County Offices
Newland
Lincoln
LN1 1YL

20 March 2023

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 28 March 2023 at 2.30 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 (Voting):

Lincolnshire County Council: Councillors: 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, Procurement and Migration), W H Gray, R J Kendrick, C E H Marfleet and Mrs S Rawlins , 1 vacancy

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

Lincolnshire Integrated Care Board: Sir Andrew Cash and John Turner (Vice-Chairman)

Healthwatch Lincolnshire: Dean Odell

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 Kevin Thomas

ASSOCIATE MEMBERS (Non-Voting):
Julia Debenham, Lincolnshire Police
Professor Neal Juster, Higher Education Sector
Adrian Perks, NHS E/I
Emma Tatlow, Voluntary and Community Sector
Pat Doody, Greater Lincolnshire Local Enterprise Partnership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 28 MARCH 2023

7d	**Let's Move Lincolnshire - Physical Activity Priority Update** *(To receive a report and presentation from Emma Tatlow, Chief Executive Active Lincolnshire, which provides the Board with an update on Let's Move Lincolnshire, the physical activity priority of the Joint Health and Wellbeing Strategy)*	73 - 78
8	**Information Items**	
8a	**The Lincolnshire Better Care Fund 2023/24 and update on the Discharge Fund** *(To receive a report from Glen Garrod, Executive Director – Adult Care and Community Wellbeing which provides the Board with an update on the Lincolnshire Better Care Fund 2023/24, and the Discharge Fund)*	79 - 90
8b	**An Action Log of Previous Decisions** *(For the Board to note decisions taken since 14 June 2022)*	91 - 94
8c	**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 28 March 2023 to June 2024)*	95 - 98

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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

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, 28th March, 2023, 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
6 DECEMBER 2022

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors 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.

Lincolnshire Integrated Care Board: John Turner (Vice-Chairman).

Healthwatch Lincolnshire: Dean Odell.

Lincolnshire Partnership Foundation NHS Trust: Sarah Connery.

Police and Crime Commissioner: Philip Clark.

United Lincolnshire Hospitals NHS Trust: Andrew Morgan.

Lincolnshire Community Health Services NHS Trust: Maz Fosh.

Primary Care Network Alliance: Dr Sunil Hindocha.

Associate Members (non-voting): Julia Debenham (Lincolnshire Police), Professor Neal Juster (Higher Education Sector), Adrian Perks (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), Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Katrina Cope (Senior Democratic Services Officer) (Democratic Services), Lucy Gavens (Consultant - Public Health) (Public Health), Nikita Lord (Programme Manager – Better Care Fund), Semantha Neal (Assistant Director, Prevention and Early Intervention) and Navaz Sutton (Programme Manager), Semantha Neal (Assistant Director Prevention and Early Intervention) and Navaz Sutton, (Programme Manager).

18 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs W Bowkett, Elaine Baylis (Chair of United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Service NHS Trust), Sir Andrew Cash (Chair of the Lincolnshire Integrated Care Board) and Kevin Lockyer (Chair of Lincolnshire Partnership Foundation NHS Trust).

19 DECLARATIONS OF MEMBERS' INTEREST

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

20 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 27 SEPTEMBER 2022

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held of 27 September 2022 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 advised the Board that as Chairman she was part of the NHS Confed offer to ICS, ICP and ICB Chairman across the 42 systems. It was noted that meetings were held on a regular basis and provided the opportunity for systems to share their experiences and put forward their local views.

RESOLVED

That the Chairman's announcements presented be noted.

23 DECISION ITEM

23a Adult Social Care - Discharge Fund an update on the Lincolnshire Better Care Fund

Consideration was given to a report from Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which invited the Board to note the update provided on the assurance of the Lincolnshire Better Care Fund (BCF) Plan for 2022/23; approve the Better Care Reporting Template as shown at Appendix A to the report, and to receive BCF reporting every quarter going forward; the Board was also asked to approve the Discharge Fund Plan for both the Integrated Care Board and Lincolnshire County Council ahead of its submission on 16 December 2022. A copy of the Lincolnshire Adult Social Care Discharge Funding

Template was provided in Appendix B, and a copy of the Lincolnshire Integrated Care Board Funding Plan Template was detailed in Appendix C to the report presented for members to consider.

Thanks were extended to all colleagues across the system for their input in bringing the report together; and members welcomed the additional funding to help with Acute flow at hospitals, and adult social care within Lincolnshire. It was highlighted that more funding would become available in 2023/24.

RESOLVED

1. That the update on the assurance of the Lincolnshire Better Care Fund Plan be noted.

2. That the Better Care Fund Reporting Template as detailed at Appendix A to the report be approved and that quarterly updates be received by the Board going forward.

3. That the Discharge Fund Plan for both the Integrated Care Board and Lincolnshire County Council ahead of submission on 16 December be approved.

24 DISCUSSION ITEMS

24a Lincolnshire's Joint Strategic Needs Assessment 2023 - update on review process

Consideration was given to a report from Lucy Gavens, Consultant in Public Health, which provided the Board with an update on the review process for the Lincolnshire's Joint Strategic Needs Assessment (JSNA) 2023.

The Board were remined that in June 2021, proposals had been agreed to move away from the current JSNA topic-based structure to a life course approach, based on the following chapter headings, Start Well, Live Well and Age Well. Appendix A to the report provided the Board with details of the life course approach; and Appendix B provided details of the JSNA Review and Relaunch Communication and Engagement for the Board to consider.

It was reported that the new JSNA web portal would pave the way for improved dissemination of public health intelligence across different organisations and the public by providing an up-to-date picture of local data on health and wellbeing outcomes.

The Board was advised that the JSNA would be a rolling programme; with the dashboard and fact sheets being continually updated.

RESOLVED

1. That the progress of the JSNA review be noted.

2. That the next stages of the review process as shown in Appendix B be noted.

3. That a further report and presentation be received at the March 2023 meeting to sign off the new JSNA ahead of the online resource going live be agreed.

24b Refresh of the Joint Health and Wellbeing Strategy

The Chairman invited Alison Christie, Programme Manager, to present the item which advised the Board of its statutory responsibility to develop and publish a Joint Health and Wellbeing Strategy (JHWS) based on population needs identified in the Joint Strategic Needs Assessment (JSNA); the work undertaken to refresh the strategy, and following the publication of the new JSNA, the plans for a more fundamental review of the JHWS alongside the Integrated Care Strategy during 2023.

Appendix A to the report provided a copy of the updated Joint Health and Wellbeing Strategy for the Board to consider.

The Board was advised that as part of the ongoing development work, the JHWS governance arrangements were also being reviewed and strengthened to ensure that appropriate mechanisms were in place which provided assurance to the HWB and the Integrated Care Partnership. Paragraph 1.3 provided details of the proposal and Appendix B to the report provided an updated Joint Local Health and Wellbeing Strategy governance diagram for members of the Board to consider.

During consideration of this item, some of the following comments were raised.

- The need for pictures included with the document at Appendix A to capture more of the demographics and to be more inclusive. Assurance was given that the fundamental review process during 2023 would ensure the final document would was co-produced; and
- That communication with the public was very important, and that there was a need to ensure that the right messages were being conveyed. Assurance was given that assistance would be sought from communication experts in this regard as the fundamental review work progressed through 2023.

RESOLVED

1. That the refreshed Joint Health and Wellbeing Strategy be noted.

2. That the proposal to undertake a more fundamental review of the Joint Health and Wellbeing Strategy following the publication of the Joint Strategic Needs Assessment and alongside the development of the Integrated Care Strategy be noted.

3. That the proposals to reinvigorate the governance and delivery arrangements sets out in section 1.3 of the report be noted.

24c Lincolnshire Ageing Better Rural Strategic Partnership Update

The Board considered a report from Semantha Neal, Assistant Director Prevention & Early Intervention and Navaz Sutton, Programme Manager, which provided an update on the progress to date of the Lincolnshire Ageing Better Rural Strategic Partnership.

Members were reminded of the background to the Partnership and that Lincolnshire brought a rural and coastal perspective to Ageing Better and that work was aimed at the 50 plus age group. It was noted that this was the end of the second year of a five year partnership. Details of the expected outcomes over the next 12 months were detailed on pages 61 and 62 of the report pack under the headings of homes and housing, work and employment and age friendly county and ageism. The Board noted that Lincolnshire with its Good Homes Alliance Project was leading the way, with other local authorities seeking to follow a similar route in the future; and that work was on-going locally to encourage sign up to an employer's pledge, developed nationally, which would support a more age-inclusive approach by all local employers.

It was highlighted that the Partnership provided great potential for Lincolnshire to contribute and shape national thinking, supporting partners outside the county, whilst bringing back learning into the county for the benefit of residents.

The Board noted that ageing better work crosscut many of the topics in the JSNA and of the JHWS themes, including Housing, Carers, Physical Activity and Mental Health.

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

- Workforce career development. The Board was advised that the Greater Lincolnshire Local Enterprise Partnership was a core member of Lincolnshire's Partnership, and were picking up with local employer's workforce development and retaining skills; and
- The outcomes of the partnership. It was noted that the last two years had been focussed on what was needed in Lincolnshire, which was providing a baseline of what was being provided and what was going to be changed because of the Partnership. It was noted further that the next three years would focus on more tangible changes for residents.

RESOLVED

1. That the work to date of the Lincolnshire Ageing Better Rural Strategic Partnership be noted.

2. That consideration be given to opportunities to engage with the Steering Group and its work programme.

3. That consideration be given on how to promote the Lincolnshire Ageing Better Steering Group within the wider health and care system, identifying appropriate colleagues to connect with the Strategic Partnership Manager as appropriate.

25 INFORMATION ITEMS

25a Lincolnshire Drug and Alcohol Partnership

Consideration was given to a report from Lucy Gavens, Consultant in Public Health, which provided the Board with an update on the progress being made by the Lincolnshire Drug and Alcohol Partnership.

The Board were advised of the background to Partnership; the 10 -year Drugs Strategy that had to be implemented at a local level, which included the establishment of a local partnership; the progress to date on the key milestones that the Lincolnshire Drug and Alcohol Partnership must achieve by April 2023, these were shown on page 66 of the report pack.

Attached at Appendix A to the report was a copy of the Lincolnshire Drug and Alcohol Partnership Terms of Reference for the Board to consider.

The Board was advised that the Partnership had met for the first time in September 2022 and would be meeting regularly to ensure timely progress towards the milestones set out by central Government.

During discussion, the Board raised some of the following comments:

- That there needed to be mental health cross over and more education available to young people through schools. The Committee was advised that the team worked closely with the Public Protection Stay Safe Partnership, who provided education training to primary and secondary schools, and that the content had a preventative focus and multifaceted approach for young people;
- Some members welcomed the establishment of the Lincolnshire Drug and Alcohol Partnership as it was thought that the Partnership would make a difference in Lincolnshire;
- That supporting dual diagnosis with the number of mental health patients increasing would be beneficial. The Committee noted that mental health workers were present in A & E departments;
- Assurance was given that the representation from licensee's etc., was one area that a task and finish group would be looking at;
- Confirmation was given by the Executive Director for Children's Services that schools were committed to work with the Stay Safe Programme; and officers were invited to attend future Head Teacher briefings to help get messages out to schools; and

- The need for input from YMCA's and homeless providers. The Board was advised that district colleagues were involved around housing and homelessness, and that engagement would be made with wider stakeholders such as the YMCA as appropriate. The Board was advised further that there were many different strands to the work on drug and alcohol prevention, and treatment, and the Partnership would need to work flexibility (e.g. through task and finish groups) to address the different challenges.

RESOLVED

1. That the establishment of the Lincolnshire Drug and Alcohol Partnership and the progress made by the Partnership to date be noted.

2. That annual updates on the progress of the Partnership be received by the Board.

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 noted.

The meeting closed at 3.07 p.m.

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Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
14 .06.22	**8b**	**Better Care Fund Final Report 2021/22** That a excel copy of the Spreadsheet would be circulated to members after the meeting	A copy of the excel spreadsheet was sent out to all members of the HWB on 20 June 2022.
17.09.22	**16b**	**Better Care Fund report 2022/23** Before the next BCF cycle a development session should be arranged to allow for a more comprehensive look into the workings of the BCF.	A BCF briefing was held on 6 December 2022, prior to the HWB meeting at 2pm.
06.12.22		**No Actions**	

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD – 28 MARCH 2023
CHAIRMAN'S ANNOUNCEMENTS

Joint Health and Wellbeing Strategy

Following sign off at the last Health and Wellbeing Board meeting, the updated Joint Health and Wellbeing Strategy for Lincolnshire has been republished on the County Council's website. The document is available at Joint health and wellbeing strategy – Lincolnshire County Council.

Primary Care Network Alliance Representative

Sunil Hindocha has stood down as the Primary Care Network Alliance Representative on the Health and Wellbeing Board following his appointment as Interim Medical Director with NHS Lincolnshire Integrated Care Board.

Sadie Aubrey will now be attending as the Primary Care Network Alliance representative.

Funding for Lincolnshire schools to open their sports facilities.

Active Lincolnshire has been awarded £989k of Opening School Facilities investment from the Department of Education, to support Lincolnshire schools to open their facilities for local community and pupils to use, for sport and other physical activities, outside of the normal school day.

The investment will enable 27 schools to open their facilities. The funding will support schools over the next three years with £331,000 distributed in the first year across sixteen schools. Funding can last from one to three years for each school with long term sustainability being at the heart of each programme.

Active Lincolnshire will be supporting and funding schools in every district to open facilities for a broad range of activities: from increasing access to swimming at five facilities, to developing new basketball, netball, and table tennis sessions, all the way through to new fitness suites, gardening clubs and more.

Health and Wellbeing Presentations to District Councils

Derek Ward and I have written to the Leaders and Chief Executives of the District Councils offering to meet their Executives and senior managers to talk about health and wellbeing in their district, and to present the Director of Public Health Annual report. To date we have met with the City of Lincoln Council (2 March) and South Kesteven District Council (14 March).

LGA Community Wellbeing Board

I attended the Local Government Association (LGA) Community Wellbeing Board met on 1 March 2023 and received confidential briefings on the latest Adult Social Care Assurance Framework and the newly launched Department of Health and Social Care (DHSC) Major Conditions Strategy.

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Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28 March 2023**
Subject:	**Joint Strategic Needs Assessment for Lincolnshire**

Summary:

The Lincolnshire Health and Wellbeing Board (HWB) has a statutory responsibility to produce and publish a Joint Strategic Needs Assessment (JSNA) on the current and future health and wellbeing needs of Lincolnshire's population.

Following an eighteen-month review, Lincolnshire's new JSNA is ready for the Board to approve prior to publication on the Lincolnshire Health Intelligence Hub. At the meeting, the Board will receive a presentation on the new online resource.

Actions Required:

The Health and Wellbeing Board is asked to:

1. formally approve and adopt the new Joint Strategic Needs Assessment for Lincolnshire
2. confirm it as the evidence base to inform the refresh of the Joint Health and Wellbeing Strategy.

1. Background

The Health and Care Act (2012) (as amended by the Health and Care Act 2022) places a joint responsibility on upper tier local authorities and Integrated Care Boards (ICB) to prepare and publish a JSNA through the Health and Wellbeing Board, and to use the JSNA to inform decision making, commissioning, and the development of the Joint Health and Wellbeing Strategy (JHWS). The JSNA provides the evidence base for the health and wellbeing needs of the local population.

Local authorities and ICBs must have regard to the JSNA and JHWS so far as it is relevant when exercising their functions. The Lincolnshire Integrated Care Partnership must also have regard to the JSNA when developing the Integrated Care Strategy.

At the meeting in December 2022, the Board received an update on the JSNA review using a life course approach based on the following chapter headings:

- Start Well
- Live Well
- Age Well

A significant amount of work has taken place to develop the new JSNA as an interactive and dynamic online resource as part of the Lincolnshire Health Intelligence Hub (LHIH). The LHIH provides a hub for health intelligence provision across the Integrated Care System.

As agreed by the Board in December, a presentation on the new JSNA will be given at the meeting to provide the Board with an overview of the new online resource.

2. Conclusion

The Health and Wellbeing Board has a statutory duty to produce and publish a JSNA for Lincolnshire and to use it to inform the priorities in the Joint Health and Wellbeing Strategy. This report asks the Board to approve the new JSNA, before publication on the LHIH, by 31 March 2023.

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

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The report asks the Board to approve the publication of the new JSNA.

4. Consultation

Key stakeholders, partners, and representative groups were engaged as part of refreshing the JSNA.

5. Appendices

None.

6. Background Papers

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

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

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28 March 2023**
Subject:	**The Director of Public Health's Annual Report 2022 - The Diverse Communities of Greater Lincolnshire**

Summary:

In 2021, the Chief Medical Officer (CMO) highlighted the challenges of coastal communities in his Annual Report, including case studies on coastal communities in Lincolnshire and North-East Lincolnshire. The report identified some of the reasons for inequalities and set out a range of recommendations to improve outcomes. The CMO noted the lack of available data published at a geographical level small enough to capture coastal outcomes, posing a challenge to being able to plan national and local strategies.

This Director of Public Health's (DPH) Annual Report has analysed local data and identified four types of community across Greater Lincolnshire- urban centres, urban industrial centres, coastal communities, and rural and market towns. The report describes the four types of community and highlights the key challenges and opportunities for health and wellbeing, that vary across different places. We hope this fresh perspective will add value to the work of those supporting health and wellbeing, and delivering health and care services, across Greater Lincolnshire.

Actions Required:

For the Lincolnshire Health and Wellbeing Board to receive the Director of Public Health's Annual Report and note its contents.

1. Background

Directors of Public Health in England have a statutory duty to produce an independent report on the state of health of the people they serve on an annual basis. Local Authorities have a statutory duty to publish the report and make them as accessible as possible to the wider public.

This annual report has been created for Greater Lincolnshire, as part of the Greater Lincolnshire Public Health pilot. North-East Lincolnshire, North Lincolnshire and Lincolnshire County Council have worked together to produce this report which examines the diverse communities of Greater Lincolnshire.

The annual report has been approved by The Executive for publication on the Council's website and is attached as an appendix to this covering report.

2. Conclusion

There are significant challenges for preventing ill health and improving life expectancy across Greater Lincolnshire. By developing a better understanding of the complexity of our local communities, we can begin to tailor our approaches to prevention and treatment in a way that better meets the needs of local people.

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

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

This report is an independent professional view of the state of health the people in Lincolnshire by the Director of Public Health. It has therefore drawn from a wide range of evidence, including but not limited to, the JSNA. The analysis and conclusions are designed to inform and support the ongoing delivery of the JHWS.

4. Consultation

Not applicable.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	The Director of Public Health Annual Report 2022- The Diverse Communities of Greater Lincolnshire

6. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
See References Section within the Director of Public Health Annual Report 2022	Director of Public Health Annual Report 2022

This report was written by Andrea Ball who can be contacted on andrea.ball@lincolnshire.gov.uk

THE DIVERSE COMMUNITIES OF GREATER LINCOLNSHIRE

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022

Lincolnshire COUNTY COUNCIL Working for a better future

North Lincolnshire Council

NORTH EAST LINCOLNSHIRE COUNCIL

CONTENTS

1.0 FOREWORD

Welcome to my fourth annual report as Director of Public Health, but my first for the whole of Greater Lincolnshire. Lincolnshire and neighbouring authorities of North and North East Lincolnshire have faced huge public health challenges over the past few years in steering residents through the Covid-19 pandemic as safely as possible.

As we have emerged more fully from the restrictions that the pandemic brought to us all, we have faced new challenges, not least the mental wellbeing and other health related issues arising from periods of lockdown. And new concerns have arisen such as the cost of living challenge brought about by the economic crisis.

Over recent years, previous annual reports have centred on themes such as the burden of disease, response to the pandemic and the impact of Covid-19 on children and young peoples' health and wellbeing. The Chief Medical Officer's annual report for 2021 highlighted coastal communities as having some of the worst health outcomes in England and the lack of data and understanding of the different communities in areas which would help plan local strategies and improve outcomes for health. Both Lincolnshire and North East Lincolnshire were "coastal case studies" in Professor Whitty's report.

Greater Lincolnshire typically has large areas of rural land and urban centres of differing sizes. So having analysed local data, this report identifies the four types of community we have – urban centre, urban industrial, coastal community and rural and market town – and the differences and opportunities for health and wellbeing.

There are significant challenges for preventing ill health and improving life expectancy across Greater Lincolnshire. Each community has different characteristics and opportunities that lead to different health outcomes. But the challenges can also have common themes across the region. Poor housing and fuel poverty require different solutions in urban and rural areas but is a consistent problem. The lack of a teaching hospital means recruitment and retainment of a health and care workforce is a challenge over all of Greater Lincolnshire, although it is felt more acutely in coastal strips. Poor air quality not only affects urban areas but agricultural air pollution is also a growing concern.

The report sets out how different health needs in the four types of community need different approaches. The local environment and its assets also need to be harnessed to improve health and wellbeing in our communities. We live in a beautiful, green and blue county and we should maximise the health and wellbeing benefits of being outdoors in the countryside and along our coastline and rivers.

There are also ways in which we can maximise training opportunities and recruitment to health and care, flexing the workforce to improve health and wellbeing and the support available. By developing a better understanding of the complexity of our local communities we can target and tailor our approach to prevention and treatment which meets the needs of local people.

Finally, I'd like to acknowledge and thank all of those who have supported the writing and production of this year's Director of Public Health Annual Report.

Derek Ward
Director of Public Health for
Greater Lincolnshire

2.0 INTRODUCTION

In this Annual Report, we have analysed local data and identified four types of community across Greater Lincolnshire. In the following pages we will describe the four types of community and highlight key challenges and opportunities for health and wellbeing, which vary across the different places. We hope this fresh perspective will add value to the work of those supporting health and wellbeing, and delivering health and care services, across Greater Lincolnshire.

Coastal communities have some of the worst health outcomes in England, including low life expectancy and high rates of major diseases. In 2021, the Chief Medical Officer (CMO) highlighted the challenges of coastal communities in his Annual Report, including case studies on coastal communities in Lincolnshire and North East Lincolnshire. The report identified some of the reasons for inequalities and set out a range of recommendations to improve outcomes (DHSC, CMO Annual Report, 2021).

An important challenge noted by the CMO is the lack of data and understanding at this geography to help plan national and local strategies to improve outcomes. The Coastal Communities All Party Parliamentary Group (APPG) agreed in June 2022 that a coastal strategy is needed to address inequalities in education, health, and housing in coastal areas.

In addition to 50 miles of coastline, Greater Lincolnshire has large expanses of rural land and urban centres of different size and make-up. There are some obvious geographic distinctions between these places and each has different challenges and opportunities when it comes to health and wellbeing. Some are subtle differences, for example proximity to neighbouring service centres, which if better understood will help us to promote health, reduce inequalities and provide services to those who need them. Until now, there has been limited work to explore the main characteristics of these different communities and what those characteristics mean for health and wellbeing, and service delivery.

2.1 THE FOUR COMMUNITY TYPES IN GREATER LINCOLNSHIRE

To classify communities, we used small geographies (known as Lower Super Output Areas or LSOAs) to segment areas according to key characteristics. Those key characteristics included features such as building density, industrial make-up, and proximity to the coastline. We have distilled this complex landscape into four "summary-type" models as we describe below. Clearly the geography of the county is far more complex, but to help planning and service delivery we think it is important to simplify whilst still highlighting the key differences.

The four types of community identified across Greater Lincolnshire are:

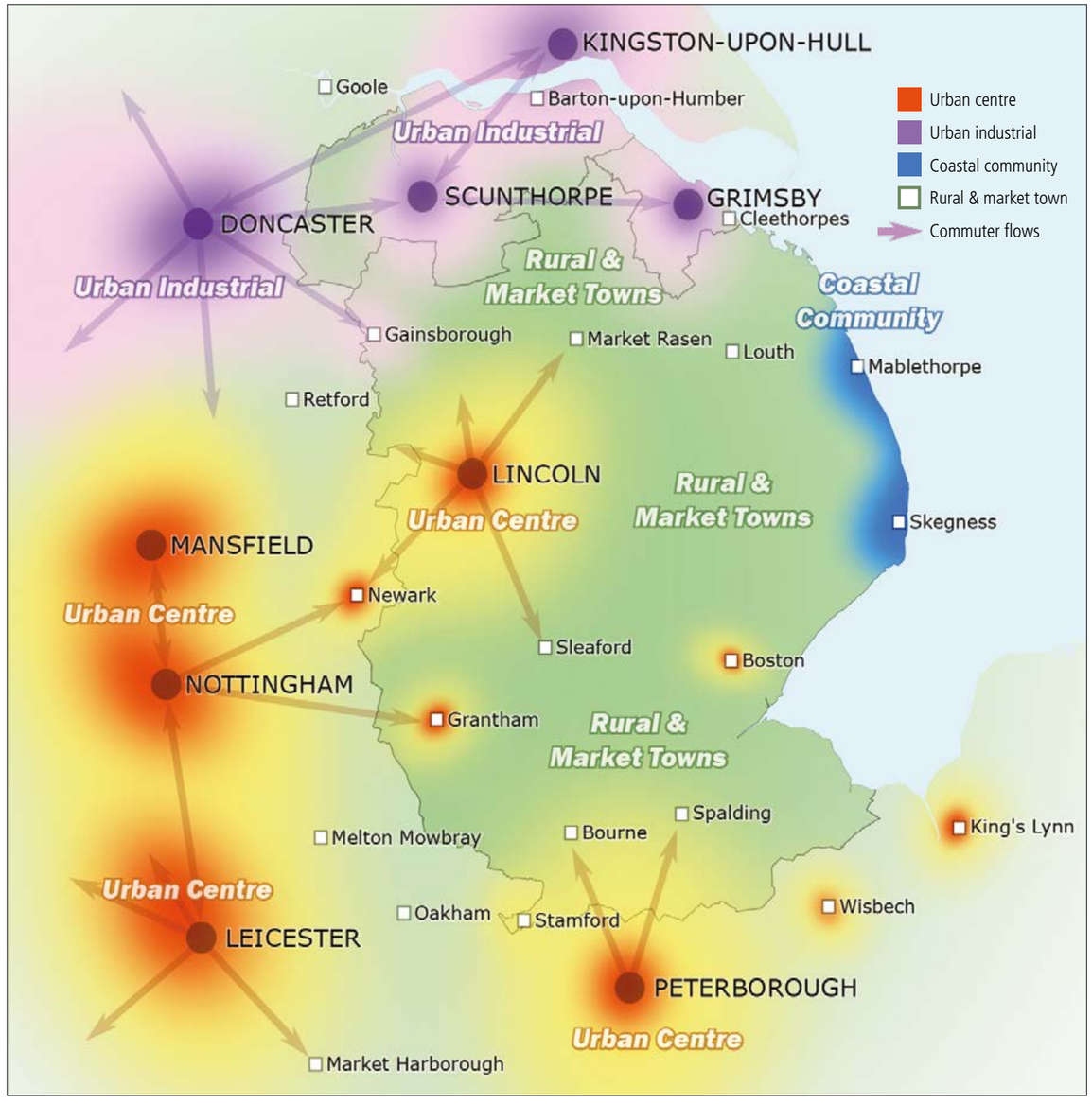
- Urban centre
- Urban industrial
- Coastal community
- Rural and market town

Each type, and the challenges and opportunities for health and wellbeing, are described in more detail in the chapters that follow.

In summary, urban centre communities can be categorised as those where building density is highest. Urban industrial communities also have a high building density but, in addition are characterised by their links to heavy industry such as electricity generation, gas, steel, mining, and quarrying, with a low amount of agricultural work, financial, professional, and scientific services. Coastal communities are those directly situated on the coast, with local business dominated by accommodation, leisure, and food services. The remaining areas are classified as rural and market town communities. See Figure 1 below for a map showing the different communities.

Whilst this work has identified distinct geographies with different characteristics, it is important to note that many places have features of more than one type of area. The types are intended to provide greater understanding of the challenges involved in improving health and delivering services across an area as diverse as Greater Lincolnshire. Areas may fall between two types and have

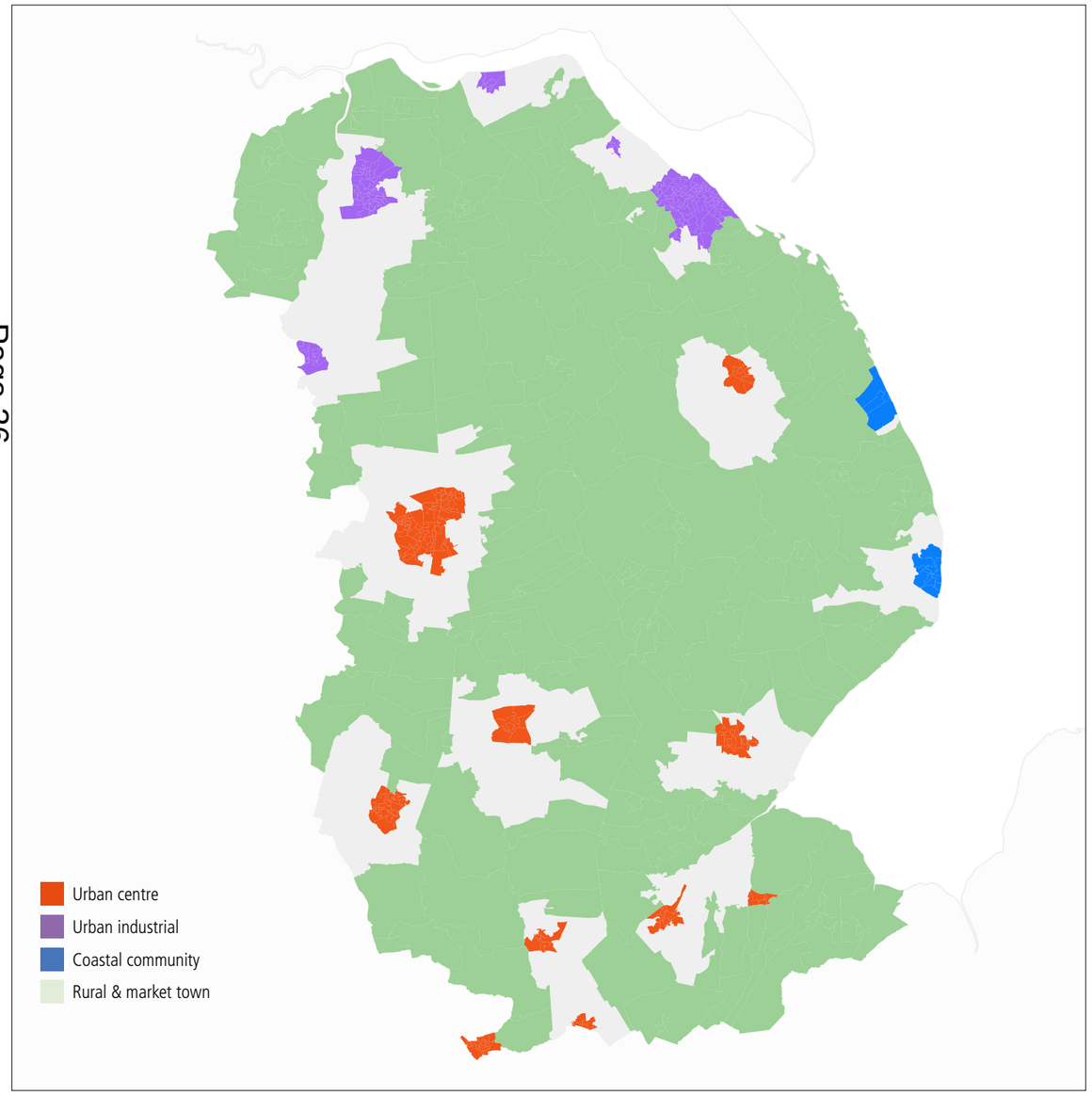
Figure 1: The four types of community in Greater Lincolnshire and where they are found



characteristics of either, or both, depending on their connections. In some instances, an area may have strong linkages with a neighbouring category which changes the challenges and opportunities in that community. A judgement should be made of the most important factors when considering each community, to apply the findings to strategy development and the planning of services.

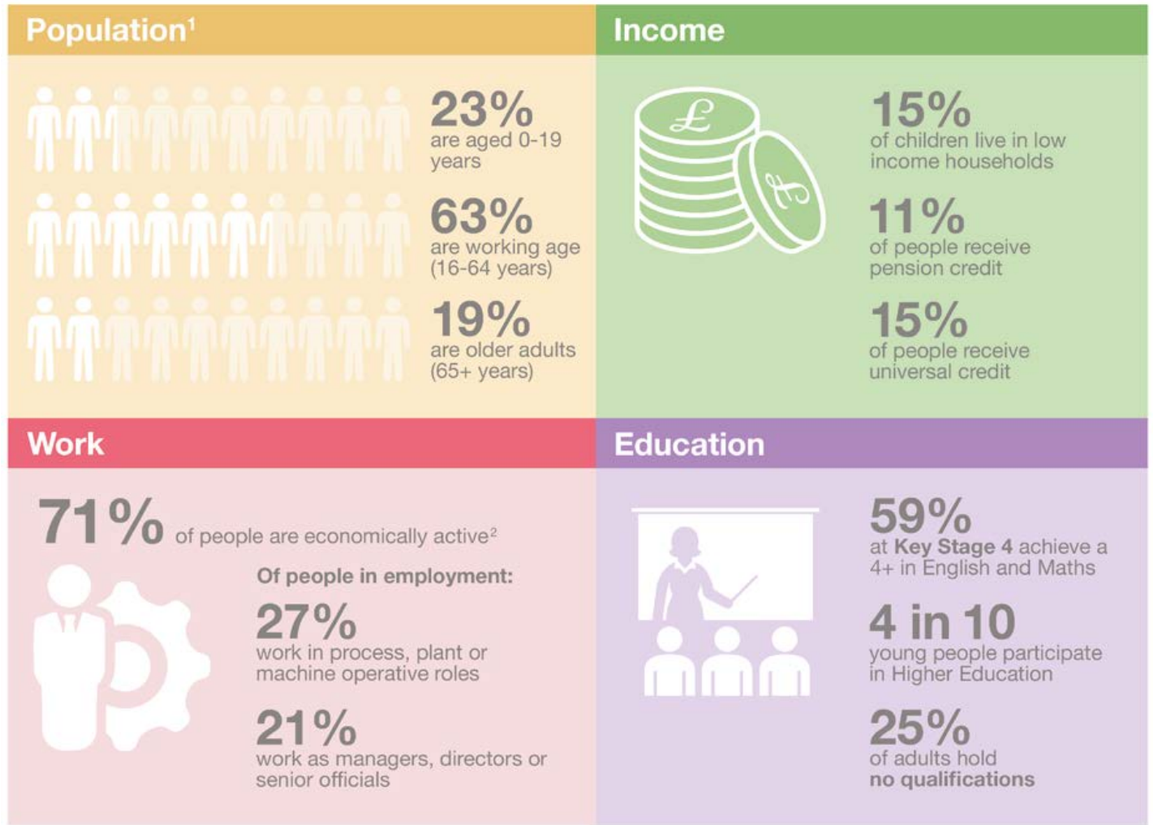
To understand the main differences between, and typical natures of, each type of community, only the most central LSOAs for each category were used in statistical analyses. The LSOAs used in analyses are shown in Figure 2.

Figure 2: Lower Super Output Areas utilised in category analyses



3.0 URBAN CENTRES

Urban centres in Greater Lincolnshire – places such as Lincoln, Grantham, and Boston – provide a range of services to surrounding communities as well as significant employment opportunities and transport linkages. Out of a total population in Greater Lincolnshire of around 1.1 million people, an estimated 325,000 live in urban centres. They are often attractive places to live and work because of the cultural, heritage and economic benefits, which mean large numbers of people choose to live in these communities. There are pockets of strong employment, coupled with low social mobility in places. Urban centre communities are younger than average, made up of an economically active population with lower-than-average levels of deprivation and living in good housing. These communities have good access to community and health services.



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Boston town centre

Lincoln is a regional service sector hub, with dominant employment opportunities in public services across local government and the NHS. The retail, heritage and cultural offer in the city is also strong, bucking the trend of high street decline in similarly sized towns and cities in the East Midlands. The city has a particularly young demographic due to development and investment in the University of Lincoln, and together, the University of Lincoln and Bishop Grosseteste University attract approximately 16,000 students.

Grantham has a strong manufacturing base, although employment is dominated by public services, food, and logistics. The town is well connected to national infrastructure, intersected by both the A1 and the East Coast mainline. The strategic location of Grantham has led to recent investments to help grow the town, such as the Grantham Southern Relief Road, which will connect the A52 to the A1, bypassing the town centre and creating significant opportunity for development space.

Boston serves as a hub to the nationally important food sector, and therefore food production, haulage and logistics are the key employment sectors in the town. A large proportion of the population is employed in agency activities, servicing the food and land-based sector. Boston also has a large population of first and second generation migrant workers, particularly from Eastern Europe. As a result, Boston's population has grown more quickly than other towns in Lincolnshire.

With a lower-than-average skills level, employment and wages pose significant risks to the town. Boston Borough is ranked as the most deprived of all local authorities in England in the 'Skills' domain of the 2019 Index of Multiple Deprivation (Department for Levelling Up, Housing and Communities & Ministry of Housing, Communities and Local Government, 2021). It has a more limited sectoral make up compared to Lincoln and Grantham. Levels of entrepreneurialism are low resulting in a relatively 'static' economy. The town centre is attractive, with significant cultural assets; however, infrastructure is a major challenge, particularly given the large flows of goods movement from the food sector and the Port of Boston into the national network.

Urban centre communities have good access

3. The Index of Multiple Deprivation (IMD) is a measure of small area deprivation in England. IMD divides England into 32,844 small areas (average population 1,500 people/650 households) and ranks them from 1 (most deprived) to 32,844 (least deprived). For each of the areas of life presented here (e.g. income, crime, etc), the % represents the number of small areas in this type of community that fall into the 20% most deprived nationally. A higher percentage than 20% means there is more deprivation than the average for England.

using public or private transport and walking. However, health problems like obesity, respiratory problems, cancer, and diabetes are made worse by unhealthy living and working conditions, inadequate green space, and noise and air pollution (e.g. from traffic congestion and industry). Safe space for walking, cycling and active living can be more limited in urban centres, discouraging healthy behaviours such as active travel.

Overall, urban centres have lower than average rates of elective and emergency hospital admissions. However, hospital admissions due to some specific causes such as cancer and emergency admissions due to falls are higher in urban centres (NHS Digital, Hospital Episode Statistics, 2022). Mortality rates are higher than average in urban centres than across Greater Lincolnshire. The highest all-age disease specific mortality rates are cancer (282 deaths per 100,000 population) and cardiovascular disease (CVD) (272.4 deaths per 100,000 population). Additionally, the all-age suicide rate is also higher than average, although this difference is not statistically significant (NHS Digital, Civil Registration Mortality data, 2022).

to health services. In Greater Lincolnshire, urban centres have above average access to general practice, pharmacy and hospitals

KEY CHALLENGES FOR URBAN CENTRE COMMUNITIES

Within urban centre communities, key challenges include:

- *Clustering of people from vulnerable groups, usually in the most deprived areas where there are fewer opportunities and more challenges around access to services, work, and health literacy. Areas of deprivation and affluence often sit closely alongside each other and so the geographical scale of analysis matters when targeting support and initiatives.*
- *Over recent years Boston has seen an influx of Eastern European migrant workers, and the agri-food industry in the surrounding rural area is reliant on this workforce. There have been some issues with community cohesion, as well as instances of exploitation of migrant workers defined as modern day slavery.*
- *In some areas, overcrowding can be an issue with concentrations of houses of multiple occupation (HMOs) in the private rented sector. Boston and Lincoln also have the highest number of homeless people and rough sleepers in Lincolnshire. Rough sleeping is known to lead to a significant reduction in life expectancy. The homeless problem is exacerbated where people have no recourse to public funds due to not having settled status in the United Kingdom.*
- *The risk of outbreaks of infectious diseases is higher in urban, overcrowded environments; for example, as observed through the Covid-19 pandemic. Health conditions such as Tuberculosis are more common in urban centres and the spread of such infectious diseases is likely to be exacerbated by overcrowded living conditions and rough sleeper congregations on the streets.*
- *Urbanisation is linked to high rates of depression, anxiety, and mental ill health, and is a growing concern. People living in urban areas can suffer from social isolation even though they live near other people. Students, young professionals, and migrant workers who have re-located to urban centres are often distanced from their families and usual support networks, and so are at increased risk.*
- *Urban populations are among the most vulnerable to climate change, experiencing higher temperatures due to the effect of large concrete expanses and lack of green cover (known as urban heat islands). This is something made more acutely obvious during the heatwaves of summer 2022. Parts of Lincoln and Boston are also at risk from fluvial flooding (where rivers, lakes, and streams overflow).*

KEY OPPORTUNITIES FOR URBAN CENTRES

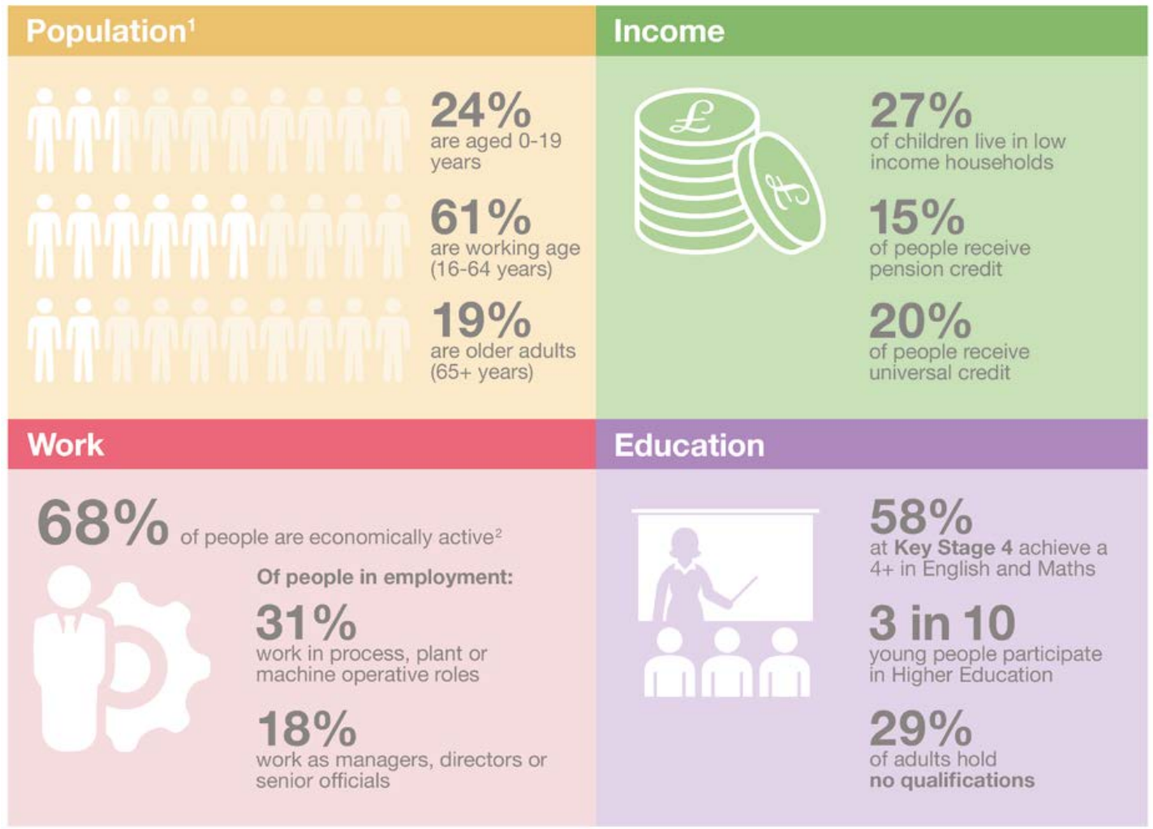
- *Training opportunities at undergraduate and postgraduate level are limited due to the lack of teaching hospitals in Greater Lincolnshire. Further opportunities could be explored to help seek further investment in a teaching hospital that could help to overcome the challenges presented in the recruitment and retention of a health and care workforce, such as The Campus for Future Living planned in Mablethorpe.*
- *Increase awareness of opportunities for people to connect and create meaningful community relations and interactions to reduce isolation and increase the feeling of belonging to benefit people's mental health and wellbeing. Continued promotion and development of the Connect to Support Lincolnshire directory of services and community assets would support this.*
- *Expanding accessible green space and active travel routes would improve health and wellbeing through the reduction of vehicle traffic and would also increase healthy behaviours such as physical activity.*
- *Traffic congestion in urban areas can lead to longer journey times and contribute to air and noise pollution. Three of the air quality management areas across Greater Lincolnshire are in Lincoln, Boston, and Grantham. There is an opportunity to support more research into air pollution, particularly how to monitor and tackle particulate air pollution from industries and traffic.*
- *There should be consistent and concerted use of health impact assessments for new developments (urban extensions) and regeneration schemes. These should consider the potential to exacerbate inequalities between these and unimproved communities.*

SUMMARY

Urban centre communities are younger than average, made up of an economically active population with lower-than-average levels of deprivation usually living in good housing. These communities have good access to community and health services. However, health outcomes in some domains are worse, particularly cancer, cardiovascular disease, and suicide. Reducing environmental challenges such as air pollution, poorer access to green space and the high density of fast-food outlets would have a significant impact on the health and wellbeing of urban centre communities.

4.0 URBAN INDUSTRIAL CENTRES

Characterised by heavier industry and industrial heritage, including oil, gas, chemicals, steel and mining, urban industrial centres are another 'type' of community identified in Greater Lincolnshire. The urban industrial area of Greater Lincolnshire centres around the three towns of Scunthorpe, Grimsby and Gainsborough. An estimated 253,000 people live in urban industrial communities. The heavier industrial base (as well as the industrial heritage) influences the local culture, the types of employment available and the skills needed to take up those jobs, and this is reflected in the health challenges faced. As in other urban centres, there are pockets of strong employment growth, but in urban industrial centres higher levels of economic inactivity and low social mobility are more pronounced. These areas have a younger than average age profile, with over 60% of the population aged under 50 years and almost a quarter under 19.



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Although their expansion was driven by different industrial drivers – steel for Scunthorpe, port trade and engineering for Gainsborough, and fishing, as well as imported and exported goods, for Grimsby – in modern times all three towns face deep seated socio-economic challenges following rapid de-industrialisation. In many communities, unemployment and economic inactivity is high with low aspiration amongst communities. The Humber bank is the single most polluting cluster in the whole of the UK, connected to 25% of the UK's energy generation. This means that the area has a major role to play in reaching net zero and big economic opportunities around decarbonisation. Significant levels of investment in the area are anticipated over the coming years making the Humber a major hub for renewables in the UK.

Urban industrial areas are dominated by single people renting low-cost homes in the short-term, families with limited resources, and elderly people. Levels of deprivation are high, much higher than in urban centre communities and rural and market towns. Educational outcomes are worse than average for Greater Lincolnshire, with fewer children achieving a Level 4 in English and Maths at Key Stage 4 and a lower-than-average proportion of young people participating in further education. Grimsby and the surrounding areas have among of the lowest levels of qualifications in the country. Almost a third of the population is employed in process, plant, and machine operative occupations – the highest across Greater Lincolnshire (ONS, 2011 Census, 2022).

Overall, inequalities in healthy life expectancy are stark, affecting many of the communities living closest to the docks in Grimsby and Scunthorpe, and Gainsborough's most urban areas. Within Scunthorpe and Grimsby, there are general hospitals supporting the local and surrounding populations with acute care. These hospitals also serve some residents from neighbouring rural areas of Lincolnshire. They are also well served by GP surgeries, and pharmacy provision, however the need for specialist care can result in referral to nearby cities such as Hull, or Sheffield. In comparison, residents of Gainsborough will typically travel to Lincoln for acute hospital care.

Urban industrial centres typically present higher rates of both elective and emergency

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hospital admissions compared to the wider Greater Lincolnshire population. Hospital admissions due to liver disease are highest here, and admissions due to respiratory disease, cardiovascular disease, and substance misuse are all also higher than average. Rates of admissions due to cancer are lower-than-average, but cancer mortality rates are significantly higher, which may suggest issues around late diagnosis. Beside cancer, urban industrial areas also have higher mortality rates from cardiovascular, liver, and respiratory disease, as well as above average all-cause mortality rates (NHS Digital, Civil Registration Mortality Data, 2022).

KEY CHALLENGES FOR URBAN INDUSTRIAL COMMUNITIES

Within urban industrial communities, key challenges include:

- *Older terraced houses in these towns are more likely than housing in other areas to be poorly maintained, resulting in damp or mould. Often also poorly insulated, these properties can be difficult to heat in winter and vulnerable to extremes of heat in summer (Tunstall, 2013). Increasingly available to residents as short-term private lets, such properties and the associated 'churn' of residents moving in and out of the area, can generate instability in the local population (e.g. affecting personal support networks) and pose a challenge for continuity of services for residents with health or care needs (USCREATES, 2017).*
- *Urban industrial communities are exposed to higher levels of air pollution from traffic or adjacent industry (Environment Agency, 2021). Two Air Quality Management Areas (AQMAs) are currently in action, one within central Grimsby and the other within Scunthorpe, for Nitrogen Dioxide (NO2) and particulate air pollution respectively (Defra, 2022).*
- *The environment is vital in supporting healthy living; however, urban industrial areas have a higher concentration of amenities such as betting shops and fast-food restaurants, as well as poorer access to green open spaces. Rates of anti-social behaviour are higher and litter is much more common, which can affect physical activity levels and reduce mental wellbeing and social connectivity (Glasgow Centre for Population Health, 2013).*
- *Although physical access to healthcare services is better than in other communities across Greater Lincolnshire, potential barriers remain, such as the ability to attend appointments during the working day due to working long hours or zero hours contracts, as well as educational barriers. These potential barriers are interrelated with the social determinants of health, as well as a lack of system knowledge, and these factors are likely to influence a person's ability to access healthcare in a timely way (Ensor, et al. 2004).*
- *Geographic isolation combined with poor transport connectivity can make access to employment opportunities in other areas more challenging. Many younger adults move away from home to university or for work and never return to the area. There are enormous challenges within health and social care, in particular the recruitment of professional staff in healthcare with numerous long-term vacancies and considerable agency dependence at the local hospitals.*

The Port of Immingham

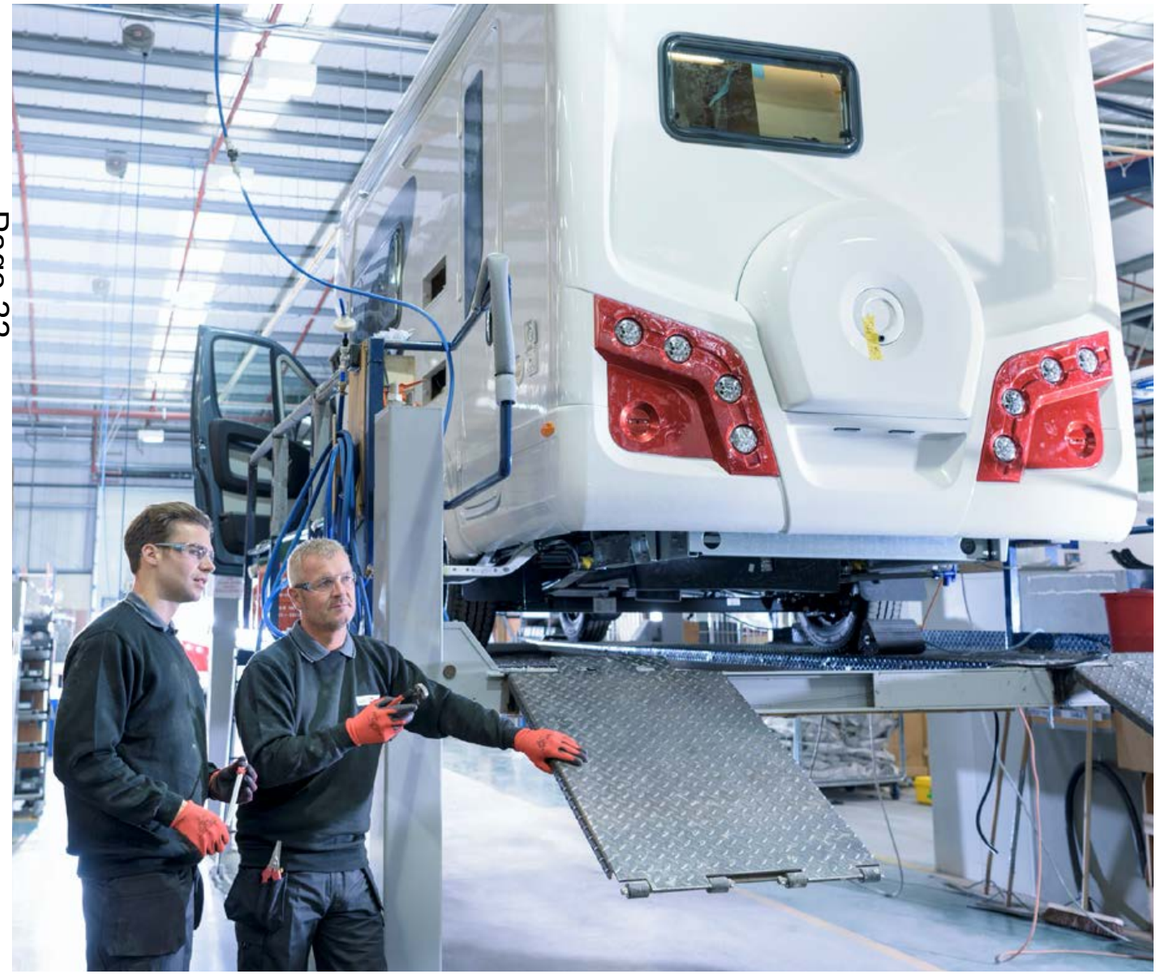
KEY OPPORTUNITIES FOR URBAN INDUSTRIAL COMMUNITIES

There are also important advantages and opportunities for our urban industrial areas:

- *Northern Lincolnshire is uniquely positioned to be at the centre of growth in offshore wind and green energy industries. The ports of Grimsby, Immingham and Killingholme are collectively amongst the biggest ports by tonnage in the UK. The Humber has been made a Freeport which should facilitate the attraction of inward investment to build new facilities (such as manufacturing or research and development), with the likely accompaniment of jobs in the area. The local economy needs stronger foundations and the right support to fully exploit these growth industries and integrate them into the wider economy and community (ultimately translating into better living standards for people in the most deprived neighbourhoods).*
- *Levelling Up funding has the potential to dramatically improve currently under-utilised, and in parts run down, town centres. In Grimsby major plans are underway to reconnect the "Top Town" area, which includes the Freshney Place shopping centre, to the waterfront areas of the town. This development will include a new cinema, leisure facilities and revitalised indoor market. The potential for developing new healthcare facilities within existing empty town centre buildings are also being explored. The transformation of Scunthorpe town centre as part of the Scunthorpe Town Deal will seek to reduce the number of larger unoccupied shops to create a positive future for many more independent businesses and add jobs in the town centre. There are also plans to revolutionise transport and travel across Barton and Brigg.*

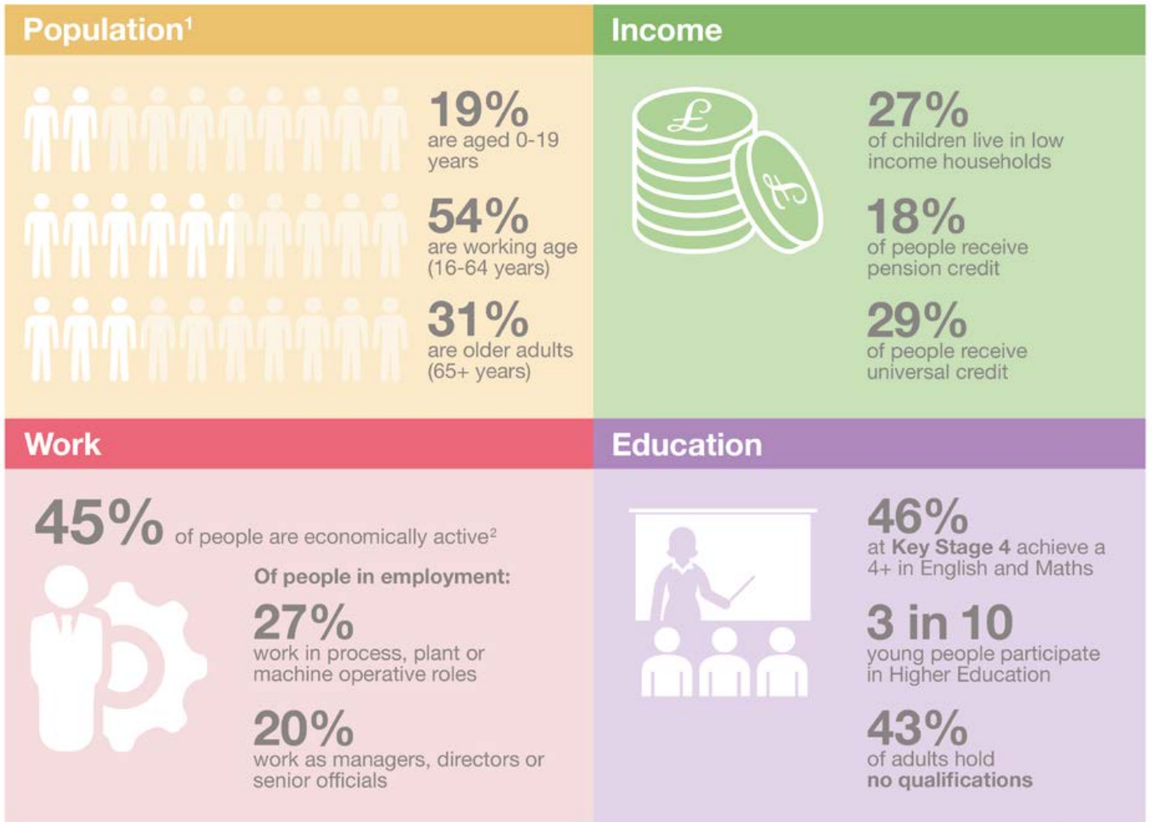
SUMMARY

Urban industrial communities, like urban centres, are younger than average and have good access to services and support infrastructure. However, urban industrial communities are particularly challenged by historically embedded, extensive deprivation. There are fewer opportunities for higher education in urban industrial centres and the economy is predominantly focused on heavy industry and plant/process operation occupations. This contributes to preventable ill health and early mortality. However, there are some important opportunities on the horizon for our urban industrial communities and it is vital that we work together across sectors to make the most of these inward investment opportunities.



5.0 COASTAL COMMUNITIES

From the Humber Estuary to the north and the Wash in the south, Greater Lincolnshire has more than 50 miles of coastline. The coastline is diverse, with coastal resort towns that attract tourists and day trippers (such as Skegness and Mablethorpe) alongside rural coastal communities such as Ingoldmells and Anderby Creek. In Greater Lincolnshire, an estimated 29,000 people live in coastal communities. Coastal communities have a strong local identity and clear patterns of seasonality in business and leisure activity, as well as population.



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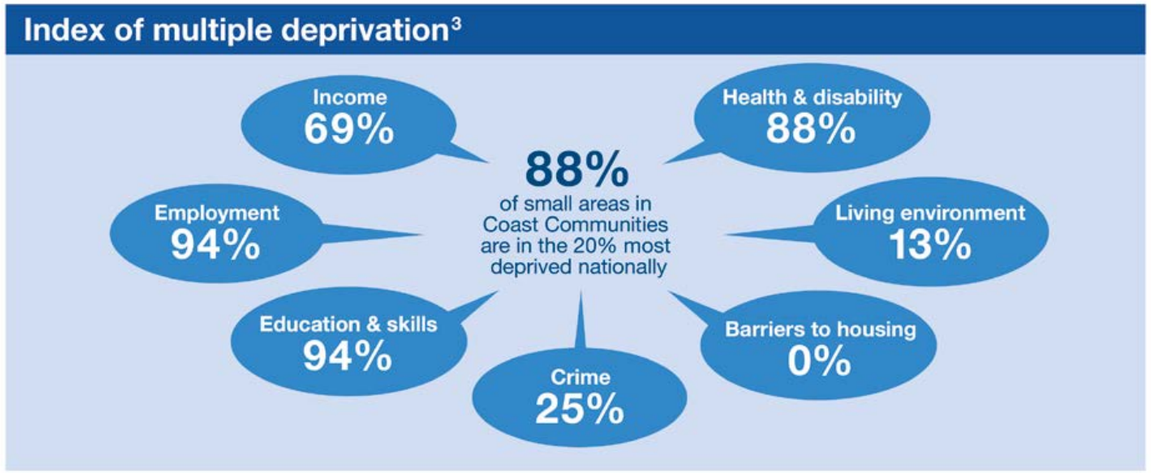
Skegness town and beach

Coastal communities such as Skegness and Mablethorpe all developed in the 19th Century when improving transport routes facilitated the development of these modern-day coastal resorts. Transport routes to coastal areas are limited and so the coast is relatively remote, especially as Lincolnshire's coastal communities are surrounded by large rural areas. All of Greater Lincolnshire's coastal communities have a large number of retired people who often live in residential or holiday parks, which means Greater Lincolnshire's coastal communities have an older than average age profile.

Coastal communities experience significant challenge. They are characterised by high levels of deprivation, with nearly 9 out of 10 coastal community areas in the 20% most deprived areas of England, and over a quarter of children living in low-income households (Ministry of Housing, Communities & Local Government, English Indices of Multiple Deprivation, 2019). Educational attainment is much lower than in other communities, both among children at Key Stage 4 and in adults (Nexus, 2022). Coastal communities also have significantly higher rates of reported crime when compared to other areas, with the exception of urban industrial communities. This may be a result of the large seasonal influx of people to tourist destinations. Local employment is dominated by low skill and low wage jobs with significant seasonality (East Lindsey District Council and Connected Coast, 2021). Given the heavy reliance of coastal communities on the visitor economy, towns such as Mablethorpe and Skegness were heavily economically impacted during Covid-19 (Centre for Towns, 2020). Flood risk continues to be a major constraint on development, particularly housing, whilst connectivity remains a significant challenge. There are high levels of fuel poverty and poor-quality housing.

The Greater Lincolnshire coastline is beautiful. This blue space includes wild coast, extensive dune-backed salt marsh, internationally recognised Special Protected Areas (SPAs), Sites of Specific Scientific Interest (SSSIs), Special Areas of Conservation (SAC), and national nature reserves fronting the Humber Estuary and the Wash. Residents on the coast can benefit from this extensive green and blue space, which brings benefits for health and wellbeing. Evidence suggests that it is important to regularly visit such sites to enjoy the health benefits, which include a positive association with mental



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Mablethorpe

wellbeing and negative association with mental distress (White et al. 2021).

Caravan parks are a particular feature of coastal communities, with upwards of 24,000 static caravans along the Greater Lincolnshire coastline (East Lindsey Core Strategy, 2018). Caravan parks bring challenges, including a seasonal influx of temporary residents who often have higher health and care needs.

Coastal communities have good access to both GP surgeries and pharmacies; however, access to more specialised services (such as acute hospitals) is poor. As an example, the journey from Mablethorpe or Skegness to Lincoln Hospital is a 77-mile round trip.

Coastal communities have the highest rates of many unhealthy behaviours (e.g. physical inactivity, smoking, poor diet) and there is a seasonal influx of people with specific needs linked to homelessness and drug or alcohol misuse that creates a challenge for local service delivery. Coastal community residents have the highest rates of both elective and emergency hospital admissions. Admissions for a range of long-term conditions such as cancer, chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD) and intentional self-harm are significantly higher in coastal communities compared to Greater Lincolnshire as a whole (NHS Digital, Hospital Episode Statistics, 2022). In addition, coastal communities have the highest all-cause mortality rates (both for all ages and for under 75s). The highest disease specific mortality rates in coastal communities are cardiovascular disease and cancer.

KEY CHALLENGES FOR COASTAL COMMUNITIES

Coastal communities across Greater Lincolnshire experience the most entrenched issues. Key challenges include:

- *High inward migration of older adults, the economically inactive and people in poorer health, coupled with outward migration of young adults, many of whom leave the area to go to college, university, or for work, and do not return.*
- *The employment market is dominated by low paid, low skilled, seasonal work, leading to low income and poor long-term career prospects and progression. This contributes to a vicious cycle with educational attainment, leading to significantly lower levels of qualifications, impacting opportunities for higher skilled employment.*
- *Lower educational attainment also affects health literacy, meaning people may have less understanding about how behaviours affect their health and wellbeing, and around how to make changes to their behaviour.*
- *Coastal areas often have higher concentrations of fast-food takeaway and gambling outlets, increasing the opportunities for unhealthy behaviours. These structural and environmental factors can impact on the success of individuals and families who are seeking to change health behaviours.*
- *Coastal communities present a unique challenge in relation to housing. Houses of multiple occupation and temporary accommodation (e.g. static caravans) are common. Whilst more affordable, these units are usually the worst type of accommodation for energy efficiency, contributing to fuel poverty. As static caravans are not meant for permanent living, they are exempt from regulations to control their condition meaning many older, vulnerable people are living in substandard shelter. Additionally, the popularity of coastal areas among retirees has driven up local house prices and newbuild locations are limited due to the coastal flood risk (with some areas, such as the Humberston Fitties, having previously experienced substantial coastal flooding).*
- *Recruiting and retaining skilled and experienced workers across health and social care (e.g. GPs, experienced practice nurses, dentists and health visitors) is a significant challenge. Delivery of health services is becoming ever-more challenging in coastal areas where they struggle to reach the critical mass needed to be sustainable.*
- *The health services infrastructure, pharmacies, hospitals, and GPs are put under extra strain during peak holiday season, due to the influx of tourists. Holiday periods, and especially the 'summer swell', cause a lot of demand on Urgent Care Services (Out of Hours) and temporary GP registrations increase across all coastal practices. This is a particular problem as it generates a large volume of work at weekends and bank holidays on an already fragile system.*

KEY OPPORTUNITIES FOR COASTAL COMMUNITIES

Greater Lincolnshire's coastal communities have some exciting opportunities ahead:

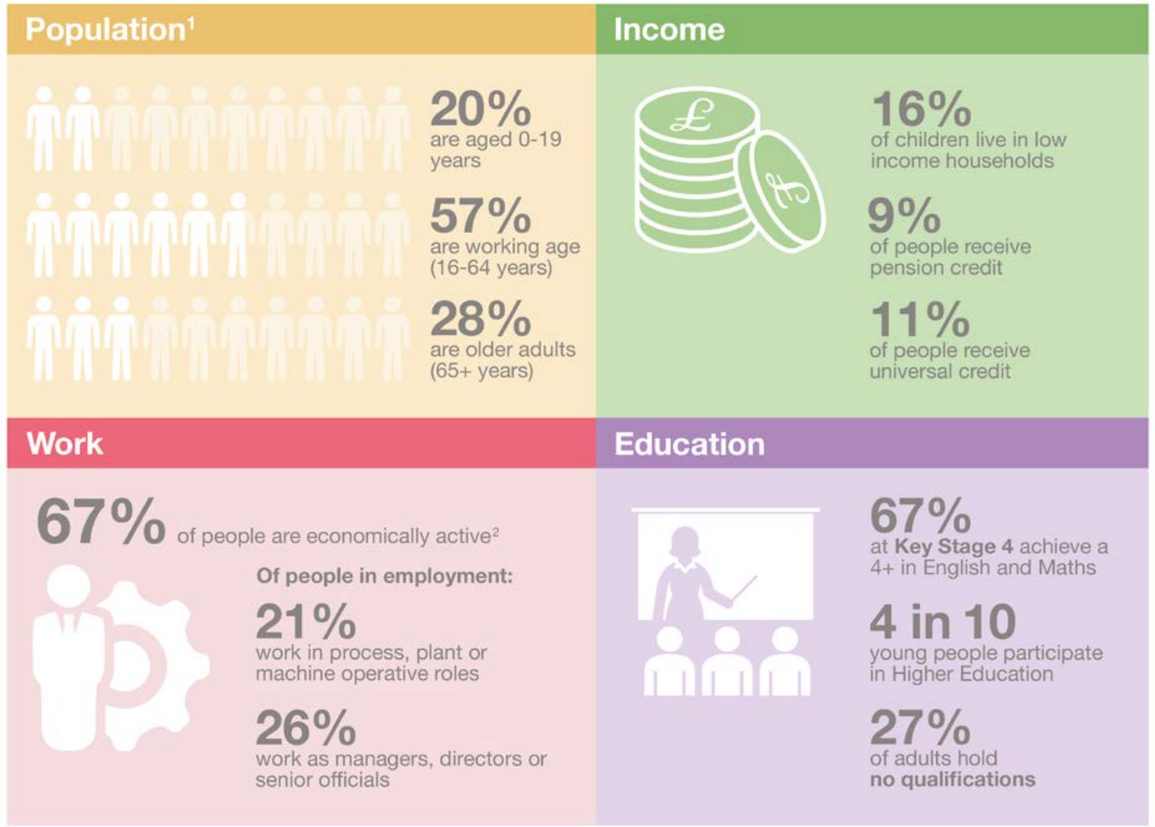
- *The high, and increasing, number of older people provides an opportunity to develop more localised coastal health and care provision, such as the proposed Campus for Future Living in Mablethorpe. This is a medical and innovation hub of national significance, focusing on attracting and developing healthcare professionals, research, and providing intergenerational future living (Connected Coast, 2022).*
- *The coastal towns of Mablethorpe and Skegness could benefit from a combination of Towns Regeneration Funding or Levelling-Up and UK Renewal Investment to help develop infrastructure in local areas that can support vibrant social networks. Good transport links, community facilities and design that considers how people live and interact are all vitally important to help people to access work, stay healthy and remain linked into their communities.*
- *The Government's Levelling-up White Paper discusses prosperity across the nation, investing in the poorest communities, giving everyone access to good schools and the opportunity to receive excellent education and training. It identifies good health as being just as important in "spreading opportunity, contributing not only to the economy but also ensuring that everyone, wherever they live, can enjoy fulfilling, happy and productive lives". To achieve this, we need "strong public services not only to support positive health and educational outcomes but also attract new talent and investment to an area, boosting local economies." (Department for Levelling Up, Housing and Communities, 2022). Greater Lincolnshire coast communities must benefit from this agenda.*
- *Create more opportunities to utilise blue space in coastal regions, for example, by promoting the benefits for both physical and mental health and wellbeing through regular visits to the sea.*

SUMMARY

Coastal communities are challenged by an ageing population and pockets of considerable deprivation. As a result, on average local people have more complex health and care needs than the wider Greater Lincolnshire population. Meeting those more complex needs is challenged by the geographical isolation of coastal communities. Many of the factors contributing to health risks in coastal communities relate to the wider social determinants of health as well as access to health and care services, so working together with partners across all sectors is especially important. Additionally, there are specific opportunities in our coastal communities (e.g. The Campus for Future Living in Mablethorpe) that, if we work together to deliver, should bring significant benefits to the socioeconomic circumstances and health and wellbeing of coastal community residents.

6.0 RURAL AND MARKET TOWNS

Greater Lincolnshire has large areas of open countryside and farmland, dotted with market towns, villages, and hamlets. In these rural and market town communities, the local population density is low, on average 30 times lower than the national average. That said, an estimated 311,000 people live in rural and market town communities across Greater Lincolnshire. Most people live a long way from urban areas, and this means that many towns and villages have remained self-contained. They often have shops, pubs, post offices, local halls, chapels, and churches, which offer a variety of social activities for residents.



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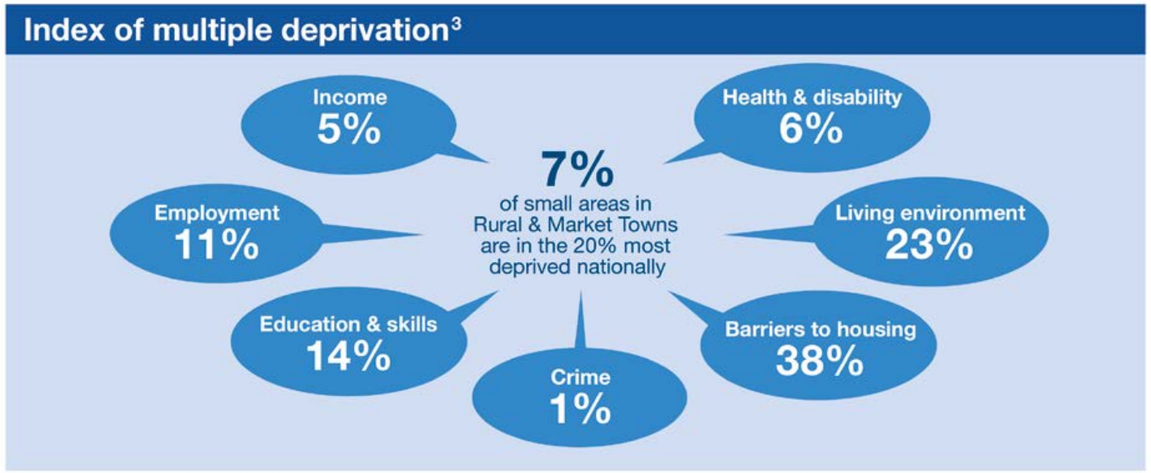
Rural and market town communities are characterised by lower levels of deprivation, apart from barriers to housing and services. Fuel poverty is a challenge for some, with many houses not connected to the gas network and so reliant upon oil or solid fuel for heating. The housing stock is often older and less energy efficient. Both transport and digital connectivity is poorer; the road network is made up of extensive single-track roads which can be a challenge for modern traffic volumes, and digital infrastructure often trails behind urban areas. This can impact on social isolation and limit access to employment and further education.

Greater Lincolnshire's rural and market town communities have good access to green space, with well-evidenced benefits for physical and mental health. Access to formal leisure facilities and events is likely to require access to a car or public transport, so interventions which make the most of abundant open space, such as health walks, are beneficial. Rates of recorded crime are lowest across Greater Lincolnshire in rural communities. Many people living in rural areas are asset rich in terms of property ownership,

but they can be cash limited which may bring additional challenges as the cost of living continues to rise.

The dispersed nature of rural and market towns impacts on access to services, with provision usually more limited than in urban areas. Health outcomes such as life expectancy, infant mortality and premature mortality are better; however, average outcomes can mask small pockets of significant deprivation and



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Holbeach

poor health (Local Government Association, 2017). Additionally, whilst premature mortality from cardiovascular and respiratory disease is significantly lower than average, hospital admissions for cancer and mental health are above average. This might suggest a lower awareness of certain types of support (e.g. cancer screening and mental health services) and/or that such services are more difficult to access.

To improve health and wellbeing outcomes in rural and market town communities, we must make outreach – physically or digitally enabled – a priority for service development. This is because evidence tells us that the further an individual must travel to health services, the less likely they are to use those services (LGA, 2017). Patients in rural areas under-use health care services (Asthana et al., 2003) and tend to be in worsening health when they do present (Campbell et al., 2001), requiring a more intensive response (Rural England, 2016).

North East Lincolnshire and Lincolnshire's district councils are key to reducing health inequalities, influencing planning and housing policy, managing developments, homelessness prevention, energy efficiency promotion and Disabled Facilities Grants. Town and parish councils can also help develop an understanding of the local health profile and proactively promote health in their communities (LGA, 2017).

KEY CHALLENGES FOR RURAL AND MARKET TOWN COMMUNITIES

Within rural and market town communities, key challenges include:

- *Outward migration of younger people and inward migration of older people. Older adults are likely to have comparatively more complex health and social care needs and experience greater levels of frailty than the healthier working age individuals moving out of the area, increasing pressure on health and care services.*
- *Increasing demand for rural living and migration from high income urban households is contributing to an acute housing crisis in rural areas and driving out low-income households. Only 8% of the housing stock in rural areas is affordable housing, compared to 20% in urban areas. This 8% is insufficient to meet demand (Institute for Public Policy Research (IPPR), 2018).*
- *Pastoral and arable farming are both common, affecting air quality on farms and in surrounding communities. Farm workers are particularly vulnerable to respiratory conditions, dizziness, nausea and even death, from direct and prolonged exposure to emissions. With limited regulations other than Environmental Permitting in place to protect them, nearby communities may experience dirt and dust exposure and excessive plant and algal growth (eutrophication) of fresh water. This is an area of limited understanding but an important issue for the health of our rural communities.*
- *Farmers work with potentially dangerous machinery, chemicals, livestock, at height or near pits and are exposed to harsh weather, vibration, noise, and dust. The nature of the work is physically demanding and repetitive. As a result, the number of fatalities, serious injuries, illness, or disabilities directly caused by agricultural work is significantly higher than other sectors (HSE, 2010). The personal and societal costs of this can be devastating and the true levels of ill health are unclear because often individuals in this sector do not consult their doctor or report incidents.*
- *International migration, particularly around Boston and South Holland, where many Eastern European migrants have travelled to for employment opportunities. They often live in private rented accommodation, accepting poor and overcrowded conditions, which can contribute to the spread of communicable diseases.*
- *Much of the employment in rural and market town communities is precarious, low paid and seasonal in nature, contributing to poverty. Further, the transient nature of the workforce affects our understanding of population health needs. Lincolnshire continues to work with the National Centre for Rural Health and Care to develop this evidence base.*
- *Recruiting and retaining an appropriately sized and skilled health and care workforce is challenging and a priority for the Lincolnshire Integrated Care System. Challenges include the social (e.g. housing availability and lack of leisure opportunities), the professional (e.g. limited specialist roles and the risk of professional isolation) and the demographic (e.g. age means that many professionals are leaving the workforce).*
- *Rural health and care services face additional costs due to diseconomies of scale, local markets for land, building and labour, longer travel times and high staff turnover. One of the biggest challenges in rural Greater Lincolnshire is the provision of community support (home care) to speed up hospital discharge. The ageing and geographically dispersed population makes care provision costly, contributing to higher charges for social care.*
- *Rising costs are threatening the viability of residential care homes and there is an under-representation of sheltered housing in rural areas (Rural England, 2017). Increasing the provision of housing with care, with a range of tenure options including shared ownership and private purchase is necessary.*

KEY OPPORTUNITIES FOR RURAL AND MARKET TOWN COMMUNITIES

There are also important advantages and opportunities for our rural communities, including:

- *Rural neighbourhoods tend to have a strong community identity. This can lead to good community assets such as Good Neighbour Schemes and Men's Shed projects. Involvement with the voluntary sector such as the Humber and Wolds Rural Action, YMCA and branches of Age UK provides support for local communities and helps reduce isolation.*
- *Lincolnshire's rural strategic partnership with the Centre for Ageing Better is supporting our ageing population. East Lindsey has recently become the UK's first age-friendly district.*
- *Environmental Land Management Scheme funding could be used to better support rural Lincolnshire areas. Farmers and other land managers enter into financial agreements to deliver clean and plentiful water, clean air, thriving plants and wildlife, protection from environmental hazards, reduction of and adaptation to climate change and beauty, heritage, and engagement with the environment.*
- *There are specific opportunities to enhance rural connectivity and access to services through enhancing provision of JustGo, Call Connect and voluntary car schemes (providing on-demand travel services), using public estates to develop rural multi-use centres and community hubs, and delivering services more rurally by using outreach, mobile services, and technology.*
- *Exploring use of the government's Rural Gigabit Voucher Scheme and Project Gigabit to improve broadband in rural Lincolnshire by 2026. This would enhance employment opportunities and reduce wider digital exclusion currently experienced in some rural areas.*

SUMMARY

Rural and market town communities are made up of an older middle age and ageing population, which is highly dispersed across large spaces. Communities are more affluent (with small pockets of significant rural deprivation), but there are specific challenges, for example, energy inefficient properties. Access to health and community services is poorer than average; however, the health of the population is generally better than average. There are specific opportunities to improve the health and wellbeing of the local population, for example through government schemes around land management and digital infrastructure, and through adapting services to increase outreach into local, often isolated communities.

Louth town centre

7.0 CONCLUSION AND RECOMMENDATIONS

We have identified four dominant 'types' of community in Greater Lincolnshire:

- Urban centre
- Urban industrial
- Coastal community
- Rural and market town

Whilst each community faces a set of opportunities and challenges that lead to different health outcomes, there are also commonalities in the challenges facing communities in Greater Lincolnshire. For example:

- Poor housing and fuel poverty are issues in pockets across the whole region but for different reasons, that require different solutions, in our urban versus rural areas.
- The lack of a teaching hospital makes it more difficult to recruit and retain a health and care workforce across the entire county, but the problem gets worse closer to the coast.
- Poor air quality is known to be a challenge in urban areas, but the impact of agricultural air pollution and its effect on farmers and farm workers is poorly understood.

So what does this mean for improving health and wellbeing across Greater Lincolnshire?

DIFFERENT HEALTH NEEDS NECESSITATE DIFFERENT APPROACHES

Differences in health outcomes, as well as access to primary and secondary care services across Greater Lincolnshire, are stark. The inverse care law states that those who most need medical care are least likely to receive it. There are several reasons for this, that vary by place, and which is why the Integrated Care Partnership must work together to understand local need and tailor services accordingly. For example, services in our coastal communities are challenged by the wicked combination of geographical isolation and low levels of local skilled workforce. Coastal and urban industrial communities are challenged by low levels of education which impact on health literacy and a person's ability to navigate our complex health system. And so on... There is significant analysis underpinning this Annual Report that can be used, alongside Population Health Management, to develop a more nuanced approach to health improvement and healthcare delivery across Greater Lincolnshire.

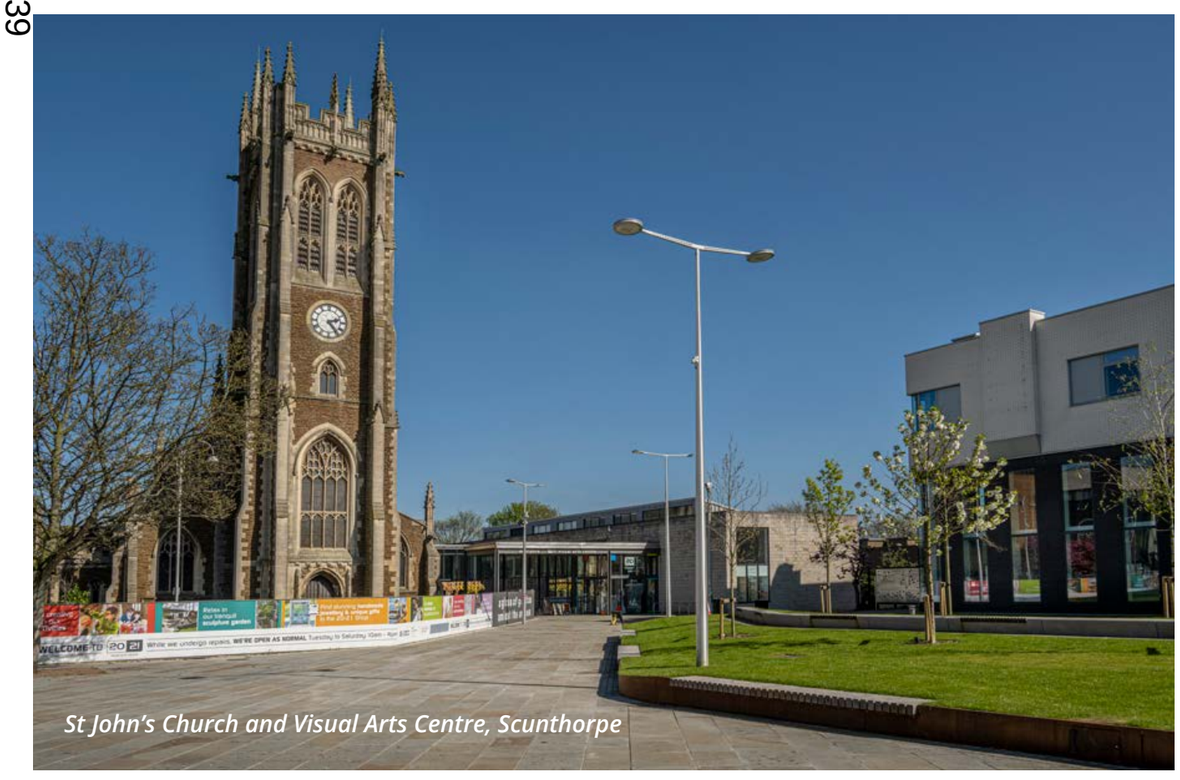
FLEXING THE WORKFORCE IS KEY TO IMPROVING HEALTH AND WELLBEING

There are health and care workforce challenges across Lincolnshire, and many of the shortages faced locally are also national challenges that are well rehearsed. Additionally in Greater Lincolnshire, as there is no teaching hospital, there are limited training opportunities at undergraduate and postgraduate level, which adds to challenges around recruitment and

retention of the workforce. As a health and care system, Greater Lincolnshire needs to maximise the impact of developments such as the Medical School at the University of Lincoln and The Campus for Future Living planned in Mablethorpe on the workforce, for example through creating opportunities for training and recruiting health and care professionals. Lincolnshire's coastal and rural communities also have an aging population and supporting older working age adults to participate in the health and care workforce could be another important way to expand the workforce, reduce dependency on agencies and improve health and care outcomes. The Centre for Ageing Better are working across Lincolnshire to explore how best to support older adults in the workforce (e.g. their GROW programme), and collaborating around health and care roles specifically could be a good way to tackle some of the workforce challenges across the county.

HARNESS THE LOCAL ENVIRONMENT & ASSETS

The local environment is an important enabler for health and wellbeing, but we do not always make the best use of the environment in supporting our local communities. For example, there is a growing evidence base on the benefits of blue space (both coastal and inland) for health and wellbeing, but it is not enough to have the blue space nearby to reap the benefits. Regular visits – i.e. twice a week – bring the most health benefits. We need to make sure that our health and care workforce knows about, and knows how to support, local people to make the most of evidence-based opportunities to strengthen health and wellbeing that are on the doorstep of our different communities.



St John's Church and Visual Arts Centre, Scunthorpe

There are significant challenges for preventing ill health and improving life expectancy across Greater Lincolnshire. With the areas of greatest need also those literally the hardest to reach, there are significant challenges ahead for improving health and wellbeing and reducing health inequalities. By developing a better understanding of the complexity of our local communities, we can begin to tailor our approaches to prevention and treatment in a way that better meets the needs of local people.

RECOMMENDATIONS

1. ***Improve awareness of the diversity of Greater Lincolnshire's communities,*** *and specifically what this means for health and wellbeing, across the workforce and volunteer community.*
2. *Embed recognition of, and a requirement to respond to, Greater Lincolnshire's diverse communities within practice across the Integrated Care Systems,* ***to inform a more nuanced approach to service design and intervention delivery.***
3. ***Explore opportunities to build understanding and intelligence around diverse communities into the Population Health Management approach*** *across Greater Lincolnshire's Integrated Care Systems.*
4. ***Support local communities to know about and act upon the benefits that natural and man-made assets,*** *which vary across Greater Lincolnshire's diverse communities,* ***can bring to health and wellbeing.***
5. ***Raise awareness,*** *across the health and social care system,* ***of significant inward investment that has the potential to improve health and wellbeing, and how we can shape and influence these developments*** *(e.g. around workforce development).*
6. ***Be innovative in designing and delivering a health and care workforce*** *to meet the needs of Greater Lincolnshire, including working with communities who may be looking for increased flexibility.*

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9.0 REFLECTIONS ON 2021 ANNUAL REPORTS

LINCOLNSHIRE

The 2021 DPH Annual Report for Lincolnshire focused on the impact of Covid-19 on the children and young people (CYP) of Lincolnshire. During the pandemic, the support needs of CYP and their parents and carers increased. For example, there was an increased demand for services to support parental mental health and behavioural support for pre-school children. Lincolnshire also saw an increase in support needs for school-aged children; for example, to support children returning to school or who were missing school because of anxiety. Emotional and mental well-being has been a growing concern since the start of the pandemic, with children's mental health services under growing pressure.

A set of priorities were identified that have formed the core focus of much of the work in Lincolnshire as we moved into a period of recovery from the pandemic. Key developments against those priorities since the publication of the report include:

Work towards full restoration of the Healthy Child Programme to pre-covid levels.

Recommissioning Best Start Lincolnshire Services from 2023 to provide early learning activities for all children in their early years and their parents/ carers, supporting the development of children from age 0-5 to give them the best start in life and be ready for school.

Additional central government investment into Lincolnshire that will help us, and our partners, to build on the strong provision of children's centres and early help for families in Lincolnshire through the creation of Family Hubs.

The continued focus on trauma-informed training for teachers to support pupils returning to school and a focus in the school improvement commission on 'Recover Lincolnshire' with bespoke sessions for school leaders supporting them in dealing with the pandemic.

The establishment of a Children in Care Transformation Programme, which aims to ensure that when children do need to be in the care of the local authority, outcomes for Lincolnshire CYP are improved by providing care locally within Lincolnshire.

The start of a Children's Mental Health Transformation Programme that aims to create a seamless service for children and their families.

Supporting partners in Lincolnshire to develop and launch a new ten year all age strategy for physical activity and commissioning a new child and family weight management service.

Through the Integrated Care Board Health Inequalities programme, ensuring preventative and health care services reach and prioritise those most in need, such as Lincolnshire's most deprived communities.

A full update on developments since the 2021 report can be requested.

NORTH LINCOLNSHIRE

The previous DPH Annual Report for North Lincolnshire was released in 2020. This report focussed on the three key themes of supporting positive mental health and wellbeing, encouraging people to be more physically active and taking a whole-system approach to creating healthy environments.

Within North Lincolnshire, partnerships and strategies have been refreshed to help improve mental wellbeing and resilience across communities and work continues to expand across Greater Lincolnshire. Progress has included:

- Promotion of the Five Ways to Wellbeing.
- Development and delivery of Make Every Contact Count (MECC) for Mental Health and Safe Talk and Assist suicide prevention training programmes.
- Collaboration with colleagues across the Humber region to introduce real-time surveillance and postvention (an intervention conducted after a suicide) support to reduce the impacts of suicide.
- Introduction of Qwell, a free, anonymous online counselling and emotional wellbeing service for men.
- Development of the Social Prescribing Model for North Lincolnshire, which enables GPs and practice nurses to provide non-clinical services, like supporting uptake of physical activity.

Exercise can benefit both physical and mental health and a variety of schemes to increase uptake of physical activity have been implemented. In 2019, the North Lincolnshire Physical Activity Partnership was established. The partnership has improved physical activity via a range of initiatives, providing better information around ways to be active, promoting active travel and working with schools.

Key achievements have included expanding the Walking the Way to Health scheme and providing funding to satellite clubs, which support community/after school offers aimed at CYP who would not usually participate in after school sports. A partnership approach to support hospital discharge patients and prevent deconditioning has been adopted.

Unhealthy weight is another key priority for North Lincolnshire, the causes of which are complex and can be influenced by the environment in which we live, work and play. To help to understand the range and diversity of factors that may influence people's weight, a systems approach which involved a wide range of partners to identify solutions was adopted. One of the main outcomes was a research project led by young people, which explored and documented issues in their local environment that they felt contributed to unhealthy weight (such as prevalence of fast-food establishments). Many other outcomes have been achieved, such as:

- Working with leisure facilities to improve their range of healthier food options.
- Developing key health policies within the Local Plan (subject to approval) to include a 400m hot food takeaway exclusion zone around schools and colleges.
- Introducing health impacts assessments for future housing developments with more than 50 dwellings.
- Working with our partners to increase Active Travel for school pupils and people travelling to work.

NORTH EAST LINCOLNSHIRE

The key priority of the 2021 DPH Annual Report for North East Lincolnshire was mental health, particularly in relation to the impacts of the Covid-19 pandemic. The pandemic had negative impacts on the mental health of a considerable number of people and mitigating these effects will be a key priority for public health policy over the coming years.

The 2021 DPH annual report highlighted many examples of ways in which the pandemic disrupted lives, impacted mental health, and undermined coping mechanisms. People in all stages of life experienced challenging circumstances, including missing education, enduring social isolation, and becoming unemployed. The range of effects suggests that recovery will be prolonged and complex for many.

Another focus of the report was the ability of mental health services to respond to these issues. Many traditional mental health services in North East Lincolnshire are under considerable strain with long waiting times, especially adolescent mental health services. Therefore, the report highlighted opportunities for other organisations to support mental health and wellbeing, such as schools, workplaces, and the voluntary sector. The report also emphasised the critical importance new and emerging NHS structures should attach to improving these services.

However, there have been positive aspects of mental health practice which can be built on to enhance mental wellbeing across all ages. For instance, the first national lockdown coincided with abnormally fine spring weather and reduced traffic levels. This led to a large, though short term, surge in people adopting healthier lifestyle behaviours, such as enhanced walking or cycling. There has also been an increase in the number of volunteers providing support to people in more difficult circumstances. For many, voluntary activities have provided a sense of purpose to help them through these challenging times.

The report produced 11 recommendations for a range of organisations in North East Lincolnshire. These were strongly backed by the Place (Health and Wellbeing) Board at its meeting in July 2022 and all organisations have been asked to come back to the Board to identify how the recommendations are being implemented within their organisations and services.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of NHS Lincolnshire Integrated Care Board

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28 March 2023**
Subject:	**NHS Joint Forward Plan**

Summary:

The Health and Care Act 2022 requires the Lincolnshire Integrated Care Board (ICB) and their partner trusts to prepare a first Joint Forward Plan (JFP) before the start of the financial year.

For the first year, ICBs are required to publish and share the final plan by 30 June 2023. NHSE have developed and published guidance to support the ICB and partner trusts in undertaking this work. It sets out a flexible framework for JFPs to build on existing system strategies and plans, in line with the principles of subsidiarity.

NHS England will review and comment on draft JFPs and expect ICBs and their partner trusts to produce a first draft for consultation by 31 March 2023, with a view to publishing a final version by 30 June.

The guidance makes it clear that each system has significant flexibility to determine their JFP's scope as well as how it is developed and structured. At a minimum, it should describe how the ICB, and its partner trusts intend to arrange and/or provide NHS services to meet their population's needs.

Actions Required:

Note the following:

- The current position and the requirement for the NHS to develop a Joint Forward Plan
- The requirement to involve Health and Wellbeing Board (HWB) in preparing or revising the JFP.
- The need to share a draft with the HWB, and consulting with the HWB on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy.

1. Background

The Health and Care Act 2022 requires the Lincolnshire Integrated Care Board (ICB) and their partner trusts to prepare a first Joint Forward Plan (JFP) before the start of the financial year.

For the first year, ICBs are required to publish and share the final plan by 30 June 2023. NHSE have developed and published guidance to support the ICB and partner trusts in this exercise. It sets out a flexible framework for JFPs to build on existing system strategies and plans, in line with the principles of subsidiarity.

NHS England will review and comment on draft JFPs and expect ICBs and their partner trusts to produce a first draft for consultation by 31 March 2023, with a view to publishing a final version by 30 June. The guidance doesn't explicitly reference Primary Care, but we recognise the importance of their involvement throughout the development of the document.

2. Requirements

In developing the JFP, ICBs have a statutory duty to have regard to the integrated care strategy, Joint Local Health and Wellbeing Strategies (JLHWBSs) and Joint Strategic Needs Assessments (JSNAs) when exercising any relevant functions. The JFP will also outline how objectives in the government mandate regarding the ambitions in the NHS Long Term Plan and NHS planning guidance will be addressed.

In developing the JFP the ICB are expected to work with their ICPs; primary care partners; local authorities; the voluntary, community and social enterprise sector; NHS collaboratives, networks and alliances; and people and communities.

ICBs and their partner trusts must review the JFP and either update or confirm it annually before the start of each financial year.

3. Guidance

The guidance was published by NHS England on the 23 December 2023. It outlines that each systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. At a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements.

The guidance includes a summary of legislative requirements that the JFP must meet and also outlines the statutory framework relating to the JFP and its relationship with other strategies and plans.

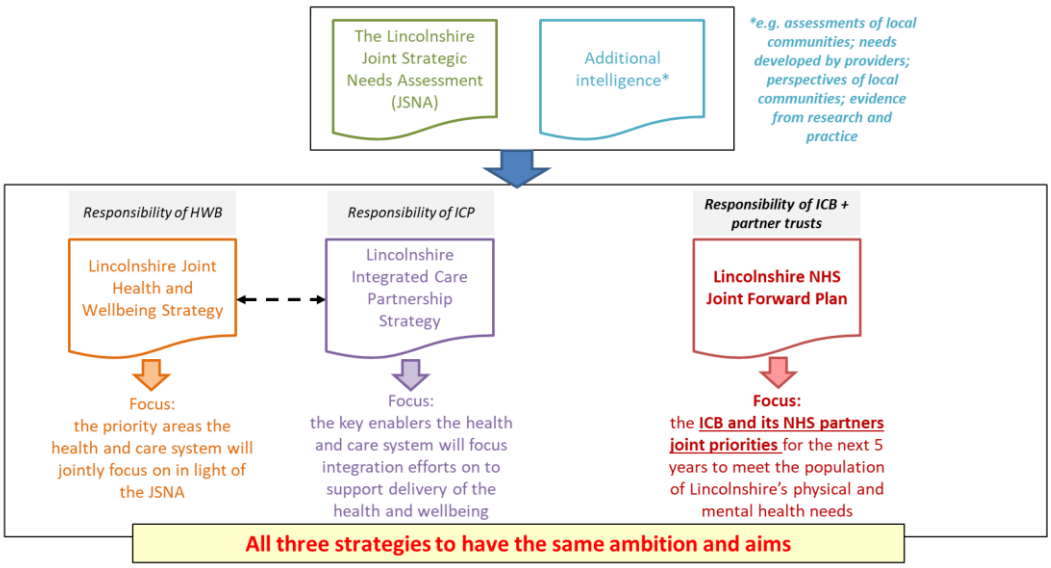
The three principles describing the JFP's nature and function are:

- Fully aligned with the wider system partnership's ambitions.
- Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
- Delivery focused, including specific objectives, trajectories and milestones as appropriate.

4. Planned Approach in Lincolnshire

The aim is to produce a 5-year NHS plan that describes the vision for the NHS in Lincolnshire and how it will be delivered. The 5-year plan sits alongside and complements the ICP Strategy which lays out how we will work together to improve the health of the population in Lincolnshire.

Relationship between NHS Lincolnshire JFP and Lincolnshire HWBS and ICPS



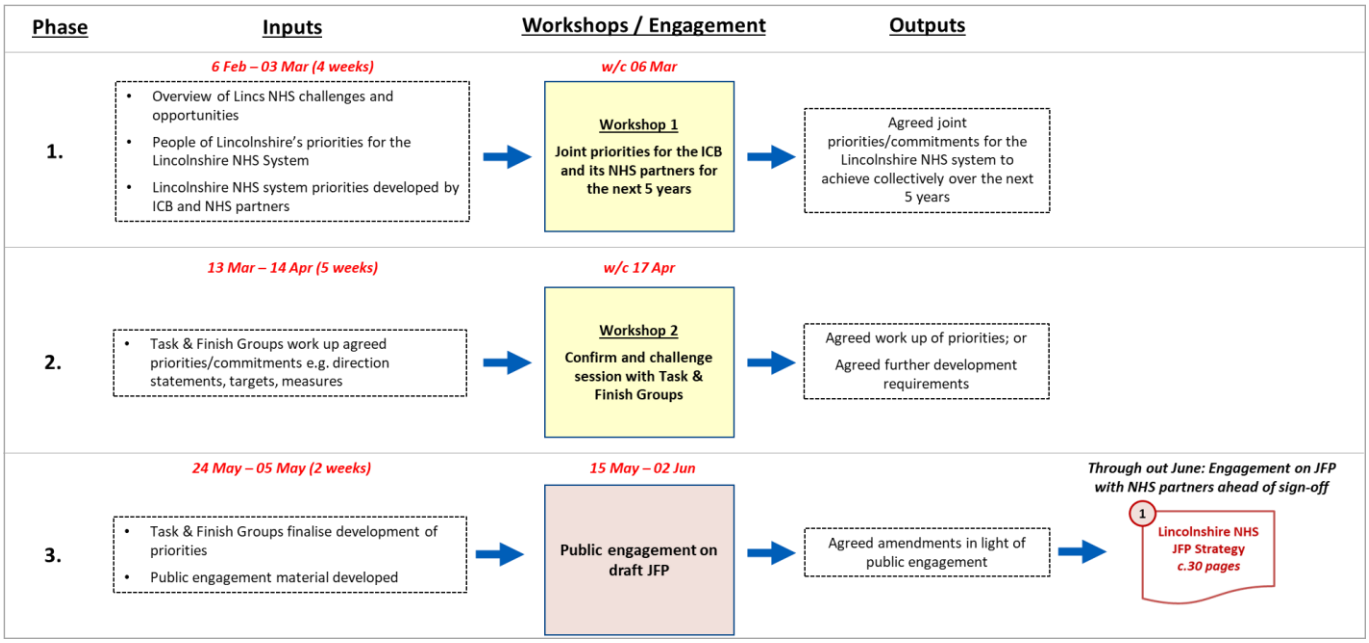
The intention is to go through an open process with the people and communities of Lincolnshire, NHS partners, and wider system partners to ensure the JFP identifies how NHS services will meet the population's physical and mental health needs over the next five years.

The ambition is for this document to be approximately 30 pages in length and be easy to read and understand.

The expectation is that the main public facing document will be underpinned by several key documents as follows:

- Legal Duties and Responsibilities – Developed by June 2023
  - Clarifying how the legal duties are met within the system and who is responsible for them
- Delivery Plans – Developed July to September 23
  - 5-year transformation and improvement roadmap for all key programmes, articulating the proposed future state, benefits and outcomes
- Activity, Workforce, Financial and Capital Plans - Developed October to December 23
  - 5-year projections for activity, workforce, finance and capital, including demand & capacity modelling

5. Overview of approach to developing Lincolnshire NHS JFP



To ensure an inclusive and coproduced approach to develop the Joint Forward Plan, a Steering Group has been established with membership from the ICB, NHS partners, LCC, Healthwatch and residents. The steering group's role is to:

- Be a partner in developing the Lincolnshire NHS Joint Forward Plan, not a participant.
- Inform, shape and own the process for developing the JFP.
- Champion the development of the JFP within organisations and with stakeholders
- Facilitate inputs to the JFP from organisations and stakeholders.

A workshop was held on the 8 March to agree the NHS system strategic priorities and commitments for the next five years (aligned to agreed ICS ambition and aims). To ensure the workshop achieves its objective, targeted work has been undertaken with the public and NHS organisations to help develop a long list of potential priorities.

Sessions have been run with each NHS organisations executive team, the Clinical Care Directorate, and the Primary Care Advisory Group to gain a range of views on what the key priorities should be. Healthwatch and NHS Engagement Team have also carried out number of activities to gain an understanding of the public's view's which is summarised in Appendix A; activities include:

- Two Healthwatch run webinars
- Healthwatch online survey - 1028 responses
- 20 engagement events attended across Lincolnshire, talking to 254 people
- Engagement sent to over 9000 people
- Engagement sent to over 13,000 staff through organisation comms
- Shared via other partner organisations
- Attended community events across Lincolnshire to target people who do not usually engage with the NHS
- Focussed on areas with high levels of deprivation and health inequalities
- Supported patients to get involved who would not be able to access the survey online
- 388 responses to the Experiences of Care survey

Following the workshop, Working Groups have been established to develop the agreed priorities and core commitments further (e.g. direction statements, measures, targets). The aim will be to hold a second workshop for the working groups to present their high-level plans. The second workshop will be a 'confirm and challenge' session to test the key priorities and the planned approach over the next 5 years.

Following the second workshop the Joint Forward Plan will be developed sufficiently to allow a targeted public engagement activity to be undertaken ahead of presenting the plan to the Health and Wellbeing Board in June. Feedback from these processes will inform the final document which will be shared with NHSE and presented to Trust and ICB Boards.

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

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The JSNA and JHWS will be used to inform the development of the Joint Forward Plan

7. Conclusion

The Health and Wellbeing Board are asked to note the requirements and approach to develop the NHS Joint Forward Plan and the request to present the plan to the Board in June.

8. Consultation

Targeted engagement has taken place with the public as described in the report and detailed in Appendix B. The plan is to run further engagement activities in May.

9. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire NHS Strategy 5 Year Plan Communications and Engagement Activity Report

10. Background Papers

Background paper	Where it can be accessed
B1940 Guidance on Developing the Joint Forward Plan December-2022	https://www.england.nhs.uk/publication/joint-forward-plan/

This report was written by Pete Burnett who can be contacted on 07814 515180 or peter.burnett4@nhs.net

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Appendix A

NHS
Lincolnshire
Integrated Care Board

Lincolnshire NHS Strategy 5 Year Plan

Communications and Engagement Activity Report

09 — 21 February 2023

Contents page

1. Introduction

The purpose of this report is to provide an overview of the communications and engagement activities undertaken to promote opportunities for members of the public to get involved in the development of the Lincolnshire NHS Strategic Plan. We asked them to share their views on what they feel the priorities should be for the NHS in Lincolnshire over the next 5 years, including what they want us to focus on as we develop local services for local people, as well as feeding back their own experiences of Lincolnshire's NHS.

Concentrated engagement activities took place between 9th and 21st February by the Lincolnshire ICB engagement team and Healthwatch Lincolnshire. Healthwatch Lincolnshire developed a survey in partnership with the ICB which went live on 9th February and was circulated widely to the public, staff and stakeholders.

The NHS Lincolnshire ICB engagement team undertook discussions with the public and community groups between 10th February and 21st February, attending 20 community group meetings across 8 localities in Lincolnshire including engaging with seldom heard groups such as those from deprived areas, younger people, people with mental health issues and minority ethnic groups.

NHS Lincolnshire ICB have also been gathering experiences of care through a survey which has been open since June 2022, results of which will also be fed into the programme.

The purpose of the communications and engagement activity was to:

- Gather feedback which will inform decision making in regard to priority setting over the next 5 years
- Raise awareness of the survey
- Ensure we meet our statutory duties for involvement set out in the Health and Social Care Act 2006

This report highlights the activities undertaken, the results of this engagement will be reported separately and presented at the engagement workshops taking place in March and April to inform the development of the draft priorities with clinicians, stakeholders and NHS provider organisations. These draft priorities will be engaged on further with the public before publication of the Lincolnshire NHS Strategy in June 2023.

2. Overview of engagement activities

The following section details the 'successes' of the communications and engagement activity:

- **1028 responses** to the Healthwatch online survey
- Attended **20 engagement events** across Lincolnshire, talking to **254 people**
- Engagement sent to over **9000 people** on our stakeholder database
- Engagement sent to over **13,000 staff** through organisation comms
- Shared via other partner organisations
- Attended community events across Lincolnshire at no cost and was able to target people who do not usually engage with the NHS
- Focussed on areas with high levels of deprivation and health inequalities
- Supported patients to get involved who would not be able to access the survey online
- **388 responses** to the Experiences of Care survey

3. Healthwatch Online Survey

The Healthwatch online survey ran alongside the face to face engagement activities and was available in different formats on request. The online version was available on Healthwatch Lincolnshire's website as well as NHS Lincolnshire ICB and NHS provider websites. The link was also shared with the ICB engagement stakeholder database.

The online survey was regularly promoted through various channels including:

- Social media (Twitter, Facebook and Instagram) across the ICB and Trusts accounts as well as requests regularly being sent to Lincolnshire partners to share and extend the reach
- Healthwatch channels (Website, social media, mailing lists)
- Sent to LRF partners (Local Authority, EMAS, PHE, Police, UoL and other partners)
- NHS Lincolnshire Engagement Bulletin
- Press releases
- Nextdoor online forum
- Provider's member databases and staff networks
- Via leaflets with QR codes handed out during face to face engagement activities

This resulted in a return of 1028 completed surveys

4. Healthwatch Webinars

Healthwatch Lincolnshire ran two virtual webinars via Zoom that members of the public were able to register to attend via the Healthwatch Lincolnshire website .

Questions and comments were able to be submitted ahead of the webinars via the registration form or by contacting info.healthwatchlincolnshire.co.uk.

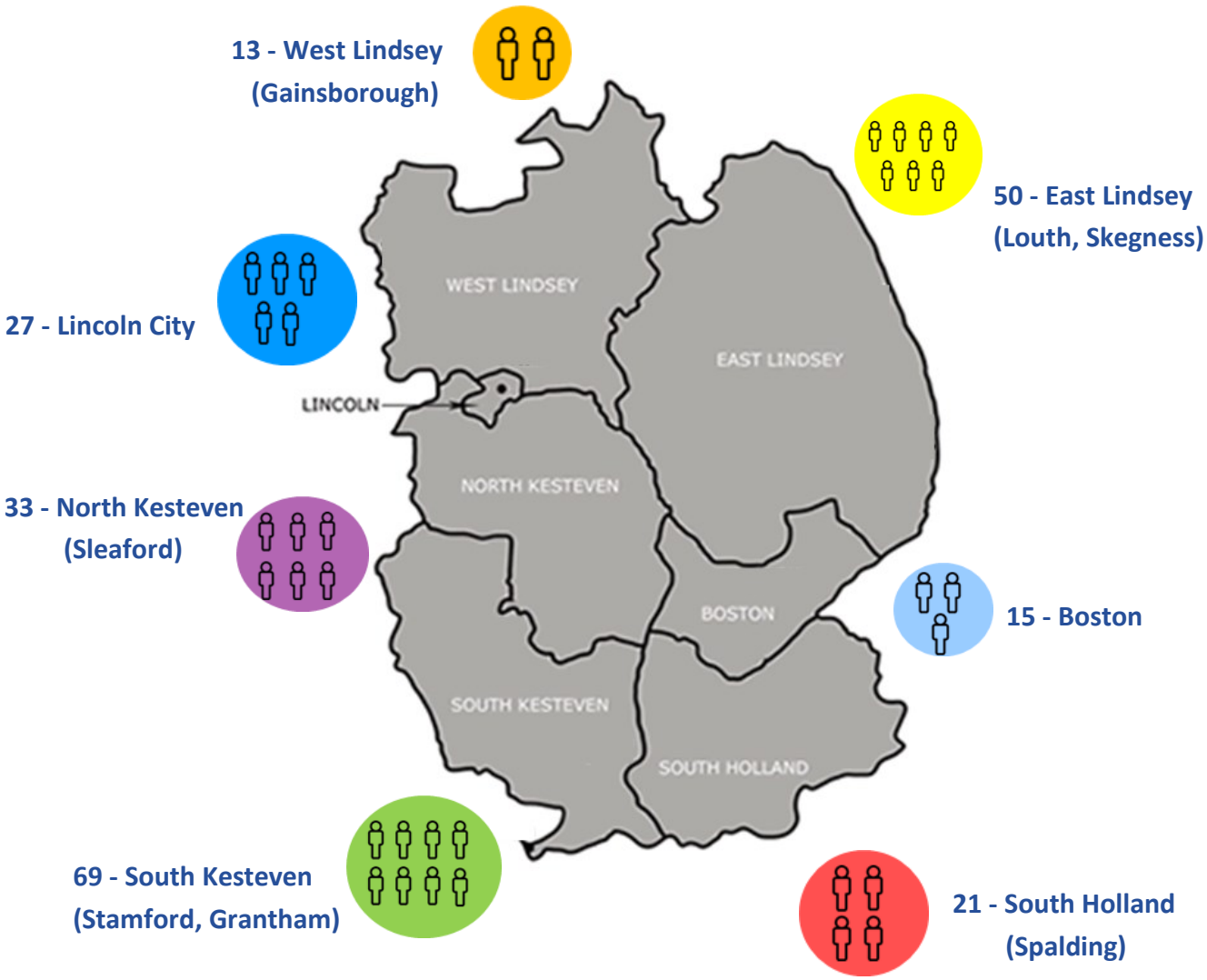
The webinars were promoted across social media including paid advertising, Healthwatch Lincolnshire's website and distribution lists as well as provider and ICB websites and the engagement bulletin.

Date and Time	Number of attendees (number of people booked)
Monday 20th February 2-3pm	4 (10)
Monday 20th February 6-7pm	

5. Out and about in Lincolnshire

Throughout the engagement period we incorporated a number of different activities to speak to members of the public such as attending existing community group meetings, display stands in public places, 1-1 and virtual meetings. Each location and event was chosen to enable us to reach as wide and varied population as possible to ensure that all voices in our community were given an opportunity to be heard.

The map below shows the breadth and reach of activity undertaken by the NHS Lincolnshire ICB Engagement Team:



Online: 26

5. Out and about in Lincolnshire cont.

Whilst we already have an established database of local and community groups based on protected characteristics, we also recognised the importance of proactive and targeted engagement with seldom heard groups such as younger people, economically disadvantaged, minority ethic groups and people with mental health issues and where possible we tried to attend existing group meetings to further promote opportunities for involvement and gather their views.

The below table details the locations and groups we visited (continued on the next page):

Date	Location	Group / Venue	Number of people engaged with
Friday 10th February	Grantham	Isaac Newton Shopping Centre	17
		Walking Netball Grantham Tennis Club	11
		Islamic Centre (Faith) 1-1 with Community Leader	1
Monday 13th February	Sleaford	Sleaford Market	13
		Coffee morning (elderly group) The Hub	16
		Community Grocers (Foodbank)	4
Tuesday 15th February	Lincoln	Waterside Shopping Centre	17
		Students, University of Lincoln	10
Wednesday 15th February	Gainsborough	Knit and Natter—Gainsborough Trinity Foundation	7
		Crisis Action Group (Addiction) X Church	6

Date	Location	Group / Venue	Number of people engaged with
Thursday 16th February	Skegness/ Burgh Le Marsh	Bro Pro / Wellbeing Hub (Mental health support and signposting group) St John Baptist Church	17
		Wellbeing Group (Elderly and mental health support) The Storehouse	16
Friday 17th February	Stamford	Friday Connect (Crisis, mental health support and signposting - run by the Church) St George's Church	30
		Stamford Library	10
Monday 20th February	Boston	Boston Library	15
Monday 20th February	Spalding	'Warm Space' Broad Street Methodist Church	13
		Spalding Library	9
Tuesday 21st February	Louth	'Warm Space' —Trinity Centre	9
		Louth Library	8
Tuesday 21st February	Online	ULHT Patient Panel	26
		TOTAL:	**254**

Fig. 1 NHS Lincolnshire Engagement Team at Boston Library

6. Other promotional activities

6.1 NHS Lincolnshire Engagement Bulletin

The NHS Lincolnshire ICB Engagement Team produces a regular bulletin which is distributed to a variety of community and voluntary groups, Patient Participation Groups, Citizen Panel members, Readers Panel, people who have subscribed via the NHS Lincolnshire ICB website as well as people who are included on the provider stakeholder lists.

Information and the link to the survey was promoted in the 'This weeks hot topic' section of the engagement bulletin and was distributed to over 9000 contacts on the ICB engagement teams stakeholder database.

6.2 Nextdoor Online Forum

The NHS Lincolnshire ICB engagement team uses the Nextdoor online forum to help encourage participation and increase completion of various surveys and questionnaires. The total reach of the NHS Lincolnshire ICB Nextdoor account is 110,269 members spanning across 471 'neighbourhoods' enabling us to reach a variety of communities, villages and towns across Lincolnshire.

The table below demonstrates the number of impressions (people that saw each particular post on the Next Door app):

Nextdoor promotion	Impressions	Likes	Comments
10th February	19,224	12	81

6.3 Leaflets

The NHS Lincolnshire ICB engagement team created a leaflet to provide a versatile and tangible means to:

- Build awareness of the survey
- Signpost/link people to the Healthwatch survey
- Provide the engagement team with a means of engaging with and passing information at community meetings and other events
- Leaflets were also left at a number of venues across Lincolnshire

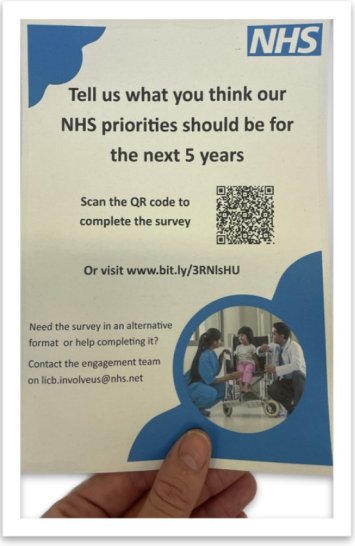


Fig.4 A5 Survey Flyer

7. Communications and promotion

7.1 Online survey distribution

The Communications and Engagement teams across the ICB and three providers trusts distributed the online survey link to a range of people outlined in the below table.

To enable us to provide more opportunities for the public staff and stakeholder to find out about the survey and have their say, we also asked partners and community organisations to share the survey link with their members, groups and wider communities.

Audience	Distribution
Staff and internal	LCHS (2,600 via CEO weekly blog, staff bulletin and staff Facebook) ULHT (8,500 via staff bulletin) LPFT (2,000) NHS Lincolnshire ICB (420 via Team Talk News, all staff email and staff Facebook) GPs and Primary Care Patient participation groups
Provider memberships	ULHT Together—7200 members LPFT membership—1600 public, service users & carers members and 2000 staff members
The below groups received the distribution via NHS comms cascade or the engagement bulletin:	
Health Partners	NHS England EMAS Public Health England Lincolnshire Resilience Forum
Community stakeholders including volunteer groups, support groups etc. via the engagement bulletin	LPFT involvement database— 430 (service uses, carers, staff, voluntary sector reps & public supporters) Community, voluntary and support groups BAME communities LGBT Communities Carers Older people groups Young people groups Eastern European communities Disability groups (mental and physical)

7. Communications and promotion cont.

Audience	Distribution
District Councils inc. elected members and staff	City of Lincoln Council Boston Borough Council East Lindsey Council West Lindsey Council North Kesteven Council South Kesteven Council South Holland Council
Local Employers	University of Lincoln Anglian Water The Environment Agency
Public sector providers	Lincolnshire Police and Crime Commissioners Lincolnshire Police Lincolnshire Fire and Rescue
Voluntary Engagement Teams	Age UK Lincoln and S Lincs Age UK Lindsey Alzheimer's UK Active Lincolnshire YMCA Healthwatch LIVES Lincolnshire CVS Every-one Walnut Care LACE Housing Butterfly Hospice Action for Children South Kesteven Blind Society Framework Housing St Barnabas

7.2 NHS Communications teams — social media activity

NHS Communications team's used social media activity (Twitter and Facebook) to push traffic towards the survey on the Healthwatch Lincolnshire website.

Across the period of engagement, activity was undertaken by the NHS Lincolnshire ICB Communications Team. The team posted **3 Facebook posts, reaching 3,180 people** and generating **43 engagements, 22 shares** and **11 comments.**

On Twitter, the team issued 10 tweets, with these tweets being seen **2,847 times**, generating **82 engagements** and **32 click throughs** to the survey.

The NHS Lincolnshire ICB Communications Team also drafted posts in the system Hootsuite to enable providers to duplicate and share across their channels and tagged in providers to some of the posts.

7.3 Healthwatch social media activity

Healthwatch used social media advertising including paid to promote both the survey and the webinars. Adverts promoting the webinar reached **7,472 people,** generating **14,445 impressions.**

General promotion of the survey reached **10,459 people**, generating **19,418 impressions**

Fig.5 Example Facebook post

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Healthy Weight Partnership

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28 March 2023**
Subject:	**Healthy Weight Priority Update**

Summary:

This report provides a summary of activity and work in progress from the Healthy Weight Partnership, the delivery group for the healthy weight priority in the Joint Health and Wellbeing Strategy. The delivery group, chaired by Cllr Sue Woolley, has representation from across the Lincolnshire Health & Care system, as well as from education & voluntary & community sector bodies.

Actions Required:

The contents of the report be noted, and partners contribute to the work of the Healthy Weight Partnership as appropriate.

1. Background

The Healthy Weight Partnership reconvened on 1 February 2023, the first time it has met since the COVID-19 pandemic. The group will provide system leadership in tackling the issues and improving health and wellbeing outcomes associated with healthy weight in Lincolnshire.

The first meeting consisted of a review of previous work, as well as an overview of current need assessment & service delivery, and a discussion where actions were agreed to better integrate service development & delivery relating to healthy weight across the system.

Terms of Reference have been refreshed and are attached as Appendix A.

A summary of the content discussed is given below:

Healthy Weight Programme focus prior to COVID-19 pandemic: Whole System Approach

- Previous work under this theme (prior to the COVID-19 pandemic) has focused on the development of a Whole System Approach (WSA) to Obesity, adopting a methodology developed in conjunction with Leeds Beckett University. This work had paused during the early stages of the pandemic at the 'gap identification' stage, where partners review the system maps generated by previous stages & identify areas where additional action may be required.

- This work was discussed, and it was recognised that service delivery in Lincolnshire had changed since this was completed and this work is now outdated.

Lincolnshire's Joint Strategic Needs Assessment (JSNA) theme on 'healthy weight'

- The JSNA chapter on healthy weight, which is now being refreshed, was reviewed. The overall level of need for primary prevention & treatment of overweight & obesity in Lincolnshire remains high, and baseline need, especially for Children & Young People, is expected to have increased since the COVID-19 pandemic.

Child & Family Weight Management Service (CFWM)

- During 2021 Lincolnshire County Council's Public Health division identified an opportunity to pilot a child & family weight management service, in order to address a known gap in provision and to ensure an effective, high-quality service & referral route for children identified as obese as part of the National Child Measurement Programme (NCMP). This service was presented to the partnership by the provider, Thrive Tribe.

- The service has now been commissioned from the Integrated Lifestyle Service provider, Thrive Tribe, and branded as 'Gloji Energy'. The pilot is running for 2 years, funded by the Public Health Ringfenced grant. Year one will be subject to indicative targets and will be used to test out the model through on-going, robust evaluation undertaken by external research partners. The learning from year one will inform the refinement & setting of targets for the service in year two, where the NCMP should be a primary means of referral.

- There is an estimated total of 4125 overweight and obese children in reception and year six in Lincolnshire (NCMP 2019-2020). The service will aim to deliver the full CFWM programme to approximately 400 (10%) of these children in year one and 800 (19%) in year two and an EBI phone-call to 1650 (40%) in year one and 3300 (80%) in year two. Activities will be concentrated in areas with the highest levels of need, in terms of both excess weight and deprivation, which will include Lincoln, Spalding, Grantham, Gainsborough, Boston and the coastal strip (Skegness and Mablethorpe).

- The service is designed to address a significant gap in service provision in Lincolnshire and thus builds on the system mapping conducted as part of the WSA work conducted previously.
- The service will be evaluated and, if indications from year 1 of delivery are that it is effective and cost-effective, it can be considered for inclusion as part of the recommissioned Integrated Lifestyle Service offer from summer 2024.

Healthy Weight Partnership Group Actions – February 23

- During the discussion, it was agreed that an aim of the partnership group should be to foster closer collaboration between partner organisations when developing or evaluating service provision designed to improve outcomes relating to healthy weight.

- It was agreed that an operational group, reporting to the Healthy Weight Partnership Group, would be put in place to facilitate closer working and alignment with the Physical Activity agenda, let by Active Lincolnshire

- This group will be administered by LCC's Public Health division and planning for this is underway.

- A further programme of topic reviews and presentations on current & planned work by partners will be defined and agreed, expected to include:

    - Integrated Lifestyle Service recommissioning update

    - Greater Lincolnshire Food Partnership update & presentation

    - Active Lincolnshire update & presentation, including links to 'Let's Move Lincolnshire' campaign

    - Discussion of the Food Environment in Lincolnshire, including:
        - The impact of sugar in food
        - Opportunities inherent in Lincolnshire's Food Production Economy

2. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The work of the Healthy Weight Partnership directly supports the development of the JSNA and JLHWS through providing governance & oversight of system intelligence and activity relating to the Healthy Weight priority.

3. Consultation

Not applicable.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Terms of Reference for the Healthy Weight Partnership

5. Background Papers

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

This report was written by Andy Fox, Consultant in Public Health, who can be contacted on andy.fox@lincolnshire.gov.uk

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Appendix A

Lincolnshire Whole System Healthy Weight Partnership
Terms of Reference v0.02 14.10.22

1. Context

1.1 Under the Health and Social Care Act (2012), the Lincolnshire Health and Wellbeing Board ("the Board") is required to prepare and publish a Joint Health and Wellbeing Strategy (JHWS). Lincolnshire's JHWS was agreed by the Board in 2018.

1.2 One of the seven JHWS priorities is 'Healthy Weight' covering the life course, including both childhood and adult obesity.

1.3 The Lincolnshire Healthy Weight Partnership ("The Partnership") has been set up by the Board to provide system leadership in tackling the issues and improving health and wellbeing outcomes associated with healthy weight in Lincolnshire.

2. Purpose

2.1 The Partnership will provide strategic oversight to address issues of unhealthy weight in Lincolnshire, taking a whole system approach:

- 2.1.1 Shared goals to address unhealthy weight in Lincolnshire
- 2.1.2 Senior-level leadership for whole system healthy weight work
- 2.1.3 Appropriate governance to implement the approach and to provide assurance to the Board that progress is being made to address the issues
- 2.1.4 Compelling narrative explaining why improving healthy weight matters locally
- 2.1.5 Shared understanding of how unhealthy weight is addressed at a local level, its beneficial impact on health and wellbeing outcomes, and related stakeholder benefits
- 2.1.6 Comprehensive systems map for stakeholders that identifies the causes and contributors to unhealthy weight, and that demonstrates levers and opportunities to improve healthy weight
- 2.1.7 Prioritise areas for action in the local system and propose collaborative and aligned actions, informed by system mapping
- 2.1.8 Support partners and stakeholders to develop and maintain momentum towards shared goals
- 2.1.9 Critical reflection on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.

3. Objectives

3.1 Objectives currently set out in the JHWS are as follows:

- Deliver the Healthy Weight in Children Strategic Actions to reduce childhood obesity.
- Improve information and support for people of working age to achieve and maintain healthy weight.
- Support healthy weight in older age.
- Engage with spatial planning and design to develop places that support healthy individuals and communities.

3.2 The objectives will be reviewed in light of the work undertaken to map the local system and identify shared priorities for action across the whole system.

4. Membership

4.1 The core membership of The Partnership will comprise the following:

- Chair of the Lincolnshire Health and Wellbeing Board (Chair)
- Director of Public Health
- Senior representative, Lincolnshire Integrated Care Board
- Senior manager, Environment and Economy, Lincolnshire County Council
- Children's Services Manager, Lincolnshire County Council
- Head Teachers representing both primary and secondary education
- Senior manager, Children's Public Health, Lincolnshire County Council
- Lead Nurse Children's Health, Lincolnshire County Council
- Representative from Children's Sustainable Travel Group
- Senior representative, Boston Borough Council
- Active Travel
- District Councillor
- Senior representatives, NHS Provider Trusts
- University of Lincoln
- National Rural Centre for Health and Care
- Greater Lincolnshire Local Enterprise Partnership Food Board
- Strategic Communication Lead, Lincolnshire County Council
- Representative from Active Lincolnshire as leaders of Let's Move Lincs, & system physical activity leads

4.2 In order to meet the changing requirements of the agenda, The Partnership has the right to seek representation from other organisations should the requirement arise.

4.3 Each member of The Partnership can nominate a named substitute to attend meetings in their absence. Substitute members will be included in all communications regarding The Partnership to ensure a consistent flow of information.

4.4 The Partnership members, including substitutes, should have the authority to act on behalf of their organisation.

5. Governance and Accountability

5.1 The Partnership is accountable to the Health and Wellbeing Board for the Healthy Weight priority area in the JHWS including acting as the Expert Panel for the Joint Strategic Needs Assessment Healthy Weight Factsheet.

5.2 The Partnership agrees to review the JSNA as required and to incorporate an assessment of the causes and positive health and wellbeing effects of focusing on healthy weight alongside an assessment of needs relating to obesity.

5.3 Specific responsibilities within the governance and accountability framework for the JHWS developed by the Board include:

5.3.1 To develop and own the JHWS Delivery plan for the Healthy Weight priority area

5.3.2 To act as The Partnership with lead responsibility for the Healthy Weight priority area in the JHWS and be accountable to the Board for its progress and delivery

5.3.3 To work in partnership to build consensus and increase collaborative working

5.3.4 To identify ways and opportunities to engage and co-produce work with wider stakeholders and partners

5.3.5 To agree the outcomes and measures to be used to monitor progress/assess impact

5.3.6 To provide assurance on an annual basis, and as required, to the Board

5.3.7 To adopt the principles and approaches set out in the JHWS Governance and Accountability Framework.

6. Quorum

6.1 The Partnership shall be quorate if no less than a third of the membership is present. This third shall include a representative from the Lincolnshire County Council and the Integrated Care Board.

7. Frequency of Meetings

7.1 Meetings shall take place quarterly and in line with the Lincolnshire Health and Wellbeing Board to allow for updates reports from the Partnership to be taken to the Board should this be required. Additional meetings of the Partnership may be convened with the agreement of the Chairman.

8. Administrative Support

8.1 Administrative support will be provided by Public Health.

8.2 Agenda and reports will be circulated at least five clear working days prior to the meeting.

8.3 Draft minutes will be shared with the Chair and sent out accordingly with an action log seven working days after the meeting.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Active Lincolnshire

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28 March 2023**
Subject:	**Let's Move Lincolnshire – Physical Activity Priority Update**

Summary:
Let's Move Lincolnshire (LML) is the physical activity priority of the Joint Health and Wellbeing Strategy (JHWS) and forms the countywide whole system strategy for tackling the challenge of inactivity in Lincolnshire. The refreshed strategy was launched in Spring 2022. Active Lincolnshire act as the custodians of the strategy, which requires system wide commitment and action to realise the ambition of reducing inactivity levels across the county.

The cost-of-living crisis is impacting on both residents' ability to afford to access facilities / activities and on the facilities themselves facing soaring costs, and risking closure therefore reducing provision available. Recent research has identified a need to further support existing activity providers in skill development, governance and ensuring the offer is relevant to the needs (and in particular the health needs) of our population. There remains significant work to build an effective system that has the resource to positively impact change.

To make positive impact on people's lives at the scale required in Lincolnshire requires a meaningful commitment to bring about system change, through greater collaboration and to seek new responses to tackling the challenge of inactivity.

Active Lincolnshire along with partners from health and care, district authorities, community and voluntary sector are all working together to meet these needs. This report highlights some of the recent work.

Actions Required:
For Health and Wellbeing Board (HWB) to:

- Continue to advocate for and support the embedding of the Let's Move Lincolnshire strategy
- Support Active Lincolnshire to encourage all organisations to embed physical activity at a system level in relevant policies, contracts, commissions, planning and decisions
- Recognition that capacity, collaboration and future investment across the system is needed to support the on-going implementation of the Let's Move Lincolnshire strategy
- That HWB nominate a representative on the Let's Move Lincolnshire Executive Committee

1. Background

'In 2018 physical inactivity placed an estimated £257 million burden on Lincolnshire's health and care system'.

Let's Move Lincolnshire (LML) is Lincolnshire's shared commitment to give organisations and people the support they need to move more, enjoy more and build more positive, healthy habits – boosting their health and wellbeing and making a lasting impact on our communities, economy and prosperity. Achieving that goal takes commitment to a whole system approach. The strategy needs the support and contribution of organisations right across the county who have access to changing and influencing policy, process and procedures. There is clear need, areas of focus and recommendations for new ways of working all described in the strategy. The following are some headlines on progress and priorities of the of the LML strategy.

1.1 Let's Move Lincolnshire governance

A review of the LML governance structure is underway. The Executive will reconvene with revised membership and a clear purpose. The themed priorities set out within the strategy have steering groups that will feed into and from the Executive. Connections are being made across a range of other strategies and opportunities where physical activity is present including:

- District Health and Wellbeing strategies
- South East Lincolnshire Healthy Living Partnership
- UK Shared Prosperity Fund
- Community Strategy
- Community and Voluntary Sector engagement
- Healthy Weight Partnership

1.2 Understanding the existing sport, leisure and physical activity sector

LML evidences the need to better connect across sectors and systems. A recent study commissioned by Active Lincolnshire on behalf of the Greater Lincolnshire region delivered by LORIC at the University of Lincoln evidences that the physical activity sector is made up of a workforce of c. 28,000 people and 2400 organisations and charities, with a GVA of £788m. This itself is significant and requires coordination, support and championing. Having a relevant, innovative physical activity, sport and leisure sector that meets local needs supports job creation and economic contribution, and even counteracts recession. It also creates opportunities for volunteering, apprenticeships and training, with volunteers making many grass-roots clubs and activities possible.

Importantly, if the potential of physical activity in reducing the burden on the health system is to be realised the sector needs to be supported to reinvent, grow and be relevant to local need. The work needs to connect in with other parts of the system to enable and facilitate change.

The LORIC report provides recommendations to increase the size, representation and resilience of the sector making it better able to tackle inequalities and serve the growing and ageing population of the region in the long term. It also identifies that provision of activities for distinct groups is limited.

Active Lincolnshire are contributing to the Local Skills Improvement Plan (LSIP) consultation to ensure that the physical activity, leisure and sport sector is represented and understood. Sport England funding in CIMSPA (the industry body) will see the development of a local skills board for the sector to ensure HE &

FE establishments are providing qualifications to meet local need, building on more traditional qualifications with areas such as community health and health and wellbeing.

1.3 Future challenges and opportunities

The full impact of the cost-of-living crisis is not yet known. Cost of utilities and fuel is closing many leisure and facility providers and causing others to revaluate the services they are offering. A better coordinated approach to investment and development of facilities is required to ensure that Lincolnshire maximises potential investment. In some districts, Towns Fund programmes (i.e. Connected Coast) is seeing investment in leisure facilities.

As part of the immediate response, for residents, free and low-cost activities are being prioritised on the LML activity finder. For the physical activity sector, advice and guidance is available through https://www.activelincolnshire.com/knowledge-hub/cost-of-living

1.4 Programmes and progress

One You Lincolnshire, the service that has an exercise referral element has been assessed as part of the independent evaluation by University of Lincoln; it was found that 43% of clients on the physical activity or health coaching programmes achieved the target of 150 minutes per week. This easily surpasses the 13-18% success rate of national, non-integrated exercise-referral models. This model is successful from an outcomes perspective, but clearly the absolute numbers will remain low on this pathway. This reinforces the importance of the LML strategy and wider work to increase uptake of physical activity across those residents who do not meet the criteria for the exercise referral scheme.

Opening Schools Facilities: £900,000 has been allocated for Lincolnshire Schools through DfE. The investment is to support schools to open their facilities for community use for activities, the investment is focused on schools in with higher percentages of pupils who are eligible for free school meals, from less affluent families, culturally diverse and pupils with special educational needs. Year 1 funding was confirmed in January 2023 with all allocations needing to be committed by March of the same year. To date 16 schools have signed up to the scheme.

Active Travel: Active Lincolnshire are coordinating 'Wheels for Life' a bike donation scheme to support people in transport poverty, encourage active travel and reduce bikes from going into landfill. Six hubs are being supported across the county with training for mechanics, bike ride leaders and tools and equipment with a target of refurbishing and redistributing 500 pre-loved bikes in the first year. Data evidenced that Ukrainian refugees re-homed in the county face significant transport and travel challenges. The scheme intends to support refugees, asylum seekers and all people in transport poverty. A wider network collaborates around shared infrastructure and behaviour change opportunities in cycling and walking.

The Let's Move Lincolnshire 'Stride and Ride' Walking campaign has reached over 4,000 residents and is providing targeted messaging to encourage residents to walk or cycle more; the focus is on supporting inactive and less active people to build up to the recommended 150 minutes a week, recognising for most people even introducing a 10 minute walk a day can have a significant impact on physical and mental health. Work is underway to better connect content and communication between platforms such as Connect to Support, HAY Lincolnshire, and LML.

Workforce training and development: Training has been delivered including 'Clinical champions' training for health care professionals, Active Pregnancy Foundation webinar for activity providers, and Older Adults training in partnership with the Centre for Ageing Better.

1.5 Tackling inequalities

As our shared commitment to ensuring those groups who face greater barriers to participation in physical activity are understood and supported to be active, a Physical Activity and Sport, Equality, Diversity, and Inclusion Advisory Group has been established. To provide lived experience, guidance, knowledge, and skills to better support those groups who need it most. Including minority ethnic communities, women and girls, people with disabilities, lower socio-economic groups and LBBTQ+. Partners from health, the police, CVSE, leisure, and academics are on the group.

2. Conclusion

There is commitment to collaboration from across the system and clear impact and positive outcomes from the work to date. The pace of work is impacted by capacity in the system to be agile and flexible. Investment for Active Lincolnshire is being considered by the Integrated Care Partnership (ICP) to enable the charity to amplify the work currently underway and provide capacity needed. The long-term outcomes of this work will have a significant impact on the health and care sector and pressures on the system, and on the health and wellbeing of the population.

Collaboration and connectivity across such a complex system is challenging, however evidence that impact can and is being made where collaboration happens. Transformational approaches to seeking solutions are required.

There is a requirement for a long term vision to bring about systemic change, enabling everyone to live more active lives whilst retaining an agile and flexible approach responding to local need and changing circumstances.

The continued commitment and support of the ICP, Integrated Care Board and Public Health across this work is very valued and welcomed.

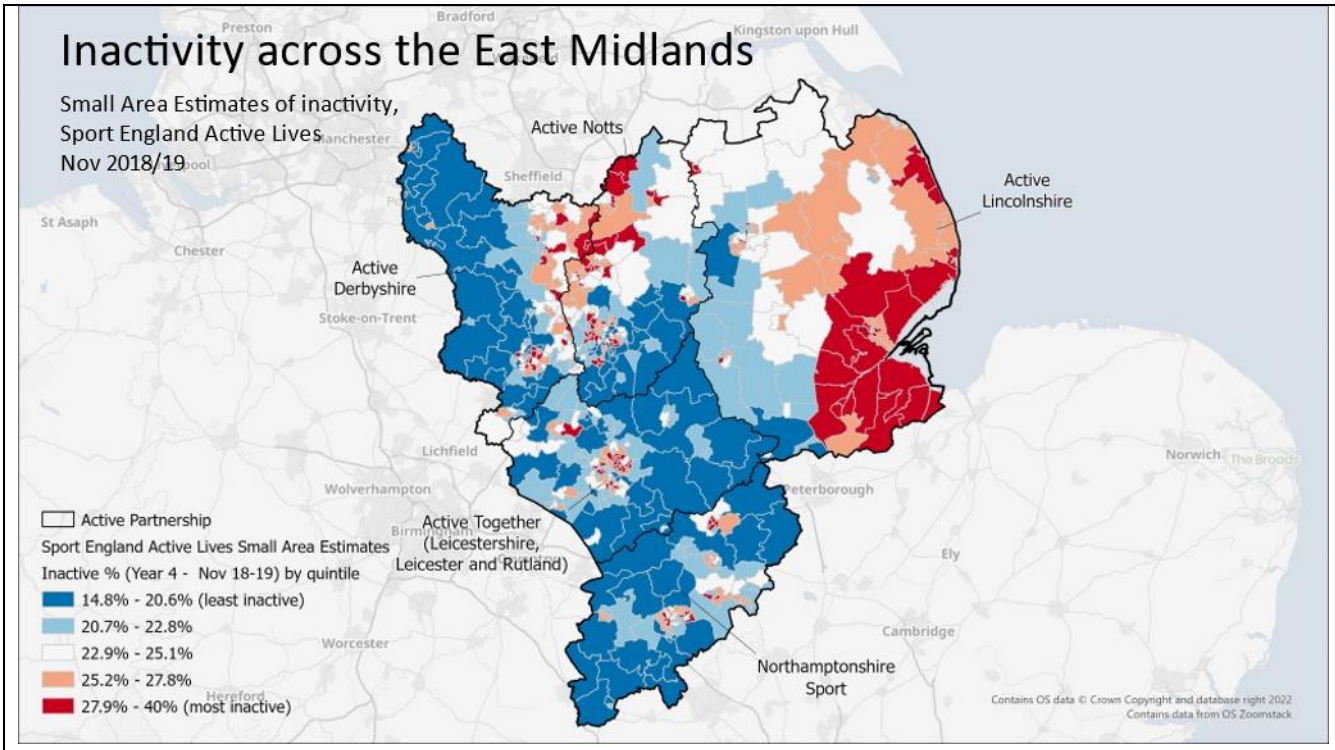
3. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

Physical activity is a priority in the JLHWS. The objectives for this strand are:

- Integrating physical activity into pathways and strategic planning (e.g. clinical pathways, neighbourhood integrated teams, locality teams, district council networks, planning and transport services and GLEP).
- 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.

As highlighted in the JSNA, adult physical activity levels in Lincolnshire are lower than most other parts of the country with over one third of the adult population being 'inactive' – that is doing less than 30 minutes a week. The latest Active Lives Adults survey data highlights how Lincolnshire compares with the rest of the East Midlands:



4. Consultation

Not applicable.

5. Appendices

None.

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 Emma Tatlow, who can be contacted on emma.tatlow@activelincolnshire.com.

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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:	**28 March 2023**
Subject:	**The Lincolnshire Better Care Fund 23/24 and update on the Discharge Fund**

Summary:
This report is an information item for the Health and Wellbeing Board. With the 2023/25 Better Care Fund Framework yet to be published at the time of writing. This document provides the Board with an update and the priorities for 2023/24.

This report also provides an update on the Discharge Fund which ceases on 31/03/23.

Actions Required:

1. The HWB is asked to note the update provided on the Better Care Fund.
2. The HWB is asked to note the update provided on the Discharge Fund.
3. The HWB is asked to note the Q4 BCF performance report.

1. Background

Better Care Fund
The Better Care Fund (BCF) is a programme working across the NHS and Local Government (in particular adult social care) which seeks to integrate health and care services, providing a framework which allows for easier collaboration and co-production. This approach has also been strengthened within the Health and Social Care Act 2022.

The Lincolnshire BCF comprises the following sections:

- The Local Government Finance Settlement published in December confirmed the Improved Better Care Fund (iBCF) will remain the same as 2022/23 allocations. For Lincolnshire, this means the iBCF remains at £34.3m.
- We are forecasting the minimum ICB contribution to continue with an expected increase of 5-6%, but this is not yet confirmed.
- £573 million per year (2022/23 to 2024/25) has been confirmed to provide funding to local areas to deliver the Disabled Facilities Grant (DFG). This maintains the increased investment seen in 2022/23. For Lincolnshire this is forecast to be approx. £6.9m in 2023/24.
- Discharge funding (local authority allocations) - £300m of the additional discharge funding will be distributed as a grant to be paid into local BCF plans. NHS allocations of additional discharge funding are yet to be confirmed. Currently £4.8m has been confirmed for Lincolnshire in line with the Adult Social Care Discharge Fund.
- Budgets held by Lincolnshire County Council and Lincolnshire ICB which both organisations have agreed to bring together into a pooled budget to deliver the benefits which arise from integration.

In September 2022, following approval by the Health and Wellbeing Board, the Lincolnshire BCF Plan, Narrative Plan and Capacity and Demand data was submitted. In December 2022, the Lincolnshire BCF plan received national assurance.

At the time of writing this report, the BCF Framework for 2023/24 and 2024/25 had not yet been published. The BCF Policy Framework will confirm the funding and conditions for 2023/25 and the planning and reporting requirements for 2023/24. It is important to note that the framework to be announced covers a two-year period (as opposed to the more familiar one-year roll-forward) and allows for slightly more strategic planning across the system. It is expected that the capacity and demand data, which was introduced for 22/23, will now be a requirement built into the main BCF metric requirements which goes towards assurance. As this will include capacity and demand across discharge and intermediate care, it is anticipated that the BCF framework will support two key priorities within the health and social care system:

i. tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow; and
ii. improving overall quality of life for people and reducing pressure on urgent emergency care (UEC), acute and social care services through investing in preventative services.

It is also anticipated that the 4 national conditions of the BCF will remain similar to 22/23 for 23/25 as follows:

i. A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
ii. Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.
iii. Implementing BCF Policy Objective 2: Providing the right care, at the right place, at the right time.
iv. Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.

The National BCF Team have also given indication that quarterly reporting will be instated for 23/25 although the requirements have not yet been confirmed.

Adult Social Care Discharge Fund

Following an initial announcement in September 2022 by the Department for Health and Social Care which detailed £500m fund to support discharge from hospital and support the social care workforce, funding allocations were announced in November 2022 alongside guidance and conditions, including reporting requirements. For Lincolnshire, the County Council allocation was confirmed at £2,806,625; with the ICB allocation confirmed at £2,095,44, giving a total allocation of £4,902,067.

On 6th December 2022, the Health and Wellbeing Board agreed the funding allocation for the spend of the discharge fund as follows:

	LA Funding Allocation	ICB Funding Allocation
Sustaining the Workforce	£2,200,000	£637,500
ASC & OT Waiting List	£250,000	
Home & Health Care Packages	£300,000	£500,000
Intermediate Care Infrastructure	£37,500	£37,500
Community Equipment		£200,000
Active Recovery Beds Part 2		£450,000
Improvement to Pathway 0 Discharge		£250,000
Grant Administration (1% max)	£26,625	£20,442
Total Funding Allocation	**£2,806,625**	**£2,095,442**

As part of the reporting requirements set out, fortnightly submissions have been made to the National BCF Team which includes discharge data, spend to date and supportive narrative to update on progression of the schemes, outcomes and any barriers faced to spending the allocation. This arrangement continues until 31st March 2023.

At the time of writing this report, spend has progressed in all schemes bar the ICB allocation to support Phase 2 of active recovery beds. This scheme was to support CHC complex beds however the ICB has made the decision to not pursue the commissioning of the CHC beds. CHC colleagues being able to manage flow effectively and offering choice, without additional beds being required. The ICB have redirected the spend to support Community Equipment which is supporting flow with same day/24-hour turnaround.

Schemes have progressed well within the short 4-month time frame available, for example it is anticipated that no further support will be needed for the Adult Social Care and OT waiting list going forward into April as the use of the funding has reduced the waiting list significantly. The additional support to Pathway 0 discharge is seeing increased discharge figures compared to previous years. Schemes stepped-up with other winter funding money such as the Active Recovery beds has complimented the Discharge Fund schemes with Active Recovery Beds having a positive impact and improving people's outcomes e.g. no or reduced additional support being required following discharge from ARB.

A full spend report on the Discharge Fund will be included in the year end BCF submission which is due to be submitted in May 2023. A review exercise has been undertaken with key colleagues across the County Council and ICB to review schemes stood up across winter to discuss outcomes and ongoing funding into 23/24. It is likely these discussions will be held regularly given the national conditions and priorities anticipated as part the BCF Policy Framework.

2. Conclusion

The BCF Policy Framework for 2023/24 and 2024/25 has yet to be published. This will confirm the funding, planning, and reporting requirements for 2023/24.

In advance of the publication and with the new financial year upon us, partners to the pooled budget are forecasting the priorities for investment through the above inflationary increases to be as follows:

a) Support to delayed discharge and wider system flow

b) growth in demand for services historically supported by the BCF e.g. learning disabilities packages of care, services supporting Child & Adolescent Mental Health Services.

c) Intermediate care services

The above allows for the continuation of some of the successful schemes stepped up during via winter funding across the system and will support the national conditions within the Policy Framework.

The Adult Social Care Discharge Fund ceases on 31st March 2023. The government is making available £2.8 billion of additional funding in 2023-24 and £4.7 billion in 2024-25 to support adult social care and discharge. This includes £600 million in 2023-24 and £1 billion in 2024-25 to further reduce discharge delays. The discharge funding will be shared between local authorities and ICBs and allocated through the Better Care Fund and is to also compliment the range of measures being invested in to prevent avoidable admissions.

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

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The BCF schemes within the plan, directly contribute to addressing health inequalities and the 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	BCF Quarterly Performance Report

6. Background Papers

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

This report was written by Nikita Lord, Programme Manager for the Better Care Fund, who can be contacted on Nikita.lord@lincolnshire.gov.uk

Appendix A

Better Care Fund - 2022/23

Performance Report

Month - February

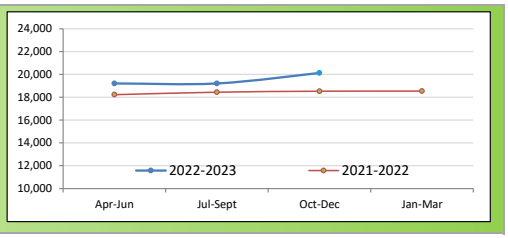
Produced -6th March 2023

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

Health and Wellbeing Board Measures

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

Definition: The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.
Frequency / Reporting Basis: Monthly / Cumulative within quarter only
Source: MAR data (Monthly NHS England published hospital episode statistics)
Note: Data Source changed therefore data no longer uploaded to NHS Digital

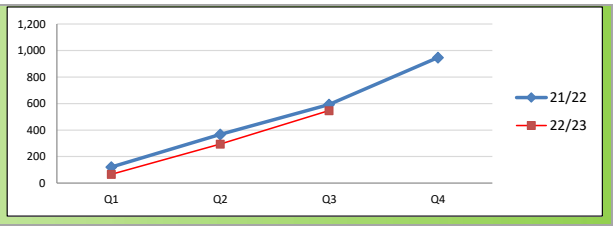


Prior Year	2021/2022											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
In Month	5,840	6,171	6,218	6,411	5,926	6,109	6,163	6,018	6,351	6,250	5,874	6,419
In Quarter (cumulative)			18,229			18,446			18,532			18,543

Month -		2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
In Month		6,117	6,531	6,208	6,472	6,376	6,365	6,528	6,879	6,725	6,461		
In Quarter				18,856			19,213			20,132			
Actual reduction (negative indicates an increase)	number	302	-414	323	-264	96	11	-163	-351	154	264		
	%	4.94%	-6.34%	5.20%	-4.08%	1.51%	0.17%	-2.50%	-5.10%	2.29%	4.09%		

2: Admissions to residential / nursing care homes - aged 65+ (ASCOF 2A part ii)

Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)
Frequency / Reporting Basis: Monthly / Cumulative YTD
Source: Mosaic data: Local Adult Care Monitoring (LTC admissions report & SALT return).
Note: Figure reported cumulatively**.**
This is an Snapshot at reporting period end and may not be an accurate figure due to backdating of services



Prior Year	2021/2022											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
In Quarter			121			246			347			600
Cumulative YTD			121			367			593			947

Current Year	2022/2023											
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
In Quarter			66			228			319			
Cumulative YTD			66			294			547			

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1) UPDATED YEARLY - Includes NHS and Social Care service

Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.
Frequency / Reporting Basis: Yearly - ASCOF 2B part 1
Source: Mosaic Reablement data and LCH data for Q3
Note: Due to backdating from external provider the figure may be lower that actual figure**.** LCH data has not been received since 2019 and is therefore missing from this data

	22/23	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator	107			**71**			**113**			**88**			
Denominator	125			**62**			**90**			**78**			
Value	86%			87%			80%			89%			

3a: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - SOCIAL CARE REABLEMENT SERVICE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital. Q1 data will be clients discharged between January-March, Q2 will be clients discharged between April-June etc.
Frequency / Reporting Basis: Quarterly
Source: Mosaic data: Reablement
Note: Due to backdating from external provider the figure may be lower that actual figure.

	22/23 Social Care Only	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator	107			71			113			88			
Denominator	125			62			90			78			
Value	86%			87%			80%			89%			

3b: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - COMMUNITY REHAB SERVICE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital. Q1 data will be clients discharged between January-March, Q2 will be clients discharged between April-June etc.
Frequency / Reporting Basis: Quarterly
Source: Hospital
Note: LCH data has not been received since 2019 and is therefore missing data

	22/23 Social Care Only	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator	-			-			-			-			-
Denominator	-			-			-			-			-
Value	-			-			-			-			-

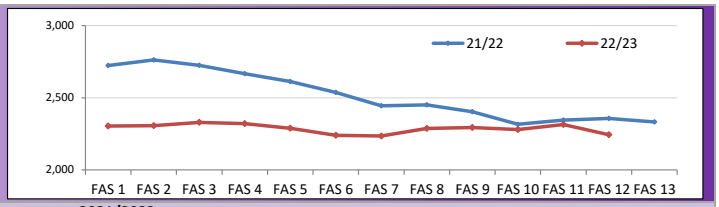
3c: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - OFFER RATE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital. Q1 data will be clients discharged between January-March, Q2 will be clients discharged between April-June etc.
Frequency / Reporting Basis: Quarterly

	22/23 Social Care Only	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Actual													
Target													
Performance													

iBCF Measures

4: Number of Home Care packages provided in the reporting year

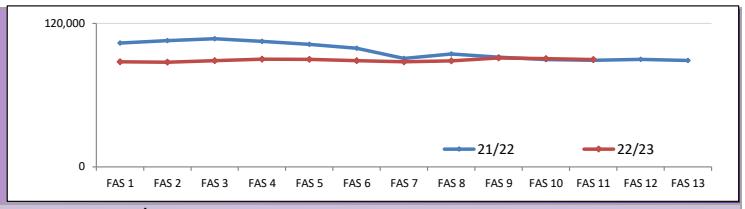
Definition: Cumulative YTD number of all clients who have received a permanent home care package during the year
Frequency / Reporting Basis: Split by Financial Activity Statement (April -March)
Source: Brokerage weekly service returns
Note:Changed from Monthly breakdown to Financial Activity Statement due to how the data is recorded



Prior Year	2021/2022												
	FAS 1	FAS 2	FAS 3	FAS 4	FAS 5	FAS 6	FAS 7	FAS 8	FAS 9	FAS 10	FAS 11	FAS 12	FAS 13
Clients in receipt of homecare (YTD)	2,723	2,762	2,725	2,667	2,613	2,537	2,444	2,450	2,403	2,316	2,345	2,357	2,332

Current Year	2022/2023												
	FAS 1	FAS 2	FAS 3	FAS 4	FAS 5	FAS 6	FAS 7	FAS 8	FAS 9	FAS 10	FAS 11	FAS 12	FAS 13
Clients in receipt of homecare (YTD)	2,304	2,307	2,329	2,320	2,288	2,239	2,235	2,287	2,293	2,280	2,314	2,244	

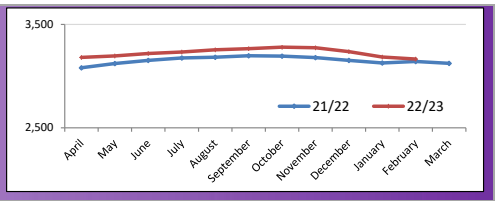
5: Total number of paid hours of Home Care provided in the quarter
Definition: Cumulative YTD number of all paid hours of homecare delivered
Frequency / Reporting Basis: Split by Financial Activity Statement (April -March)
Source: Brokerage weekly service returns
Note:Changed from Monthly breakdown to Financial Activity Statement due to how the data is recorded



Prior Year	2021/2022												
	FAS 1	FAS 2	FAS 3	FAS 4	FAS 5	FAS 6	FAS 7	FAS 8	FAS 9	FAS 10	FAS 11	FAS 12	FAS 13
Hours Delivered	103,640	105,569	107,226	105,080	102,475	99,264	90,720	94,501	91,833	89,778	89,179	89,976	89,012

Current Year	2022/2023												
	FAS 1	FAS 2	FAS 3	FAS 4	FAS 5	FAS 6	FAS 7	FAS 8	FAS 9	FAS 10	FAS 11	FAS 12	FAS 13
Hours Delivered	87,926	87,557	88,785	90,166	89,869	88,809	87,867	88,676	91,125	90,552	89,841		

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



Prior Year		2021/2022											
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Care Home Placements (YTD)		3,081	3,121	3,153	3,175	3,182	3,197	3,194	3,179	3,153	3,127	3,141	3,124

Current Year		2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Care Home Placements (YTD)		3,181	3,195	3,218	3,233	3,255	3,265	3,280	3,274	3,237	3,184	3,165	

7: Number of newly funded clients with LD
Definition: Number of LD starters that have started a new service within each quarter.
Frequency / Reporting Basis: Monthly
Source: Finance Team - Adult Care & Community Wellbeing

		2022/2023											
by Age Group		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
18-25		1	0	1	5	1	1	1	1	2			
26-40		1	3	3	1	1	1	2	3	0			
41-64		0	3	3	0	5	1	0	2	0	1		
65+		0	0	0	1	0	2	0	0	0			
In month		**2**	**6**	**7**	**7**	**7**	**5**	**3**	**6**	**2**			
In Quarter (cumulative)		**2**	**8**	**15**	**7**	**14**	**19**	**3**	**9**	**11**	**1**	**0**	**0**

Local Measures

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

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Hours delivered (in month)		11687	13215	12600	12143	12311	11662	12241	12906	13062	12349	10585	
Hours delivered (in quarter)		11,687	24,902	37,502	12,143	24,454	36,116	12,241	25,147	38,209	12,349	22,934	
Hours delivered (YTD)		11,687	24,902	37,502	49,645	61,956	73,618	85,859	98,765	111,827	124,176	134,761	

9. Reablement: % of people reabled to no service, or a lower service (ASCOF 2D)
Definition: % of concluded episodes of reablement for NEW clients where the sequel to reablement is no support or support of a lower level
Frequency / Reporting Basis: Quarterly / Cumulative YTD
Source: Short & Long Term Return (SALT STS002a)/ (CBP 124)

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator	1697			287			784			1,488			
Denominator	1872			298			824			1,593			
Actual	90.7%			96.3%			95.1%			93.4%			
Target	95%			95%			95%			95%			

10. 7 Day Services: % of hospital discharges to Social Care which occur at the weekend
Definition: Of the total number of patients discharged from hospital to a Social Care hospital team, the % that were discharged at the weekend
Frequency / Reporting Basis: Monthly
Source: BO Report - Hospital Discharges
Note: Includes all clients who had a hospital workflow on mosaic including those clients who passed away in hospital

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator	1,403	118	112	97	113	97	82	102	96	91	105	57	
Denominator	9,818	756	845	829	760	782	710	773	773	741	677	515	
Actual	14%	16%	13%	12%	15%	12%	12%	13%	12%	12%	16%	11%	

11. Hospital Discharges With Social Care Team Involvement
Number of discharges
Definition: Discharged clients where social care teams help facilitate the discharge
Frequency / Reporting Basis: Monthly
Source: BO Report: Hospital Discharges
Note: Includes all clients who had a hospital workflow on mosaic including those clients who passed away in hospital

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
18-64	901	73	74	75	78	86	75	71	80	63	52	55	
65+	8,910	683	771	753	682	696	635	700	692	678	625	459	
Unknown	7			1				2	1			1	
Total Number	9,818	756	845	829	760	782	710	773	773	741	677	515	
% of 65+	91%	90%	91%	91%	90%	89%	89%	91%	90%	91%	92%	89%	

12. Discharges into planned pathway routes
Definition: The pathway that a client has been discharged from hospital into. Pathway definitions are Pathway 0- : simple discharge, no input from health / social care, Pathway 1-:support to recover at home; able to return home with support from health and/or social care,Pathway 2: Rehabilitation in a bedded setting, Pathway 3:For people who require bed-based 24-hour care
Frequency / Reporting Basis: Monthly
Note: Includes all clients who had a hospital workflow on mosaic including those clients who passed away in hospital

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Discharges into Pathway-0	2,150	200	224	208	226	185	161	199	193	151	143	104	
Discharges into Pathway-1	4,021	281	311	322	258	300	268	262	291	276	256	224	
Discharges into Pathway-2	402	37	45	35	31	35	31	43	43	38	32	22	
Discharges into Pathway-3	1,860	129	146	140	126	144	112	143	148	144	130	74	
Other	1,385	109	119	124	119	118	138	126	98	132	116	91	

13. Capacity of planned pathway routes
Definition: The expected capacity to be discharged into the pathways vs the actual pathway route. Pathway definitions are Pathway 0-: simple discharge, no input from health / social care, Pathway 1-:support to recover at home; able to return home with support from health and/or social care,Pathway 2-: Rehabilitation in a bedded setting
Frequency / Reporting Basis: Monthly
Note: Includes all clients who had a hospital workflow on mosaic including those clients who passed away in hospital

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Expected Capacity into Pathway- 0													
Actual Capacity into Pathway- 0	22%	26%	27%	25%	30%	24%	23%	26%	25%	20%	21%	20%	0%
Expected Capacity into Pathway- 1													
Actual Capacity into Pathway- 1	41%	37%	37%	39%	34%	38%	38%	34%	38%	37%	38%	43%	0%
Expected Capacity into Pathway- 2													
Actual Capacity into Pathway- 2	4%	5%	5%	4%	4%	4%	4%	6%	6%	5%	5%	4%	0%
Expected Capacity into Pathway- 3													
Actual Capacity into Pathway- 3	19%	17%	17%	17%	17%	18%	16%	18%	19%	19%	19%	14%	0%

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

Current Year	2021/22	2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Numerator	-			-			-			-			
Denominator	1,613			1,480			1,564			1,634			
Actual	-			-			-			-			
Target	1,730			1,730			1,730			1,730			
Performance													

15. Trusted Assessors: Hospital Bed Days Saved
Definition: The number of assessments completed by workers, actual discharges that have taken place and total bed days saved by workers
Frequency / Reporting Basis: Quarterly
Source: Lincolnshire Care Association
Notes: End of June and July data not recieved. Bed Days Saved not recorded due to Covid and never restarted

Current Year		2022/2023											
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Completed Assessments		166	199	112	0	209	175	289	239	197	229	142	
Actual Discharges		89	105	47	0	98	99	117	106	86	120	78	
Bed Days Saved (in quarter)													
Bed Days Saved (YTD)													

Health and Wellbeing Board – Decisions from 14 June 2022

14 June 2022	**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 2022/23.
	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 2022/23.
	5	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022 be agreed and signed by the Chairman as a correct record.
	6	**Action Updates** That the Action Updates presented be noted.
	7	**Chairman's Announcements** That the Chairman's Announcements presented be noted.
	8a	**Proposed changes to the Health and Wellbeing Terms of Reference** 1. That the changes to the Terms of reference, Procedural Rules and Board Member's Roles and Responsibilities as detailed in Appendix A to the report be endorsed. 2. That the changes be recommended to full Councill on 16 September 2022, to enable the relevant changes to be made to the Council's Constitution. 3. That the update on the development of Lincolnshire's Integrated Care Partnership be noted. 4. That the recommendation to extend Associate Membership to a representative from Higher Education and the Greater Lincolnshire Enterprise Partnership be endorsed.
	8b	**Better Care Fund Final Report 2021/22** That the 2021/22 end of year Better Care Fund return be approved.
	9a	**Integrated Care System Update** That the current position in relation to the ICS legislation be noted.
	9b	**Let's Move Lincolnshire – Physical Activity Strategy** That the direction of the Let's Move Lincolnshire – Physical Activity Strategy refresh and specifically the health and wellbeing outcome be received.
	9c	**Childhood Obesity** That the Childhood Obesity report presented 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 as presented be received.

27 September 2022	**13**	**Minutes of the Lincolnshire Health and wellbeing Board Meeting held on 14 June 2022** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 14 June 2022 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	**Lincolnshire Pharmaceutical Needs Assessment 2022** That approval be given to the final Pharmaceutical Needs Assessment 2022 and associated documents for publication by 1 October 2022.
	16b	**Better Care Fund 2022/23** That the 2022/23 Lincolnshire Better Care Fund be approved in retrospect of the submission deadline of 26 September 2022.
	17a	**An Action log of Previous Decision** That the Action Log of Previous Decision as presented be noted.
	17b	**Lincolnshire Health and Wellbeing Board Forward Plan** That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.
6 December 2022	**20**	**Minutes of the Lincolnshire Health and wellbeing Board Meeting held on 27 September 2022** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held of 27 September 2022 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	**Adult Social Care – Discharge Fund and Update on the Lincolnshire Better Care Fund** 1. That the update on the assurance of the Lincolnshire Better Care Fund Plan be noted. 2. That the Better Care Fund Reporting Template as detailed at Appendix A to the report be approved and that quarterly updates be received by the Board going forward. 3. That the Discharge Fund Plan for both the Integrated Care Board and Lincolnshire County Council ahead of submission on 16 December be approved.
	24a	**Lincolnshire's Joint Strategic Needs Assessment 2023 – Update on Review Process.** 1. That the progress of the JSNA review be noted. 2. That the next stages of the review process as shown in Appendix B be noted. 3. That a further report and presentation be received at the March 2023 meeting to sign off the new JSNA ahead of the online resource going live be agreed.
	24b	**Refresh of the Joint Health and Wellbeing Strategy** 1. That the refreshed Joint Health and Wellbeing Strategy be noted.

		2. That the proposal to undertake a more fundamental review of the Joint Health and Wellbeing Strategy following the publication of the Joint Strategic Needs Assessment and alongside the development of the Integrated Care Strategy be noted. 3. That the proposals to reinvigorate the governance and delivery arrangements sets out in section 1.3 of the report be noted
	24c	**Lincolnshire Ageing Better Rural Strategic Partnership Update** 1. That the work to date of the Lincolnshire Ageing Better Rural Strategic Partnership be noted. 2. That consideration be given to opportunities to engage with the Steering Group and its work programme. 3. That consideration be given on how to promote the Lincolnshire Ageing Better Steering Group within the wider health and care system, identifying appropriate colleagues to connect with the Strategic Partnership Manager as appropriate.
	25a	**Lincolnshire Drug and Alcohol Partnership** 1. That the establishment of the Lincolnshire Drug and Alcohol Partnership and the progress made by the Partnership to date be noted. 2. That annual updates on the progress of the Partnership be received by the Board.
	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 noted.

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LINCONLSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN 2023 - 2024

28 March 2023, 2.30pm, Council Chamber, County Offices, Lincoln		
Agenda Item	**Presenter**	**Purpose**
1. Lincolnshire Joint Strategic Needs Assessment (2023)	Lucy Gavens, Consultant Public Health and Phil Huntley, Head of Public Health Intelligence	**Decision** – to receive a presentation/report on behalf of the DPH asking the Board to approve the JSNA prior to publication
2. Director of Public Health Annual Report 2022	Derek Ward, Director of Public Health	**Discussion** – to receive a presentation on the Director of Public Health Annual Report 2022
3. Joint Forward Plan Position Paper	Pete Burnett, Director of Strategic Planning, Integration and Partnerships	**Discussion -** to receive a report on behalf of the ICB setting out the process for finalising the Joint Forward Plan and the statutory role of the HWB to provide assurance that the Plan takes account of the JHWS
4. Healthy Weight JHWS Priority	Andy Fox, Consultant Public Health	**Discussion** – to receive a report on behalf of the Healthy Weight Partnership providing an update on the Healthy Weight JHWS priority
5. Physical Activity JHWS Priority	Emma Tatlow, Active Lincolnshire	**Discussion** – to receive a report on behalf of Let's Move Lincolnshire providing an update on the Physical Activity priority
6. Better Care Fund	Glen Garrod, Executive Director for ACCW	**Information** – to receive a report from the Executive Director for ACCW on the Better Care Fund

13 June 2023, 2pm, Council Chamber, County Offices, Lincoln		
Agenda Item	**Presenter**	**Purpose**
1. AGM - Election of Chair and Vice Chair	Democratic Services	**Decision** – to elect the Chair and Vice Chair for 2023/4
2. HWB Terms of Reference and Board Membership	Michelle Andrews, Assistant Director and Alison Christie, Programme Manager	**Decision** – to receive a report on behalf of the DPH asking the B13oard to review and endorse the Terms of Reference and any proposals to change the membership
3. Joint Health and Wellbeing Strategy for Lincolnshire Annual Report	Alison Christie, Programme Manager and Priority Leads	**Discussion** – to receive a report on behalf of the DPH which presents the annual Joint Health and Wellbeing Assurance Report
4. Lincolnshire Autism Strategy	Sarah Connery, Chief Executive Officer, LFPT & representative with lived experience	**Discussion** – to receive a report presenting the updated Autism Strategy for Lincolnshire which has been co-produced with the autistic community.
5. Integrated Lifestyle Service (ILS) Evaluation	Andy Fox, Consultant Public Health	**Discussion** – to receive a report on behalf of the DPH provide information on the evaluation of the ILS
6. Better Care Fund	Glen Garrod, Executive Director for ACCW	**Information** – to receive a report from the Executive Director for ACCW on the Better Care Fund

LINCONLSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN 2023 - 2024

26 September 2023, 2.30pm, Council Chamber, County Offices, Lincoln		
Agenda Item	**Presenter**	**Purpose**
1. Carers JHWS Priority	Chair and lead officer (tbc)	**Discussion -** to receive a report on behalf of the Carers Delivery Group providing an update on the Carers priority
2. Housing and Health JHWS Priority	Cllr W Gray, Chair HHCDG & Senior Officer (tbc)	**Discussion -** to receive a report on behalf of Housing, Health and Care Delivery Group providing an update on the Housing and Health priority
3. Better Care Fund	Glen Garrod, Executive Director for ACCW	**Information** – to receive a report from the Executive Director for ACCW on the Better Care Fund

5 December 2023, 2pm, Council Chamber, County Offices, Lincoln		
Agenda Item	**Presenter**	**Purpose**
1. Joint Health and Wellbeing Strategy for Lincolnshire 2023	Michelle Andrews, Assistant Director and Alison Christie, Programme Manager	**Decision**
2. Mental Health and Emotional Wellbeing (CYP) JHWS Priority – update from the Children and Young People Mental Health Transformation Programme	Charlotte Gray, Lincolnshire County Council and Eve Baird, Lincolnshire Partnership Foundation Trust	**Discussion** - to receive a report on behalf of the Children and Young People Mental Health Transformation Programme providing an update on the Mental Health and Emotional Wellbeing (CYP) priority
3. Mental Health (Adults) JHWS Priority – update on the Mental Health Community Transformation Programme	Nick Harwood, Lincolnshire Partnership Foundation Trust	**Discussion** - to receive a report on behalf of the Mental Health Community Transformation Programme providing an update on the Mental Health (Adults) priority
4. Dementia JHWS Priority – update on the Dementia Support Programme	Steve Roberts, Lincolnshire Partnership Foundation Trust	**Discussion** - to receive a report on behalf of the Dementia Support Programme providing an update on the Dementia priority
5. Ageing Better – update on the Lincolnshire Rural Strategic Partnership	TBC	**Discussion**
6. Better Care Fund	Glen Garrod, Executive Director for ACCW	**Information** – to receive a report from the Executive Director for ACCW on the Better Care Fund

TBC March 2024, 2pm, TBC		
Agenda Item	**Presenter**	**Purpose**
1. Healthy Weight JHWS Priority – update from the Healthy Weight Partnership	TBC	**Discussion** – to receive a report on behalf of the Healthy Weight Partnership providing an update on the Healthy Weight JHWS priority

2. Physical Activity JHWS Priority – update on Let's Move Lincolnshire update	TBC	**Discussion** – to receive a report on behalf of Let's Move Lincolnshire providing an update on the Physical Activity priority
3. Director of Public Health Annual Report 2023	Derek Ward, Director of Public Health	**Information** – to receive a presentation on the Director of Public Health Annual Report 2023
4. Better Care Fund	Glen Garrod, Executive Director for ACCW	**Information** – to receive a report from the Executive Director for ACCW on the Better Care Fund

TBC June 2024, 2pm, TBC		
Agenda Item	**Presenter**	**Purpose**
1. AGM - Election of Chair and Vice Chair		**Decision**
2. Review and endorse HWB Terms of Reference and Board Membership	Programme Manager	**Decision** – to receive a report on behalf of the DPH asking the Board to review and endorse the Terms of Reference and any proposals to change the membership
3. Joint Health and Wellbeing Strategy for Lincolnshire Annual Report	Programme Manager	**Discussion** – to receive a report on behalf of the DPH which presents the annual Joint Health and Wellbeing Assurance Report

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