness Subgroup of the Health and Social Care Cell continued to meet throughout 2021 in response to the COVID-19 pandemic, maintaining the effective response to 'Everyone In' to minimise the number of rough sleepers housed through that returned to the streets, and as a 'Plan B' group to 'Protect and Vaccinate' during the subsequent lockdown in early 2022. Numbers of rough sleepers have been reduced from well over 100 in 2020 to around 20 across the county now. 2. Afghan and Syrian refugees and asylum seeker arrivals presented a huge challenge at short notice that partners rose to meet collectively. Philip Roberts from North Kesteven District Council chairs the Lincolnshire Refugee Resettlement Partnership. District councils are committed to supporting on ongoing resettlement of families. To date, 6 Afghan families and 8 Syrians have been resettled (although one of the Syrians has since relocated out of the county).

	3. Homes for Ukraine is a new national scheme to provide refuge for people fleeing the conflict in Ukraine. Over 3,000 Lincolnshire families have offered to be hosts with the County Council overseeing the process of approving housing and safeguarding requirements, and district council housing enforcement teams inspecting properties for suitability and gathering information for Disclosure and Barring Service (DBS) checks. 370 matches had been made as of the beginning of May 2022, seeing 215 arrivals between 115 sponsors. Other significant achievements include: 1. The completion of De Wint Court Extra Care Housing (ECH) scheme, providing 70 units of accommodation in Lincoln, with further schemes in development across the county to provide 345 further units of housing for extra care and supported housing for working age adults. 2. The Specialist Adults Accommodation Strategy Group and Accommodation Sourcing Subgroup, with representation from the National Health Service (NHS), district councils and County Council have agreed levels of independence, aspiring for people with learning disabilities, autism and mental health issues to live in the nearest to mainstream housing as possible across all tenures. The groups are overseeing an ambitious programme of new build (some linked to ECH schemes (e.g., The Hoplands near Sleaford) being for intergenerational living), refurbishment / repurposing of existing underutilised social housing and private sector housing opportunities. 3. District councils and the County Council developed a discretionary housing assistance policy to use Disabled Facilities Grant (DFG) funding flexibly to meet related needs for individuals. Whilst this is not yet a common policy across all seven District Councils, it has provided a framework to build on. 4. Agreement to pilot the delivery of stairlifts through the next iteration of the Lincolnshire Integrated Community Equipment Service (ICES) rather than through DFG and provision made to include modular ramps in the service in due course.
What is the outcome?	The overall aim of the HHCDG is for people to live independently, stay connected and have greater choice in where and how they live. Cohorts of people with some degree of health and care needs are the target audience: • Children and young people • Working-age adults with learning disabilities, autism and mental health needs • Older adults • Homeless people • People who hoard • Domestic abuse victims • Unpaid and family carers • Armed Forces personnel and veterans We want to better understand needs and opportunities (improve the evidence base) through improved Joint Strategic Needs Assessment (JSNA) chapters on: • Insecure homes • Homelessness

	• Housing standards, and • Unsuitable homes. Delivery outcomes are that the above cohorts of people are either supported to remain living in their current home or people are helped to find and move to a suitable home. In each case it is about maintaining the greatest level of independence possible and reducing demand for residential care homes and nursing homes. Services will be designed with input from residents and/or representative groups as far as possible with ongoing engagement to gain feedback on the impact. This will include satisfaction surveys with an improved mechanism to learn from and act on negative responses. The impact of several individual initiatives (e.g., Hoarding Protocol and Hospital Housing Link Workers) are being reviewed at present to include case studies with a view to improving their effectiveness.
What is planned for 2022/23?	The Delivery Plan was reviewed at a HHCDG workshop on 10 May 2022 and new collective actions will be added in areas such as: • digital-enabled homes • intergenerational living and co-housing • private sector housing renewal. Leads for each action and responsible subgroups are now reviewing their actions to ensure desired outcomes are specified and realistic timelines for completion are set. Many are long-term actions and LHHN will work with the responsible subgroups to define final outcomes, interim milestones / outputs and define success with these, all set out in the Delivery Plan. Key areas of work include the following: <u>Good Home Agency / Alliance and One Stop Shop for Equipment, Aids and Adaptations</u> The service designer will lead co-development of a Good Home Agency / alliance across Lincolnshire to include piloting delivery. It is anticipated that this will incorporate a range of home improvement services (e.g., design and build for disabled adaptation; handyperson services) linked to wider support and preventative services such as hospital avoidance or discharge and falls prevention. Part of this is to achieve a single point of access to equipment, small aids and adaptation services recognising that issuing different pieces equipment (e.g., a wheelchair that climbs stairs and is height adjustable) could reduce the need for more costly adaptations such as ramps and rise-and-fall kitchens / washbasins. <u>Disabled facilities grant (DFG) delivery</u> The publication of new Government guidance on delivery of DFGs and use of the Better Care Fund for discretionary housing assistance provides a new opportunity for a systematic review of how services are delivered between districts that leads to a consistent approach across the county. <u>Home Energy Advice Service</u> Rises in energy costs are expected to increase the number of households considered to be in fuel poverty but also impact on 'just-about-managing' households. A need has been identified for a comprehensive home energy advice service that links with wider financial inclusion services. The existing Lincs

	4 Warmer Homes (L4WH) shared service was set up to connect residents with the third round of the Energy Company Obligation (ECO3) which ended on 31 March 2022. One option is to build upon L4WH to deliver a service across Greater Lincolnshire, providing a broader range of financial support for energy efficiency improvements and green homes and alongside practical energy and cost saving advice. This service would sit well as part of a broader Good Home Agency / alliance. Lincolnshire Homelessness Strategy The Lincolnshire Housing Partnerships Manager is refreshing the Lincolnshire Homelessness Strategy. The review of the current strategy is almost complete, and the new strategy and wider consultation will take place by the end of June, with all relevant committee approvals by the end of November 2022. With the aim of increasing units of single person accommodation to house those who would otherwise be sleeping rough, a joint bid has been submitted into the current Rough Sleeper Accommodation Programme (RSAP) for 10 units of accommodation, dispersed across the county, for those with complex needs and not suitable for hostel accommodation. The Manager will also be representing the homelessness strategy partnership group on a task and finish group established in April to progress the second phase of the Team Around the Adult initiative. Cost of living crisis response (links with Financial Inclusion Partnership (FIP)) This is mentioned above in relation to energy costs and tackling fuel poverty. However, with food prices, inflation, and interest rates all increasing there is potential for households to get into difficulties and risk losing their home. Homelessness prevention will, therefore, be critical. HHCDG will continue to improve its links with all partners on the FIP and seek to ensure there are sufficient money and debt advice services alongside practical support (food provision and white goods) and financial support (e.g., the Household Support Fund) where needed. Notwithstanding this it is important to recognise that education is crucial to ensure households are self-resilient and can cope with rising costs as far as possible.

JHWS Priority	MENTAL HEALTH (ADULTS)
Current Position Statement	**Suicide Prevention** The Suicide Prevention Strategy 2020/23 was published in October 2020 and the Action Plan was updated in January 2022. This work continues to be overseen by a Suicide Prevention Steering Group made up of multi-agency partners. **Mental Health Transformation** The Mental Health Transformation Programme is now in its third year and making great strides towards achievement of the deliverables outlined in the NHS Long Term Plan and wider Mental Health Implementation Plan. There has been significant investment in a range of key areas including community development, steps to change, eating disorder services establishing and expanding the Personality and Complex Trauma (PACT) Team and the community Rehabilitation Team. There has been a huge expansion in the workforce which contribute to the mental health and wellbeing agenda, including peer support workers and people with lived experience (working through a co-production approach), specialist mental health social prescribing link workers, community connectors and mental health practitioners working in primary care, alongside other roles. An MHLDA Board has been established combining multiagency representation.

	As the programme has iterated we have seen the need for specific resource for developing system interoperability, communications and engagement, workforce and recruitment, and project support to enablers to deliver a population health response at a local level. **Mental Health, Learning Disabilities and Autism** The Mental Health Learning Disabilities and Autism Group (MHLDA) is a broad coalition of partners who collaborate to improve the mental health and wellbeing prevention, support and treatment offer to Lincolnshire residents. The partnership has recently developed a set of priorities for the next 3 years, including place based and system wide initiatives, which will be the focus of collaborative working to improve mental health outcomes in Lincolnshire. Both the Mental Health Transformation Programme and work around Suicide Prevention are a part of the prevention, support and treatment offer discussed at MHLDA, alongside other areas of work such as mental wellbeing and improving the physical health of residents with mental ill health, learning disabilities and/or autism.
What we said we would do in 2021/22	**Suicide Prevention** By March 2022 we committed to: • Identify and improve support available to people bereaved by suicide. • Work with Partners to encourage the adoption of the locally developed pathway to support adult suicide prevention and response plans. • Develop a Lincolnshire plan for responding to suspected suicide clusters and high-profile suicides. • Increase knowledge and understanding of self-harm, and challenge misconceptions about the relationship between self-harm and suicide and support Self-Injury Awareness Day (1st March 2022). Mental Health Transformation • The Mental Health Transformation Programme has been well underway in 2021/22 and made significant progress. 4 initial early implementer sites have been developing a community integrated place-based teams (IPBT) approach, focussed around PCN settings, comprising a range of roles including community connectors, peer support, mental health social prescribing link workers, all working alongside VCSE sector, primary care and community mental health teams. These have been widened further across more PCN settings with the aim of ultimately having a countywide approach. • Each have a Mental Health hub with project team and a Partnership Board. • Mental Health Practitioners roles through the additional roles reimbursement scheme now provide services in 13 of the 15 PCNs across the county. • Neighbourhood teams have been working closely with the IPBTs to ensure funding available through grant allocation to the VCSE Sector is directed to those services and places most at need to build the local community assets. Supporting the VCSE sector to become more established and resilient. • Night light cafes, originally developed in the Lincoln area, to support people during evenings and when traditional services are closed, have been further established across the county on a network basis through the ACTs Trust. These have proven to be very valuable and broadened the stream of volunteers supporting people with their mental health and wellbeing. • The Mental Health matters crisis line is also now well established and links to the tier 2 crisis support provided by LPFT (Mental Health Provider Trust). • A Mental Health Assessment Unit has been commenced in Lincoln to direct people with a primary Mental health need away from A&E to more appropriate direct support for their needs. • Investment has been made into Suicide Prevention services to ensure support in the community for those impacted. • Grant allocation funding has been made available contributing to over 18,000 beneficiaries through Community Asset Development, Managed Care Nwtwork and Suicide Prevention allocations.

What's Working Well?– examples of key achievements 2021/22	**Suicide Prevention** • Developed a visual guide to pathways of support for individual and professionals. The pathway is currently promoted to partners' who have option of adopting a model or developing their own version of response plans. • We identified good practice and drafted a Lincolnshire Cluster response plan that is currently being tested in real life scenarios. • Piloted a suicide bereavement support service (with The Tomorrow Project) and secured funding for full scale service to be rolled out in 2022 (NHSE Wave 4 Postvention funding). We also developed a leaflet and online resources showing bereavement support available in the county. • Supported the establishment of a range of local community projects to prevent suicide through the Community Suicide Prevention Innovation Fund (CSPIF) (Wave 1 and 2 Funding). • Supported the mental health and wellbeing of children and young people through development of a wide range of resources for parents/carers and professionals, including review of services and implementation of new assessment tools within settings. • Continued development of knowledge and intelligence including data sharing arrangements with the police and coroners office. • Contributed to a Thematic Review of suspected suicide deaths among children and young people (led by the Child Death Overview Panel). **Mental Health Transformation** • Alongside elements outlined above please see the "Its All About People" website for more information. • Replacing outdated adult acute wards in Boston and Lincoln. • Individual ensuite bedrooms, increased access to outdoor spaces and modern therapeutic environments. **Mental Health, Learning Disabilities and Autism** • MHLDA is a collaborative strategic platform for sharing developments across the mental health and wellbeing agenda, and working together to maximise opportunities and address challenges. • Together, the partnership as identified priorities for the next 3 years including improving prevention and early intervention, avoiding unplanned hospital admissions, ensuring safe and effective discharge from hospital, responding to the needs of local communities and developing a mental health informed society (including workforce and carers). • To demonstrate commitment and ambitions for prevention, the MHLDA has developed and submitted an application to sign up to the Prevention Concordat for Better Mental Health. This signals the ambition of the partnership in strengthening mental health promotion across the life course.
What is the outcome?	**Bereavement service pilot** – 70 families received an initial contact, support and information following a death of someone close due to suspected suicide. Case studies show that the prompt contact, emotional and practical help were much appreciated. While the scope of the project was limited it provided vital learning to inform commissioning of the full-scale service. The pilot also resulted in development of automated referral system from the police that will benefit the system long term. **Suicide Prevention Fund** – significant investment in a third sector organisation was made to create and enhance a support offered in communities. The projects have reached nearly 2000 people to date and the help on offer ranged from peer support to interest groups while creating safe spaces for people to talk and providing practical support. Improved social connectiveness, improved wellbeing and reduced stigma are some of the outcomes reported. Many projects focused on improving skills of the staff and volunteers (by offering mental health and suicide prevention training).

Knowledge and intelligence – existing data sharing arrangements allow near-real time information allowing systems to react and adopt and providing good foundation for further development of the processes.

Mental Health Transformation – SHINE Lincolnshire is a countywide charity providing community support services for people with mental illness; working collaboratively with partner agencies. They currently work with LCC, CCG, LPFT & Public Health to support Mental Health a range investment programmes such as the managed care network and suicide prevention fund. Since 2020 they have supported 126 community projects which have actively benefited 18,234 people at an investment of £1,088,750.

An additional range of case studies are available with a few examples below for information:

- ***Gainsborough Integrated Place Based Team***
  Challenge: How do we get to a point where anyone, with any level of mental health need has an opportunity for an initial conversation without unnecessary assessment?
  Solution: Initial Conversation Screening Tool which take an outcomes based approach to support personal recovery. Saves duplication with opportunity to share their story once and voice their feelings through prompts. Individual has control over how much they share, people don't have to wait until they are experiencing symptoms of a mental health condition before reaching out, and provides an informal conversation toolkit to help find a starting point for discussing an individuals mental health recovery journey.
  Outcome: Individual fleeing domestic abuse and relocating to new area – feeling extremely isolated and mental health in decline. Identified during conversation that likely not to meet threshold for community mental health team support. Connected individual into community level support programme and has built a support network around promote wellbeing.
- ***Every One – Making Connections***
  Challenge: Person under the care of community mental health team for a lengthy period of time. Feeling lonely and isolated but does not feel able to get dressed and leave the home.
  Solution: Referral made to Social Prescribing team who have been supporting this patient with identifying groups of interest in the local area along with housing options.
  Outcome: Mood and anxiety has improved, feelings of being lonely and isolated are reducing and gradual stepping down from community mental health team support.
- ***Lincoln City South Team***
  Challenge: Low confidence and high distress when engaging in necessary telephone calls to manage home. Anxiety, low mood, PTSD, intrusive thoughts, poor sleep, disengagement in personal care alongside health conditions and hoarding.
  Solution: Education to develop skills in distress tolerance, emotional first aid, sleep hygiene, grounding and understanding anxiety. Role play and reflective practice to support improved communication, interpersonal skills and resilience in challenging situations. Goal planning and revisiting progress/ evaluating progress and engagement and adapting to encourage positive change and engagement in interventions. Referral to Social prescribing to explore and develop occupational identity and social networks. Consultation with Psychology team to guide practice – boundaried approach planned and supported.

	Outcome: Independent engagement in interventions, improved routine, structure, diet, sleep and engagement in activities which have been identified as possible occupations to support well balanced lifestyle. Self-management physical and mental health skills are in use resulting in improved feelings of wellbeing, improved mood and resilience. Reduction in hoarding. Increased confidence in exploring social opportunities, improved communication strategies and reduced reactivity in distressing situations. Increased confidence to engage in conversations with work men etc
What is planned for 2022/23?	**Suicide Prevention** • Further development of key processes of responding to suicides and attempted suicides (implementation of cluster response plans, Real Time Suicide Surveillance). • Implementation and evaluation of Lincolnshire Suicide Bereavement Service. • Identification and implementation of learning from local and national children and young people suicide mortality review reports. • Ongoing analysis of data to identify trends, clusters, and emerging risk factors to inform commissioning of services and projects including Wave 3 of the Community Suicide Prevention Innovation Fund. • Reviewing communication and awareness campaigns. **Mental Health Transformation** • Updated Peter Hodgkinson Centre due to open early 2023. • Mental Health Assessment Unit will be piloted and evaluated. • IPBTs in all 12 neighbourhood areas, covering all 15 PCNs, each with a complement of MH Practitioner roles, embedded community MH Teams and wider resource including community connectors, social prescribers and peer support workers. • A fully developed training offer for a wide range of individuals including boundary training, trauma informed care, MH First Aid and MH awareness. We are also developing a primary care tailored package to support upskilling and an informed workforce and will be co-producing a package for carers and care home workers. • Further investment in the VCSE sector to improve community assets and reduce inequalities. • Connected community events and development days to enable the workforce to continue to transform. • A service to support those bereaved as a result of suicide is being procured to ensure countywide access, on the basis of initial pilot provision. • We are committed to ensuring experts by experience are hard wired into pathway design and investment decisions. We have evolved our co-production group to a wider network with the intent to support all elements of mental health, LD and autism. **Mental Health, Learning Disabilities and Autism** • Develop and begin to monitor outcomes to track delivery against the priorities for 2022-2025. • Complete our application to the Prevention Concordat for Better Mental Health and deliver against the action plan agreed with the Office for Health Improvement and Disparities. This includes improving our understand of local need two years into the Covid-19 pandemic and ensuring that we have evidence-informed primary, secondary and tertiary prevention in place to reduce need and improve patient outcomes in Lincolnshire. • Continue to develop, and then implement, new governance arrangements in line with the inception of the Integrated Care Partnership and Board in July 2022.

JHWS Priority	PHYSICAL ACTIVITY (Let's Move Lincolnshire)
Current Position Statement	Active Lincolnshire as the Sport England funded Active Partnership for the county acts as the strategic body facilitating, promoting and advocating the use of physical activity and sport as a tool to achieve wider societal outcomes including improving the physical and mental health of less active residents of all ages, backgrounds and life-experiences. Covid 19 has had a huge impact on children, young people and adults, greatly reducing opportunities to be physically active, with the closures of gyms, leisure services and schools. There has been an unprecedented national rise in obesity in young people as a result, and an increased level of inactivity across all demographic groups. Through the refresh of the 10 year strategy, 'Let's Move Lincolnshire', Active Lincolnshire is leading on a system wide approach for post Covid-recovery, to get more people moving more, with a clear focus on reducing inequalities and inactivity levels. This includes children, young people and workforce. Heritage, cultural and our blue and green assets will be used to showcase how people can enjoy being more active as part of their daily lives, and in their own neighbourhood. Active Lincolnshire will continue to work with the wider health sector: educating non-physical activity professionals about the benefits of being active, ensuring the social prescribing network have access to information about the activities that are available and building physical activity touchpoints into health care pathways. One You Lincolnshire - the integrated lifestyle service commissioned by Public Health — is the key mechanism to support health improvement in this area. It targets and supports inactive adults to become physically active and reach a healthy weight with a wide ranging, engaging, supportive and accessible offer.
What we said we would do in 2021/22	• Active Lincolnshire is leading on the refresh of 'Let's Move Lincolnshire' – the multi-sector strategy to promote more people moving more including a specific strand on connecting with health and wellbeing. • 'Let's Move Lincolnshire' Activity Finder launched. • Worked with the Centre for Ageing Better to ensure older adults can access being physically active. • Active Lincolnshire has distributed the 'Think Active' grant fund in partnership with LPFT: improving psychological wellbeing and mental ill health with physical activity such as Walk and Talk events. • Active Lincolnshire have distributed the Tackling Inequalities funding to support organisations and communities across Lincolnshire to support residents most at risk of inactivity due to the pandemic conditions to access activity. This included seed-funding physical activity as an intervention as part of the Cancer Pathway (Fighting Fit) now funded by Macmillan Cancer Care. • Lincolnshire Sports and Physical Activity Awards 2021 • Active Lincolnshire has supported key national campaigns to promote being physically active, such as 'This Girl Can' and 'We Are Undefeatable' • Active Lincolnshire has engaged with pregnant and new mothers and parents through the better births programme to deliver programmes and inform research on being more physically active • Use of Moki technology as part of the opening schools facilities funding. Moki is an activity tracking wristband and software application to engage students in an active curriculum.

What's Working Well?– examples of key achievements 2021/22	• Launch of 'Let's Move Lincolnshire' new data enabled Activity Finder on their website – making it easy for anyone to find activities near them, and easy for clubs and groups to share their events. • The major engagement with key system stakeholders, partners and public, led by Active Lincolnshire and facilitated by the University of Lincoln has generated rich insights and system commitment from partners to inform the forthcoming Let's Move Lincolnshire delivery plan.
What is the outcome?	One You Lincolnshire have supported 4092 people to increase their physical activity. 2723 have become physically active, achieving more than 150 minutes of moderate physical activity per week. The latest Active Lives release, covering November 2020-21 shows that Lincolnshire compares unfavourably with the national picture with only 56.4% of adult residents meeting the chief medical officer (CMO) recommended 150+ minutes per week compared to 61.4% nationally. The percentage of the population in Lincolnshire that is inactive is 4.4% higher than nationally. The county shows hugely varying statistics from district to district, with South Holland having the lowest percentage of residents reaching 150+ minutes (48.1%), compared with Lincoln where 68.4% of residents hit the guidelines and 21.6% are classified as inactive. Boston has the highest percentage of inactive residents doing less than 30 minutes, at 40.2%, which equates to 23,000 people. When comparing pre-pandemic levels of activity to the latest release there are 4000 adults no longer meeting CMO recommended levels of activity, and 11,800 residents are now classed as inactive, meaning they are doing less than 30 minutes a week. In the last 12-months, the public leisure facilities across Lincolnshire have returned over £3.5m in physical and mental health value, including £1.1m on dementia services, £37K on depression.
What is planned for 2022/23?	The focus for 2022-23 is Recovery: helping more people to move more again, with a solid, renewed focus on health inequalities: encouraging and supporting those who are inactive or unconfident to be more active. **Actions include:** A new, all age 10-year delivery plan for 'Let's Move Lincolnshire' to which system partners are signed up. Led by Active Lincolnshire, the strategy focuses on six core areas: 1. Recover and Reinvent: Supporting the physical activity sector to recover from the pandemic and adapt as a relevant and sustainable network of organisations. 2. Connecting Communities: Utilising physical activities ability to make better places to live. 3. Positive experiences for children and young people: Creating the foundations for a lifelong positive relationship with physical activity. 4. Connecting with health and wellbeing: Strengthening connections between physical activity and health and wellbeing sectors. 5. Active Environments: Creating the places and spaces for people to be active.

	6. Agile systems: Cross-sector and system working to collectively conceive new structures and tackle complex issues including carbon neutral, economic prosperity, economic inactivity and community cohesion. • District Council health and wellbeing strategies will have physical activity sections that align to the refreshed Let's Move Lincolnshire strategy. • Increased quality and quantity of activities available on the Let's Move Lincolnshire activity finder, ensuring that there are opportunities available across the country and it's clear where they are suitable for residents with health conditions. • Refresh of the Physical Activity JSNA • Tackling the impact of long Covid and health inequalities through the third round of the Together Fund (national), led by Active Lincolnshire, which supports local groups to support hard to reach groups to enjoy being active • Expanding the One You Lincolnshire offer to include a healthy child weight management service. • Launch of a new outdoors festival in the Wolds (May 2022), led by East Lindsey District Council. • Active Lincolnshire leading co-ordination of regional and national campaigns promoting everyone being physically active. This includes pregnant and new mothers with 'This Mum Moves' and health practitioners through 'Active Mums Start With You', and linked to the Commonwealth Games 2022. • Commissioning of research to identify the future physical activity workforce needs to meet the needs of the future population of Lincolnshire. • Mapping activities available to health condition prevalence and seeking to support more activities to be suitable to meet the needs of residents with health conditions. • Identification of digital physical activity tools to support residents to lead more active lives and manage conditions.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**14 June 2022**
Subject:	**Proposed changes to the Health and Wellbeing Board Terms of Reference**

Summary:

The Lincolnshire Health and Wellbeing Board (HWB) is required to review its governance arrangements on an annual basis. In March 2021, the Board endorsed proposals to incorporate, into the HWB, the functions of the interim Integrated Care Partnership (ICP). These were formally approved by full Council in May 2021 and relevant changes were made to the Council's Constitution.

From 1 July 2022, the introduction of Integrated Care Systems (ICSs) will require the Integrated Care Board (ICB) and local authority to jointly establish an ICP which cannot be the same as the HWB. As a consequence, the HWB Terms of Reference need to be updated to reflect the introduction of the ICP. The proposed changes will be subject to sign off by full Council in September and formal adoption by the HWB at the next meeting.

Actions Required:

The HWB is asked to:

1. endorse the changes to the Terms of Reference, Procedural Rules and Board Member's Roles and Responsibilities as set out in Appendix A.
2. recommend the changes to full Council on 16 September 2022 to enable the relevant changes to be made to the Council's Constitution.
3. note the update on the development of Lincolnshire's Integrated Care Partnership.
4. endorse the recommendation to extend Associate Membership to a representative from Higher Education and the Lincolnshire Enterprise Partnership.

1. Background

1.1 Amendments to the Terms of Reference

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

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

Whilst the new Health and Care Act 2022 does not change these core functions it does embed the Health and Wellbeing Board, principally as a consultee, in a number of the statutory processes associated with the operations of the new Lincolnshire Integrated Care Board (ICB) and in particular its production of an annual five year plan.

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

At the meeting on 9 March 2021, the Board endorsed proposals for the HWB to incorporate the functions of the interim ICP with the intention to take on the formal responsibilities once the ICP was required in law. The Board also agreed to recommend the proposal to full Council on 21 May 2021 to enable the relevant changes to be made to the Council's Constitution. The HWB formally adopted the updated Terms of Reference at the AGM meeting on 3 June 2021.

Following Royal Assent of the Health and Care Act 2022, on 28 April 2022, ICPs will be formally established from 1 July 2022. To achieve this the Act requires the County Council and the newly formed Integrated Care Board to jointly establish an ICP as a statutory joint committee of the two bodies. The ICP will have a statutory responsibility to create an Integrated Care Strategy for Lincolnshire.

Since the HWB is a committee of the County Council it has fundamentally a different legal status to the ICP as a statutory joint committee. Furthermore, the ICP is given statutory responsibility for the production of an Integrated Care Strategy for the area and cannot pass that responsibility to another body. Therefore, the HWB cannot fulfil the role of an ICP.

The statutory duties for the HWB to prepare and publish the JSNA and JHWS remain, supplemented by the new roles given to the HWB by the Act in particular as a consultee on the development of the Integrated Care Board's five year plans. The Board therefore needs to remove reference to the functions of the ICP from the Terms of Reference. The changes will also need to be recommended to full Council on 16 September 2022 to enable the relevant changes to be made to the Council's constitution.

The amended Terms of Reference and Procedural Rules, along with the Board Member's Roles and Responsibilities showing the proposed revisions, are provided in Appendix A.

1.2 Integrated Care Partnership

Lincolnshire is only one of four coterminous ICS systems nationally so there is an opportunity to benefit from this to achieve our shared ambition. Although at the level of the Act the different roles of the ICP and HWB can be distinguished, the coterminous boundary means that it is challenging to fully define the

practical difference between the ICP and HWB and manage the clear risk of duplication. To inform the development of Lincolnshire's ICP a workshop was held on 26 April 2022 attended by members of the HWB and wider partners. The purpose of the session was to:

- Develop a shared understanding of the roles and responsibilities of the HWB and ICP
- Gain consensus about how the HWB and ICP need to work together and the arrangements that need to be in place to ensure an effective, seamless relationship
- Ensure these roles and responsibilities align to a shared ambition and values of Lincolnshire ICS.

At the session the following practicalities around the running of the ICP were proposed:

- HWB and ICP to align meeting times, locations, and frequency
- Terms of Reference to be refreshed, agreed, and reviewed annually
- An Executive Councillor of the County Council should be Chair of the ICP
- Use the JHWS 2018 to as the basis for the development of the Integrated Care Strategy
- The HWB and ICP to jointly oversee the Integrated Care Strategy.

1.3 Membership

In order to fulfil the shared ambition to align the HWB and the newly developing ICP it is recommended that the membership is mirrored. However, the membership of the ICP is a matter for the ICP once formed.

In terms of the HWB and to ensure a focus on reducing the inequalities for the population across Lincolnshire, it is proposed to offer an opportunity of membership for the HWB to a representative from Higher Education (HE) and the Greater Lincolnshire Local Enterprise Partnership (LEP). They will be joining the HWB as Associate Members (i.e. Associated members will not have voting rights at HWB meetings). Opening up membership to HE and the LEP supports the collective ambition to prevent and reduce health inequalities by focusing on the wider social, economic and health priorities.

The intention is to maintain a mirroring in the membership for the next 12 months with a view to review and refresh in June 2023 once the new arrangements have embedded.

2. Conclusion

The HWB is asked to endorse the governance documents and recommend the changes to the HWB Terms of Reference to full Council on 16 September 2022 to enable the necessary changes to be made to the Council's Constitution.

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

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

The HWB is responsible for producing both the JSNA and JHWS.

4. Consultation

Not applicable.

5. Appendices

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

6. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Document Title	Where it can be accessed
Changes to the Lincolnshire Health and Wellbeing Board Terms of Reference to incorporate the functions of the Integrated Care System Partnership	Lincolnshire County Council Website - Agenda for Lincolnshire Health and Wellbeing Board on Tuesday, 9th March, 2021, 2.00 pm (moderngov.co.uk)
Council Constitution – Changes to the Lincolnshire Health and Wellbeing Board Terms of Reference and membership to incorporate the functions of the Integrated Care System Partnership Board	Lincolnshire County Council website - Agenda for Council on Friday, 21st May, 2021, 10.30 am (moderngov.co.uk)
Terms of Reference and Procedure Rules, Roles and Responsibilities of Board Members	Lincolnshire County Council Website - Agenda for Lincolnshire Health and Wellbeing Board on Tuesday, 22nd June, 2021, 2.00 pm (moderngov.co.uk)

This report was written by Alison Christie, Programme Manager Strategy and Development, who can be contacted on alison.christie@lincolnshire.gov.uk

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE and PROCEDUAL RULES

June 2021~~1~~2

Next review date June 2022~~2~~3

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
Terms of Reference and Procedural Rules

1. PURPOSE

1.1 This document sets out the agreed principles and way of working for the Lincolnshire Health and Wellbeing Board ~~which includes acting as the Integrated Care System Partnership Board (ICSPB) from April 2021.~~

1.2 It reflects the strong and effective partnership working across the health and care system and a commitment to the joint endeavour to deliver better health outcomes to the people of Lincolnshire.

2. CONTEXT

2.1 The Lincolnshire Health and Wellbeing Board (the Board) is established as a consequence of Section 194 of the Health and Social Care Act 2012 as a committee of Lincolnshire County Council.

2.2 Lincolnshire has a long history of strong and effective joint working to address the factors that determine health throughout the life course, and to seek to reduce demand on health and care services in a more preventative and proactive way.

2.3 ~~The introduction of an Integrated Care System (ICS) in Lincolnshire is the next step on the evolution of partnership working. Health and Care System Leaders agree the ICS can best deliver outcomes for Lincolnshire by the Board fulfilling the role of the ICSPB.~~

2.4 ~~The advantages of this approach are seen to be:~~

~~2.4.1 It builds on the strong partnership working ethos cultivated through the Board since 2013.~~

~~2.4.2 The move towards population health management will ensure place based and neighbourhood working is focused on delivering outcomes based on the needs of the population.~~

~~2.4.3 It ensures a continued focus on the wider determinants of health which have an impact on an individual's health and wellbeing.~~

~~2.4.4 The coterminous boundary offers Lincolnshire advantages over other areas and maximises opportunities to work collaboratively.~~

~~2.4.5 It reflects a genuine desire across the local health and care system to develop innovative ways of working and to capitalise on the advances made during the Covid-19 pandemic.~~

3. OBJECTIVES

3.1 To provide strong local leadership across the health and care system to improve the health and wellbeing of Lincolnshire's population.

3.2 To maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and process to prevent duplication or omission within Lincolnshire.

3.3 To work collaboratively to address the wider determinants of health – the physical, cultural, social and political environment in which we live – which impact on an individual's health outcomes.

3.4 To promote transformational change through shifting the health and care system towards preventing rather than treating ill health and disability by promoting self-care and healthy living.

3.5 To maximise the opportunities and resources available to Lincolnshire by integrating services.

3.6 To reduce current inequalities in the provision of healthcare and close the gap.

3.7 To ensure a focus on issues and needs, requiring partnership and collective action across a range of organisations, to deliver.

4. FUNCTIONS AND RESPONSIBILITES OF THE BOARD

4.1 To deliver the functions of a Health and Wellbeing Board as set out in Section 195 and 196 of the Health and Social Care Act 2012 as follows:

4.1.1 To encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner.

4.1.2 To provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning.

4.1.3 To prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population.

4.1.4 To prepare and publish a Joint Health and Wellbeing Strategy (JHWS)

4.2 To produce the Pharmaceutical Needs Assessment (PNA) in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349) and liaising with NHS England and Improvement (NHSEI) to ensure recommendations or gaps in services are addressed.

4.3 To fulfil its role under section 14Z54 of the National Health Service Act 2006 and in particular to:-

4.3.1 give its opinion to the Integrated Care Board (ICB) on whether the draft ICB 5 year plan (or any draft revision to the plan) takes proper account of the local joint health and wellbeing strategy under section 14Z54(5)(a); and

4.3.2 determine whether to give that opinion to NHS England under section 14Z54(5)(b).

4.4 To determine whether to give to NHS England its opinion on whether the published ICB 5 year plan takes proper account of the local joint health and wellbeing strategy under section 14Z55

of the National Health Service Act 2006.

4.5 To fulfil its role as consultee in respect of the ICB's annual review of the steps that the ICB has taken to implement the joint local health and wellbeing strategy under section in accordance with section 14Z58 of the National Health Service Act 2006.

4.6 To respond to consultation by NHS England on any steps that the ICB has taken to implement any joint local health and wellbeing strategy as part of NHS England's annual performance assessment of the ICB under section 14Z59 of the National Health Service Act 2006.

~~4.3 To provide the overarching strategic partnership for the health and care system, setting the vision and strategy.~~

~~4.4 To provide oversight of the work undertaken by the member partners to take forward the Lincolnshire ICS to deliver the 'triple aim' duty for all NHS organisations of better health for the whole population, better quality care for all patients and financially sustainable services for the taxpayer.~~

~~4.5 To provide a system wide governance forum, including NHS, local government and wider partners, to enable collective focus and direction to the responsibilities and decision making of the individual partners.~~

5. MEMBERSHIP

5.1 The membership of the Board will comprise the following *(* denotes statutory members of the Health and Wellbeing Board as required by Section 194 of the Health and Social Care Act 2012*[1]):

- The Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners
- The Executive Councillor for Children's Services, Community Safety and Procurement
- The Executive Councillor for Adult Care and Public Health
- Five further County Councillors
- The Director of Public Health*
- The Executive Director of Children Services*
- The Executive Director of Adult Care and Community Wellbeing*
- Chair~~, NHS Lincolnshire CCG~~NHS Lincolnshire Integrated Care Board
- Chief Executive, ~~NHS Lincolnshire CCG~~ Lincolnshire Integrated Care Board
- Chair, Primary Care Network Alliance
- Chair, United Lincolnshire Hospitals NHS Trust
- Chief Executive, United Lincolnshire Hospitals NHS Trust
- Chair, Lincolnshire Partnership Foundation NHS Trust
- Chief Executive, Lincolnshire Partnership Foundation NHS Trust
- Chair, Lincolnshire Community Health Services NHS Trust
- Chief Executive, Lincolnshire Community Health Services NHS Trust
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire*

[1] In addition to the positions highlighted, statutory membership of the Health and Wellbeing Board also includes at least one elected Councillor from the upper tier authority, nominated by the Leader of the Council, and at least one representative from each Clinical Commissioning Group whose area falls within or coincides with the local authority area.

5.2 Associate Members[2] of the Board are as follows:

- A designated representative from NHSEI
- Chief Constable/representative, Lincolnshire Police
- A designated representative for the Voluntary and Community Sector
- A designated representative from Higher Education
- A designated representative from the Greater Lincolnshire Local Enterprise Partnership

5.3 The Board will confirm the representative nominations by the partner organisations at the Annual General Meeting.

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

5.5 Each non statutory member of the Board shall nominate a named substitute and provide details to the LCC Democratic Services Officer.

5.6 Two working days advance notice, that a substitute member will be attending a meeting of the Board, needs to be given to the LCC Democratic Services Officer.

5.7 Substitute members will have the same powers as Board Members.

6. CHAIR AND VICE CHAIR

6.1 The Board shall elect the Chair and Vice Chair at each AGM

6.2 The Chair and Vice Chair will not be from the same organisation.

6.3 The appointment will be by a majority vote of all Board Members/substitutes present at the meeting and will be for a term of one year.

7. ACCOUNTABILITY

7.1 The Board carries formal delegated authority to carry out its functions under Section ~~195 and 196 of the Health and Social Care Act 2012~~ 4 above from the County Council.

7.2 Save for the statutory functions referred to in paragraph 7.1 the Board will not have decision-making powers and will not exercise any functions of any other partner body. It will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve health and wellbeing of the people living in Lincolnshire.

7.3 NHS Members will ensure that they keep their organisation advised on the work of the Board.

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

7.4 The District Council Member will ensure that they keep all District Councils advised on the work of the Board.

7.5 Board members bring the responsibility, accountability and duties of their individual roles to the Board to provide information, data and consultation material appropriate to inform the discussions and decisions.

7.6 ~~The arrangements for the Board to fulfil the role of the ICSPB do not affect the role and functions of the Health Scrutiny Committee for Lincolnshire.~~

7.7 The Board will report to Full Council and to NHSEI via the Regional Team as required.

7.8 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes of meetings on the County Council website ~~and Lincolnshire's Integrated Care System website.~~

7.9 When required the members of the Board will take place in round table discussions with the public, voluntary, community, private and independent sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.

8. ROLES AND RESPONSIBILITIES OF BOARD MEMBERS

8.1 To work together effectively to ensure the delivery of the functions and shared objectives are met for the benefit of Lincolnshire's communities.

8.2 To work collaboratively to build a partnership approach to key issues and provide collective and shared leadership for the communities of Lincolnshire.

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

8.4 To champion the work and partnership approach in wider networks and in the community.

8.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations are disseminated and appropriate action is taken to ensure the shared objectives are met.

8.6 To demonstrate commitment by prioritising attendance at meetings and development sessions.

8.7 To demonstrate commitment by prioritising activity in between meetings, such as responding to email communications and providing information within set deadlines.

8.8 To treat each other as equals, with respect and demonstrate that they value the contribution of others by listening and responding and encouraging real dialogue.

8.9 To act in accordance with the Board Member's roles and responsibilities listed in Appendix A.

9. BOARD MEETINGS

9.1 The Board will meet in public no less than four times per year including an AGM.

9.2 Additional meetings of the Board may be convened with the agreement of the Chair and Vice Chair.

9.3 The Board will hold development or wider partnership events as required. These meetings will be held in private.

9.4 All papers are to be sent to the Programme Manager Strategy and Development no later than 15 working days before the date of the scheduled meeting for approval with the Chair and Vice Chair. The appropriate committee report template should be used.

9.5 All finalised agenda items or reports to be tabled at the meeting will be sent by the Programme Manager Strategy and Development to the Democratic Services Officer no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

9.6 Democratic Services will circulate and publish the agenda and reports at least five clear working days prior to the meeting. Exempt[3] or Confidential[4] Information shall only be circulated to Core Members.

10. PROCEDURE AT MEETINGS

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

10.2 Only Board members, or their substitute, are entitled to speak through the Chair. Associate Members and the public are entitled to speak if pre-arranged with the Chair before the meeting.

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

10.3.1 Ensuring adequate access to Board meetings.

10.3.2 To include a work programme of planned future work on the agenda.

10.3.3 Reports and presentations are in a style that is accessible to the wider community, and of a suitable length, so that their content can be understood.

10.3.4 Enabling the recording of meetings to assist the secretariat in accurately recording actions and decisions.

11. QUORUM

[3] Exempt Information is information falling within any of the descriptions set out in Part I of Schedule 12A of the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said schedule.

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

11.1 Any full meeting of the Board shall be quorate if not less than a third of the Board membership are present.

11.2 This third should include the following:

- Either the Board Chair or Vice Chair, and in addition
- A Lincolnshire County Council Executive Councillor
- ~~An NHS Chair~~An NHS Lincolnshire Integrated Care Board Representative

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

12. DECLARATIONS OF INTEREST

12.1 At the start of all meetings, all core members who are members of Lincolnshire County Council shall declare any interest in accordance with the Member's Code of Conduct which is set out in Part 5 of the Lincolnshire County Council's Constitution

13. VOTING

13.1 Each core member or substitute member shall have one vote.

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

13.3 Except in relation to the matters referred to in Section 4 above, decisions of the Board will be as recommendations to the partner organisations to deliver improvements in the health and wellbeing of the population of Lincolnshire.

14. CONDUCT OF MEMBERS AT MEETINGS

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

14.2 When at Board meetings or when representing the said Board, in whatever capacity, a member must uphold the seven Nolan Principles of Public Life:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

15. MINUTES

15.1 Democratic Services shall minute the meetings and produce and circulate an action log as

part of the agenda to all core members.

15.2 Democratic Services will send the draft minutes to the Director of Public Health, Chief Executive of ~~NHS Lincolnshire CCG~~ the NHS Lincolnshire Integrated Care Board and lead officers within ten working days of the meeting for comment.

15.3 The draft minutes, following comment from relevant officers (point 15.2 above), will be circulated to core members.

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

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

16. OFFICER AND ADMINSTRATIVE SUPPORT

16.1 Appropriate officer and administrative support to be provided by Lincolnshire County Council ~~and NHS Lincolnshire CCG~~.

17. EXPENSES

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

18. OPERATIONAL/WORKING SUBGROUPS

18.1 With the agreement of the Board, operational/working subgroups can be set up to consider specific issues or areas of work to support the activities of the Board. Operational/working subgroups will be responsible for arranging the frequency and venue of their meetings.

18.2 Any recommendations of the operational/working subgroup will be made to the Board who will consider them in accordance with these terms of reference.

19. REVIEW

19.1 This document will be reviewed on an annual basis and confirmed at the AGM, or earlier if necessary.

19.2 Any amendments shall only be included by a majority vote.

Signature: Signature:

Chair
Lincolnshire Health and Wellbeing Board

Date:

Vice Chair
Lincolnshire Health and Wellbeing Board

Date:

Appendix A

Key roles and responsibilities of individual core board members

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

Core Member	Key Roles and Responsibilities
Office of the Police & Crime Commissioner	• Update the JHCPB on any relevant commissioning intentions or issues • Provide a strategic link between the HWB agenda and community safety • Highlight any areas of mutual interest and benefit • Have regard to JSNA and JHWBs when developing commissioning and budget proposals
NHS Provider Organisations	• Provide a strategic link between the Board and the STP programme • Have regard to the JSNA and the JHWS • Provide insight and perspective from the wider NHS in Lincolnshire

Associate Members – *individuals wanting to be involved with the work of the HWB, but who are not designated as core members*.	Key Roles and Responsibilities
NHS England Representative	• Update the Board on any national commissioning issues which will affect Lincolnshire's JHWS • Feedback on any issues raised by the Board affecting Lincolnshire to NHSEI • Report on direct commissioning activity • Have regard to JSNA and JHWS when developing commissioning and budget proposals
Chief Constable/ Representative, Lincolnshire Police	• Update the Board on any community safety issues which will affect Lincolnshire's JHWS • To support joint working on cross cutting agendas, for example mental health and substance misuse • To support partnership working and system integration • To support the JSNA and JHWS
Voluntary and Community Sector	• To act as the representative for the wider voluntary and community sector in Lincolnshire. • Establish networks and mechanisms to feedback to the wider voluntary and community sector. • Reflect the public's views acting as a voice to report any issues raised by the public to the Board • Promote community participation and co-production in support of activity
Higher Education	• To act as the representative for the higher education sector in Lincolnshire. • To support partnership working and system integration • Promote participation and co-production in support of activity
Greater Lincolnshire Local Enterprise Partnership	• To act as the representative for the business and enterprise sector in Lincolnshire. • To support partnership working and system integration • Promote participation and co-production in support of activity

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**14 June 2022**
Subject:	**Better Care Fund Final Report 2021/22**

Summary:
The Better Care Fund (BCF) has an annual assurance and reporting mechanism into NHS England/Local Government Association. This report updates the Health and Wellbeing Board that the submission was made on time 27th May 2022 and seeks retrospective approval from the Board.

Actions Required:

That the HWB is asked to approve the 2021/22 end of year BCF return.

1. Background

The governance for the Better Care Fund (BCF) is prescribed within the BCF planning framework and includes that The Lincolnshire Health and Wellbeing Board (HWB) is required to approve all plans and reports regarding the BCF as they are submitted to NHS England/Local Government Association for assurance. As in previous years, the tight reporting timescales rarely align with the HWB meetings and therefore documents are submitted in consultation with the chair of the HWB, with the documents to be discussed at the next HWB meeting.

This report confirms that the end of year return was submitted by the deadline of 17 May 2022. NHE England requires Health and Wellbeing Boards to provide the end of year reporting of BCF plans. The return is included as appendix A to this report.

For the past 4 years the national BCF planning, and assurance framework has been "rolled on" with the planning framework and reporting requirements being confirmed within year. For the period 2022/23 there is no indication that this will change. It has been suggested that the BCF

planning framework will not be published until mid/late summer and deadline for assurance returns in the autumn. Emerging insights suggest that 2022/23 could be seen as a further roll on year, with minor changes to the framework, with a longer term BCF planning framework to follow in 2023/24.

Discussions within Government are ongoing regarding the future of the BCF and it's association with the recently published Integration White Paper. One possible option is that the BCF is used as the delivery vehicle for the White Paper should it become enacted into legislation. As such one might expect increasing levels of 'read-across' between the two.

Disabled Facilities Grants (DFG) form part of the BCF allocation to LCC for distribution to the District Councils. It was confirmed 10th May 2022 that the DFG in 2022/23 would remain the same as the previous year at just below £7m for Lincolnshire, however the funding will continue to rise over the next 3 years. The confirmation letter is included as appendix B.

The minimum allocations to the BCF from the NHS have been confirmed to increase by 5.6% in 2022/23. In Lincolnshire this is an increase from £58.5m in 2021/22 to £62m in 2022/23.

2. Conclusion

It is recommended that the Health and Wellbeing Board approve the Better Care Fund end of year return.

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

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

4. Consultation

None required.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Better Care Fund 2021/22 Year-end Template
Appendix B	Letter to LA Chief Executives and DFG Grant Determination Letter 2022/23

6. Background Papers

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

This report was written by Gareth Everton, Head of Integration and Transformation, who can be contacted on 07990 785126 or gareth.everton@lincolnshire.gov.uk

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Lincolnshire

Income

Disabled Facilities Grant	£6,976,486	
Improved Better Care Fund	£33,249,463	
CCG Minimum Fund	£58,489,316	
Minimum Sub Total		£98,715,265
	Planned	
CCG Additional Funding	£83,897,668	
LA Additional Funding	£86,648,846	
Additional Sub Total		£170,546,514

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£269,261,779	£269,261,779

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	

Expenditure

	2021-22
Plan	£269,261,779

Do you wish to change your actual BCF expenditure?	No

Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	

2021-22

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	

£170,546,514

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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Department for Levelling Up,
Housing & Communities

Department for Levelling Up,
Housing & Communities

Cathy Page
Deputy Director,
Housing with Care and
Support Division

Fry Building
2 Marsham Street
London
SW1P 4DF

10 May 2022

To Local Authority Chief Executives in:

1. Unitary Authorities
2. Metropolitan Borough Councils
3. County Councils
4. London Boroughs (including the City of London)

CC: District Councils
CC: Foundations, National Body for Home Improvement Agencies

£573 million for the Disabled Facilities Grant (DFG) in 2022-23

Dear Local Authority Chief Executives,

I am pleased to inform you that 2022-23 allocations have been confirmed to us by the Department of Health and Social Care. This follows on from the announcement in the Adult Social Care White Paper, People at the Heart of Care, that £573 million is being made available for the DFG in each year from 2022-23 to 2024-25. As in previous years, we will make these payments to local authorities in England in May, and details of each local authority's allocation can be found in **Annex B**. This also specifies the DFG amounts which Tier 1 authorities must pay to each district council in their areas, unless otherwise agreed.

This confirmation of DFG funding over the next 3 years will see the cumulative total for the grant since 2010 rise to £5.9 billion by 2024-25. The White Paper also announced that funding will be made available for a new minor adaptations service and included a commitment to consult in 2022 on some key DFG reforms. These include reforming the means test, reviewing the allocation methodology and increasing the upper limit for the grant.

I would like to applaud the adaptability and innovation shown by local authorities in delivering their services to some of the most vulnerable people as the pandemic has ebbed and flowed. That said, I am also conscious of the pandemic's impact on the number of adaptations delivered by some authorities and subsequently the ability to spend their previous allocations during this period. I would like to encourage local authorities to work through any backlogs that have built up. You do have the flexibility to carry over any unspent monies from the main DFG allocation paid out in May 2021 into 2022-23.

As you know, the DFG is capital funding for the provision of home adaptations to help older and disabled people to live as independently and safely as possible in their homes. Where

agreed locally (and in two-tier areas with the express agreement of district councils), a portion of the grant may also be used for wider social care capital projects. A grant determination letter outlining the conditions of grant usage will be issued to local authorities to coincide with the payments being made. This can be found in **Annex A.**

As in previous years, funding for the DFG is ring-fenced within the Better Care Fund. In two-tier areas the main DFG funding will be paid to the Tier 1 authorities (county councils), while the statutory duty to provide adaptations to the homes of those eligible people who qualify, continues to sit with Tier 2 local housing authorities (district councils). I can confirm that, building on the approach taken in previous years, each area should allocate DFG funding primarily for the provision of home adaptations, and in two-tier areas, unless specific agreement is given by any district council, Tier 1 authorities must pass down the DFG funding to their district councils in full, and in a timely manner, to enable the districts to continue to meet their statutory duty. Further details will be set out in the BCF Policy Framework for 2022-23, which will be published shortly.

The Department for Levelling Up, Housing and Communities would also like to draw your attention to Foundations, who are funded by this department. Foundations is the National Body for Home Improvement Agencies (HIAs). Foundations acts as a centre of expertise and training, and provides support to local authorities to enable the efficient, effective and timely delivery of the DFG and home adaptations. Foundations are on hand to provide support in working through any backlogs arising from the pandemic. More information can be found at: https://www.foundations.uk.com/.

Finally, I would like to remind you that new DFG guidance for local authorities has now been published on GOV.UK and can be accessed here: https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england.

If you have any general questions about your authority's DFG funding in 2022-23 please send them to Disabled.facilitiesgrants@levellingup.gov.uk.

Regards,

Cathy Page
Deputy Director
Housing with Care and Support

Annex A

THE DISABLED FACILITIES CAPITAL GRANT (DFG) DETERMINATION 2022-23 [31/6092]

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

Citation

1. This Determination may be cited as the Disabled Facilities Capital Grant Determination (2022-23) **[31/6092].**

Purpose of the grant

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

Determination

3. The Minister determines as the Tier 1 authorities, unitary authorities and London Boroughs to which grant is to be paid and the amount of grant to be paid, the authorities and the amounts set out in **Annex B** to this determination.

Grant conditions

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

Treasury consent

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

Signed by authority of the **Parliamentary Under Secretary of State (Minister for Rough Sleeping and Housing)**

Cathy Page
Deputy Director
Housing with Care and Support **10 May 2022**

GRANT CONDITIONS

1. Grant paid to a local authority under this determination may be used only for the purposes of meeting capital expenditure and as provided for in paragraphs 2 to 5 below.

2. Grant paid under this determination must be spent in accordance with a Better Care Fund (BCF) spending plan jointly agreed between the relevant local authority or local authorities and the relevant Clinical Commissioning Groups. This plan must be developed in keeping with the 2022-23 BCF Policy Framework and BCF Planning Guidance (which provides specific guidance on the DFG) which will be published shortly.

3. In two-tier authority areas each Tier 1 authority must pay the amounts specified in **Annex B** below as allocated to the named Tier 2 authorities in their area to those authorities in full **no later than 30 June 2022**, subject to paragraph 4.

4. A Tier 1 authority may retain part or all of an amount specified in **Annex B** below as allocated to a Tier 2 authority in their area if the relevant Tier 2 authority has expressly agreed, in accordance with National Condition 1, that the money is to be used for other social care capital projects.

5. Any money paid under this grant determination must only be used for the specific purpose of funding adaptations for disabled people who qualify for a Disabled Facilities Grant made under the Housing Grants, Construction and Regeneration Act 1996 or under the Regulatory Reform (Housing Assistance) Order 2002 (or any other social care capital projects where otherwise agreed as above).

6. The Chief Executive or Chief Internal Auditor of each of the recipient payment authorities (London Boroughs, Unitary Authorities and Tier 1 Authorities) are required to sign and return to Disabled.facilitiesgrants@levellingup.gov.uk at the Housing with Care and Support Division of the Department for Levelling Up, Housing and Communities a declaration, **to be received no later than 31st October 2023**, in the following terms:
   "To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the **Disabled Facilities Capital Grant Determination (2022-23) No [31/6092]** have been complied with".

7. If an authority fails to comply with any of the conditions and requirements of paragraphs 1, 2, 3, 5 and 6 the Minister of State may-

a) reduce, suspend or withhold grant; or

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

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

ANNEX B: DISABLED FACILITIES GRANT ALLOCATIONS 2022-23

Tier 1 Authorities	2022-23 Allocations
Cambridgeshire	**£5,069,550**
Cambridge	£847,451
East Cambridgeshire	£690,078
Fenland	£1,214,776
Huntingdonshire	£1,492,102
South Cambridgeshire	£825,144
Cumbria	**£7,130,520**
Allerdale	£1,377,770
Barrow-in-Furness	£1,409,797
Carlisle	£2,155,574
Copeland	£811,017
Eden	£542,069
South Lakeland	£834,293
Derbyshire	**£7,898,004**
Amber Valley	£1,454,493
Bolsover	£1,134,054
Chesterfield	£1,371,747
Derbyshire Dales	£601,736
Erewash	£1,062,242
High Peak	£554,969
North East Derbyshire	£819,693
South Derbyshire	£899,071
Devon	**£8,245,371**
East Devon	£1,531,240
Exeter	£974,126
Mid Devon	£817,853
North Devon	£1,111,130
South Hams	£879,569
Teignbridge	£1,507,720
Torridge	£847,533
West Devon	£576,202
East Sussex	**£8,123,612**
Eastbourne	£1,755,225
Hastings	£2,056,655

Lewes	£1,225,885
Rother	£1,844,806
Wealden	£1,241,041
Essex	**£11,885,443**
Basildon	£1,438,660
Braintree	£1,056,441
Brentwood	£420,142
Castle Point	£831,407
Chelmsford	£1,101,613
Colchester	£1,452,105
Epping Forest	£971,213
Harlow	£905,627
Maldon	£612,132
Rochford	£540,059
Tendring	£2,320,471
Uttlesford	£235,576
Gloucestershire	**£6,842,353**
Cheltenham	£1,024,524
Cotswold	£1,327,875
Forest of Dean	£998,217
Gloucester	£1,276,921
Stroud	£825,663
Tewkesbury	£1,389,153
Hampshire	**£14,252,433**
Basingstoke and Deane	£1,562,597
East Hampshire	£1,690,421
Eastleigh	£1,319,760
Fareham	£858,974
Gosport	£902,604
Hart	£838,106
Havant	£1,993,167
New Forest	£1,276,961
Rushmoor	£1,203,311
Test Valley	£1,375,497
Winchester	£1,231,035
Hertfordshire	**£8,263,888**
Broxbourne	£843,918
Dacorum	£987,507
East Hertfordshire	£772,553
Hertsmere	£784,397

North Hertfordshire	£953,195
St Albans	£775,007
Stevenage	£847,064
Three Rivers	£665,264
Watford	£766,866
Welwyn Hatfield	£868,117
Kent	**£19,155,884**
Ashford	£1,032,109
Canterbury	£1,348,418
Dartford	£683,561
Dover	£1,473,352
Gravesham	£1,177,669
Maidstone	£1,507,026
Sevenoaks	£1,303,129
Folkestone and Hythe	£1,505,421
Swale	£2,917,102
Thanet	£3,422,000
Tonbridge and Malling	£1,344,236
Tunbridge Wells	£1,441,860
Lancashire	**£16,714,884**
Burnley	£2,722,544
Chorley	£878,988
Fylde	£1,237,227
Hyndburn	£1,095,958
Lancaster	£2,144,278
Pendle	£1,104,815
Preston	£1,680,459
Ribble Valley	£393,008
Rossendale	£1,160,053
South Ribble	£774,141
West Lancashire	£1,443,446
Wyre	£2,079,964
Leicestershire	**£4,447,228**
Blaby	£663,804
Charnwood	£1,126,607
Harborough	£512,365
Hinckley and Bosworth	£578,935
Melton	£344,710
North West Leicestershire	£760,574
Oadby and Wigston	£460,232
Lincolnshire	**£6,976,485**

Boston	£632,715
East Lindsey	£2,039,523
Lincoln	£851,990
North Kesteven	£910,537
South Holland	£772,382
South Kesteven	£975,298
West Lindsey	£794,041
Norfolk	**£9,157,782**
Breckland	£1,329,644
Broadland	£1,013,705
Great Yarmouth	£1,348,045
King's Lynn and West Norfolk	£1,782,807
North Norfolk	£1,354,615
Norwich	£1,293,541
South Norfolk	£1,035,425
North Yorkshire	**£5,114,924**
Craven	£631,795
Hambleton	£541,382
Harrogate	£825,711
Richmondshire	£308,908
Ryedale	£662,419
Scarborough	£1,641,382
Selby	£503,327
Nottinghamshire	**£7,886,631**
Ashfield	£1,047,045
Bassetlaw	£1,324,693
Broxtowe	£983,969
Gedling	£1,189,210
Mansfield	£1,425,589
Newark and Sherwood	£1,159,270
Rushcliffe	£756,856
Oxfordshire	**£6,658,545**
Cherwell	£1,239,940
Oxford	£1,421,433
South Oxfordshire	£1,550,448
Vale of White Horse	£1,638,973
West Oxfordshire	£807,750
Somerset CC	**£4,952,841**
Mendip	£1,009,598
Sedgemoor	£1,092,482

South Somerset	£1,405,418
Somerset West and Taunton	£1,445,343
Staffordshire	**£10,005,367**
Cannock Chase	£1,051,224
East Staffordshire	£1,160,392
Lichfield	£1,109,194
Newcastle-under-Lyme	£1,715,114
South Staffordshire	£1,126,662
Stafford	£1,522,033
Staffordshire Moorlands	£1,773,856
Tamworth	£546,890
Suffolk CC	**£7,001,501**
Babergh	£760,251
Ipswich	£1,367,358
Mid Suffolk	£697,965
West Suffolk	£1,454,537
East Suffolk	£2,721,389
Surrey	**£10,155,847**
Elmbridge	£976,997
Epsom and Ewell	£785,282
Guildford	£805,901
Mole Valley	£886,819
Reigate and Banstead	£1,286,692
Runnymede	£874,205
Spelthorne	£943,241
Surrey Heath	£884,021
Tandridge	£522,380
Waverley	£852,606
Woking	£1,337,703
Warwickshire	**£5,124,786**
North Warwickshire	£794,560
Nuneaton and Bedworth	£1,652,119
Rugby	£717,236
Stratford-on-Avon	£961,444
Warwick	£999,427
West Sussex	**£9,414,970**
Adur	£740,223
Arun	£1,898,335
Chichester	£1,721,227

Crawley	£1,052,466
Horsham	£1,403,800
Mid Sussex	£1,163,126
Worthing	£1,435,793
Worcestershire	**£6,163,577**
Bromsgrove	£1,036,273
Malvern Hills	£682,875
Redditch	£952,377
Worcester	£780,221
Wychavon	£1,251,934
Wyre Forest	£1,459,897
Tier 1 Authorities Total:	**£206,642,426**

Unitary Authorities and London Boroughs	2022-23 Allocations
Barking And Dagenham	£1,856,901
Barnet	£2,884,527
Barnsley	£3,377,046
Bath And North East Somerset	£1,441,905
Bedford	£1,410,737
Bexley	£2,964,977
Birmingham	£12,943,092
Blackburn With Darwen	£2,129,743
Blackpool	£2,614,944
Bolton	£3,577,890
Bournemouth Christchurch & Poole	£3,518,312
Bracknell Forest	£968,392
Bradford	£5,137,133
Brent	£5,316,897
Brighton And Hove	£2,312,933
Bristol, City Of	£3,528,349
Bromley	£2,442,564
Buckinghamshire	£4,065,961
Bury	£2,076,611
Calderdale	£3,033,013
Camden	£1,046,736
Central Bedfordshire	£1,926,729
Cheshire East	£2,342,241
Cheshire West And Chester	£3,688,301
City Of London	£37,091
Cornwall	£7,548,514
County Durham	£6,988,139
Coventry	£4,181,686

Croydon	£2,992,679
Darlington	£1,063,345
Derby	£2,323,304
Doncaster	£2,782,137
Dorset Council	£4,152,450
Dudley	£6,444,209
Ealing	£3,724,468
East Riding Of Yorkshire	£3,086,212
Enfield	£3,735,926
Gateshead	£2,111,149
Greenwich	£2,856,842
Hackney	£1,730,686
Halton	£1,994,703
Hammersmith And Fulham	£1,495,597
Haringey	£2,678,851
Harrow	£1,721,553
Hartlepool	£1,221,874
Havering	£2,056,802
Herefordshire, County Of	£2,268,653
Hillingdon	£5,111,058
Hounslow	£2,999,580
Isle Of Wight	£2,272,039
Isles Of Scilly	£29,344
Islington	£1,939,775
Kensington And Chelsea	£959,824
Kingston Upon Hull, City Of	£2,874,271
Kingston Upon Thames	£1,520,112
Kirklees	£3,623,994
Knowsley	£2,746,648
Lambeth	£1,678,410
Leeds	£8,286,057
Leicester	£2,714,004
Lewisham	£1,518,970
Liverpool	£8,514,314
Luton	£1,608,433
Manchester	£8,482,757
Medway	£2,470,674
Merton	£1,452,224
Middlesbrough	£2,268,123
Milton Keynes	£1,267,783
Newcastle Upon Tyne	£2,722,478
Newham	£2,848,068
North East Lincolnshire	£3,220,832
North Lincolnshire	£2,587,067
North Northamptonshire	£2,561,759

North Somerset	£2,361,483
North Tyneside	£1,869,024
Northumberland	£3,328,942
Nottingham	£2,768,450
Oldham	£2,343,287
Peterborough	£2,236,384
Plymouth	£2,813,781
Portsmouth	£2,059,689
Reading	£1,197,341
Redbridge	£2,429,195
Redcar And Cleveland	£1,790,234
Richmond Upon Thames	£1,925,738
Rochdale	£2,987,389
Rotherham	£3,063,735
Rutland	£270,255
Salford	£3,499,990
Sandwell	£4,728,713
Sefton	£4,823,370
Sheffield	£5,108,320
Shropshire	£3,641,433
Slough	£1,140,680
Solihull	£2,484,854
South Gloucestershire	£2,339,081
South Tyneside	£1,918,457
Southampton	£2,513,314
Southend-On-Sea	£1,721,065
Southwark	£1,686,144
St. Helens	£3,147,755
Stockport	£2,885,856
Stockton-On-Tees	£1,804,655
Stoke-On-Trent	£3,443,596
Sunderland	£4,055,399
Sutton	£1,807,785
Swindon	£1,306,397
Tameside	£2,849,319
Telford And Wrekin	£2,306,755
Thurrock	£1,318,524
Torbay	£2,128,689
Tower Hamlets	£2,320,693
Trafford	£2,469,979
Wakefield	£4,340,710
Walsall	£4,202,771
Waltham Forest	£2,362,308
Wandsworth	£1,760,014

Warrington	£2,222,346
West Berkshire	£2,065,205
Westminster	£1,729,201
West Northamptonshire	£2,558,938
Wigan	£4,554,373
Wiltshire	£3,713,864
Windsor And Maidenhead	£1,032,131
Wirral	£4,723,627
Wokingham	£1,075,656
Wolverhampton	£3,571,301
York	£1,467,977
Unitary Authorities & London Boroughs Total:	**£366,357,575**
Overall Total for DFG in 2022-23	**£573,000,000**

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**14 June 2022**
Subject:	**Integrated Care System Update**

Summary:

This report provides an update on the development of Integrated Care Systems (ICSs).

Actions Required:

Note the current position in relation to ICS legislation.

1. Summary Position

Legislation

The Health and Care Act 2022 completed the parliamentary process and received Royal Assent on the 28 April. This confirms the establishment of statutory Integrated Care Systems (ICSs) on the 1 July.

The Health and Care Bill requires ICS to have two statutory functions:

- Integrated Care Board (ICB) bringing the NHS together locally to improve population health and care. In addition, the functions currently performed by Clinical Commissioning Groups will be conferred onto ICBs.

- Integrated Care Partnership (ICP): a joint committee of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly created by the County Council and Integrated Care Board with specific statutory responsibility for preparing an Integrated Care Strategy for the ICS footprint.

2. Integrated Care Board

ICB Constitution

The final version of the Model Constitution was distributed by NHS England and Improvement (NHSEI) on the 16 May. The revised constitution reflects alterations made to the Health and Care Act 2022 during its passage through parliament. Two principal changes made were the need to have a board member with suitable knowledge and experience of delivering mental health services and for the Local Authority Partner Member eligibility criteria to include Councilors.

The key focus of the constitution is to outline the composition of the Integrated Care Board. The final board membership outlined in the NHS Lincolnshire ICB Constitution is as follows:

Non-Executives

1 x Chair
5 x Non-Executive

Executives

1 x CEO
1 x Director of Finance
1 x Nursing Director
1 x Medical Director

Partner Members

1 x Local Authority
1 x NHS Trust
1 x Provider of Primary Medical Services

Mental Health

1 X Mental Health Member

Integrated Care Board Recruitment

Sir Andrew Cash OBE has been appointed by NHS England as the Interim Chair of the NHS Lincolnshire Integrated Care Board (ICB). Andrew came into post in February 2022. Recruitment will commence in June 2022 to seek a permanent appointment to the post.

The appointments to the Non-Executive roles have been completed. The appointment to four of the roles was undertaken in March and the details of the successful candidates can be found below:

Dawn Kenson

Dawn Kenson has an executive background in financial services, predominantly with Barclays, and extensive Non-Executive experience in public sector bodies within HMRC, Ministry of Defence, the Department for Transport and the Northern Ireland Office. Dawn has also served as a Non-Executive Director in a care services company, a housing trust and from 2015 with Frimley Health NHS Foundation Trust. Dawn lives on the rural outskirts of Lincoln.

Dawn's lead Non-Executive responsibilities in the ICB will be for Service Delivery and Performance.

Dr Gerry McSorley

Dr Gerry McSorley has a background in NHS leadership having served as Chief Executive at Derby City Hospital, Leicester General Hospital, Nottingham City Hospital, Hinchingbrooke Hospital, and Northampton General Hospital. Gerry has also worked in the NHS Institute for Innovation and Improvement, served as Independent Chair of Health Education England Midlands Local Education and Training Board, and is a specialist advisor for the Care Quality Commission. He has previously worked at the University of Lincoln where he was a visiting Professor in Healthcare Leadership and Management. Gerry served as Vice Chair of NHS Lincolnshire CCG since its inception in April 2020 to December 2021, since when he has been the Chair of the CCG. Gerry lives in Leicestershire.

Gerry's lead Non-Executive responsibilities in the ICB will be Remuneration Committee, Primary Care, and East Midlands Partnerships.

Pete Moore

Pete Moore has had an extensive executive career in local government including in Lincolnshire County Council where he worked from 1988 until his retirement in 2019. From 2000 Pete was an Executive Director of the Council. Pete's leadership responsibilities included Corporate Services (Finance, Property, People Management, Information Technology, Legal Services, Procurement and Business Support) and Direct Services (Community Safety, Fire and Rescue, Emergency Planning, Trading Standards, Youth Offending, Cultural Services, and Adult Education). He has also chaired the Lincolnshire Community Safety Partnership, the Lincolnshire Youth Offending Service Management Board and was a member of the Lincolnshire Public Protection Board. Pete is also currently a Non-Executive Director for the NHS Lincolnshire CCG since its inception in April 2020, where he is Chair of the Audit and Risk Committee. Pete lives in Lincolnshire.

Pete's lead Non-Executive responsibilities in the ICB will be Audit and Risk.

Sir Jonathan Van-Tam

Sir Jonathan Van-Tam is a medically trained Epidemiologist and Public Health Physician, with a clinical background in Acute and Emergency Medicine, Anaesthesia, and Infection Diseases and is a globally recognised expert in respiratory virus infections, influenza epidemiology, vaccines, influenza transmission, and pandemic preparedness and response. Jonathan has very senior experience in UK government having served as the Deputy Chief Medical Officer at the Department of Health and Social Care (DHSC) since late 2017 and throughout the pandemic period. Jonathan is also Clinical Professor of Health Protection and Public Health at the School of Medicine, University of Nottingham, and from May 2022, upon returning from his DHSC secondment, will become the Pro-Vice-Chancellor, Faculty of Medicine and Health Services, University of Nottingham. Jonathan lives in Lincolnshire, and has strong ties to his hometown of Boston, where he has recently been granted Freedom of the Borough.

Jonathan's lead Non-Executive responsibilities in the ICB will be Quality, Health Inequalities, Population Health and Prevention, and Research, Education and Innovation.

Interviews for the final Non-Executive post were completed on the 18 May which resulted in the selection of a suitable candidate. The required due dalliance for the post is now taking place and an announcement on who will take up the post will be made once this has been completed.

The recruitment to all executive roles has been concluded and the successful candidates are as follows:

- Chief Executive – John Turner
- Director of Finance – Matt Gaunt
- Director of Nursing – Martin Fahy

An appointment to the Medical Director Post has been made with the required due diligence underway.

Partner Members

The ICB will be a unitary board, which means all directors are collectively and corporately accountable for organisational performance. The purpose of the board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands. Partner Members share the generic roles and responsibilities of all Board members which are:

- Leading the process to formulate a plan for the Lincolnshire System, and subsequently for the ICB organisation
- Leading the process with partners for delivery of the Lincolnshire System plan
- Operating in line with the highest standards of public sector service accountability and responsibility
- Shaping a healthy culture for the wider ICS partnership and for the organisation.

Partner Members also have additional responsibilities in the following areas.

- Bring knowledge and experience from their sector and contribute their perspective of their sector to the decisions of the Board
- Not act as delegates of their sector(s) or their host organisation

The appointment to the partner member roles on the ICB Board could not commence until after the 6 May. This was due to the local elections taking place across England and the requirement for formal approval by NHSEI of the appointment process.

The nomination process for these roles is now underway in line with the ICB Constitution, announcements on who will act as partner members will be made once this has been completed.

3. Integrated Care Partnership

The ICP is a statutory function that is required to be in place in each ICS. A key early focus of the ICP will be the development of a 5 year Integrated Care Strategy, which needs to be completed by December 2022. The ICP will be a pivotal function in the ICS. To ensure it is established effectively in line with the requirements of the Lincolnshire system, partners across the ICS met for a planning session facilitated by IMPOWER on 26 April. The purpose of the session was to:

- Develop a shared understanding of the roles and responsibilities of the HWB and ICP in achieving our strategy.
- Gain consensus about how we need to work together, and the arrangements we need to put in place, to develop an effective, seamless relationship between the HWB and ICP.
- Ensure theses roles and responsibilities and ways of working align to our shared ambition and our key values across “Better Lives Lincolnshire” our Integrated Care System.

The workshop was successful and the following agreements were made:

- HWB and ICP to align meeting timings, locations and frequency
- Membership of HWB and ICP to be refreshed/ agreed and reviewed annually
- Appoint an Executive Councillor of the County Council as Chair of the ICP
- Refresh the Health and Wellbeing strategy 2018 to incorporate Integrated Care System requirements, which the HWB/ICP will be the guardians of

The formal process for establishing the ICP will commence on 1 July when ICS's become statutory. To support the establishment of the ICP work is currently underway to:

- Update Terms of Reference of the HWB to reflect the new arrangements
- Develop Terms of Reference and determine membership of the ICP in readiness for "go live"
- Plan for refresh of HWB strategy in 2022 to inform ICB strategic plan 2023

4. Conclusion

The Health and Wellbeing Board are asked to note the current position in relation to forthcoming ICS legislation.

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

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

The JSNA and JHWS will be used to inform the development of the ICS.

6. Consultation

Not applicable.

7. Appendices

None.

8. 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 Pete Burnett who can be contacted on 07814 515180 or peter.burnett4@nhs.net

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Active Lincolnshire

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**14 June 2022**
Subject:	**Let's Move Lincolnshire – Physical Activity Strategy**

Summary:

In light of the impact of Covid and the launch of the national 'Uniting the Movement' strategy, 'Let's Move Lincolnshire' the physical activity strategy for Lincolnshire has been refreshed.

Health and wellbeing is one of the 6 strands of the strategy. Recognising the positive impact of physical activity on the health of the population, its role in prevention of on-set of many physical and mental health conditions and ability to reduce the risk of deconditioning. Physical activity content and messaging needs to be embeded across the system at many levels, in addition to supporting the development and sustainability of availability and relevance of Physical Activity interventions.

The attached power point presentation provides further detail to the summary included in this report.

Actions Required:
For the Health and Wellbeing Board to approve the direction of the strategy refresh and specifically the health and wellbeing actions.

1. Background

Let's Move Lincolnshire was first launched in 2018 as a system wide approach to tackling the challenge of inactivity in Lincolnshire.

The pandemic has impacted the physical activity sector and behaviours and has resulted in those people facing greatest barriers to participation being less active.

In 2021, Sport England launched a ten-year national strategy, Uniting the Movement. This strategy is focussed on tackling inequalities and using the positive power of sport and physical activity to positively impact a range of wider determinants of health, societal challenges and opportunities and 'transform lives'**.**

Active Lincolnshire are funded by Sport England as a 'system partner' to deliver the strategy according to local need (a five-year agreement for Active Lincolnshire has been agreed to March 2027 with Sport England that funds the core operating costs of the charity).

Let's Move Lincolnshire is the local strategy, developed by partners in consultation with stakeholders and residents, underpinned by evidence, insight and lived experiences.

Working with the University of Lincoln, the strategy refresh started in September 2021. Stakeholders were clear that the most important piece of work is the action plan that enables the system to come together to deliver on those shared actions and that there is a need to work better at system level in order to create transformational change.

Health and wellbeing is a key strand of the LML strategy, have through surveys and online workshops partners have started to shape the priorities for Lincolnshire under this strand.

One in 3 adults in England live with a long-term health condition and they are twice as likely to be amongst the least physically active. These clients will have multiple touch points across the health and care system that could be adjusted to include reference and opportunities to reinforce opportunities and messaging around being active.

The new ICS structure has a person centred approach at its heart and recognises the importance of connecting into the wider community setting which significantly supports this agenda.

In December 2021, the Let's Move Lincolnshire website, with a club and activity finder was launched. Seed funding from PH enabled Active Lincolnshire to develop a platform that has the ability to draw from open data sources and publish all options to be active in a 'one stop shop'. Through the use of widgets, this content can be shared across multiple other platforms (such as health care partner websites) in order that it is accessed via multiple channels. The website is in its infancy but is the start point for a significant shift in the communication of options to be active to the people of Lincolnshire – an asset that through consultation was clearly missing.

2. Conclusion

For Let's Move Lincolnshire to make a sustainable and transformational difference to the lives of people in Lincolnshire through a whole system approach to tackling the challenge of inactivity, all system partners must be committed to considering the role that they can play.

From policy making to commissioning, planning and highways to education, policing, private sector business and community led work, physical activity can be embedded.

Health and wellbeing is a sector where change will be delivered at scale, through a range of interventions, education and communication. Training of carers and clinicians, investing in active environments (i.e. GP surgeries and Active Hospitals) and communication to 'nudge' people to consider being active, and offering support and advice to do so are some of the key areas identified that would make a difference.

Investment in embedding physical activity across the health and care system brings the opportunity to reduce pressure on the system, provide support for those on waiting lists, reduce social isolation and associated referrals and provide long term financial efficiencies.

Active Lincolnshire's role will be to coordinate, advocate, influence and seek opportunities to continue to embed physical activity in the system. All health and care system partners are encouraged to drive

this work forward within their own organisations in order that together we can make a transformational difference.

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

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

The Lincolnshire Health and Wellbeing strategy identified physical activity as one of the key priority areas and Let's move Lincolnshire was developed to bring the strategy to life. The objectives in the strategy are identified as:

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

Within the JSNA physical activity is a topic, the current topic content highlights the positive impact of activity in terms of health conditions and outlines a range of activities undertaken by system partners to increase activity levels . https://www.research-lincs.org.uk/jsna-Physical-Activity.aspx

4. Consultation

The refresh of Let's Move Lincolnshire has included consultation with over 100 stakeholders / organisations through surveys and workshops and 330 residents of Lincolnshire.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Let's Move Lincolnshire Presentation

6. Background Papers

Information	**Where can it be accessed**
Uniting the Movement Strategy	https://www.sportengland.org/why-were-here/uniting-the-movement
Active Lincolnshire website	https://www.activelincolnshire.com/
Let's Move Lincolnshire website	https://letsmovelincolnshire.com/
One You Lincolnshire website	https://www.oneyoulincolnshire.org.uk/

This report was written by Emma Tatlow, who can be contacted on emma.tatlow@activelincolnshire.com

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Let’s Move Lincolnshire

Health and Wellbeing Board presentation
May 2022

#EveryMoveCounts

LET'S MOVE LINCOLNSHIRE STRATEGY TIMELINE

2018: Let's Move Lincolnshire Blueprint was launched.

Early 2021: Sport England launched Uniting the Movement, a 10-year vision to transform lives and communities through sport and physical activity.

September 2021: Active Lincolnshire commission the University of Lincoln to undertake consultation with stakeholders and residents and understand how the pandemic had changed what Lincolnshire needed from physical activity.

January-March 2022: Consultation with stakeholders and residents via focus groups and surveys. Progress of the refreshed strategy supported by a core group of stakeholders including identifying national alignment of the strategy strands.

April 2022: Task and Finish sessions with senior leaders to prioritise the areas recommended by stakeholders and residents through the consultation.

May 2022: Sport England announce £2.7m to Active Lincolnshire for the next 5-years.

Next: Launch of refreshed strategy, action plans and governance structures established

LET'S MOVE LINCOLNSHIRE – DELIVERY MODEL

active lincolnshire

EXECUTIVE OVERSIGHT GROUP

Recover and Reinvent

Creating Positive Experiences for Children & Young People

Connected Communities

Connecting with Health & Wellbeing

Active Environments

Agile Systems

GUIDING PRINCIPLES WORKING GROUPS

COMMUNICATIONS: Cross-Agency collaboration for shared learning and promotion of message and opportunities

EQUALITY, DIVERSITY AND INCLUSION: Steering Group to support strands work. Safeguarding sits here.

INSIGHT / EVALUATION – SHARE MEASURES: Steering Group to support strands work AND design long-term evaluation of the impact of the strategy and our approach to delivering it on system and individuals

NATIONAL ALIGNMENT WITH LOCAL NEED ACROSS 6 STRANDS

RECOVER AND REINVENT
Focuses on the organised sport and physical activity sector. Helping it to design and deliver inclusive experiences based on better understanding the needs of local people.

This strand includes creating a representative workforce, and building agile and resilient organisations.

POSITIVE EXPERIENCES FOR CHILDREN & YOUNG PEOPLE
Ensuring every child and young person experiences the enjoyment and benefits that being active can bring. Their needs, expectations, and safety should come first in the design and delivery of activity.

Focus on education settings, parent/carers roles and digital as key influencers and enablers.

CONNECTED COMMUNITIES
Utilising the power of physical activity to create a great place to live, work and learn.

Physical activity is used as a versatile tool to grow the local economy, integrate groups, reduce public expenditure, build individual confidence and self-worth and respond to big issues like climate change, net zero and tackling inequalities.

CONNECTING WITH HEALTH & WELLBEING
Responding to changing trends in health and demographics.

Working with the health sector to develop collaborations and connections that ensure people with more challenging health needs get the extra support and provision to find new and different ways to take part.

ACTIVE ENVIRONMENTS
This strand looks at dedicated sports facilities, other community spaces (parks, villages halls, schools), and wider built environment, (streets, squares, footpaths, cycle paths) to ensure that they all provide positive influences to support the ability to lead active lives.

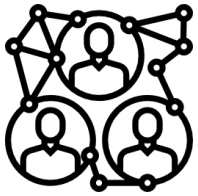
AGILE SYSTEMS (Lincolnshire specific)
Stakeholders identified a need to focus on system effectiveness and management between organisations, conceiving new structures that are sustainable and meaningfully connected to lead to countywide collaborative endeavours and a systematic approach to problem solving complex issues across Lincolnshire.

CONNECTING WITH HEALTH AND WELLBEING

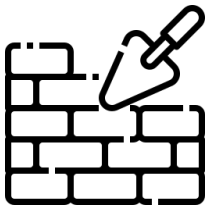
Let's Move LINCOLNSHIRE

UNITING THE MOVEMENT SAYS:

Responding to changing demographics, trends in health and the things that can make it even harder to be active for people with poorer health. It's also about recognising when people with more challenging health needs may need extra support or new and different ways to take part.

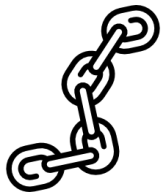


Working collaboratively to improve physical activity messaging, experiences and opportunities so they are inclusive.



Work with those who have the trust and reach among the least active, in poorer health.

Share evidence that physical activity has a profound benefit to people's health to influence those who can strengthen policies, messaging, delivery and investment.



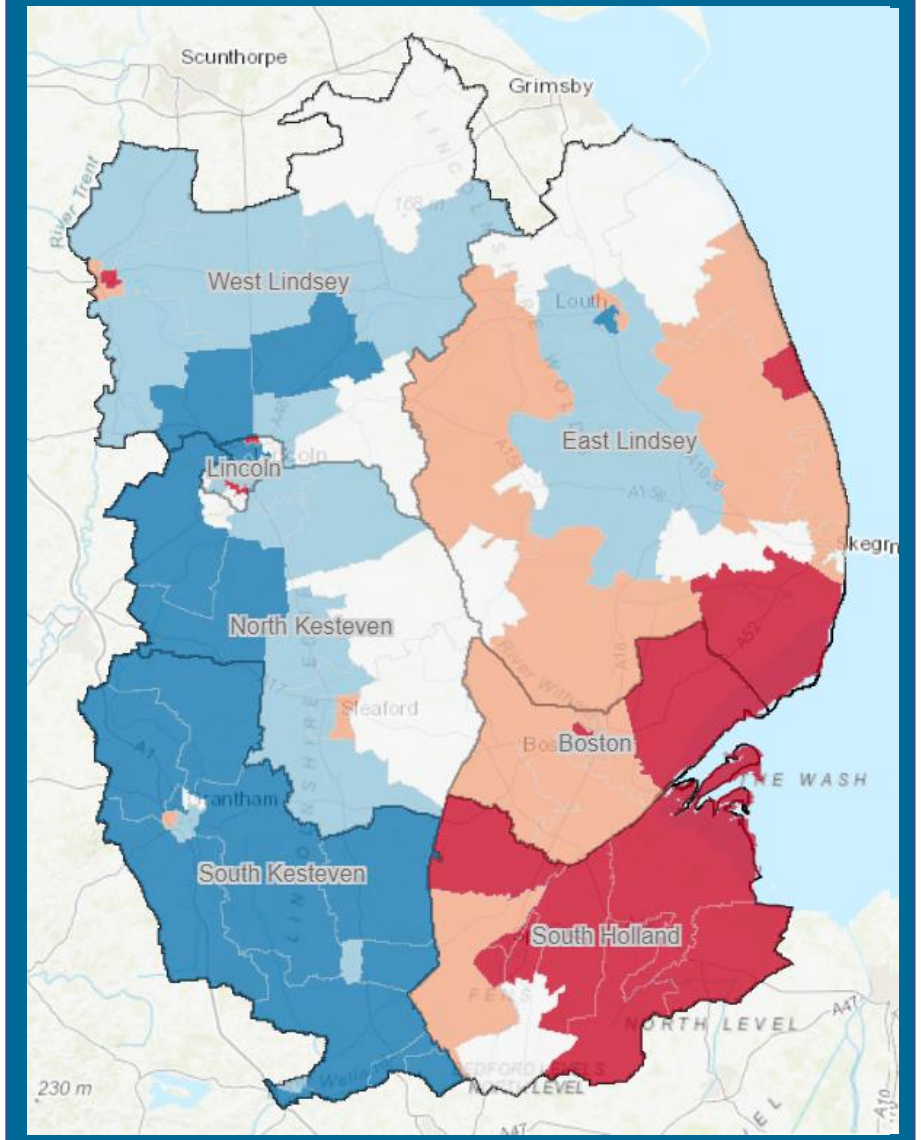
Support meaningful links between physical activity and health system at every level.

Drive changes that address barriers and influence policy changes.

[Uniting the Movement – Connecting with Health and Wellbeing]

Insight led approach

Adult Inactivity across Lincolnshire



Activity Levels

Lincolnshire:

50,200 (54.5%) of children and

268,200 (42.3%) adults don't meet CMO guidelines.

Of residents with disabilities and/or long-term health conditions 107,612 people (74%) don't meet CMO guidelines.

[The image links to the digital mapping tool available on ActiveLincolnshire.com]

Activity Levels

CHRONIC HEALTH CONDITIONS:

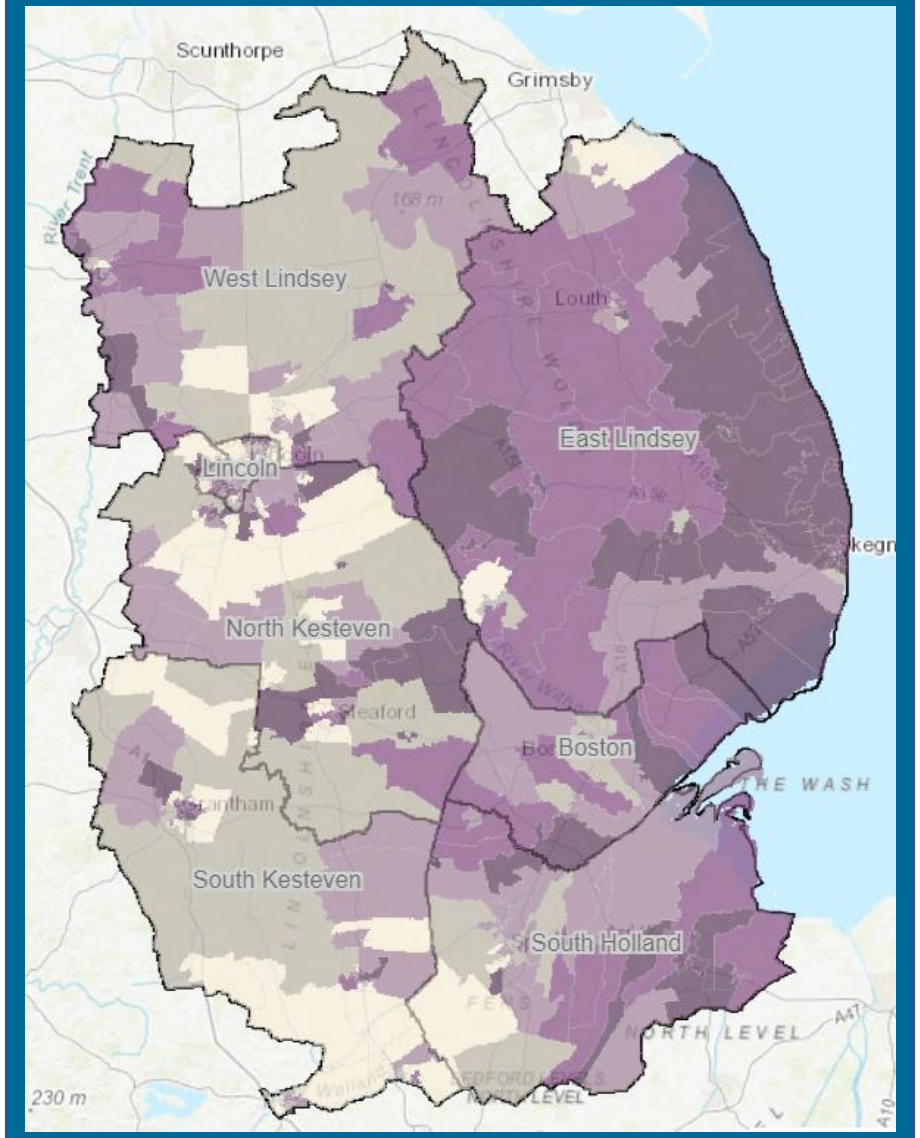
104,849 (72.1%) doing less than 150 minutes
41,939 (40%) agree they have opportunities to be active
32,503 (31%) agree they have the ability to be more active

£1,228,354 social value generated through physical activity at local leisure centers in the last 12 months.

GP VISITS:

£109,643 value generated through physical activity at leisure centers in the last 12 months

People (all ages) with long-term limiting health problems or disabilities (by LSOA)



MENTAL HEALTH:

80,440 (55.4%) doing less than 150 minutes
32,980 (41%) agree they have opportunities to be active
46,655 (58%) agree they have the ability to be more active

£28,027 value generated through physical activity at leisure centers in the last 12 months

LONG-TERM PAIN:

92,056 (63.4%) doing less than 150 minutes
42,345 (46%) agree they have opportunities to be active
43,266 (47%) agree they have the ability to be more active

£100,197 value generated through physical activity at leisure centers in the last 12 months

LET'S MOVE LINCOLNSHIRE FOCUS

During consultation, stakeholders said…

- There's a lack of connectivity and strategic engagement across health and physical activity stakeholders and systems
- The health sector has conflicting budgets and individual rather than collective objectives
- There is a lack of awareness and oversight on all the work taking place with physical activity as a component or potential component
- There is a need for a centralised resource hub and someone to reinvent and repair connections and networks
- There is a need to support and educate clinicians to promote and utilise physical activity in their working practices

The Task & Finish session prioritised working in the following 4 areas:

1. TACKLING INEQUALITIES: 2022-2027

AIM: In line with the 'Core 20 plus 5' agenda, ensure that all people, no matter where they live, or what conditions they have, are able to access activities & opportunities to move more that prevent, manage or rehabilitate.

OBJECTIVES:

- To use data and insights to understand the current landscape of condition prevalence and activity availability to focus resources (investment and capacity).
- To take a neighbourhood level approach to creating networks, collaborations, and partnerships that tackle inequality of access to condition suitable activities by upskilling the physical activity and sport workforce and investing in adaptations and growth of interventions.

ACTIVITIES:

1. **Gap Analysis:** To create a clear picture of the current landscape of physical activity offer in relation to health condition prevalence across Lincolnshire, and therefore inform the placement of future resources and investment across the county.

2. **Realising Neighbourhood Potential:** Focused at the neighbourhood level of the integrated care system, this phase builds up the opportunities to be physically active around the individual. Over 3.5 years it will deliver in all 14 Primary Care Networks across Lincolnshire.

2. WORKFORCE DEVELOPMENT: 2022-2027

AIM: Encompassing the workforce for primary, secondary and community care and the physical activity sector. This area of work will also ensure that 'provider collaboratives' being established as part of the integrated care system are able to provide excellent experiences for residents that are personalized to their needs.

OBJECTIVES:

- To understand the current skills, knowledge and expertise of the different workforces and compare to current and future need to enable better planning of resource distribution.
- To build, at a system level, the training offer for the different roles, responsibilities, organisations and services across primary, secondary and community care to bridge the skills and knowledge gap (current and predicted).
- To provide easy access to existing and newly developed resources and training, particularly for the community voluntary sector to build physical activity into their working practices and services.

ACTIVITIES:

1. **Health Care Professional Workforce:** Working with the training and development leads across the primary, secondary and community care pathways to embed physical activity focused learning into personal development

2. **Physical Activity Sector Workforce:** To create a programme of training for the physical activity and sport sector that enables them to better understand and provide for individuals with different health conditions and needs

3. CONNECTED SYSTEMS: 2022-2027

AIM: Provision of intensive support for specific pathways and places, applying a patient-centric lens to improve policy and process to include the use of physical activity to achieve health outcomes.

OBJECTIVES:

- Increase the number of organisations, teams and services in primary, secondary and community care, that are able to effectively build physical activity into their approach to encourage patients and those at risk, to be active.
- Develop a set of tools and resources that can be used by any organisation (and role) to review and adapt their working practices.

ACTIVITIES:

1. **Establishing Accredited Organisations:** Facilitating the successful execution and roll-out of Active Practices and Active Hospitals across Lincolnshire

2. **Patient Pathway and Services Planning:** Intensive support to transform patient pathways across the whole system. Particularly focused on the people and organisations that can influence inactive audiences to move more

4. NARRATIVE BUILDING: 2022-2027

AIM: Grow the Lincolnshire evidence base to inform decision making, connect partners across the whole system and create consistent messages that are distributed through a wide network of voices from across the health sector, utilising all platforms and channels open to us.

OBJECTIVES:

- To create one voice across the primary, secondary and community care pathways that make it easier for residents and staff to recognise what's suitable, safe and condition friendly.
- To ensure digital platforms 'talk' to each other, utilising clean data and adapting to the needs of systems and services across Lincolnshire.

ACTIVITIES:

1. **Digital Solutions:** Helping the health sector to embrace technology for physical activity participation including recognising unmet needs of referral services from open data activity finders and small, medium enterprises working in the technology for participation sector.

2. **Communication Collaborative:** A network of communication owners from across physical activity and health to develop and co-ordinate jointly owned promotional campaigns, building physical activity messaging into working practices and effectively utilise existing assets including senior leaders voices as advocate for physical activity.

ACTIVE LINCOLNSHIRE'S CURRENT WORK IN HEALTH

SYSTEM PARTNERS:

- Connecting systems partners (across and within health, and into PALS sector) advocating for physical activity.
- Influencing and advocating for physical activities role in effective population health management through the Lincolnshire System-wide Active Learning Set.
- Working with NHSCT funding on long Covid.
- Connecting physical activity into social prescribing work.
- Linking with district Health and Wellbeing strategies.
- Coordinating pre and post natal physical activity work.
- Advising on investment decisions and opportunities for leisure.
- Joined the national Live Longer Better national partnership to escalate opportunities around older adults.
- Steering group partner for the SELP Healthy Living Executive Officers group
- Learning programme with Active Dorset, shared across CCG / PH colleagues

DATA & INSIGHT:

- Access to new 'Moving Communities' database.
- New research piece (with LORIC) to better understand the needs of the PALS workforce to meet the needs of the local population and health conditions.
- Pre and post natal insight.
- Ongoing programme evaluation of health work to understand impact

ACTIVE LINCOLNSHIRE'S WORK IN HEALTH

PHYSICAL ACTIVITY PROVISION:

- Working more closely with OYL to share messaging, opportunities and understand need through referrals.
- Seeking to understand social prescribing (adults, CYP & mental health) and supporting development of relevant programmes.
- Invested in 58 Tacking Inequalities funded projects across community and voluntary organisations; developing sensory swimming, dance for adults with disabilities; seated exercise classes (dementia); MSK classes, walk and talk sessions etc.
- Established Think Active Groups, using physical activity to support people with mental health conditions
- Seed-Fund the Fighting Fit Cancer pathway pilot intervention programme and facilitating its sustainability by transferring delivery to Lincoln City Foundation.
- Connecting Lets Move Lincolnshire activity finder content with health conditions and sharing content through health partner websites https://letsmovelincolnshire.com/getting-active-with-a-health-condition/

SUMMARY

There is a significant opportunity to scale up this work across system partners to influence and better embed options to be active across the system. Active Lincolnshire are testing and learning from this work, seeking to understand how impact can be made at scale and where the levers and opportunities are in the system.

Given the scale of impact this work has the potential to create, we are seeking to find ways to collaborate effectively with health and care system partners to enable this work to have real long term sustainable impact.

LetsMoveLincolnshire.com

Emma.tatlow@activelincolnshire.com

#EveryMoveCounts

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**14 June 2022**
Subject:	**Childhood Obesity**

Summary:

- This paper provides an overview of the 2020/21 National Child Measurement Programme data.
- The data show an extremely sharp increase in the prevalence of childhood obesity, particularly amongst the most deprived communities.
- Nationally, the increase in some groups (Year 6 Boys) was around 5 times higher than increases seen in previous years.
- Although these data are based on a smaller sample than in previous years, this strongly suggests that a deterioration in child healthy weight during the pandemic.
- Lincolnshire schools did not participate in the NCMP during this period as it was not required, but the national trend is expected to be reflected in Lincolnshire
- The paper also outlines Lincolnshire's plans for addressing this issue.

Actions Required:

The Board is asked to note the content of this report.

1. Background

1.1 Introduction

The latest National Child Measurement Programme (NCMP) data shows an unprecedented increase in childhood obesity and severe obesity. The NCMP entails the weighing and measuring of all Reception and Year 6 children. In typical years approximately 95% of eligible children take part; however, due to school closures during the pandemic, this figure dropped to around 75% in 2019/20 and just 25% in 2020/21. The data were therefore weighted to ensure reliability. However, the Office of Health Improvement & Disparities (OHID) warns that they should still be treated with some caution.

1.2 National Picture vs Lincolnshire

Since the inception of the NCMP in 2006 the prevalence of childhood obesity and severe obesity has seen only small annual changes that have not exceeded 1.1 and 0.4 percentage points, respectively. Data from 2020/21 shows an increase of 5.6% for Year 6 Boys, an increase over 5 times larger than previously seen in a single year.

Table 1 below shows the overall percentage point increases in obesity and severe obesity:

Table 1: Percentage Point Increases in Obesity & Severe Obesity, England, 2020/21

	Obesity	Severe Obesity
Reception: Girls	4.4	1.9
Reception: Boys	4.7	2.5
Year 6: Girls	3.3	1.2
Year 6: Boys	5.6	2.1

Source: OHID (2022), NCMP changes in the prevalence of childhood obesity between 2019/20 and 2020/21

Given the restrictions on social activity and the closure of schools, outdoor play and leisure facilities over the last two years a larger increase in 2020/21 had been anticipated. However, the magnitude of this change is a cause for serious concern if replicated in Lincolnshire. As Lincolnshire has historically had slightly higher levels of childhood obesity that the national average, it is expected that these data are a reliable indicator of a deterioration in child health.

1.3 Impact on inequalities

The link between childhood obesity and deprivation, which was already well established, has increased sharply between 2019/20 and 2020/21. Obesity rates grew across virtually all deciles in both age groups; however, the increase of severe obesity amongst the most deprived groups was far greater, and significant inequalities in the prevalence of obesity & severe obesity exist as shown in table 2:

Table 2: difference in % of obesity & severe obesity between most and least deprived deciles

	Most deprived decile / deciles*	Least deprived decile	Factor of difference in overall obesity rates between most and least deprived 2020/21 – boys & girls combines	Factor of difference in overall severe obesity rates between most and least deprived 2020/21 – boys & girls combined
Reception: girls	7.3%	1.8%	2.6 X higher	4 X higher
Reception: boys	6.7%	1.9%		
Year 6: girls	10.6%	1.8%	2.4 X higher	5.9 X higher
Year 6: boys	8.0%	2.8%		

*Reception data refer to the most deprived decile: Year 6 data refer to the two most deprived deciles combined. Source: ibid.

Table 2 demonstrates that, across England, rates of severe obesity in deprived areas are now expected to be nearly 6 times higher in the most deprived areas than in the least. This represents a significant, and worsening, inequality in health.

1.4 Analysis of Local Picture (See Appendix A: 2019/20 local NCMP data summary)

In line with the majority of local authorities, Lincolnshire did not deliver the NCMP in 2020/21, and consequently local data are not included in the national report. However, it is reasonable to assume that increases in obesity and severe obesity would follow a similar pattern to those of England. In fact, given that up until 2019/20, Lincolnshire was one of very few places in which the trend was significantly worsening, it is possible that Lincolnshire's rate of increase may be higher than that of the country as a whole.

1.5 Current and Planned Activities in Lincolnshire

Lincolnshire County Council's Public Health Division is already planning to help address this issue through developing a new Child & Family Weight Management Service (CFWM), delivered via our Integrated Lifestyle Service. Funding from the public health ringfenced grant, totalling £674,000 over two years, has been agreed to pilot & evaluate this service over two years, to start in summer 2022. This will supplement the support provided by schools and via the 0-19 Children's Health Service and provide a referral route for children identified as overweight from the NCMP.

NICE guidance states that tier-two, multi-component, family-based weight management services should be an integral part of an area's overall children's healthy weight strategy. The content of the service will be broadly in line with NICE guidance however, it will also test out a number of innovative methods, where these have the potential to bring better outcomes for children and families in Lincolnshire.

The CFWM (See APPENDIX B: draft service specification) will take a holistic approach, supporting children's overall wellbeing and families' lifestyles rather than focusing solely on weight. This will ensure that the service is non-stigmatising and is attractive to parents who do not recognise their child as overweight, both of which have traditionally been significant barriers against participation. In order to address growing inequalities, the service will be countywide, but activities will be concentrated in areas with the highest levels of need, in terms of both excess weight and deprivation; and outcomes for different population groups will be closely monitored.

The CFWM providers, One You Lincolnshire, are working closely with LCC's NCMP team to ensure a seamless referral route into the service. As well as the NCMP, the CFWM service will work with a range of referral partners including schools, GPs and paediatric services; this will support the development of a 'whole system' approach to childhood obesity in the county.

In addition to delivering the CFWM LCC provides a number of services, including Family Hubs and Children's Centres, that can play an important role in addressing childhood obesity through family-based support. Lincolnshire has also been selected to pilot a Food Standards Agency scheme, set to start in September 2022, to improve the quality of food in schools.

Over the next three years LCC will be expanding the county's Holidays Activities and Food (HAF) programme for school children up to year 11 who are in receipt of free-school-meals (FSM). Although HAF is not specifically concerned with weight-management, the programme places a very strong emphasis on physical activity and healthy eating. It is therefore working in close alignment with the CFWM, providing mutual referral opportunities that will enhance and reinforce the benefits of both programmes. In addition, from 2022 HAF has been permitted to allocate 15% of its budget to non-FSM children in locally identified priority groups, which in Lincolnshire will include children identified as overweight / obese.

2. Conclusion

The national data show an unprecedented increase in childhood obesity, particularly in the most deprived communities, which prior to 2020 already had the highest obesity prevalence: it is expected that this deterioration will also be evident in Lincolnshire. However, Lincolnshire's prioritisation of healthy weight in children and the support for a comprehensive and innovative CFWM programme that complements other children's services, particularly the 0-19 Children's Health Service, Family Hubs, the NCMP and HAF, provides an encouraging prospect for beginning to reverse this trend over coming years.

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

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

Healthy Weight in children & young people has long been identified as a priority for Lincolnshire, including in the Joint Strategic Needs Assessment and the Joint Health & Wellbeing Strategy. The Covid pandemic has resulted in a deteriorating picture, which has led to the Chief Medical Officer highlighting children and young people's healthy weight as a national priority.

4. Consultation

Not applicable

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	2019/2020 NCMP Lincolnshire data summary
Appendix B	Draft service specification, Lincolnshire Child and Family Weight Management Service

6. Background Papers

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

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Appendix A 2019/2020 NCMP data summary: Lincolnshire

Reception: overweight and obesity

	Prevalence	Trend	England: best	England: worst
South Holland	26.4	Stable	11.1	34.1
Boston	29.0	Stable	11.1	34.1
East Lindsey	25.9	Stable	11.1	34.1
West Lindsey	27.6	Increasing	11.1	34.1
Lincoln	26.8	Stable	11.1	34.1
North Kesteven	22.4	Stable	11.1	34.1
South Kesteven	23.6	Increasing	11.1	34.1

Year 6: overweight and obesity

	Prevalence	Trend	England: best	England: worst
South Holland	38.4	Stable	20.9	44.7
Boston	43.4	Increasing	20.9	44.7
East Lindsey	35.6	Stable	20.9	44.7
West Lindsey	33.3	Stable	20.9	44.7
Lincoln	36.9	Stable	20.9	44.7
North Kesteven	31.3	Stable	20.9	44.7
South Kesteven	36.8	Stable	20.9	44.7

Year 6: obesity, including severe obesity

	Prevalence	Trend	England: best	England: worst
South Holland	24.9	Stable	10.4	30.1
Boston	28.9	Increasing	10.4	30.1
East Lindsey	22.3	Stable	10.4	30.1
West Lindsey	16.0	Stable	10.4	30.1
Lincoln	22.6	Stable	10.4	30.1
North Kesteven	17.3	Stable	10.4	30.1
South Kesteven	22.6	Stable	10.4	30.1

Introduction

Background and need

Excess weight remains one of the greatest public health challenges both nationally and locally; it is the third biggest risk factor for premature death and is strongly associated with a number of life-limiting diseases as well as with poorer mental health and wellbeing and outcomes. Childhood and adult obesity are closely linked, and it is well established that overweight / obese children are more likely than their healthy-weight counterparts to become overweight / obese adults. Evidence suggests that 79% of obese teenagers will remain so during adulthood. There is also a significant link between parents', particularly mothers', weight status and that of their children. It is therefore essential that excess weight in children is not treated in isolation but as part of a holistic, whole family approach to health that incorporates social, emotional and educational as well as physical health support.

In Lincolnshire 25.6% of children in Reception and 36.4% in year six are overweight or obese; this equates to approximately 4125 children and is significantly higher than both the East Midlands and England. Nationally, childhood obesity is strongly associated with deprivation, and this is also the case in Lincolnshire, with children in the most deprived areas being 1.7 times more likely to be obese than those in the least. Children's physical activity levels in the county are also a cause for concern with only 48.9% meeting the CMO's recommended levels. And, as with obesity, it is far more likely for children from the most deprived areas to be inactive than those from the most affluent.

The child and family weight management and healthy lifestyle service will provide direct support to Lincolnshire children, aged four to twelve, and their families, to help them adopt and maintain healthier lifestyles, in particular with respect to diet and physical activity, as well as greater resilience and improved mental and emotional wellbeing.

Changing families' lifestyles requires a whole system approach that combines the individual, the community and the population with tiers of intervention that take account of personal circumstances, neighbourhoods and wider determinants of health. The service will be a key component of this approach and will focus on supporting individual families within this broader context.

The service will offer vibrant, holistic and non-stigmatising activities that motivate, enable and support families to change their diet and activity levels as well as supporting parents to adopt more positive and effective parenting styles. Eligibility for the service will be via identification of children as overweight or obese by the National Child Measurement Programme (NCMP) or through referral from a range of partner organisations according to a child or family's capacity to benefit with respect to the key service outcomes.

Whilst the service will be universally available, a targeted approach will seek to address inequalities by focusing resources on those areas with greatest need in terms of both weight status and deprivation.

Aims

The provider will deliver interventions that support children and their families to modify those behaviours that have the greatest impact on childhood obesity, i.e., diet and physical activity, as well as supporting improvements to social, emotional and mental wellbeing more broadly. This will be achieved by the provision of a high-quality service that adopts a holistic approach to families' needs, operates in a non-stigmatising way, is co-produced with local families and contributes to a reduction in health inequalities.

A countywide, branded programme will contribute to:

- Increased levels of childhood and family physical activity
- Improvements in children's and families' diet and an increase in fruit and vegetable consumption
- Improved health and reduced health inequalities
- Improved wellbeing, better parenting skills and greater resilience amongst families with complex needs
- A stabilisation or reduction in childhood obesity, especially in areas of greatest need
- Lincolnshire's whole system, preventative approach to tackling obesity and inactivity
- A long-term reduction in the cost burden of health and care services

Objectives and outcomes

The objectives of the service are:

- To implement a needs-led intervention that aligns closely to the NCMP as well as allowing for children with a broader range of needs to receive support
- To support children and families to make sustainable, positive lifestyle choices whilst reducing inequalities
- To monitor and evaluate the delivery and impact of the service and provide robust data in line with local indicators to demonstrate the health and wellbeing outcomes

The outcomes are described fully in the KPI schedule (Appendix A, below) against which the providers will be monitored.

The overarching outcomes for children are:

- Improvement / stabilisation in BMI / BMI z scores
- Increased participation in physical activity
- Improved diet and increased fruit and vegetable consumption
- Increased mental wellbeing scores

Whilst the outcomes described in the KPI schedule are principally targeted at children, it is expected that parents / carers may also benefit with respect to the following:

- Increased participation in physical activity
- Improved diet and increased fruit and vegetable consumption
- Increased mental wellbeing scores

- Increased referrals to Lincolnshire's Integrated Lifestyle Service

Service Description

Service overview

- The service will entail two tiers of support.
- The service will be offered county-wide but resources will be weighted towards those areas with the highest levels of deprivation and /or childhood obesity
- The providers will ensure that all components of the service are consistent with NICE guidance and Quality Standards (e.g., QS94, PH42, PH17, PH49) and that they are based on techniques that have been shown to be effective. However, given the lack of national evidence around children's weight and lifestyles interventions, the providers will have the flexibility to try innovative methods that are not necessarily supported by existing research; these should be based on a sound rationale and include comprehensive data collection processes that allow their effectiveness to be measured, with any learning being fed back into the service.
- The provider will use recommended behaviour change techniques that will include a respectful, non-stigmatising approach that fosters independence and self-management and the setting of realistic lifestyle goals that are sustainable in the long term and focus on the prevention of relapse
- The service will be delivered by highly skilled practitioners trained in motivational interviewing
- The providers will identify and signpost to on-going sources of support once the programme ends and will encourage families who need specialist support to discuss this with their GP or other health professional
- Families who drop out of the programme will be contacted in order to understand the reasons for their withdrawal and to try to put an appropriate, alternative plan in place; this may include the offer to participate in a future weight management or healthy lifestyle course, one-to-one support or referral to a different service
- The providers will put in place robust monitoring and data collection processes. In addition to weighing and measuring children on the weight management programme, all families will be asked to complete brief self-reported outcome assessments prior to their first session, upon completion of the group activities, at 26 weeks and at 52 weeks in order to measure the extent to which behavioural changes are being achieved and maintained
- The providers will be responsible for branding the service in a positive, vibrant way that focuses on children's overall wellbeing rather than just their weight status, and for promoting the service to external stakeholders and potential service users.

Tier One

Extended Brief Intervention

The extended brief intervention (EBI) will typically consist of a 30-minute phone-call with eligible families. The EBI calls will be delivered by staff trained in motivational interviewing and will align with MECC principles and the NCMP Conversation Framework. It will include an assessment of families' needs, goals and motivation to change in line with NICE guidance PH49.

The key aims of the EBI are to encourage families to take up the offer of a place on a weight management or healthy lifestyles group programme, and to encourage and motivate those families that do not go onto the group programmes to make small, positive changes to their lifestyle or to seek out alternative sources of help.

The providers will initiate a phone-call to the families of referred children to deliver the EBI. Alternative methods, for example letter or email will be used if the providers are unable to contact the families by phone.

Following from the EBI the family will be offered a range of options, such as:

- A referral into a weight management or healthy lifestyles group programme.
- An opportunity to book onto an online 'taster' session where families can learn more about the services on offer and how to make simple healthy lifestyle changes.
- The opportunity to attend a community taster session which will be held in accessible settings in areas with high levels of deprivation and childhood obesity.
- Details of how to self-refer into the service at a later date for families who are not yet ready to take up the offer of a place on one of the group programmes
- At the discretion of the providers, the opportunity for one-to-one support

Families will be informed about how to access other healthy lifestyles information and services including through the providers' website, as well as through national campaigns and resources

Following the completion of NCMP measurements, in areas with high deprivation and obesity rates EBI calls will be supplemented by drop-in sessions in schools to encourage parents to come and talk to the providers about any concerns they may have.

Tier Two

Tier two support will consist of two pathways; weight management and healthy lifestyles. Both pathways will offer a programme of primarily group-based, multi-component activities that motivate, enable and support children to make sustainable improvements to their BMI scores and help families to make long-term changes to their diet, physical activity levels and social and emotional wellbeing as well as encouraging parents to adopt more positive and effective parenting styles.

<u>Weight Management Programme</u>

The weight management intervention will typically consist of:

- An initial consultation at which eligibility is confirmed and baseline outcome data gathered
- Twelve sessions that combine one-to-one and group activities that take place during school term-time at accessible locations and at times that take account of the needs of service users, particularly those who work during the week or who do shift work

- Children's engagement in a non-competitive, fun physical activity, for example, dance, trampolining, swimming or martial arts. The activities should be accessible and affordable to families when their participation in the service ends

- Parents learning about positive parenting techniques as well as about the importance of physical activity and healthy lifestyles. They will also be taught about nutrition through topics such as portion control, snacking and treats, blood sugar levels, reading food labels plus food tasting sessions

- Families will be offered the opportunity to continue with the activity at a reduced cost following on from the 12-week programme, encouraging long term sustainability of behaviour change.

- Healthy weight siblings will be permitted to attend where their exclusion would act as a barrier against a family's attendance

Healthy Lifestyles Programme

The healthy lifestyles intervention will typically consist of:

- An initial consultation at which eligibility is confirmed and during which baseline outcome data will be gathered

- Six sessions that combine one-to-one and group activities

- Children will engage in a non-competitive, fun physical activity, for example, dance, trampolining, swimming or martial arts. The activities should be accessible and affordable for families when their participation in the service ends

- Parents will spend the session learning about positive parenting techniques as well as about the importance of physical activity and healthy lifestyles. They will also be taught about nutrition through topics such as portion control, snacking and treats, blood sugar levels, reading food labels plus food tasting sessions

- Families will be offered the opportunity to continue with the activity at a reduced cost following on from the six-week programme, encouraging long term sustainability of behaviour change.

One-to-One support

At the discretion of the provider, one-to-one sessions will be available in the following types of situations:

- For children / families with more complex needs or requiring additional support
- For children with extremely low levels of self-esteem
- For children above the 99.6th BMI centile

- As a way of maintaining motivation where there is likely to be a significant delay before a place at a group programme will become available

One-to-one support will generally consist of fortnightly sessions; however, the providers will have the flexibility to tailor the interventions to suit individual families' needs.

Drop-in sessions

Following the NCMP measurement programme, drop-in sessions will be held at a number of schools in areas with the highest levels of childhood obesity and / or deprivation

Taster Sessions

The providers will offer all eligible families an opportunity to take part in an on-line or in-person taster session prior to signing up for the group programme.

Eligibility

1. Eligibility for Extended Brief Intervention

The parents / carers of children aged four to twelve will be eligible for an EBI phone-call if:

- They are identified as overweight by the NCMP
- They are identified (either informally, 'by eye,' or though measurement) as overweight by a referral partner
- They are identified by a referral partner as likely to have the capacity to benefit from inclusion in the intervention with respect to the criteria at paragraph 3.

2. Eligibility for 12-week weight management intervention

Eligible

Children aged four to twelve will be eligible if:

- Their parents are deemed to be sufficiently motivated to complete the programme and make positive lifestyle changes, as assessed through the EBI and confirmed at an initial consultation, and:
    - They are identified through the NCMP as having a BMI between 91st and 99.6th centile
    - They are identified through being weighed and measured by a referral partner as having a BMI between 91st and 99.6th centile
    - They are identified 'by eye' by a referral partner as likely to have a BMI between 91st and 99.6th centile and their BMI is subsequently confirmed as such by the provider at the family's initial consultation

Ineligible

If a child or their parent fulfils any of the following criteria, they will be ineligible:

- A BMI below 91st or above the 99.6th centile
- Any medical condition that would severely restrict physical activity or compliance with any other part of the programme
- Lacking the necessary motivation to change, as assessed through the EBI
- A level of need that is beyond the capabilities or expertise of the service
- They have already completed the intervention
- They have dropped out of the intervention due to a lack of motivation to complete

The provider will have the discretion to:

- Review a child's eligibility status if there is sufficient change with respect to any of the above criteria.
- Offer one-to-one support for any child who is deemed ineligible for the core service; this will be decided on a case-by-case basis and may result in the child becoming eligible for the core service or being signposted to another appropriate agency for further help.
- Offer support via the healthy lifestyle pathway where the child's BMI is below 91st centile

3. Eligibility for 6-week healthy lifestyle intervention

Eligible

- Children aged four to twelve who are identified by a referral partner as having the capacity to benefit from the intervention with respect to at least one of the following outcome measures:
    - 3.1.1 Healthy diet
    - 3.1.2 Physical activity
    - 3.1.3 Social and emotional wellbeing, and
- whose parents / carers are deemed sufficiently motivated to complete the programme and make positive lifestyle changes, as assessed through the EBI and confirmed at an initial consultation

Ineligible

If a child or their parent fulfils any of the following criteria, they will be ineligible:

- Any medical condition that would severely restrict physical activity or compliance with any other part of the programme
- Lacking the necessary motivation to change, as assessed through the EBI
- A level of need that is beyond the capabilities or expertise of the service
- They have already completed the intervention
- They have dropped out of the intervention due to a lack of motivation to complete

The provider will have the discretion to:

- Review a child's eligibility status if there is sufficient change with respect to any of the above criteria.

- Offer one-to-one support for any child who is deemed ineligible for the core service; this will be decided on a case-by-case basis and may result in the child becoming eligible for the core service or being signposted to another appropriate agency for further help.

Referral

Referral Routes

Weight management intervention

The providers will work with the commissioner's Information Assurance and Early Help teams to ensure the necessary data sharing is in place to allow parents of children identified as being within the eligible weight range to be contacted by the providers.

- The NCMP will supply the provider with details of all children identified as having a BMI within the eligible range.

- Children can be referred onto the weight management programme by any agency that is able to identify the child as overweight through weighing and measuring. This will include, but is not limited to, primary care, secondary care, school nurses and health visitors. The referral will initially be for an EBI during which eligibility for the weight management intervention will be assessed.

- Children can be referred onto the weight management programme by any agency which is in a position to reasonably infer that a child's weight is within the eligible range without having weighed and measured them. This will include, but is not limited to, schools, primary care, secondary care, health visitors and Early Help. The referral will be for an EBI, followed by an initial consultation during which eligibility and suitability for either the weight management or healthy lifestyle intervention will be assessed.

- Parents / carers can self-refer onto the programme. Self-referrals will lead to an EBI, followed by an initial consultation during which eligibility and suitability for either the weight management or healthy lifestyle intervention will be assessed. Self-referrals will be closely monitored in year one to assess their impact on health inequalities.

- Parents / carers with a child identified as overweight by the NCMP who turn down an opportunity to attend the full weight management intervention will remain potentially eligible for inclusion and will be able to self-refer or to access the service through a referring agency.

Healthy Lifestyles intervention

- Referrals can be made into the healthy lifestyle programme by any agency with whom the child and / or family has enough contact to have gained an understanding of the child's needs with respect to the outcomes at paragraph 3. This will include, but is not limited to,

schools, primary care, secondary care, health visitors and Early Help. The referral will initially be for an EBI during which eligibility for the lifestyle pathway of the core service will be assessed.

- Parents / carers can self-refer onto the programme. Self-referrals will lead to an EBI, followed by an initial consultation during which eligibility and suitability for either the weight management or healthy lifestyle intervention will be assessed. Self-referrals will be closely monitored in year one to assess their impact on health inequalities.

Referral mechanisms

- The provider will develop appropriate referral tools that clearly describe the eligibility criteria. The provider will be responsible for promoting these to referral partners and supporting partners to make appropriate referrals.

- The provider will develop a self-referral process, including an on-line form and telephone contact point, for parents of children identified as being within the eligible weight range by the NCMP who turn down an initial offer of support made during their EBI. The providers will make parents aware of this process during their EBI conversation.

- The provider will work closely with the commissioner's Early Help Team to develop appropriate referral mechanisms for children in the NCMP, ensuring compliance with the commissioner's information assurance requirements.

General Service Delivery Requirements

Service throughput and key performance indicators

As the service is new to Lincolnshire, targets for KPIs in year one will be indicative only and will focus on throughput. Outcomes and learning from year one will shape the content and inform the setting of firm targets for year two KPIs. These will be agreed between the provider and commissioner during the fourth quarter of delivery in year one.

Appendix A: Year on KPIs and performance indicators

KPIs%20cfwm.docx

Access and Engagement

The Supplier shall ensure that resources are deployed in such a way as to promote equity and ease of access into their service across all areas of the county for all those individuals who require help and support by this service.

The Supplier shall continuously review (through reporting but also service user and public feedback) where services are being delivered and the days/hours of operation to ensure that the differing needs of all service users across the county can be met and that access to services is optimised at the appropriate locations and times.

The Supplier shall enable a flexible, easy entry into the services which is straightforward to navigate through and have clear, visible pathways.

The Supplier shall deliver a range of engagement activities and encourage referral into the service from a variety of sources. This will include working with other relevant third parties in the development of clear pathways, including self-referral where appropriate.

Partnering and Networking

The Supplier shall evidence strong partnership working across the county to ensure that all of the components of the service are delivered using all appropriate means, this will be done during contract management meetings and by providing evidence of linked in organisations and partners.

Interdependencies with Other Services

The Supplier shall signpost to, and work with, appropriate mainstream health, well-being and lifestyle services, including but not limited to:

- Local authorities
- Clinical commissioning groups
- Community pharmacies
- Community and voluntary sector provider agencies
- The independent sector (including private sector) providers
- Peer support and self-help services
- Mental Health Services and CAMHS
- GP's
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Community Health Service (LCHS)
- Lincolnshire Partnership Foundation Trust (LPFT)
- Neighbourhood Teams
- Carers and Young Carers services
- Connect to support
- Active Lincolnshire
- Sport and leisure providers

- Schools
- Children's Centres
- Holidays Activities and Food providers

Management and Development of the Service

The Supplier shall:

- Be accountable for all aspects of the provision of the service including quality and governance
- Work with the Customer to develop and improve services in accordance with need, policy or budget change. Service improvement issues shall be discussed at contract management meetings with the Customer; and
- Contribute to the development and delivery of local health prevention strategies.
- The service must be flexible in its approach and develop as new guidance is published. Any changes to the service delivery model will be discussed and agreed with the Customer and be in line with the latest research findings.

Quality and Service Standards

The Supplier shall:

- Have a clear quality assurance process in place, which is effective and kept under regular review.
- Obtain feedback, through a workable mechanism, on the quality of the service from Service Users and their support network, staff, and other stakeholders. This feedback will govern plans and action to improve the Service User experience.
- As part of the quality assurance process, ensure that current and future risks are identified, accountability is assigned and risks are routinely monitored and managed to ensure the safety and well-being of Service Users.
- The supplier shall work with the Customer to develop or amend performance and quality measures as the service evolves over the lifetime of the contract.
- The Supplier shall be wholly responsible for ensuring any subcontracted work is carried out to the same standard as set out in this specification and must work with subcontracted suppliers to ensure they have all relevant accreditations, working practices, policies and procedures in order to satisfy the same level of quality.
- The Supplier shall comply with requests to conduct investigations/supply information which arise out of the Customer receiving any complaints/communications of concern.
- The Customer reserves the right to visit the Supplier and/or any Service User to monitor compliance against this service specification at any reasonable time without giving notice.
- The Supplier shall have a system in place to capture in detail both aggregated and individual outcome achievements
- The Supplier shall also take any relevant Department of Health, Public Health England (PHE) or NICE guidance into consideration in the delivery of the services, and amend service delivery in line with any future legislation or guidance changes.
- The Supplier will provide access to data or provide reports requested by the customer outside of the performance schedule and contract management meetings as necessary and in a timely manner, as agreed between the Supplier and Customer.

Law and Guidance

The Supplier shall have appropriate policies, strategies and protocols in place to deliver a safe and effective service, as a minimum these shall include:

- Safeguarding - children and adults
- Equality Act
- Health and Safety
- Complaints and compliments
- Service User and carer involvement
- Records management
- Information governance
- Confidentiality
- General Data Protection Regulations (GDPR)
- Human Resources
- Consent, including Mental capacity Act 2005
- Domestic Abuse Protocols and Practices
- National Health Service Accessible Information Standard

The Customer may scrutinise all Supplier policies and procedures as part of the quality assessment framework.

National Outcomes

The Supplier shall have an understanding of the Public Health Outcomes Framework, the NHS Outcomes Framework and the Every Child Matters Outcomes Framework (and the associated outcome indicators) and work with the Customer to assist them, through the provision of the service, in contributing towards outcomes communicated by the Customer to the Supplier.

The Supplier shall not be required to report directly on the services specifically in relation to attaining outcomes on a national level however the Supplier shall consider the outcomes and indicators when developing action plans and service delivery.

Quality Service Standards

National Standards

Interventions by the Supplier shall comply with the following list of service delivery standards as a minimum level of service delivery:

- Association for Nutrition Workforce Competence Model in Nutrition
- Care Quality Commission (CQC) (2010) Essential Standards for Quality and Safety
- DH (2004) Standards for Better Health
- Disability Discrimination Act
- Equality Act 2010
- Register for Exercise Professionals – National Occupational Standards
- DH (2011) Healthy Lives, Healthy People: a call to action on obesity in England
- Start Active Stay Active A report on physical activity for health from the four home countries Chief Medical Officers (2011)
- DH (2013) Guidance: local authority charging for public health activity

The Supplier shall deliver an evidence based lifestyle service in line with best practice guidance and key policies from the Department of Health, NICE and other advisory bodies both current and as issued. Relevant policy and guidance includes (but is not limited to):

- NICE Guidance: Behaviour Change - Individual Approaches, 2014 (PH49),
- NICE Guidance: Nutrition Support in Adults, 2012 (QS24)
- NICE Guidance: Walking and cycling, 2012 (PH41)
- NICE Guidance: Obesity - working with local communities, 2017 (PH42)
- Obesity Healthy Lives, Healthy People: A call to action on obesity in England (DH 2011)
- NICE Guidance: Obesity Prevention, 2006 (CG43)
- NICE Guidance: Behaviour change, general approaches, 2007 (PH6)
- NICE Guidance: Maternal and Child Nutrition, 2014 (PH11)
- NICE Guidance: Weight management: lifestyle services for overweight or obese children and young people, 2013 (PH47)
- NICE Guidance: Social and Emotional Wellbeing, 2012 (PH40)
- NICE Guidance: Physical activity for children and young people, 2009 (PH17)
- NICE Quality Standards: Obesity in children and young people: prevention and lifestyle weight management programmes, 2015 (QS94)

Local Standards

The supplier shall also operate services in line with local standards, strategies and guidelines:

- Lincolnshire Joint Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Community Wellbeing Commissioning Strategy

- Lincolnshire County Council Organisational Strategy

Quality Outcome Indicator requirements

Full contract management visits will take place annually and incorporate the Quality Assessment Framework (QAF) checks. The QAF checks within the contract management framework identify the standards that the service provider is required to achieve. The Service Provider will be allocated a level of achievement annually and a risk rating which will be reviewed via ongoing contract management. The objectives are as follows:

- Assessment and Support Planning
- Security, Health and Safety
- Safeguarding and Protection from Abuse
- Client Involvement and Empowerment

Annual contract management visits comprise a validation of the supporting evidence in relation to objectives and a consultation exercise with both staff and service users receiving the service. Failure to meet the required minimum standards will result in joint action being taken to address and resolve identified areas requiring improvement. Persistent failure may result in the commencement of default proceedings or more formal action under the contract.

Additional regular contract management meetings shall take place [monthly], or at the required frequency as described in Appendix D of the main contact between the Supplier and the Customer. Service specific site visits will be incorporated into these.

At regular contract management meetings, the Contract Managers of both Parties shall meet to monitor and review the performance of this Contract. Failure to meet the required minimum service levels will result in a Remediation Plan being produced to address and resolve identified areas requiring improvement.

In the event of any problem being unresolved or a failure to agree a plan, the procedures set out in Clause H7 of the main contract between the Supplier and the Customer shall apply. Progress at implementing the plan shall be included in the agenda for the next regular contract management meeting.

In addition to the key performance indicators in the Performance Framework, the Customer shall monitor the number of Safeguarding referrals and Serious Incidents reported and received. Prior to the commencement of the contract a method for reporting Serious Incidents will be agreed that meets the requirements of the Customer.

An open book accounting process will be adopted as part of the contract management framework. This will include an annual reconciliation of tendered versus actual costs. The outcome of this reconciliation will be considered in accord with the levels of demand. Providers must be able to

evidence that the available budget is maximised and that any potential underspend is reinvested back into the service.

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Health and Wellbeing Board – Decisions from 22 June 2021

22 June 2021	**1**	**Election of Chairman** That Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2021/22.
	2	**Election of Vice-Chairman** That John Turner (Chief Executive of NHS Lincolnshire Clinical Commissioning Group) be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2021/22.
	5	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 9 March 2021** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 9 March 2021 be agreed and signed by the Chairman as a correct record, subject to the addition of Sarah Connery, Acting Chief Executive, Lincolnshire Partnership NHS Foundation Trust being added to the list of those in attendance at the meeting.
	6	**Action Updates** That the Action Updates presented be noted.
	7	**Chairman's Announcements** That the Chairman's Announcements presented be noted.
	8a	**Terms of Reference & Procedure Rules, Roles and Responsibilities** That the Terms of Reference, Procedural Rules and Board Member's Roles and responsibilities as set out in Appendix A to the report be agreed.
	8b	**Lincolnshire's Joint Strategic Needs Assessment** 1. That the report presented be noted. 2. That the redevelopment of Lincolnshire's JSNA using a life course approach as set out in Appendix A be agreed. 3. That the importance of the JSNA be promoted by members within their respective organisations to ensure active engagement in the review process. 4. That the outline timescales as detailed at paragraph 4.1 be noted.
	8c	**Lincolnshire Pharmaceutical Needs Assessment 2022** 1. That the process and requirement to produce a revised Pharmaceutical Needs Assessment (PNA) by 31 March 2022 be noted. 2. That the Terms of Reference for the Lincolnshire PNA Steering Group as detailed in Appendix A be received. 3. That the Project Plan setting out the timeline for producing the Lincolnshire PNA as detailed in Appendix B be received.
	8d	**Better Care Fund Final Report 2020/21** That the Better Care Fund Final Report 2020/21 be approved.
	9a	**Update on Covid-19** That the verbal update be received and noted.
	9b	**Integrated Care Systems (ICS) legislation Update** That the current position in relation to ICS legislation be noted.
	9c	**Housing, Health and care Delivery Group Delivery Plan**

		1. That the Housing, Health and Care Delivery Plan as presented be noted. 2. That the actions where Board member organisations will be lead partner, or part of a delivery team; and, along with HHCDG representatives, ensure appropriate representation to achieve those actions be noted. 3. That the comments raised by the Board be noted.
	10a	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted
	10b	**Lincolnshire Health and Wellbeing Board Forward Plan** That the Lincolnshire Health and Wellbeing Board Forward Plan presented be noted.
28 September 2021	**13**	**Minutes of the Lincolnshire Health and Wellbeing Board Meeting held on 22 June 2021** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 22 June 2021 be agreed and signed by the Chairman as a correct record
	14	**Action Updates** That the Action Updates presented be noted.
	15	**Chairman's Announcements** That the Chairman's announcements presented be noted.
	16a	**Covid- 19 Update** That the verbal update on Covid-19 be received and noted.
	16b	**Integrated Care System Update** That the Integrated Care System update be noted.
	16c	**Lincolnshire Mental Health Services** That the presentation on mental health services be received and that further detailed information concerning mental health service provision be presented to a future meeting of the Board.
	16d	**Joint Strategic Asset Assessment Update** That the progress made to develop the Joint Strategic Asset Assessment be received and that the comment by the Board be noted.
	17a	**The importance of community beds in transitional care both for Covid positive and Covid negative patients and the positive impact these have on Acute Hospital Trusts** That the report presented concerning the importance of community beds in transitional care both for Covid positive and Covid negative patients and the positive impact these have on acute hospitals trusts be noted.
	17b	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted.
	17c	**Lincolnshire Health and Wellbeing Board Forward Plan** That subject to the addition of the suggestions referenced, the Forward Plan presented be received.
29 March 2022	**20**	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 September 2022** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 September 2021 be agreed and signed by the Chairman as a correct record.

	21	**Action Updates** That the Action Updates presented be noted.
	22	**Chairman's Announcements** That the Chairman's announcements presented be noted.
	23a	**Lincolnshire Pharmaceutical Needs Assessment 2022** 1. That the conclusions of the draft Pharmaceutical Needs Assessment (PNA) be noted. 2. That the draft PNA be approved in preparation for consultation. 3. That the planned consultation period on the draft PNA for Lincolnshire (Tuesday 19 April 2022 to Monday 19 June 2022) be noted. **4.** That a progress update and the project timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2022 Lincolnshire PNA be received at a future meeting.
	24a	**Integrated Care System Update** 1. That the current position in relation to the development of the ICP be noted. **2.** That the information provided regarding the proposed ICP planning and development workshop on 26 April 2022 be noted.
	24c	**Lincolnshire's Community Mental Health Transformation Programme** That the presentation on Lincolnshire Community Mental Health Transformation Programme be received and noted.
	24d	**The Mental Health Challenge** That the presentation on Lincolnshire Community Mental Health Transformation Programme be received and noted.
	25a	**Better Care Fund 2022/23** That the Better Care Fund 2022/23 report as presented be noted.
	25b	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted.
	25c	**Lincolnshire Health and Wellbeing Board Forward Plan** That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.

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Lincolnshire Health and Wellbeing Board Forward Plan June 2022 to March 2023

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

14 June 2022, at 2pm, in the Council Chamber, County Offices, Newland, Lincoln		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Annual General Meeting – election of Chair and Vice Chair		Decision
Proposed changes to the Health and Wellbeing Board Terms of Reference To receive a report on behalf of the Director of Public Health asking the Board to endorse the proposed changes to the Terms of Reference and recommend the changes to full Council on 16 September 2022.	Alison Christie, Programme Manager Public Health	Decision
Better Care Fund update To receive an information report on behalf of the Executive Director for Adult Care and Community Wellbeing asking the Board to approve the 2021/22 end of year BCF report.	Gareth Everton Head of Integration and Transformation	Decision
Integrated Care System Update To receive an update report for NHS Lincolnshire Clinical Commissioning Group on the development of the Integrated Care System.	John Turner, Chief Executive NHS Lincolnshire CCG	Discussion
Let's Move Lincolnshire – Physical Activity Strategy To receive a report from Active Lincolnshire on the Let's Move Lincolnshire Strategy and programme	Emma Tatlow Chief Executive, Active Lincolnshire	Discussion
Childhood Obesity To receive a report on behalf of the Director of Public Health which provides an overview of the 2020/21 National Child Measurement Programme data and Lincolnshire's plans for addressing this issue.	Andy Fox, Consultant Public Health	Discussion

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

27 September 2022, at 2pm		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Lincolnshire Pharmaceutical Needs Assessment To receive the final Pharmaceutical Needs Assessment for the Board to approve prior to the publication by 1 October 2022.	PNA Steering Group	Decision
Carers MOU and Delivery Plan To receive a report from the Carers Delivery Group asking the HWB to endorse the Memorandum of Understanding and to provide an update on the Carers Priority Plan	Sem Neal, Assistant Director	Discussion

Lincolnshire Health and Wellbeing Board Forward Plan June 2022 to March 2023

6 December 2022, at 2pm		
Item & Rationale	**Presenter/Contributor**	**Purpose**
28 March 2023, at 2pm		
Item & Rationale	**Presenter/Contributor**	**Purpose**