



County Offices
Newland
Lincoln
LN1 1YL

18 September 2023

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 26 September 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, Integrated Care System, 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, C E H Marfleet and Mrs S Rawlins

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

District Council: Councillor Richard Wright

NHS Lincolnshire Integrated Care Board: Dr Gerry McSorley and John Turner (Vice-Chairman)

Primary Care Network Alliance: Dr Kevin Thomas

NHS Providers in Lincolnshire: Kevin Lockyer and Andrew Morgan

Healthwatch Lincolnshire: Dean Odell

Police and Crime Commissioner: Philip Clark

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

Professor Neal Juster, Greater Lincolnshire Local Enterprise Partnership

Melanie Weatherley, Lincolnshire Care Association

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 26 SEPTEMBER 2023**

Item	Title	Pages
1	Apologies for absence/Replacement Members	
2	Declarations of Members' Interest	
3	Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 13 June 2023	5 - 14
4	Action Updates	15 - 16
5	Chairman's Announcements	17 - 18

DISCUSSION ITEMS

6a	Joint Health and Wellbeing Strategy for Lincolnshire - Review Update <i>(To receive a report from Alison Christie, Programme Manager Strategy and Development - Public, Health, and Michelle Andrews, Assistant Director Integrated Care System – Public Health, which provides an update on the review of Lincolnshire’s Joint Local Health and Wellbeing Strategy)</i>	19 - 24
6b	Unpaid Carers <i>(To receive a report from Councillor Elizabeth Sneath, Chair of the Carers Delivery Group and Lisa Loy, Programme Manager – Adult Care and Community Wellbeing, which provides the Board with an update on the Carers priority)</i>	25 - 36
6c	Homes for Independence <i>(To receive a report from Councillor William Gray, Chair of the Housing, Health and Care Delivery Group and Sean Johnson, Programme Manager – Public Health, which provides the Board with an update on the progress being made on the Housing and Health priority)</i>	37 - 42
6d	Lincolnshire Better Care Fund Update <i>(To receive a report from Glen Garrod, Executive Director – Adult Care and Community Wellbeing, which provides the Board with an update on the Better Care Fund)</i>	43 - 58

INFORMATION ITEMS

7a	Log of Previous Decisions <i>(For the Board to note decisions taken since 13 June 2023)</i>	59 - 60
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7b Lincolnshire Health and Wellbeing Board Forward

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(This item provides the Board with a copy of the Lincolnshire Health and Wellbeing Board Forward Plan for the period 26 September 2023 to 1 October 2024)

Democratic Services Officer Contact Details

Name: **Katrina Cope**

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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, 26th September, 2023, 2.30 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
13 JUNE 2023**

PRESENT:

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

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Professor Derek Ward (Director of Public Health) and James Baty.

District Council: Councillor Richard Wright.

Lincolnshire Integrated Care Board: John Turner (Vice-Chairman) and Dr G McSorley.

Lincolnshire Partnership Foundation NHS Trust: Sarah Connery and Sharon Robson.

United Lincolnshire Hospitals NHS Trust: Andrew Morgan.

Associate Members (non-voting): Emma Tatlow (Voluntary and Community Sector) and James Baty (Higher Education Sector and the Greater Lincolnshire Local Enterprise Partnership).

Officers In Attendance: : Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Integrated Care Board), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer) (Democratic Services) and Paul Summers (Programme Manager – Better Care Fund).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley (NHS Liaison, Integrated Care System, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2023/24.

2
LINCOLNSHIRE HEALTH AND WELLBEING BOARD
13 JUNE 2023

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That John Turner (Chief Executive of NHS Lincolnshire Integrated Care Board) be elected Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2023/24.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors C E H Marfleet, Mrs S Rawlins, Sir Andrew Cash (Chair, Lincolnshire Integrated Care Board), Dr Kevin Thomas (Primary Care Network Alliance), Elaine Baylis (Chair, United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Service NHS Trust), Kevin Lockyer (Chair, Lincolnshire Partnership Foundation NHS Trust), Philip Clark (on behalf of the Police and Crime Commissioner), Dean Odell (Healthwatch Lincolnshire), Julia Debenham (on behalf of the Chief Constable, Lincolnshire Police) and Professor Neal Juster (on behalf of the Higher Education Sector and the Greater Lincolnshire Local Enterprise Partnership).

The following replacement members were noted:

Dr Gerry McSorley on behalf of Sir Andrew Cash (Chair, Lincolnshire Integrated Care Board; Sharon Robson on behalf of Kevin Lockyer (Chair, Lincolnshire Partnership Foundation NHS Trust); and James Baty on behalf of Professor Neil Juster (representative for Higher Education and the Greater Lincolnshire Local Enterprise Partnership).

4 DECLARATIONS OF MEMBERS' INTEREST

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

5 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 28 MARCH 2023

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 March 2023 be agreed and signed by the Chairman as a correct record.

6 ACTION UPDATES

RESOLVED

That the Action Updates presented be received.

7 CHAIRMAN'S ANNOUNCEMENTS

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

- Major Conditions Strategy – Call for Evidence. The Board noted that information could be fed in via the Association of Directors of Public Health. The Board noted further that a response could also be made as part of the Call for Evidence at a Lincolnshire level. The Director of Public Health advised that he was happy to collate the response. It was felt that it would be useful to get across in the response, the rural coastal perspective of Lincolnshire; and
- Covid-19 Spring Vaccination Programme – One member enquired as to what the uptake had been relating to the spring vaccination programme, as concerns had been raised regarding the lack of promotion of the spring programme. The Board was advised that the spring vaccination had been offered to specific groups, which were adults aged over 75, residents in care homes for older adults, and individuals aged five years and over who were immunosuppressed. The Board was advised further that these individuals had been notified individually to make an appointment. It was highlighted that generally the Covid-19 campaign had moved from being high profile to a normal tailored vaccination programme. It was noted that the uptake was being monitored weekly by the Integrated Care Board and that Lincolnshire was in a stronger position than other parts of the country. The Board was advised there that 81% of residents in care homes had been vaccinated, and that over 70% of the 75 and over age bracket had received their spring vaccination. It was highlighted that the 'Evergreen Offer' would be ending at the end of June for anyone who had not received any Covid-19 vaccinations.

The Chairman also highlighted that the Local Government Association would be making a response to the Major Conditions Strategy – Call for Evidence.

The Board was advised that the Chairman had been invited by the headmaster of Washingborough School to attend the school on Monday 13 June 2023, as part of the Princess Royal's visit to the school in her role as President of the Healthy Eating Foundation. The Chairman advised further that she had been fortunate to meet the Princess Royal and explain how healthy eating fitted in to the health and wellbeing strategy as far as the Healthy Weight priority was concerned.

RESOLVED

That the Chairman's announcements presented be noted.

8 DECISION ITEMS

8a Lincolnshire Health and Wellbeing Board Terms of Reference and Membership Review

Consideration was given to a report on behalf of Derek Ward, Director of Public Health, which asked the Board to review its governance arrangements, re-affirm its Terms of Reference and consider changes to the Board's membership as detailed in Appendix A.

The Chairman invited Alison Christie, Programme Manager, to present the item to the Board.

The Board noted that following discussions between the County Council and health colleagues, it was proposed to reduce the number of county councillors by two and reduce health representatives by four. Section 5.1 of Appendix A provided full details of the proposed changes.

The Board was also asked to consider extending associate membership to a representative from the care sector. It was highlighted that representation from this sector would help fill a gap for both the Health and Wellbeing Board (HWB) and the Lincolnshire Integrated Care Board (ICP), as the health and care system in Lincolnshire faced many challenges.

The HWB were also asked to endorse the governance document attached at Appendix A, and to recommend the changes to the membership to full Council on 15 September 2023, to enable the necessary amendments to be made to the Council's Constitution.

During consideration of this item, reference was made to:

- Support was extended to the proposal for a reduction in membership and to extending the associate membership to include a representative from the care sector;
- Paragraph 5.2 first bullet point should read 'A designated representative form NHSE'; and
- Praise was given to the good working relationship in Lincolnshire between the HWB and the ICP.

RESOLVED

1. That the Terms of Reference and the governance documents attached as Appendix A to the report be endorsed.
2. That the proposals to reduce the number of NHS representatives and county councillors, as set out in the report at paragraph 1.2 be agreed and that the changes be recommended to full Council on 15 September 2023 to enable the relevant changes to be made to the Council's Constitution.

3. That the selection of associate members for one year be reaffirmed, in accordance with section 5.4 of the Terms of Reference.
4. That the recommendation to extend associate membership to a representative from the care sector be endorsed.

8b Joint Engagement - Joint Strategic Needs Assessment (JSNA) Prioritisation Exercise and Recommendations

The Board considered a report from Derek Ward, Director of Public Health, which provided a summary of the Joint Needs Assessment (JSNA) prioritisation exercise undertaken, and asked the Board to consider the recommendations detailed in Appendix A.

The Chairman invited Alison Christie, Programme Manager, to present the item to the Board.

The Board noted that the Health and Wellbeing Board (HWB) had a statutory duty to prepare a Joint Local Health and Wellbeing Strategy (JLHWS) based on the evidence of need identified in the Joint Strategic Needs Assessment (JSNA).

The Board was advised that the JSNA prioritisation phase had begun in early April with a desktop exercise to map all 36 JSNA topics according to their potential impact on the Lincolnshire population and the recent direction of travel. It was noted that a prioritisation workshop had been held on 27 April 2023 with representatives from the organisations on the HWB to consider the outcomes from the desktop mapping exercise. Appendix A to the report provided a summary of the JSNA prioritisation phase and made seven recommendations for the HWB to agree or provide a steer on.

Appendix B to the report provided details of the JSNA Prioritisation Workshop for the Board to consider.

During consideration of the recommendations in Appendix A, the following comments were noted:

- Some concern was expressed that reference to children with Special Educational Needs (SEND) appeared to have been missed, that children and young people rarely featured in any of the recommendations; and that young people should be recognised as having health issues. The Board noted that a life course approach was being taken for all the priorities to reflect the new JSNA. Officers agreed to look into reference to SEND after the meeting;
- The need for Dementia Services to remain as a priority in the JLHWS. A representative from the Lincolnshire Partnership Foundation NHS Trust confirmed that they were happy for dementia to be absorbed into the mental health priority, as the mental health priority covered for all ages;
- Some concern was expressed that fluoridation and extractions for children had not scored higher. The Board noted that oral health was a priority from a public health

perspective and that representation to the Secretary of State concerning fluoridation would be carried out irrespective of whether it became a priority for the JLHWS;

- The need for Mental Health and Emotional Wellbeing, Healthy Weight and Physical Activity to remain as a priority;
- That Drugs and Alcohol should not be included as a priority, as appropriate partnership governance and reporting mechanisms were already in place to provide assurance regarding this agenda; and
- That Housing should continue to be a priority and should be renamed as Homes for Independence, as this fitted in to the existing agenda for this area.

RESOLVED

1. That agreement be given by the HWB to the following recommendations presented in Appendix A:

- Recommendation 1 – The revised JLHWS should have no more than seven priorities, therefore the JSNA topics receiving lowest support (numbered 8 to 13 in Table 2) should not be progressed as prioritised.
- Recommendation 2 – Mental Health and Emotional Wellbeing, Health Weight and Physical Activity remain as priorities in the JLHWS.
- Recommendation 5 – Considering aspects of the JSNA factsheet on Homelessness, Housing Standards and Unsuitable Homes and the importance to the health inequalities agenda, it is recommended that Housing and health remain a priority theme but re-named ‘Homes for Independence’.
- Recommendation 7 – the revised JLHWS is developed using a life course approach to reflect the new JSNA.

2. That the HWB steer on the following recommendations as presented in Appendix a be as follows:

- Recommendation 3- Dementia remains a priority in the JLHWS as part of the Mental Health priority, as the decision is to follow a life course approach.
- Recommendation 4 – Not to include Drugs and Alcohol as a priority in the JLHWS and confirm that appropriate partnership governance and reporting mechanisms are in place to provide assurance for this agenda.
- Recommendation 6 – based on the outcome of the prioritization exercise, carers should remain a priority in the JLHWS.
- The HWB agrees the next steps as set out in section 1.2 of the report.

8c Lincolnshire Better Care Funding and Narrative Report 2023-25

Consideration was given to a report from Glen Garrod, Executive Director Adult Care and Community Wellbeing, which asked the Board to approve the 2023/25 Lincolnshire Better Care Fund (BCF) and the narrative plan for 2023/25, prior to submission on 28 June 2023.

The Board were introduced to Paul Summers, who had been recently appointed as the Programme Manager for the Better Care Fund.

Appendix A to the report provided a copy of the Lincolnshire BCF for 2023/25 and Appendix B provided a copy of the Lincolnshire Narrative Report for 2023/25 for the Board to consider.

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

- Clarification was given relating to the figure of £6.98m for Disabled Facilities Grant as shown on page 62 of the report. It was highlighted that this was ringfenced funding that was paid direct to district councils in full unless it had been agreed that the capital fund could be used for other purposes to meet the needs of disabled people. It was noted that Government guidance was clear that if all partners agreed to pool for a given purpose that this was acceptable. And, that in Lincolnshire the Health and Housing Care Delivery Group was the delivery vehicle for such a purpose. It was highlighted that some district councils did not spend all their DFG allocation and that pooling resources would enable more to be achieved for specific pilots;
- Confirmation was given the 1% of the NHS Budget was used for voluntary sector activity to support preventative work and that Lincolnshire was planning to spend more than it had done in previous years; and
- Support was extended to the priorities for 2023/25 detailed in the narrative plan on page 75 of the report pack, with particular reference being made to Home First, which focused on supporting discharge from hospital; and the to the further utilisation of digital technology, with a strong focus on the resident, to enable them to have greater input and control of data.

RESOLVED

That the 2023/25 Lincolnshire Better Care Fund Plan and the Narrative Plan be approved by the Board ahead of their submission on 28 June 2023.

8d NHS Joint Forward Plan

Consideration was given to a report and presentation by the NHS Lincolnshire Integrated Care Board (ICB), which asked the Board to note the requirement for the NHS to develop a Joint Forward Plan (JFP) and to involve the Health and Wellbeing Board in preparing or revising the JFP. The Board was also asked to consider whether the JFP took proper account of the Joint Local Health and Wellbeing Strategy.

The Chairman invited Pete Burnett, Director of Strategic Planning, Integration and Partnerships to present the item to the Board. The presentation referred to the background and requirements of the Health and Care Act 2022 for ICB's to develop a JFP; and an overview of the approach taken by Lincolnshire to developing a Lincolnshire NHS JFP was received.

It was noted that the JFP took account of the Joint Local Health and Wellbeing Strategy and that the two documents would develop further as things moved forward.

RESOLVED

1. That the requirement for the NHS to develop a Joint Forward Plan and involve the Health and Wellbeing Board in preparing or revising the Joint Forward Plan be noted.
2. That the Board agrees that the Joint Forward Plan takes proper account of the Joint Local Health and Wellbeing Strategy.

9 INFORMATION ITEMS

9a Joint Local Health and Wellbeing Strategy Annual Assurance Reports

The Board considered a report from Derek Ward, Director of Public Health, which provided annual assurance reports for each priority area of the Joint Local Health and Wellbeing Strategy, so that the Board could be assured that progress was being made to improve health and wellbeing in Lincolnshire.

Alison Christie, Programme Manager was invited to present the information item to the Board.

Appendices A to G provided Annual Assurance reports from each of the delivery groups. Reassurance was given that each JHWS group had been engaged in producing their annual report.

RESOLVED

That the Annual Assurance reports presented as Appendices A to G to the report presented be noted.

9b Evaluation of the Integrated Lifestyle Service, 'One You Lincolnshire'

The Board considered a report from Derek Ward, Director of Public Health, which provided a summary of the findings from the University of Lincoln's evaluation of the Integrated Lifestyle Service, 'One You Lincolnshire'. It was reported that the evaluation had found that the service had exceeded current benchmarks for successful service delivery within national guidelines across all four pathways and surpassed outcomes from Lincolnshire's previous discrete lifestyle services.

A copy of the evaluation document was provided in Appendix A to the report.

During discussion, reference was made for the need to ensure that the service was available beyond the twelve-week intervention period and that support should be given to the sector that One You Lincolnshire prescribed into.

RESOLVED

That the evaluation of the Integrated Lifestyle Service, 'One You Lincolnshire' report be noted.

9c An Action Log of Previous Decisions

RESOLVED

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

9d Lincolnshire Health and Wellbeing Board Forward Plan

The Chairman invited members of the Board to contact either Alison Christie, Programme Manager or Katrina Cope, Senior Democratic Services Officer if they had any items they wished to have included in the Health and Wellbeing Board Forward Plan.

RESOLVED

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

The meeting closed at 3.36 p.m.

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Lincolnshire Health and Wellbeing Board - Actions from 13 June 2023

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
13.06.23	8b	Joint Engagement – Joint Strategic Needs Assessment (JSNA) Prioritisation Exercise and Recommendations Officers agreed to look further into reference to SEND	This is being considered as part of the next steps
	9d	Lincolnshire Health and Wellbeing Board Forward Plan Members of the Board were invited to contact either Alison Christie, Programme Manager or Katrina Cope, Senior Democratic Services Officer if they had any items they wished to be included in the Health and Wellbeing Board Forward Plan.	No requests received

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Agenda Item 5

LINCOLNSHIRE HEALTH AND WELLBEING BOARD – 27 SEPTEMBER 2023 CHAIRMAN’S ANNOUNCEMENTS

Holiday Activities and Food Programme – MP Visit

On 25 August 2023, Gareth Davies MP for Grantham and Stamford visited St Gilbert’s Church of England Primary School, Stamford to find out more about the holiday activities and food (HAF) programme. I was also fortunate to be invited to attend the visit.

During the visit hosted by Vincent Brittain, Chief Executive of [Inspire+](#), the HAF provider in south Lincolnshire, we were given the opportunity to find out more about the work of Inspire+ and provided with an overview of the HAF programme being delivered in Grantham, Bourne and Stamford. We were able to spend time observing the activities and had lunch with the children.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	Lincolnshire Health and Wellbeing Board
Date:	26 September 2023
Subject:	Joint Health and Wellbeing Strategy for Lincolnshire – Review Update

Summary:

This report provides an update on the review of Lincolnshire’s Joint Local Health and Wellbeing Strategy and sets out the next steps. The intention is to align the work with the development of the next iteration of the Integrated Care Strategy so both strategies are ready for approval and publication in March 2024.

Actions Required:

The Health and Wellbeing Board are asked to note the content of this report detailing the next steps and timescales for finalising the next iteration of the Joint Local Health and Wellbeing Strategy for Lincolnshire.

1. Background

1.1 Context

In June, the Board received a report on the outcome of the Joint Strategic Needs Assessment (JSNA) prioritisation exercise. This exercise used the evidence from the new JSNA, published in March 2023, to review current priorities in the Joint Local Health and Wellbeing Strategy (JLHWS) to either a) reaffirm them or b) identify areas of concern that should be considered as priorities in the next iteration of the JLHWS.

Based on recommendations of the prioritisation exercise, the HWB agreed the next iteration of the JHWS should have no more than seven priorities and be redeveloped using a life course approach to reflect the new JSNA. The board reaffirmed the current priorities are still relevant, but agreed the following changes:

- Housing and Health would be renamed “Homes for Independence”.
- Mental Health (Adults), Mental Health and Emotional Wellbeing (Children and Young People) and Dementia to be combined into a single priority.

Refocussed priorities and governance arrangements are shown in Appendix A. To ensure continued alignment with the Integrated Care Strategy for Lincolnshire, the shared ambition and aims will be updated.

1.2 Next Steps

Work is underway with each of the delivery groups to redraft the JLHWS document using the life course approach and delivery plans will be refreshed for 2024/25 to reflect this approach. As part of this work, we will be highlighting the key children and young people issues, where appropriate throughout the strategy, following on from conversations with the Portfolio Holder.

To ensure alignment with the Integrated Care Strategy, the intention is to develop the two strategies in parallel and in line with updated guidance due to be published autumn 2023. To accommodate this, the timetable for developing the strategy has been updated. The key steps and timescales are now:

Key Step	Timescale
Work with priority delivery groups to agree priority chapters and objectives	By end of November 2023
Provide an update and overview to HWB	December 2023
Finalise the JLHWS document and delivery plans	By end January 2024
Present to Health Scrutiny Committee	February 2024
Sign off by HWB	March 2024
Publication	April 2024

A detailed outline of the new JLHWS, including proposed objectives for each priority will be presented to the HWB at the next meeting in December.

2. Conclusion

The HWB is asked to note the content of this report and comment on the next steps for reviewing the JLHWS.

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 paper details the process to review the JLHWS based on the needs identified in the JSNA.

4. Consultation

Ongoing engagement with the JLHWS Delivery Groups.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Joint Health and Wellbeing Strategy Overview Diagram
Appendix B	Joint Health and Wellbeing Strategy 2023 - Document outline

6. Background Papers

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

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

Lincolnshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy will...

Shared Ambition

.....support the people of Lincolnshire to have the best start in life, and be supported to live, age and die well by....

JHWS Aims

...having a strong focus on prevention and early intervention

...taking collective action on health and wellbeing across a range of organisations

...tackling inequalities and equity of service provision to meet the population needs

...delivering transformational change in order to improve health and wellbeing

JHWS Priorities

Mental Health & Dementia

Carers

Homes for Independence

Physical Activity

Healthy Weight

JHWS Delivery

Mental Health, Learning Disability & Autism Alliance

Carers Steering Group

Housing, Health and Care Delivery Group

Let's Move Lincolnshire

Healthy Weight Partnership

Joint Health and Wellbeing Strategy 2023 - Document outline

1. Foreword

- Updated message from Chair and Vice Chair of the HWB

2. Introduction/Scene Setting

- Explanation of the Health and Care landscape of Lincolnshire
- Explanation of why we produce the strategy & why this is a refreshed version (new JSNA)
- Brief overview on some of the things that have happened since 2018?
- How the strategy aligns with the Integrated Care Strategy
- Explanation of the life course approach being taken in the JHWS

3. About Lincolnshire (Using infographics where possible/appropriate)

3.1 Population

- Provide a brief description of the current picture and predicted future changes.

3.2 Health and Wellbeing

- Provide a brief description highlighting key areas from the JSNA.

3.3 Start Well

- Include Start Well infographic with a short compelling narrative.

3.4 Live Well

- Include Live Well infographic with a short compelling narrative.

3.5 Age Well

- Include Age Well infographic with a short compelling narrative.

4. Review and Development

- Brief description of review process

5. Ambition, Aims and Priorities

- Brief overview – including updated JHWS governance diagram followed by a section on each of the five priority areas.
- Each Priority section will include:
 - A short narrative on why the priority is important.
 - Two or three objectives against each of the life courses – Start Well, Live Well and Age Well
 - Details on how progress will be measured.
 - Details on the delivery arrangements for the priority.
- Each priority delivery group will be asked to produce a delivery plan for 2024/25 to be published alongside the JLHWS.

6. Delivery of the Strategy

- Explanation on how the strategy will be delivered with reference to delivery plans and monitoring arrangements.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Cllr Elizabeth Sneath, Chair of the Carers Delivery Group

Report to	Lincolnshire Health and Wellbeing Board
Date:	26 September 2023
Subject:	Unpaid Carers

Summary:

The Lincolnshire Health & Wellbeing Board identified key priority areas, one of these being Carers, to fulfil the Boards ambition for carers a subgroup was formed (Carers Delivery Group) to bring together key strategic partners to work collaboratively to effect change.

The Carers Delivery Group was paused during the Covid-19 pandemic to enable practical support to carers along with response activity. The Group re-formed in January 2023 with a new Chair and for the first time, representatives of every part of the local NHS system.

The strategy was reviewed and whilst comprehensive, was felt to be too broad. The Group are now developing a revised Strategy, summarised in a "Plan on a Page", drawing on the JSNA, the needs of carers and the expectations set out in the NHSE&I Commitment to Carers, for which a quarterly return is submitted.

Actions Required:

Health and Wellbeing Board (HWB) is asked to:

- Note the report and progress made to date.
- Agree the Plan on a Page, as the first stage towards a revised Carers Strategy.
- Discuss the opportunity for the Carers Delivery Group to co-produce the revised strategy.
- Promote and endorse the Memorandum of Understanding (MOU), demonstrating system led leadership to identify and support carers.

1. Background

There are an estimated 79,262 unpaid carers in Lincolnshire and given the county's ageing population, this number is predicted to increase. There is a significant impact on the health and wellbeing of a person in a caring role. Carers are twice as likely to suffer poor health compared to the general population, primarily due to a lack of information and support, financial concerns, stress, and social isolation. Evidence shows that two thirds of carers are female, with carers an average of 50 hours care per week. The risk of carer breakdown represents a potentially significant pressure on health and care services, making support and early intervention an essential element of this work.

Many carers reported that the Covid-19 pandemic had a considerable impact on their health and wellbeing and increased the burden of caring. This is further exacerbated by the cost-of-living crisis which is placing additional pressure on many carers.

Lincolnshire continues to progress the carers agenda whilst making substantial progress both strategically and operationally with a shared vision to consider the needs of carers across a range of areas. This commitment is demonstrated and captured by the following activities captured in the report.

Carers Delivery Group:

This group paused during the Covid-19 pandemic whilst the workforce diverted effort to supporting carers in the community who were experiencing additional pressures.

In January 2023, the group relaunched with a new service lead and Cllr Elizabeth Sneath was appointed Chair of the Group. Time was invested in reinvigorating the membership, refreshing the Terms of Reference, and setting the foundations for the future. Following consultation, the group agreed that the Carers Strategy was no longer fit for purpose and a more succinct plan on a page was created, focusing on three key priority areas. This focused approach supports achievable outcomes as a mechanism to deliver change. See Appendix A.

The key priorities for the Carer's Priority Group were identified as:

- Workforce and Employment
- Whole Family Approaches
- Digital opportunities

The newly formed group also wished to set clear expectations of partners and to underline this commitment, created a Memorandum of Understanding (MoU), which is at Appendix B.

In the absence of an ICB lead for Carers, the Carers Delivery Group co-ordinates and completes the NHS England annual Survey of Carers. Working collaboratively to complete this brings a clearer picture of carers in Lincolnshire and has been shared across the region as best practice.

Joint Strategic Needs Assessment (JSNA):

The carers delivery group worked collaboratively to develop and produce the new carers topic, this was co-ordinated by the carers service lead but with support from wider participants to ensure the carers topic was fit for purpose with the system.

Work with the NHS:

Following the last report to the Board, NHS representation on the Carers Delivery Group has increased and relationships strengthened.

Local charity Every-One made a successful bid to NHS Charities Together on behalf of the wider system to fund a part-time project worker. United Lincolnshire Hospital Trust (ULHT) contributed funding and host the post. The officer started in an 18-month position in March 23.

Project priorities are to:

- Provide all partners across the NHS Trusts with a carer definition and support to identify working carers.
- Provide working carers in the NHS Trusts (staff & volunteers) with a digital platform of support (a closed Facebook group).
- Provide training for leaders in the NHS Trust, including management training, provided by Carers First Employment team.

Carer's Passports:

Lincolnshire Partnership Foundation Trust (LPFT) have formally rolled out a new carer's passport, supporting staff who are carers to discuss their needs with their manager. As a mature and established member of the group LPFT are keen to share best practice across the system. The Carers Delivery Group ambition is to roll out carer's passports more widely across Lincolnshire, this supports the NHS National Commitment to Carers objective of a national roll out.

Highlights of progress to date:

- Re-launched, re-branded and updated Care Partners Badges and resource boxes to all wards.
- Launched new Staff Carers Network in the NHS.
- Care Partners Policy approved and published.
- Continuing engagement with national work on development of NHS Care Partners Policy.
- Advert published for Carers to join a Care Partners Expert Reference Group.

Carers Week:

Carers Week is an annual campaign to raise awareness of caring, highlight the challenges unpaid carers face and recognise the contribution they make to families and communities. It also helps people who don't think of themselves as having caring responsibilities to identify as carers and access much-needed support. The carers delivery group co-ordinated and shared information on all activities available throughout Lincolnshire, this approach saved duplication and benefited partners to reach a wider cohort.

Commissioned Lincolnshire Carers Service:

In October 2022 Lincolnshire County Council commissioned a new Lincolnshire Carers service, this was a new model of service with a single front door. The mobilisation of this service has seen adoption of a streamlined carers journey, with enhanced universal offer of support. Early indications show that most carers want timely, good quality information and advice, for others a carers assessment may be needed the new carers conversation at the front door will help to identify the level of need at the earliest possible opportunity.

A positive celebration for the new Lincolnshire Carers Service is that all staff have now completed training in Strength based approaches (SBA), this ensures that staff are working in a proactive manner to support carers, rather than the old deficit model of support. The new approach encourages carers to be empowered and remain as independent as possible with choice and control. In addition to SBA training, all staff have received Care Act training from a highly sought after trainer, this gives reassurance that competent well-trained assessors assess carers. The service maintains a robust programme of Quality Assurance, both internally and externally to the service.

Care Quality Commission (CQC):

Lincolnshire County Council was the first local authority in the country to be inspected as part of a new CQC Local Authority Assessment pilot. The Lincolnshire Carers Service contributed to the key lines of enquiry and helped to shape evidence submitted in preparation for the visit. Formal carers, assessor’s and county council staff participated in inspections in a united manner to demonstrate how Lincolnshire support its carers in the county. Formal feedback is awaited.

Survey of Adult Carers in England (SACE):

The Survey of Adult Carers in England (SACE) provides outcome-focused intelligence information on carers and the services they receive. It measures the extent to which services improve carers’ ability to care and live a life outside the caring role. The need to assess the impact on carers of the provision and quality of services provided to service users is also important.

The 2021/2022 Lincolnshire survey stated that 54% of carers report that they can look after themselves in terms of eating well and getting enough sleep. However, a high proportion of carers reported that their caring role had impacted their health. 80.9% felt tired and 67.0% experienced disturbed sleep. 62.8% reported a general feeling of stress. A third of carers said they had experienced physical strain, e.g., back pain.

Where carers have sought out information and advice surrounding their caring role, 57.2% found it either very or fairly easy to find and 86.3% found the information very or quite helpful.

The Carers Delivery Group co-ordinates and completes the NHS England annual Survey of Carers. Working collaboratively to complete this brings a clearer picture of carers in Lincolnshire and has been shared across the region as best practice. In autumn 2023/24 the next survey is due to be shared in Lincolnshire, a working group will be formed to review the content and action accordingly.

What we said we would do in 2022/23:

The carers delivery group agreed to take actions to ensure that the group could establish, for ease please see the table below and an update on progress.

What we said we would do in 2022/23	Outcome
Re-launch the Delivery Group, with a new Chair and revised membership	Achieved
Develop and agree a Carers Memorandum of Understanding for Lincolnshire	Achieved
Update the Carers JSNA topic to provide a robust evidence base to inform action	Achieved
Work together to achieve the NHS Commitment to Carers	On going
Maximise support for carers working in partner agencies as exemplars for other organisations	On going
Ensure that support for Carers is integrated across the Integrated Care System (ICS)	On going
Embed strengths-based approaches and tools in all carer’s services and processes	Achieved

2. Conclusion

This report provides the HWB with assurance of the progress being made during 2022/23. The continued inclusion of Carer's as a priority in the Health and Wellbeing Strategy reaffirms the commitment that this topic is one of the most important health and wellbeing issues facing the county.

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).

A new Carers JSNA has been co-produced by the carers delivery group and is live.
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4. Consultation

Not applicable.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Plan on a page
Appendix B	Memorandum of Understanding (MoU).

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 Lisa Loy, Programme Manager, who can be contacted on Lisa.loy@lincolnshire.gov.uk

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Carers Delivery Group – Plan on a Page 2023/24

National Drivers	<p>NHS Commitment to Carers 5 ambitions by 2024: Improving access to and uptake of carers passports, developing consistency in contingency and emergency planning for carers and inclusion within integrated care records, identification of Carers within vulnerable communities, Quality Markers in Primary Care, roll out of young carers ‘top tips’ via Primary Care for carers and inclusion within integrated care records.</p> <p>Delivery of the Joint Health and Wellbeing Strategy - In order to ensure the strategy delivers the objectives identified for each of the priorities, the Health and Wellbeing Board agreed to hold specific groups accountable for the delivery of the strategy. For carers, this is the Carers Priority Group</p>										
<u>Vision of the Group</u> A place where carers are:	Recognised, supported and valued as individuals with their own health and wellbeing needs				Treated as equal and respected partners in their caring role						
Objectives for carers	Are identified early from diagnosis & signposted to appropriate support		Listened to and involved in the care of the person they support		Young carers are identified in the education sector, and all settings where opportunities exist to identify and support them		Supported to look after their own physical & mental health		Supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment	Supported through improved understanding of local intelligence to influence & shape preventative measures and support services & carers	
Objectives of the group	To achieve the objectives of the Joint Health and Wellbeing Board		To lead on updates to the JSNA		To provide strong local leadership for improving the health and wellbeing of unpaid carers of all ages		To place carers at the heart of our plans and actions	Lead on implementing the Carers Priority of the JH&WS, identifying opportunities for cross priority working		Maximise opportunities for joint working and integration of services	Maximise opportunities for learning from best practice in shaping local strategy and delivery
Lincolnshire’s Strategic Priorities	Employment/ Workforce				Digital Solutions			Whole Family Approach			
How	Supporting carers with work and voluntary opportunities				Information & access			Co-Producing & implementing consistent services			
Activities	Staff Carer Networks	Carers Passports	HR Policy review		Identifying what Carers want	Self-help tools (Jointly, etc)	Digital Literacy & Access	Identifying carers early	Contingency planning for emergencies	Carers in vulnerable communities	
	Manager Training	Employers for Carers	Evaluating impacts		Technology Enabled Care	Linking together the right people for digital solutions	Evaluating impacts	Supporting vulnerable carers	Young Carers Top Tips	Evaluating impacts	
Metrics/ Outcomes											



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Lincolnshire Health and Wellbeing Board – Carers Priority Delivery Group Memorandum Of Understanding

To support an integrated approach to the identification and support of Carers' health and wellbeing needs in Lincolnshire.

04/07/2023

1. Introduction

This Memorandum of Understanding (MOU) sets our approach to implementing an integrated approach to identifying and supporting Carers in Lincolnshire.

2. Our Vision for Carers

Lincolnshire is a place where Carers are recognised, supported and valued as individuals with their own health and wellbeing needs, and are treated as equal and respected partners in their caring role.

3. Working together to support carers, we will:

- a. Achieve the objectives of the Joint Health and Wellbeing Board.
- b. Provide strong local leadership for improving the health and wellbeing of unpaid family carers of all ages, including young carers.
- c. Lead on producing information for the Joint Strategic Needs Assessment (JSNA) and ensure that partner agencies use the evidence base as part of their commissioning plans.
- d. Place carers at the heart of the Delivery Group's plans and actions, embedding co-production wherever relevant and possible.
- e. Maximise opportunities for joint working and integration of services, making best use of existing opportunities and processes to prevent duplication or omission.
- f. Maximise opportunities for learning from best practice to shape local strategy and delivery.
- g. Monitor and report on progress in implementing the Delivery Plan.

4. Context

The Care Act (2014) was designed to improve support for carers, promoting wellbeing and aiming to prevent escalation of need.

The Children and Families Act (2014) aimed to improve support for young carers and parent carers by strengthening their right to have an assessment of their needs.

Both Acts created new duties to provide information and preventative support to carers and young carers and placed a new duty on the NHS to cooperate with the local authority in implementing these duties.

5. Key Principles

The integrated approach to identifying, assessing and supporting Carers' health and wellbeing needs rests on several supporting principles. Each of these covers a number of practical points, and each practical point features examples of positive practice to encourage other practitioners and commissioners to replicate or build on success.

Principle 1 - All organisations will take a pro-active approach to identify, register (in Primary Care) and help carers maintain their health and wellbeing.

- Principle 2 - Carers will be respected and listened to as expert care partners, through conversations which recognise their strengths and will be actively involved in care planning, shared decision making and reviewing services.
- Principle 3 - We will take a well-rounded approach to build knowledge and connections, ensure support needs are assessed and met in an integrated way, making sure carers can access appropriate services and support both for themselves and the person they look after.
- Principle 4 - Carers will be empowered to make choices about their caring role.
- Principle 5 - The support needs of carers who are more vulnerable or at key transition points will be identified early.
- Principle 6 - Young carers, young adult carers and carers of working age will be identified and supported in accessing and maintaining education and employment, including the workforce of signatory partners.
- Principle 7 - Carers will be supported by information sharing (with their consent) between health, social care, carer support organisations and other partners to this agreement.
- Principle 8 - The staff of partners to this agreement will be aware of the needs of carers and of their value to our communities.
- Principle 9 - Everyone should have an equal opportunity to access high quality care and support to meet their individual needs and people should not be disadvantaged due to their background, culture or community.

Workers need to be sensitive to people's needs and have the confidence to discuss individuals' differences to find out how they can best offer care and support.

6. Thinking 'Carer'

In order to ensure that carers receive the right support, at the right time, and in the right place, a carer who indicates that they require additional support or that their capacity or willingness to continue caring is diminished, should be referred to the Lincolnshire Carers Service to have their immediate needs addressed.

Where a carer indicates they have a health need during an interaction with the NHS, this health need should be addressed as soon as possible, after which the healthcare practitioner should initiate a discussion about the carer's wider support needs and consider a referral as required to the Lincolnshire Carers Service.

As health and social care develop more integrated approaches to delivering care and support, we will work to develop local data and information sharing processes between agencies. This will help ensure that information follows the carer across their own care and support pathway, without them constantly having to re-tell their story.

Carer friendly employment practices will be promoted within partners own organisations. Partners to this MOU are actively encouraged to sign up to and help promote [Employers for Carers](#) (Free membership is offered to Lincolnshire Health providers through Lincolnshire County Council's Umbrella Subscription).

7. Oversight

We aim to act and work together to ensure momentum continues in the coming years. The key signatories to this MoU will continue to review, evaluate, and identify improvements to supporting carers, reporting these to the Joint Health and Wellbeing Board.

Signatories

Organisation	Name of strategic signatory	Electronic Signature – <i>Please note signatures have been redacted</i>	Date signed
Lincolnshire County Council	Glen Garrod – Executive Director of Adult Care and Community Wellbeing		
Lincolnshire ICB	Martin Fahy – Director of Nursing		16/05/2023
Lincolnshire Partnership Foundation Trust	Sharon Harvey – Director of Nursing and Quality		11/04/2023
Lincolnshire Community Hospital Service Trust	Ceri Lennon		06/04/2023
United Lincolnshire Hospital Trust	Angela Davies Deputy Director of Nursing		19/04/2023
Lincolnshire Voluntary Engagement Team			
SERCO			
Carers First	Alison Taylor		04/05/2023

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Councillor William Gray, Chair of the Housing, Health, and Care Delivery Group

Report to	Lincolnshire Health and Wellbeing Board
Date:	26 September 2023
Subject:	Homes for Independence

Summary:

The Health and Wellbeing Board received an update on how the Housing and Health priority theme had been delivered in 2022/23 as part of the JHWS annual assurance report. This paper updates Members on the refocused Homes for Independence priority theme in the Joint Health and Wellbeing Strategy for Lincolnshire and how it is being delivered.

It focuses on five main collaborative workstreams where good progress has been made so far during 2023/24, and there will be significant further exploration and development, namely:

1. Improving housing intelligence (understanding needs and opportunities), including the housing stock modelling exercise and health impact assessment of poor condition homes.
2. Establishing a Good Home Hub and One Stop Shop for aids, equipment, and adaptations.
3. Considering the use of the Better Care Fund, Disabled Facilities Grant funding and People at the Heart of Care for Homes for Independence.
4. Providing local energy advice. and
5. Implementing the Lincolnshire Homelessness and Rough Sleeper Strategy.

Actions Required:

That the good progress being made on the current main workstreams for the Housing Health and Care Delivery Group is noted.

1. Background

Considering the importance of a good home to the health inequalities agenda, the Health and Wellbeing Board (HWBB) has agreed that Housing and Health remains a priority theme in the Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire, but that it is re-named Homes for Independence. Evidence shows that living in familiar, safe, accessible, warm accommodation that we call 'home' is more likely to promote mental and physical wellbeing, and to reduce hospital admissions, social isolation, and loneliness. Our vision is for people to live independently, stay connected and have greater choice in where and how they live. The refocused priority will not address all aspects of housing but identifies those who may need extra help to maintain their wellbeing and independence e.g., those with health and care needs, those moving from a hospital inpatient or other facilities, and care leavers amongst others. There are three main areas of focus:

1. Ensuring homes are safe, warm, and dry to reduce accidents such as falls and to prevent illnesses, especially respiratory conditions for people of all ages.
2. Maximising levels of independence for people with care and support needs (e.g., frail older people and people with mental health issues, dementia, learning disabilities, and autism). This includes providing appropriate small aids, equipment, and adaptations to meet people's needs through streamlined mechanisms and processes.
3. Preventing homelessness and rough sleeping by addressing the underlying causes leading to homelessness.

The Housing Health and Care Delivery Group (HHCDG) under the chairmanship of Councillor William Gray continues to oversee a Delivery Plan of actions to meet objectives for the Homes for Independence priority. Membership has been reviewed and updated following the district council elections, whilst representation from the NHS Trusts still requires further consideration.

The Lincolnshire Housing and Health Network (LHHN) is an officer group of senior housing leads that coordinates action to achieve the Delivery Plan for HHCDG with actions allocated to subgroups each with a named lead:

- Greater Lincolnshire Energy Efficiency Network
- Lincolnshire Healthy and Accessible Homes Network
- Lincolnshire Homelessness Partnership
- Lincolnshire Housing Standards Group

These groups share some people (strategic leads) and financial resources that have accelerated implementation of the HHCDG Delivery Plan. It is recognised that additional resources may be needed to complete an ambitious programme of work.

Housing Intelligence (Understanding Needs and Opportunities)

The ambition to improve our understanding of several aspects of the housing and health agenda will be taken forward within the Public Health Intelligence Team (PHIT). More will be done to align Homes for Independence with Population Health Management with the aims of reducing health inequalities and prevention. Setting a two-year work programme will be considered at the LHHN meeting on 8 November 2023 and the HHCDG Delivery Plan will be updated to reflect this.

There is likely to be a particular focus on:

- Homelessness prevention - scoping a joint piece of research with the Lincolnshire Homelessness Partnership to detail interventions to prevent homelessness across the county.
- Housing standards, including cold, damp and mould.

- Reducing energy use.
- Demand for different levels of supported housing for both older people and working-age adults with mental health, dementia, learning disabilities and autism.

It is suggested that the work programme is also signed off by the Better Lives Lincolnshire Board.

Funding and a procurement route including district councils is being agreed to commission the Building Research Establishment housing insights service. This will provide the PHIT with access to the Housing Stock Condition Database (HSCD), with modelled address level housing stock condition information from the English Housing Survey and Experian covering all tenures. It will be sufficient to determine overall levels of disrepair and poor housing standards, and to target interventions at an aggregated level (e.g., ward or lower super output area). The PHIT would be able to refine the HSCD if known data about properties is fed into it (e.g., from Planning and Building Control records, and housing standards enforcement outcomes). The housing stock modelling will be followed by a health impact assessment of poor condition homes. Based on the findings from this, the HSCD could then be cross-referenced with patient health data, e.g., for direct targeting of support to people with respiratory conditions living in cold homes and make best use of resources to fund cost effective measures to improve homes.

Good Home Hub and One Stop Shop for Aids, Equipment, and Adaptations

Local authorities and partners with a role in creating the right home environment for people have been working with the Centre for Ageing Better (AB) to develop a model for a Good Home Hub, following the recommendation made in its Good Home Inquiry report. This is one of the three current main workstreams for the AB partnership that is being led by HHCDG. Organisations will be invited to become part of a Lincolnshire Good Home Alliance with the aim of it becoming easier for people to access their services as part of a system-wide approach. Residents, or someone on their behalf, will be able to contact a single point through a range of communication channels, or read information for themselves on the Connect to Support Lincolnshire website. Development of the website is underway. Wherever possible, residents will be directed to this information to enable them to resolve issues for themselves.

However, when it is identified that a resident requires additional support to access services they will need to be allocated to a caseworker. The caseworker will then connect the resident with the service(s) they need and follow their progress through to completion, potentially putting further service(s) in place where several issues need to be sorted out sequentially. For some people who are eligible, the caseworker may be a Generic Support Officer in the current Wellbeing Service commissioned by Lincolnshire County Council (LCC). For others, the district councils are exploring a pilot Casework and Advice service. There has been a Healthy Home Assessment developed that is being trialled by front line workers, but its future use will be dependent on further website development and the progression of the pilot Casework and Advice service. Other themes to be further explored include trusted tradespeople and financial solutions.

Hoarding was identified as an issue where residents may need therapeutic support as well as practical support to overcome the behaviour. Appropriate service(s) to be able to roll this out across the county through a Good Home Hub are being approached and it will hopefully commence soon.

Better Care Fund, Disabled Facilities Grant Funding and People at the Heart of Care

Much has been done over recent years to streamline and improve the processes to assess for and administer Disabled Facilities Grant (DFG) across two tiers of local government and the National Health Service (NHS). District councils all use a common Framework of contactors signed up to deliver adaptations on behalf of DFG applicants using a schedule of rates, that has recently been renewed by LCC. District councils have also used their powers under the Regulatory Reform (Housing Assistance)

Order to introduce discretionary housing assistance policies. Work has been ongoing to develop a common housing assistance policy across the county and this is expected to be adopted by district councils soon.

HHCDG held a Better Care Fund (BCF) and DFG funding workshop on 26 July 2023, supported by Foundations, an expert body on DFG and guidance. It is recognised that there is a need to consider the funding allocations and delivery mechanisms for aids, equipment, adaptations (both DFG and self-funded), and discretionary housing assistance as part of the One Stop Shop approach. Feedback from the workshop will be provided to HHCDG members to discuss and agree next steps and build that into their Delivery Plan.

It appears that the national formula for allocating the DFG budget and distributing it between districts is no longer fit for purpose. District councils are at different positions in their current ability to meet demand for mandatory DFG, to offer discretionary housing assistance, and to potentially pool funding for collaborative, wider social care capital projects. The Government previously committed to review the funding formula, but this is still awaited. PHIT will work with Foundations to explore other potential distribution formulas and to help establish levels of likely future demand for financial assistance. Some additional DFG funding is available in 2023-25 through People at the Heart of Care.

Local Energy Advice Demonstrator(s)

Two applications from Lincolnshire councils have been successful in securing almost £1million between them from the Department of Energy Security and Net Zero (DESNZ) to establish home energy efficiency advice and improvement services across the county. The intention is to identify hard-to-reach households living in hard-to-modify homes and provide in person support in the home or at drop-in events. This is in part to tackle fuel poverty and target support to people who are at the greatest risk from living in cold homes, but also to ensure that low-income households are not left behind in the move to decarbonise homes, exacerbating inequalities. Eligible residents will be helped to access existing government schemes to pay for measures whilst those who are able-to-pay but need support to commission the work will also be helped. The Demonstrators will be part of the Lincolnshire Good Home Alliance with a view to achieving their long-term sustainability through a Good Home Hub.

Lincolnshire Homelessness and Rough Sleeper Strategy

Implementation of the refreshed countywide strategy has begun led by the strategic leads for homelessness from the district councils and LCC. Whilst work has started on several of the actions against the priorities detailed in the strategy, the three areas of focus currently being worked on are:

1. Increasing accommodation available for the cohort. Consultants have been engaged to undertake a review of specialist accommodation to establish a robust evidence base and to further explore how to meet the shortfall in accommodation and support across the county.
2. Ensuring there is adequate and appropriate support for individuals to sustain their tenancies.
3. Improving relationships with mental health teams to access services to stop case becoming complex.

This in turn will result in a decrease in rough sleeper numbers and cases making repeat homeless presentations.

Current projects underway to support these priorities include:

- Reviewing the Duty to Refer process to assess the quality and timeliness of referrals and awareness amongst partners.

- Finalising a protocol for rough sleepers with no recourse to public funds to support and enable access to accommodation for care and support needs where eligible.
- Implementing the recommendations from the Lincolnshire Prison Release Protocol review.
- Improving multi agency working amongst partners through audits to identify recommendations through the Team Around the Adult (TAA) process and the Care Leavers and Young Person’s Protocol.
- Expanding the Holistic Health for the Homeless (HHH) team to scope expanding the service across the county.

2. Conclusion

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

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).

New factsheets on the housing and health agenda were drafted for the JSNA as part of the refresh, published in March 2023. They can be found here:

- [Housing Standards](#)
- [Homelessness](#)
- [Unsuitable Homes](#)

Evidence from these factsheets was used to decide that Housing and Health remains a priority theme in the JHWS. The Lincolnshire Homes for Independence blueprint has been in place for several years and sets objectives to achieve the renamed Homes for Independence priority area.

4. Consultation

This paper has been shared for noting at the Lincolnshire Housing and Health Network meeting on Friday 8 September 2023 and at the Housing Health and Care Delivery Group meeting on Monday 18 September 2023.

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 Sean Johnson, Programme Manager who can be contacted on sean.johnson@lincolnshire.gov.uk

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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:	26 September 2023
Subject:	Lincolnshire Better Care Fund Update

Summary:

The Better Care Fund (BCF) is a national programme with a prescribed policy and planning framework. The BCF planning guidance for 2023-2025 (for two years) was published 5 April 2023 with a deadline for submission 28 June 2023. The planning narrative and financial planning were submitted prior to the deadline and is currently with the National team.

Actions Required:

1. The HWB is asked to note the update provided on the Better Care Fund Plans.
2. The HWB is asked to note the update provided on Discharge/Winter Funding.
3. The HWB is asked to note the Q1 BCF performance report.

1. Background

The governance for the Better Care Fund (BCF) is prescribed within the BCF policy framework and includes that The Lincolnshire Health and Wellbeing Board (HWB) is required to approve all plans and reports regarding the BCF before they are submitted to regional leads for assurance.

1.1 Update on Lincolnshire BCF Plans

The Lincolnshire BCF plans for 2023 – 25 have been approved and signed off by the Regional Director for NHSE and is with National partners for endorsement. The approval letters for the HWBB will be sent out WC 11th September.

The feedback from the regional team focused on intermediate care and the capacity to meet these challenges however the panel was reassured with our plans to tackle this. The concern around

mobility for winter has been addressed as part of these plans and our active recovery beds will increase from 40 to 60 as planned and required. The contract is in place to support this work. Lincolnshire has increased the funding to HART to support winter planning and workshops are currently being undertaken to ensure capacity for winter and current emphasis is on the approach to pathway 2 capacity.

It was highlighted that if required there was support available from the national BCF support team to address any additional challenges that might arise. We will report on this feedback as part of quarterly monitoring for Q2 in October.

1.2 Discharge/Winter Funding

Discharge reporting continues to be a key priority and as part of the BCF we are currently reporting fortnightly and monthly to NHSE on activity and spend from the additional discharge fund.

There has been a renewed emphasis placed on demand and capacity planning for intermediate care from the Minister for Social Care and NHS England stating that:

- Local authorities should continue to work with ICBs to ensure an integrated approach across health and social care. This includes:
- keeping under review their BCF capacity and demand plans for intermediate care, considering trends in demand, in line with the BCF policy framework and planning requirements, and submitting refreshed capacity and demand plans in October.
- improving data flows where BCF capacity and demand plans show limited data or insights available to support local areas' ability to forecast demand for these services accurately throughout the year.
- Lincolnshire Intermediate Care. Whilst still in the development stage, the Department of Health and Social Care (DHSE) instructed that four area out of ten areas be the focus for continued recovery over Winter 2023. The four areas Lincolnshire will be focusing upon include; Acute Respiratory Infection, Virtual Wards, Intermediate Care and Frailty. These four areas were selected as they had already been identified by the System as areas that would make a significant difference and improve capacity during Winter pressures. In addition to focusing on Intermediate Care and Mobility, BCF expenditure has focused on Pathways 1, 2 and 3 in facilitating both hospital discharges and admission avoidance.
- There are currently 40 Active Recovery beds supporting Lincolnshire residents to achieve their identified outcomes of becoming independent or at least requiring a reduced package of care. The number of beds will increase to 60 on 1st January 2024 until 31st March to support and facilitate discharges from hospital over the winter months.

1.3 Q1 BCF Performance Report

The data provided as Appendix C is the first quarter's information for 2023 – 24 and is too early to make any comparisons or predictions based on this.

1.4 Disabled Facilities Grant (DFG)

This is to note that the local authority has now received the additional allocation of the grant to a value of £608,767. As you are aware funding for the DFG is ring-fenced within the Better Care Fund and as with the initial DFG this money will be passed to the district councils in full in the following amounts.

District Council	2023-24 Allocation	Additional
Boston	£55,211	
East Lindsey	£177,969	
Lincoln	£74,344	
North Kesteven	£79,453	
South Holland	£67,398	
South Kesteven	£85,104	
West Lindsey	£69,288	
Total DFG	£608,767	

2. Conclusion

The Health and Wellbeing Board are asked to note the content of this report.

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	Fortnightly discharge reporting September 23
Appendix B	Monthly total hospital discharge report August 23
Appendix C	Performance Report Q1

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 Paul Summers, Programme Manager who can be contacted on paul.summers@lincolnshire.gov.uk

Appendix A

Discharge Fund 2023-2024 Reporting Template (Fortnightly)	
Return Submission Date	04 September 2023
Health and Wellbeing Board	Lincolnshire
Contact name	Paul Summers
Email	paul.summers@lincolnshire.gov.uk

Section 1. Total amount of care purchased from Discharge Fund that is available during the reporting period: 14 August – 27 August

Discharge setting	Unit	Number	Notes
Home care or domiciliary care (Pathway 1)	Total contact hours	2520	
Home-based intermediate care services (Pathway 1)	Total contact hours	6505	LCHS DZA activity 75 patients supported within the service with average of 1.7 visits (awaiting confirmation of hours)
Bed-based intermediate care services (Pathway 2)	Beds	40	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (Pathway 3)	Beds		Lincolnshire County Council operates a residential framework across 273+ care and/or nursing home providers. There is no separation in the contract between long term and short term care need. This is based on the needs assessment of the individual. There are approx 6,332 beds available as at 31 July with 1405 beds vacant.

Section 2. Total spending formally committed to or contracted to date from the discharge fund by scheme type

Scheme type	Spend from ICB allocation to date	Spend from LA allocation to date	Total spending to date	Notes
Home care or domiciliary care (Pathway 1)		£94,708	£94,708	
Home-based intermediate care services (Pathway 1)	£394,441		£394,441	
Bed based intermediate care services (Pathway 2)	£616,675	£458,910	£1,075,585	LA spend includes 2022-23 discharge fund carry forward from 2022-23
Residential placements (Pathway 3)		£800,481	£800,481	Work underway to split into bed numbers to confirm those needing longer term care home placement.
Workforce recruitment and retention			£0	
Assistive technologies and equipment		£324,616	£324,616	
Voluntary and community support			£0	
All other spend			£0	
Total	£1,011,116	£1,678,715	£2,689,831	

Section 3. Additional Narrative

Please use the space below to describe progress using the discharge fund in the following areas. In your response, please include details about any developments, changes or milestones achieved when spending the fund and how these are supporting the reduction of discharge delays.

Theme	Answer	Update (if there is new developments to share)
1a. Securing additional workforce, or increasing hours worked by existing workforce	No Change	
1b. Progress in commissioning short-term domiciliary social care and home-based reablement or rehabilitation services for Pathway 1 discharges	No Change	Part of the LA homecare discharge funding is being planned to fund a Hospital Discharge Enhanced Assessment pilot. This pilot aims to improve timeliness of discharge by providing the individual with up to weeks funded care whilst their longer term care needs are met. In addition, a deep dive is being carried out into HART services provided by Age UK. This is to review outcomes of the pilot service to inform future commissioning arrangements. In addition, a review of additional reablement capacity on discharge will commence to inform commissioning.
1c. Commissioning bed-based reablement or rehabilitation services for Pathway 2 discharges	No Change	See line 37 below
1d. Commissioning short-term residential/nursing care for Pathway 3 discharges	No Change	See line 37 below
2a. Please describe any new or innovative initiatives to improve discharges	No Change	The Lincolnshire Integrated Care Board and Lincolnshire County Council are committed to exploring joint commissioning opportunities and building on the existing strengths within the current intermediate care system to make the best use of available resources and funding commitments. This means moving towards a system-wide and outcome-based delivery model
2b. Please describe any barriers/challenges you have faced in spending the discharge fund	No Change	Lincolnshire ICB has previously raised the issue with the allocation received being too low. This resulted from a gap in collection of the baseline data. The resulting low allocation is hampering Lincolnshire's ability to maximise impact
3. How confident are you that funding is helping to reduce discharge delays, on a scale of 1 to 5? Where 1 is least confident and 5 is most confident. Please provide a reasoning for your rating in (column E).		3 This rating represents the balance between continued investment in proven initiatives and the commencement of new initiatives

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Total Capacity to Support Hospital Discharge

Discharge Fund 2023-2024 Reporting Template (Reporting Monthly)	
Return Submission Date	21 August 2023
Reporting period	Jul-23
Health and Wellbeing Board	Lincolnshire
Contact name	Paul Summers
Email	paul.summers@lincolnshire.gov.uk

This section collects information on the **total** capacity commissioned by ICBs and local authorities to support people being discharged from acute hospitals. [This is for capacity via all sources of funding including but not limited to discharge funding.](#) You should input the actual capacity that was commissioned and was available in the reporting month to support discharge across these different service types:

- Social support (including VCS) (Pathway 0)
- Short term domiciliary care (Pathway 1)
- Reablement at home (Pathway 1)
- Rehabilitation at home (Pathway 1)
- Reablement in a bedded setting (Pathway 2)
- Rehabilitation in a bedded setting (Pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (Pathway 3)

Virtual wards should not form part of capacity because they represent acute, rather than intermediate care.

BCF partners will use assumptions from BCF capacity & demand plans section 3.3, once available, to estimate the number of new people per month who can be referred into the capacity for hospital discharge, i.e. based on your assumptions about average duration of care package and levels of utilisation/occupancy.

Once BCF capacity & demand plans have been submitted, please use this box to set out any changes in those assumptions

Short Term Care Hospital Discharge Capacity		Commissioned capacity in reporting period	
Service Area	Metric	Jul-23	Notes
Social support (including VCS) (Pathway 0)	Monthly capacity: number of new clients who can be offered short-term packages of social support	50	
Short term domiciliary social care (Pathway 1)	Monthly capacity: total contact hours commissioned and available for short term care		0 Lincolnshire County Council operates a prime provider contract with 9 providers. There is no separation in the contract between long term and short term care need. This is based on the needs assessment of the individual. Data is being collated to confirm the hours following discharge from hospital.
Reablement at home (Pathway 1)	Monthly capacity: total contact hours commissioned and available for short term care	11435	
Rehabilitation at home (Pathway 1)	Monthly capacity: total contact hours commissioned and available for short term care	3825	75 patients supported within the service with average of 1.7 visits (awaiting confirmation of hours)
Reablement in a bedded setting (Pathway 2)	Monthly capacity: beds commissioned and available for short term care	40	Active Recovery beds providing both reablement and rehabilitation
Rehabilitation in a bedded setting (Pathway 2)	Monthly capacity: beds commissioned and available for short term care	151	109 community hospital beds + 42 transitional beds
Short-term residential/nursing care for someone likely to require a longer-term care home placement (Pathway 3)	Monthly capacity: beds commissioned and available for short term care		framework across 273+ care and/or nursing home providers. There is no separation in the contract between a

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Better Care Fund - 2023/24

Performance Report

Month - June

Produced -19th August 2023

Health and Wellbeing Board Measures

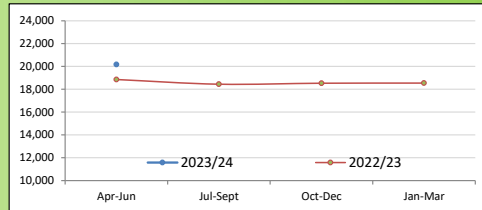
1: Total non-elective admissions into hospital (general and acute)

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	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	6,271	6,573
In Quarter (cumulative)	-	-	18,856	-	-	19,213	-	-	20,132	-	-	19,305

Month -	2023/2024											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
In Month	6,477	6,879	6,816									
In Quarter	-	-	20,172	-	-	-	-	-	-	-	-	-
Actual reduction (negative indicates an increase)	number	96	-402	63								
	%	1.57%	-6.16%	1.01%								

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

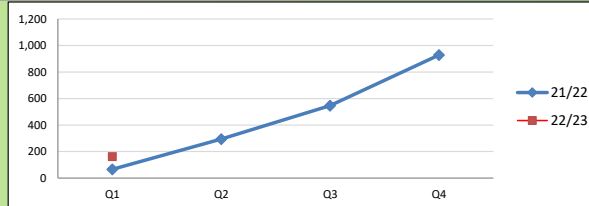
Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)

Frequency / Reporting Basis: Monthly / Cumulative YTD

Source: Mosaic data: Local Adult Care Monitoring (LTC admissions report & SALT return).

Note: Figure reported cumulatively.

This is a snapshot at reporting period end and may not be an accurate figure due to backdating of services



Prior 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			381
Cumulative YTD			66			294			547			928

Current Year	2023/2024											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
In Quarter			163									
Cumulative YTD			163									

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1) 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: Quarterly

Source: Libertas Reablement data and LCH data

Note: The data combines LCH Data and ASC Reablement data but some people cannot be traced to a Mosaic number so these people are then classified as Not at Home. This accounts for 45 Persons, if these people are at home the measure will be 92%.

	22/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Numerator	795			813									
Denominator	1,011			935									
Value	79%			87%									

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: Libertas Reablement
Note: This data comes from the Reablement Service but some people cannot be traced to a Mosaic number. These people are then classified as **Not at Home**.

	22/23 Social Care Only	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Numerator	488			518									
Denominator	555			565									
Value	88%			92%									

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: This data is from LCH Data and some people cannot be traced to a Mosaic number. These people are then classified as **Not at Home**. This accounts for 45 Persons, if these people are at home the measure will be at 92%

	22/23 Social Care Only	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Numerator	307			295			-			-			
Denominator	456			370			-			-			
Value	67%			80%			-			-			

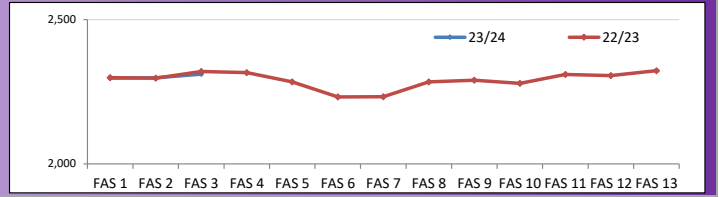
3c: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation - OFFER RATE ONLY
Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing 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 Offer Rate Offer Only	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual	-			-			-			-			-
Target	-			-			-			-			-
Performance	-			-			-			-			-

IBCF Measures

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

Definition: Number of all clients who have received a permanent home care package per month
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. **Please see end of document for a explanation of the FAS Weeks**

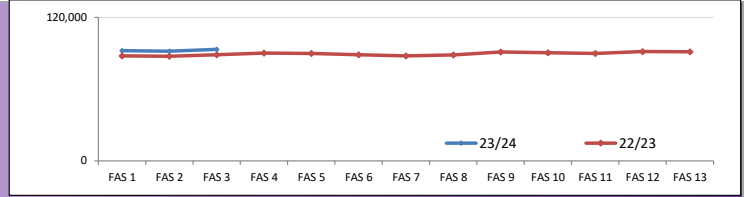


Prior Year	2022/2023												
	FAS 1	FAS 2	FAS 3	FAS 4	FAS 5	FAS 6	FAS 7	FAS 8	FAS 9	FAS 10	FAS 11	FAS 12	FAS 13
Clients in receipt of homecare (per month)	2,299	2,297	2,320	2,316	2,284	2,232	2,233	2,284	2,290	2,279	2,310	2,306	2,323

Current Year	2023/2024												
	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 (per month)	2,297	2,298	2,311										

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

Definition: Number of all paid hours of homecare delivered per month
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. **Please see end of document for a explanation of the FAS Weeks**

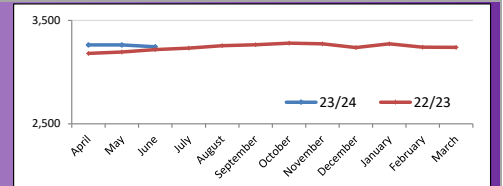


Prior Year	2022/2023												
	FAS 1	FAS 2	FAS 3	FAS 4	FAS 5	FAS 6	FAS 7	FAS 8	FAS 9	FAS 10	FAS 11	FAS 12	FAS 13
Hours Delivered	87,847	87,534	88,785	90,157	89,851	88,787	87,930	88,655	91,125	90,548	89,816	91,495	91,313

Current Year	2023/2024												
	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	91,805	91,493	92,932										

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	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	3,273	3,242	3,240	

Current Year	2023/2024												
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Care Home Placements (YTD)	3,263	3,263	3,245										

7: Number of newly funded clients with LD

Definition: Number of LD starters that have started a new service each month.
Frequency / Reporting Basis: Monthly
Source: Finance Team - Adult Care & Community Wellbeing

	2023/2024												
by Age Group	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
18-25	4	1	2										
26-40	1	1	0										
41-64	2	0	0										
65+	0	1	0										
In month	7	3	2										
In Quarter (cumulative)	7	10	12										

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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Hours delivered (in month)		12,321	12,987	12,269									
Hours delivered (in quarter)	147,109	12,321	25,308	37,577									
Hours delivered (YTD)		12,321	25,308	37,577									

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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Numerator	1972			734									
Denominator	2175			750									
Actual	90.7%			97.9%									
Target	95%			95%			95%			95%			95%

10. 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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Numerator	1,150	102	89	93									
Denominator	9,037	590	605	586									
Actual	13%	17%	15%	16%									

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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
18-64	970	65	74	78									
65+	9,214	627	620	601									
Unknown	0	0	0	0									
Total Number	10,184	692	694	679									
% of 65+	90%	91%	89%	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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Discharges into Pathway-0	2,202	150	149	167									
Discharges into Pathway-1	3,342	292	279	262									
Discharges into Pathway-2	479	39	40	28									
Discharges into Pathway-3	1,613	118	114	114									
Other	1,457	93	112	108									

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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Expected Capacity into Pathway- 0	-	-	-	-	-	-	-	-	-	-	-	-	-
Actual into Pathway- 0	24%	22%	21%	25%									
Expected Capacity into Pathway- 1	-	-	-	-	-	-	-	-	-	-	-	-	-
Actual into Pathway- 1	37%	42%	40%	39%									
Expected Capacity into Pathway- 2	-	-	-	-	-	-	-	-	-	-	-	-	-
Actual into Pathway- 2	5%	17%	16%	17%									
Expected Capacity into Pathway- 3	-	-	-	-	-	-	-	-	-	-	-	-	-
Actual into Pathway- 3	18%	17%	16%	16%									

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	2022/23	2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual	1,579			1,588									
Target	1,730			1,730									
Performance	-9%			-8%									

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: Please note Days saved in Q1 may not be accurate due to legacy Covid 19 issues and accelerated discharges.

Current Year		2023/2024											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Completed Assessments		132	123	110									
Actual Discharges		58	47	60									
Bed Saved		233	197	147									
Bed Days Saved (in quarter)		233	430	577									
Bed Days Saved (YTD)		233	430	577									

FAS Weeks

FROM	To	FAS
01/04/2023	07/04/2023	FAS 1
08/04/2023	14/04/2023	FAS 1
15/04/2023	21/04/2023	FAS 1
22/04/2023	28/04/2023	FAS 1
29/04/2023	05/05/2023	FAS 2
06/05/2023	12/05/2023	FAS 2
13/05/2023	19/05/2023	FAS 2
20/05/2023	26/05/2023	FAS 2
27/05/2023	02/06/2023	FAS 3
03/06/2023	09/06/2023	FAS 3
10/06/2023	16/06/2023	FAS 3
17/06/2023	23/06/2023	FAS 3
24/06/2023	30/06/2023	FAS 4
01/07/2023	07/07/2023	FAS 4
08/07/2023	14/07/2023	FAS 4
15/07/2023	21/07/2023	FAS 4
22/07/2023	28/07/2023	FAS 5
29/07/2023	04/08/2023	FAS 5
05/08/2023	11/08/2023	FAS 5
12/08/2023	18/08/2023	FAS 5
19/08/2023	25/08/2023	FAS 6
26/08/2023	01/09/2023	FAS 6
02/09/2023	08/09/2023	FAS 6
09/09/2023	15/09/2023	FAS 6

FROM	To	FAS
16/09/2023	22/09/2023	FAS 7
23/09/2023	29/09/2023	FAS 7
30/09/2023	06/10/2023	FAS 7
07/10/2023	13/10/2023	FAS 7
14/10/2023	20/10/2023	FAS 8
21/10/2023	27/10/2023	FAS 8
28/10/2023	03/11/2023	FAS 8
04/11/2023	10/11/2023	FAS 8
11/11/2023	17/11/2023	FAS 9
18/11/2023	24/11/2023	FAS 9
25/11/2023	01/12/2023	FAS 9
02/12/2023	08/12/2023	FAS 9
09/12/2023	15/12/2023	FAS 10
16/12/2023	22/12/2023	FAS 10
23/12/2023	29/12/2023	FAS 10
30/12/2023	05/01/2024	FAS 10
06/01/2024	12/01/2024	FAS 11
13/01/2024	19/01/2024	FAS 11
20/01/2024	26/01/2024	FAS 11
27/01/2024	02/02/2024	FAS 11
03/02/2024	09/02/2024	FAS 12
10/02/2024	16/02/2024	FAS 12
17/02/2024	23/02/2024	FAS 12
24/02/2024	01/03/2024	FAS 12

FROM	To	FAS
02/03/2024	08/03/2024	FAS 13
09/03/2024	15/03/2024	FAS 13
16/03/2024	22/03/2024	FAS 13
23/03/2024	29/03/2024	FAS 13

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Agenda Item 7a

Health and Wellbeing Board – Decisions from 13 June 2023

Date of Meeting	Minute No	Recommendation
13 June 2023	1	Election of Chairman That Councillor Mrs S Woolley (NHS Liaison, Integrated Care System, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2023/24.
	2	Election of Vice-Chairman That John Turner (Chief Executive of NHS Lincolnshire Integrated Care Board) be elected Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2023/24.
	5	Minutes of the LHWB meeting held on 28 March 2023 That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 March 2023 be agreed and signed by the Chairman as a correct record.
	6	Action Update That the Action Updates be received.
	7	Chairman's Announcements That the Chairman's announcements presented be noted.
	8a	LHWB Terms of Reference and Membership Review 1. That the Terms of Reference and the governance documents attached as Appendix A to the report be endorsed. 2. That the proposals to reduce the number of NHS representatives and county councillors, as set out in the report at paragraph 1.2 be agreed and that the changes be recommended to full Council on 15 September 2023 to enable the relevant changes to be made to the Council's Constitution. 3. That the selection of associate members for one year be reaffirmed, in accordance with section 5.4 of the Terms of Reference. 4. That the recommendation to extend associate membership to a representative from the care sector be endorsed.
	8b	Joint Engagement JSNA Prioritisation Exercise and Recommendations 1. That agreement be given by the HWB to the following recommendations presented in Appendix A: <ul style="list-style-type: none"> • Recommendation 1 – The revised JLHWS should have no more than seven priorities, therefore the JSNA topics receiving lowest support (numbered 8 to 13 in Table 2) should not be progressed as prioritised. • Recommendation 2 – Mental Health and Emotional Wellbeing, Health Weight and Physical Activity remain as priorities in the JLHWS. • Recommendation 5 – Considering aspects of the JSNA factsheet on Homelessness, Housing Standards and Unsuitable Homes and the importance to the health inequalities agenda, it is recommended that Housing and health remain a priority theme but re-named 'Homes for Independence'.

		<ul style="list-style-type: none"> Recommendation 7 – the revised JLHWS is developed using a life course approach to reflect the new JSNA. <p>2. That the HWB steer on the following recommendations as presented in Appendix a be as follows:</p> <ul style="list-style-type: none"> Recommendation 3- Dementia remains a priority in the JLHWS as part of the Mental Health priority, as the decision is to follow a life course approach. Recommendation 4 – Not to include Drugs and Alcohol as a priority in the JLHWS and confirm that appropriate partnership governance and reporting mechanisms are in place to provide assurance for this agenda. Recommendation 6 – based on the outcome of the prioritization exercise, carers should remain a priority in the JLHWS. The HWB agrees the next steps as set out in section 1.2 of the report.
	8c	<p>Lincolnshire Better Care Funding and Narrative Report 2023/25</p> <p>That the 2023/25 Lincolnshire Better Care Fund Plan and the Narrative Plan be approved by the Board ahead of their submission on 28 June 2023.</p>
	8d	<p>NHS Joint Forward Plan</p> <p>1. That the requirement for the NHS to develop a Joint Forward Plan and involve the Health and Wellbeing Board in preparing or revising the Joint Forward Plan be noted.</p> <p>2. That the Board agrees that the Joint Forward Plan takes proper account of the Joint Local Health and Wellbeing Strategy.</p>
	9a	<p>Joint Local Health and Wellbeing Strategy Annual Assurance Reports</p> <p>That the Annual Assurance reports presented as Appendices A to G to the report presented be noted.</p>
	9b	<p>Evaluation of the Integrated Lifestyle Service, ‘One You Lincolnshire’</p> <p>That the evaluation of the Integrated Lifestyle Service, ‘One You Lincolnshire’ report be noted.</p>
	9c	<p>Action Log of Previous Decisions</p> <p>That the Action Log of Previous Decisions as presented be noted.</p>
	9d	<p>Lincolnshire Health and Wellbeing Board Forward Plan</p> <p>That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be noted.</p>

26 September 2023, 2.30pm, Council Chamber, County Offices, Lincoln		
Agenda Item	Presenter	Purpose
1. Joint Health and Wellbeing Strategy – update	Alison Christie, Programme Manager & Michelle Andrews, Assistant Director	Discussion – to receive an update on the review approach and timescales
2. Unpaid Carers	Cllr E Sneath and Lisa Loy, Programme Manager	Discussion - to receive a report on behalf of the Carers Delivery Group providing an update on the Carers priority
3. Homes for Independence	Cllr W Gray, Chair HHCDG & Sean Johnson, Programme Manager	Discussion - to receive a report on behalf of Housing, Health and Care Delivery Group providing an update on the Housing and Health priority
4. Better Care Fund	Executive Director for ACCW	Discussion – 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	Discussion – update on the review process
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	Executive Director for ACCW	Information – to receive a report from the Executive Director for ACCW on the Better Care Fund

12 March 2024, 2pm, TBC		
Agenda Item	Presenter	Purpose
1. Joint Health and Wellbeing Strategy for Lincolnshire 2023	Michelle Andrews, Assistant Director and Alison Christie, Programme Manager	Decision – to approve updated strategy.
2. Healthy Weight JHWS Priority – update from the Healthy Weight Partnership	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
3. Physical Activity JHWS Priority – update on Let’s Move Lincolnshire update	Emma Tatlow, Active Lincolnshire	Discussion – to receive a report on behalf of Let’s Move Lincolnshire providing an update on the Physical Activity priority
4. Director of Public Health Annual Report 2023	Director of Public Health	Discussion – to receive a presentation on the Director of Public Health Annual Report 2023
5. Health Protection Board – update report	Director of Public Health	Information – to receive a report giving an overview of the health protection work throughout 2023/24 and plans for the 2024/25, including the transition of immunisation and screening from NHSE to the ICB.
6. Better Care Fund	Executive Director for ACCW	Information – to receive a report from the Executive Director for ACCW on the Better Care Fund

11 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
4. Better Care Fund	Executive Director for ACCW	Information – to receive a report from the Executive Director for ACCW on the Better Care Fund

1 October 2024, 2pm, TBC		
Agenda Item	Presenter	Purpose
1. Carers JHWS Priority	TBC	Discussion - to receive a report on behalf of the Carers Delivery Group providing an update on the Carers priority

2. Homes for Independence JHWS Priority	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	Executive Director for ACCW	Information – to receive a report from the Executive Director for ACCW on the Better Care Fund

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