



County Offices
Newland
Lincoln
LN1 1YL

27 November 2023

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 5 December 2023 at 2.00 pm in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

MEMBERS OF THE BOARD (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), Martin Samuels (Executive Director - 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 MBE, Lincolnshire Care Association

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 5 DECEMBER 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 26 September 2023	7 - 14
4	Action Updates	15 - 16
5	Chairman's Announcements	17 - 18
6	DECISION ITEM	
6a	<p>Ageing Better <i>To receive a report from Councillor Wendy Bowkett, Executive Councillor for Adult Care and Public Health and Chair of the Lincolnshire Ageing Better Steering Group, which requests the Board to consider the proposal to incorporate the Lincolnshire Ageing Better Steering Group with the Housing, Health, and Care Delivery Group to form the Housing, Health and Ageing Well Delivery Group. Anne-Marie Scott, Assistant Director, Prevention and Early Intervention will be in attendance for this item)</i></p>	19 - 28
7	DISCUSSION ITEMS	
7a	<p>Joint Health and Wellbeing Strategy for Lincolnshire - Update <i>(To receive a report and presentation from Michelle Andrews, Assistant Director Integrated Care System – Public Health and Alison Christie, Programme Manager Strategy and Development – Public Health, which provides the Board with an update on the review of Lincolnshire’s Joint Local Health and Wellbeing Strategy)</i></p>	29 - 30
7b	<p>Update Report on Children and Young People's Mental Health and Emotional Wellbeing <i>(To receive a report from Kevin Johnson, Commissioning Manager, Lincolnshire County Council and Eve Baird, Associate Director of Operations - Specialist Services Lincolnshire Partnership NHS Foundation Trust, which provides the Board with an update on the range of mental health and emotional wellbeing services available for Children and Young People in Lincolnshire)</i></p>	31 - 42

7c **Adult Community Mental Health Transformation** 43 - 80
(To receive a report from the Mental Health Community Transformation Programme, which provides the Board with an update on the Mental Health (Adults) priority. Sara Brine, Head of Mental Health and Transformation NHS Lincolnshire Integrated Care Board and Victoria Sleight, Head of Adult Community Mental Health Transformation Lincolnshire Partnership NHS Foundation Trust will be in attendance for this item)

7d **Dementia Programme Update** 81 - 92
(To receive a report from Gina Thompson, Dementia Transformation Programme Lead, Lincolnshire Partnership NHS Foundation Trust, which updates the Board on the Dementia priority)

8 **INFORMATION ITEM**

8a **Lincolnshire Better Care Fund Update** 93 - 112
(To receive a report from Martin Samuels, Executive Director – Adult Care and Community Wellbeing, which provides the Board with an update on the Better Care Fund. Paul Summers, Programme Manager - Better Care Fund will also be in attendance for this item)

8b **Log of Previous Decisions** 113 - 116

8c **Lincolnshire Health and Wellbeing Board Forward Plan** 117 - 120
(This item provides the Board with a copy of the Lincolnshire Health and Wellbeing Board Forward Plan for the period 5 December 2023 to 10 December 2024)

Democratic Services Officer Contact Details

Name: **Katrina Cope**

Direct Dial **01522 552334**

E Mail Address katrina.cope@lincolnshire.gov.uk

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, 5th December, 2023, 2.00 pm \(moderngov.co.uk\)](#)

All papers for council meetings are available on:

<https://www.lincolnshire.gov.uk/council-business/search-committee-records>

This page is intentionally left blank



**LINCOLNSHIRE HEALTH AND WELLBEING
BOARD
26 SEPTEMBER 2023**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety, 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 Donald Nannestad.

NHS Lincolnshire Integrated Care Board: Pete Burnett.

Healthwatch Lincolnshire: Dean Odell.

NHS Providers in Lincolnshire: Kevin Lockyer and Andrew Morgan.

Primary Care Network Alliance: Dr Kevin Thomas.

Associate Members (non-voting): Julia Debenham (Lincolnshire Police), Professor Neal Juster (Higher Education Sector), Emma Tatlow (Voluntary and Community Sector), Professor Neal Juster (Greater Lincolnshire Local Enterprise Partnership) and Melanie Weatherley MBE (Lincolnshire Care Association).

Officers In Attendance: Michelle Andrews (Assistant Director – ICS), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer) (Democratic Services), Sean Johnson (Programme Manager, Public Health) (Planning and Environmental Public Health) and Lisa Loy (Programme Manager – Public Health).

10 **APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Dr Gerry McSorely (Chair, NHS Lincolnshire Integrated Care Board), John Turner (Chief Executive NHS Lincolnshire Integrated Care Board), Councillor Richard Wright (District Councils) and Philip Clark (on behalf of the Police and Crime Commissioner).

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
26 SEPTEMBER 2023

It was noted that Pete Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board) and Councillor D Nannestad (District Councils) had replaced John Turner (Chief Executive, NHS Lincolnshire Integrated Care Board) and Councillor R Wright (District Councils) respectively, for this meeting only.

11 DECLARATIONS OF MEMBERS' INTEREST

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

12 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 13 JUNE 2023

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 13 June 2023 be agreed and signed by the Chairman as a correct record.

13 ACTION UPDATES

RESOLVED

That the Action Updates presented be received.

14 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting Dr Kevin Thomas (Primary Care Network Alliance), Melanie Weatherley (Associate Member for the Lincolnshire Care Association) and Councillor D Nannestad (District Councils).

Julia Debenham, (Representative of the Chief Constable) updated the Board regarding the "Right Care, Right Person" initiative.

RESOLVED

That the Chairman's Announcements as detailed on pages 17 and 18 of the agenda pack be noted.

15a Joint Health and Wellbeing Strategy for Lincolnshire - Review Update

Consideration was given to a report from Alison Christie, Programme Manager Strategy and Development and Michelle Andrews Assistant Director Integrated Care System – Public Health, which provided an update on the review of Lincolnshire's Joint Local Health and Wellbeing Strategy, and provided the Board with details of the next steps and timescales for finalising the next iteration of the Joint Local Health and Wellbeing Strategy (JLHWS) for Lincolnshire.

Detailed at Appendix A to the report was a copy of the Joint Health and Wellbeing Strategy Overview Diagram; and Appendix B provided a document outline for the Joint Health and Wellbeing Strategy for 2023 for members of the Board to consider.

The Board were reminded of the changes agreed at its 13 June 2023 meeting and were advised of the next steps to be undertaken which included: that work was underway with each delivery group to redraft the JLHWS document using the life course approach. It was highlighted that as part of this work key issues for children and young people where appropriate would be highlighted throughout the strategy.

Details of the key steps and timescales to be achieved were shown on page 20 of the report pack. It was highlighted that a detailed outline of the new JLHWS, including proposed objectives for each priority would be presented to the next meeting of the Board on 5 December 2023, the strategy would then be signed-off by the Board at its 12 March 2024 meeting.

During consideration of this item, some of the following comments were noted:

- Reassurance was provided that the document presented to the Board at its 5 December 2023 meeting would highlight where appropriate key issues relating to children and young people; and
- The need to ensure that physical activity was connected to mental health issues in a cohesive way.

RESOLVED

That the content of the report detailing the next steps and timescales for finalising the next iteration of the Joint Local Health and Wellbeing Strategy be noted.

15b Unpaid Carers

The Board considered a report from Councillor Elizabeth Sneath, Chair of the Carers Delivery Group and Lisa Loy, Programme Manager – Public Health, which provided an update on the progress being made on the Carers priority.

The Chairman invited Lisa Loy, Programme Manager – Public Health to present the item to the Board, which included reference to: the background to the Carers Delivery Group; the work with the NHS; the carers passport; carers week; the commissioned Lincolnshire Carers Service; the recent Care Quality Commission (CQC) inspection as part of the new CQC Local Authority Assessment pilot; the survey of Adult Carers in England, and progress made during 2022/2023.

Attached at Appendix A to the report was a copy of the Carers Delivery Group – Plan on a Page for 2023/2024; and Appendix B provided a copy of the Memorandum of Understanding for the Carers priority Deliver Group for the Board to consider.

During discussion, some of the following comments were noted:

- Congratulations were extended to the good work being carried out by the Carers Delivery Group;
- The Board was advised that part of the work as detailed in the Plan to a Page was to support and develop carers. Confirmation was given that work with employers was ongoing and that it was hoped that more employers would come on board with the scheme; and
- There was recognition that carers were supported and valued, as they were central to the strategic direction of travel in shaping services going forward.

RESOLVED

1. That the Unpaid Carers report presented, and the progress made to date be noted.
2. That the Plan on a Page as detailed at Appendix A to the report be agreed as the first stage towards delivering a revised Carers Strategy.
3. That the opportunity for the Carers Delivery Group to co-produce the revised strategy be noted.
4. That the Memorandum of Understanding (MOU) demonstrating system led leadership to identify and support carers be promoted and endorsed.

15c Homes for Independence

Consideration was given to a report from Councillor William Gray, Chair of the Housing, Health and Care Delivery Group and Sean Johnson, Programme Manager – Public Health, which provided the Board with an update on the progress being made on the Housing and Health priority.

The Chairman invited Councillor Gray, Chair of the Carers Delivery Group and Sean Johnson, Programme Manager, Public Health, to present the item to the Board.

The Board were reminded of the background to the priority and the three main areas of focus for the Housing Health and Care Delivery Group; housing intelligence; the good hub and one stop shop for aids, equipment, and adaptations; the Better Care Fund, Disabled Facilities Grant funding; local energy advice; and the Lincolnshire Homelessness and Rough Sleeper Strategy.

During consideration of this item, some of the following comments were noted:

- That a Healthy Homes Assessment was currently being trialed by frontline practitioners. It was noted that currently there were two versions of the form, a lengthy one for completion by a resident, and a shorter version that could be

completed by frontline workers. It was noted that work was ongoing building up the information to support the hub and once that was completed the assessment would go live for members of the public to complete. Confirmation was provided that once trialed, the information gathered would be shared widely with partners, as would training relating to the completion of the questionnaire. Confirmation was provided that the trial was due to finish by April 2024;

- Congratulations were extended to members of Housing, Health and Care Delivery Group for the progress made. There was also recognition that there was still more to do, with particular reference being made to the Lincolnshire Homelessness and Rough Sleeper Strategy;
- Some concern was raised regarding the lack of accommodation available for those in need. The Board noted that early intervention was key, and that work was ongoing with partners to make that happen;
- The Board was advised that with regard to Scampton, questions were being raised with the Home Office and would continue to be raised to obtain some clarity regarding concerns raised by district councils and the county council;
- Some concern was raised regarding the government's de-carbonisation agenda and the effect that would have on some residents in the county. The Board noted that there was a raft of government grants available, but it was highlighted that these did not extend to replacements for gas and oil boilers. It was noted further that issues affecting residents on the ground would be fed back to the government as part of the housing intelligence function. Some members also highlighted that there was a need to lobby local MPs to make them aware of the potential issues that would be affecting Lincolnshire residents; and
- Confirmation was provided that Lincolnshire had a comprehensive multi-agency approach to hoarding, and that further guidance was available on the council's website.

RESOLVED

That the good progress being made on the current workstream for the Housing, Health and Care Delivery Group be noted.

15d Lincolnshire Better Care Fund Update

Consideration was given to a report from Glen Garrod, Executive Director – Adult Care and Community Wellbeing, which provided the Board with an update on the Better Care Fund (BCF).

The Chairman invited Glen Garrod, Executive Director - Adult Care and Community Wellbeing to present the item to the Board.

Attached at Appendix A to the report was a copy of the fortnightly discharge reporting for September 2023; Appendix B provided details of the monthly total hospital discharge report – August 2023; and Appendix C provided a copy of the Performance report for Quarter 1 for the Board to consider.

The Board noted: that the Lincolnshire BCF plan for 2023-2025 had been approved and signed off by the Regional Director for NHSE and was now with national partners for endorsement.

The Board noted in the acute part of the hospitals, there had been an influx of sicker patients, which was causing a bit of a backlog at the front of the hospitals.

It was also highlighted that there were still issues relating to delayed discharges, and that industrial action was also having an impact, putting significant pressure on urgent and emergency care and planned care.

Clarification was also given that expected capacity (page 56 of the report) would become more apparent in Quarter 2, when numbers increased to meet demand.

The Board was advised that the way intermediate care was provided currently was one of the best in the country. It was noted that the care was being provided at a third of the cost of the inhouse care provided 10 years previously.

That the Disabled Facilities Grant (DFG) was ringfenced within the BCF and as with initial DFG money, the money was passed on to the district councils in full. Page 45 of the report pack provided details of the 2023-2024 DFG allocation to district councils.

RESOLVED

1. That the update provided on the Better Care Fund be noted.
2. That the update provided on the Discharge/Winter Funding be noted.
3. That the Quarter 1 BCF Performance report be noted.

16a Log of Previous Decisions

RESOLVED

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

16b Lincolnshire Health and Wellbeing Board Forward

The Chairman invited members of the Board to contact either Alison Christie, Programme Manager Strategy and Development or Michelle Andrews, Assistant Director Integrated Care System – Public Health 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 3.41 pm

This page is intentionally left blank

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
26.09.23	16b	Lincolnshire Health and Wellbeing Board Forward Plan Members of the Board were invited to contact either Alison Christie, Programme Manager Strategy and Development or Michelle Andrews, Assistant Director Integrated Care System – Public Health if they had any items they wished to have included in the Health and Wellbeing Forward Plan	No requests received

This page is intentionally left blank

Agenda Item 5

LINCOLNSHIRE HEALTH AND WELLBEING BOARD – 5 DECEMBER 2023 CHAIRMAN'S ANNOUNCEMENTS

Major Conditions Strategy – Ministerial Roundtable

On 6 November 2023, I attended a roundtable briefing with the Minister for Health, Will Quince MP on the Major Conditions Strategy. The session was arranged by the NHS Confederation to provide an update on the development of the strategy which will focus on six major groups of conditions: cancers; cardiovascular diseases, including stroke and diabetes; chronic respiratory diseases; dementia; mental ill health and musculoskeletal disorders.

This session was the last in a series of engagement events between NHS Confederation and the Department of Health and Social Care (DHSC). It provided an opportunity for delegates to reflect on the proposals and raise any areas of concern with the Minister and senior staff from the DHSC. Specifically, the conversation reflected on the obstacles to delivery, and the conditions government need to create to empower local health and care leaders to deliver it.

Chief Medical Officer's Annual Report 2023 – Health in an Ageing Society

Professor Chris Whitty's [annual report](#) recommends actions to improve quality of life for older adults and prioritise areas with the fastest growth in older people. In the report the Chief Medical Officer (CMO) warns the UK faces an ageing crisis and healthcare must step in. People are living longer but some spend many of their later years in poor health. Based on projections, the elderly boom will be in rural, largely coastal areas where service provision is already challenged. The report states providing services and environments suitable for older adults in these areas is an absolute priority.

Much of the NHS's work is already caring for an ageing population, and that is set to increase. The fact that people are living longer compared to a century ago is 'a triumph of medicine and public health', however the emphasis now needs to be on quality, not quantity. The CMO recommends major action in two areas:

- Policies to reduce disease and disability and help people to exercise, eat well and stay fit.
- Making housing, transport, and other parts of the environment more elderly friendly, so people can live out their lives as independently as possible.

To help understand the local picture, the Director of Public Health Annual Report this year is focused on Ageing Better in Lincolnshire. A presentation on the report will be coming to the Board in March 2024.

Adult Social Care Services rated "good" by the Care Quality Commission

Lincolnshire was one of five local authorities that volunteered to be part of the pilot of the Care Quality Commission's new assessment process to assess how local authorities meet their Care Act duties and provide services. We were rated 'good' overall and were the highest rated, with all nine topic areas being awarded a rating of 3 out of 4.

The assessment by CQC highlighted the excellent support we provide for some of our most vulnerable residents in the county and showcased our great work. This has been a real team effort, with significant contributions from colleagues across the council and from our partners in the wider system.

I am sure you will join me in congratulating all of those involved.

Executive Director of Adult Care and Community Wellbeing

On behalf of the Board, I want to thank Glen Garrod for his support and dedication as a long-standing member of the Health and Wellbeing Board. In particular, I would like to thank him for leading the Better Care Fund. It is unfortunate that we don't have the opportunity to do this in person. It has been a pleasure working with you and we wish you well for the future.

I would also like to welcome Martin Samuels, who has been appointed our new Executive Director for Adult Care and Community Wellbeing. Martin brings considerable local government and health experience and has joined us from Leicester City Council where he was Strategic Director for Social Care and Education.

I'm sure you will join me in welcoming Martin to the Board.

NHS Oversight Framework

We are pleased to announce that at the Quality and Performance Committee (QPC) of NHS England on 14th November 2023, the recommendation that Lincolnshire ICB should transition from Segment 4 to Segment 3 of the NHS Oversight Framework and so no longer receive support from the Recovery Support Programme (RSP) was approved. Having now received formal notification of this decision, we would like to thank all of our colleagues and partners who have contributed to this significant progression and look forward to continuing this focus on improving health services in Lincolnshire.

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Councillor Wendy Bowkett, Executive Councillor for Adult Care and Public Health and Chair of the Lincolnshire Ageing Better Steering Group

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2023
Subject:	Ageing Better

Summary:

The partnership arrangement between The Centre for Ageing Better, Lincolnshire County Council, East Lindsey District Council and the Lincolnshire Enterprise Partnership ends in July 2025.

The Lincolnshire Ageing Better Steering Group has considered how this work can be embedded into existing strategic frameworks for the future and secure ongoing commitment from wider stakeholders.

The ageing better work cuts across a number of the priority areas in the Joint Local Health and Wellbeing Strategy (JLHWS for Lincolnshire), however, the strongest focus to date has been on Homes for Independence. The Housing Health and Care Delivery Group (HHCDG) was established by the Health and Wellbeing Board to lead delivery against the Homes for Independence priority.

Incorporating the Ageing Better Steering Group with the Housing Health and Care Delivery Group (HHCDG) to form the Housing, Health and Ageing Well Delivery Group would embed an ageing well lens to actions and plans across housing and wider related programmes.

Actions Required:

The Health and Wellbeing Board is asked to:

1. Consider the proposal to incorporate the Lincolnshire Ageing Better Steering Group with the Housing Health and Care Delivery Group to form the Housing, Health, and Ageing Well Delivery Group.
2. Subject to action 1, agree the draft Terms of Reference for the Housing, Health, and Ageing Well Delivery Group, subject to any minor amendments agreed by the new Group.

1. Background

In August 2020, Lincolnshire County Council (LCC), the Centre for Ageing Better, East Lindsey District Council (ELDC) and the Lincolnshire Enterprise Partnership LEP entered into a 5-year partnership agreement. The partnership aims to coordinate a strategic response to the opportunities and challenges of an ageing population, raise ageing as a strategic priority, and take joint action to improve later lives for those in the county and beyond.

This work is co-ordinated by the Lincolnshire Ageing Better Steering Group (LABSG), chaired by Cllr Wendy Bowkett. The governance structure connects the partnership directly into the Health and Wellbeing Board, through representation and links to several of the priorities.

Activities in Lincolnshire reflect the partnership priorities including homes and housing, work and employment, tackling ageism, and driving engagement with the Age Friendly Communities approach.

With 18 months remaining on the partnership MoU agreement and the Strategic Partnership Manager post becoming vacant from August 2023, the LABSG has considered how best to embed this work within the existing wider strategic framework to further strengthen links and secure ongoing commitment from wider stakeholders.

The ageing better work cuts across all priority areas in the Health and Wellbeing Strategy; Homes for Independence, Carers, Physical Activity, Healthy Weight and Mental Health and dementia. The LABSG has made significant progress against its own homes and housing priority, including supporting the establishment of the Lincolnshire Good Homes Alliance and enabling Lincolnshire to contribute to Ageing Better's national Good Homes Inquiry. This led to a national model for a Good Homes Hub and provided valuable insight for the Lincolnshire Homes for Independence Blueprint.

The Housing, Health, and Care Delivery Group (HHCDG) was established to deliver the Homes for Independence priority in the Joint Health and Wellbeing Strategy, with the aim of improving health and wellbeing through the home. Merging the Ageing Better Steering Group with the Housing Health and Care Delivery Group (HHCDG) to form the Housing, Health, and Ageing Well Delivery Group, would embed the ageing well lens to actions and plans across housing and health related and wider related programmes. It would also support wider collaboration and co-ordinated partnership working through the expansion of the HHCDG to include several additional partners.

The Terms of Reference for the HHCDG have been reviewed to incorporate the ageing well agenda and a new draft Terms of Reference is at Appendix 1. This includes oversight of the Ageing Better partnership MoU agreement until July 2025 to ensure a countywide approach.

2. Conclusion

As the partnership with the Centre for Ageing Better ends in 18 months, there is a need to ensure that the work of the LABSG endures and is embedded in the wider strategic framework to continue to support health and wellbeing. Extending engagement across all local authorities and developing connections into health and the community and voluntary sector have been a key focus to an aspiration of the LABSG from the outset.

Merging the Ageing Better Steering Group with the Housing Health and Care Delivery Group provides an opportunity to both ensure a continued focus on ageing well and the age friendly community approach with the added benefit of bringing together a broad range of partners and agencies, building on the importance of the health and care sectors.

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 ageing better work cross cuts all topics in the JSNA and of the JLHWS themes, including Homes for Independence, Carers, Physical Activity, Healthy Weight and Mental Health and Dementia. Many of the objectives relate to work based on bringing an ageing lens to plans and actions.

Merging the LABSG with the HHCDG supports the preventative and collective approach described in the JHWS.

4. Consultation

No formal consultation has been undertaken in respect of this report, however, the proposal has been shared with members of both the Lincolnshire Ageing Better Steering Group and Housing Health and Care Delivery Group.

5. Appendices

These are listed below and attached at the back of the report

Appendix A	Draft Terms of Reference
------------	--------------------------

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 Anne-Marie Scott, Assistant Director, Prevention and Early Intervention who can be contacted on anne-marie.scott@Lincolnshire.gov.uk

This page is intentionally left blank

HOUSING, HEALTH, AND AGEING WELL DELIVERY GROUP (HHAWDG) TERMS OF REFERENCE

1. Context

- 1.1 The Housing, Health, and Ageing Well Delivery Group (HHAWDG) has been formed by the Lincolnshire Health and Wellbeing Board (HWB) with effect from January 2024, merging the Housing, Health, and Care Delivery Group (HHCDG) created in 2017 and the Ageing Better Partnership Steering Group created in 2020.
- 1.2 The HHAWDG focuses on closer integration between housing, health, care, and the community and voluntary sector (CVS) to address shared issues and align strategies to complement each other.
- 1.3 Housing is primarily the domain of the seven district councils in terms of direct provision, through other social housing providers, in their strategic housing role and through their development and Planning functions. Planning and design guidance also plays an important role in creating healthy environments for ageing well. The HWB recognises these important roles and the need to engage with the housing sector to promote better integration of health and wellbeing and housing.
- 1.4 Lincolnshire has a strategic partnership with the Centre for Ageing Better (referred to as Ageing Better (AB)) in place until the end of July 2025. The HHAWDG oversees the Memorandum of Understanding (MoU) that sets out how the signatories to it (Ageing Better, Lincolnshire County Council (LCC) and East Lindsey District Council (ELDC)) engage to ensure they take a whole county approach to ageing well during the partnership and in future.
- 1.5 The strength of the HHAWDG is in bringing together a range of people from different organisations and stakeholders, to maximise knowledge, expertise, and impact, to deliver a robust, partnership approach to housing issues for people with care and support needs and with a focus on ageing well. To ensure continued effectiveness on this it is important that the right representatives from all relevant organisations are members of the HHAWDG. These members will ensure that there are communication mechanisms in place within partner organisations to enable information about the priorities and recommendations of the HHAWDG and HWB to be disseminated and action taken to ensure that the health and wellbeing of the people of Lincolnshire is improved.

2. Housing, Health and Ageing Well Delivery Group

2.1 Purpose and Aim

The aim of the HHAWDG is to provide strategic direction and oversight to the wider Homes for Independence and ageing well agendas in an integrated, collaborative manner. Partners will work together to research and secure the best outcomes and opportunities for people with care and support needs and people approaching later life across Lincolnshire, focusing on the areas that will make a transformational difference to people's lives, including homes, employment, communities, and health.

2.2 Objectives

The objectives for the HHAWDG are:

- 2.2.1 To support the HWB to integrate housing into the wider health and wellbeing agenda.
- 2.2.2 To add to the evidence base (the Joint Strategic Needs Assessment (JSNA)) and share learning on good homes for people of all ages and what works to positively influence how those currently in their 50s and 60s can enjoy a good later life.
- 2.2.3 To understand and address the impact of poor housing on health outcomes and service pressures.
- 2.2.4 To contribute to the delivery of the Joint Health and Wellbeing Strategy for Lincolnshire, including the priorities not overseen by the HHAWDG in relation to ageing well (i.e., carers, dementia, healthy weight, mental health, physical activity).
- 2.2.5 To be the mechanism for matching housing development opportunities with evidenced need as well as commissioning requirements and strategies.
- 2.2.6 To maximise opportunities and circumstances for joint working and integration of services whilst making the best use of opportunities and processes to prevent duplication or omission within Lincolnshire.
- 2.2.7 To agree priority objectives to address key housing and ageing well issues and implement Delivery Plans of actions.
- 2.2.8 To implement recommendations from Ageing Better's Good Home Inquiry such as establishing a Good Home Hub for information and advice on securing, maintaining, managing, and adapting a good home.
- 2.2.9 To support the creation of healthy environments, connected communities and an age-friendly county and reduce social isolation and loneliness.
- 2.2.10 To help working-age adults with disabilities and care and support needs, and older adults, to secure and stay in good quality work for as long as they want, including promotion of age-friendly employment practices for an older workforce.
- 2.2.11 To explore opportunities to pool resources to secure best value for money and progress as appropriate.
- 2.2.12 To act as a conduit to a wider network of multi-agency partnerships, housing agencies and providers including other social landlords.
- 2.2.13 To ensure a focus is maintained on the accommodation needs of a range of cohorts of people with care and support needs:
 - Children and young people (including looked after children, care leavers and vulnerable families).
 - Working age adults with learning disabilities, autism, and mental health problems.
 - Older people and people preparing for later life.
- 2.2.14 Provide reports on progress to the HWB annually or as required.
- 2.2.15 To act as a single voice for housing, health, care and ageing well and enable the HWB to influence the national agenda and lobby Government on key issues.

2.3 Membership

- 2.3.1 It is proposed that the HHAWDG will identify nominated local government elected member and officer representation from:
 - The HHAWDG Co-Chairs will be the Lincolnshire County Council (LCC) Executive Councillor for Adult Care and Public Health and the East Lindsey

District Council (ELDC) Portfolio Holder for Housing, Communities and Better Ageing.

- Elected members (**one** lead councillor with responsibility for one or more of community wellbeing, housing, or ageing well) and **one** senior housing or wellbeing officer from:
 - Boston Borough Council (BBC)
 - City of Lincoln Council (CLC)
 - East Lindsey District Council (ELDC)
 - North Kesteven District Council (NKDC)
 - South Holland District Council (SHDC)
 - South Kesteven District Council (SKDC)
 - West Lindsey District Council (WLDC).
- Lincolnshire County Council (LCC) Executive Support Councillor for Adult Care and Public Health and **one** senior officer representative from:
 - Adult Care
 - Children’s Services
 - Public Health.

Other members of the HHAWDG are from:

- Centre for Ageing Better (AB)
- Community and Voluntary Sector (CVS) representative(s)
- Department for Work and Pensions (DWP) local representative
- Lincolnshire Community Health Services (LCHS)
- Lincolnshire Fire and Rescue (LFR)
- Lincolnshire NHS Integrated Care Board (ICB) representative
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- Lincolnshire Police (Police)
- National Centre for Rural Health and Care (NCRHC)
- Primary Care (General Practitioner (GP) representative
- Registered Providers (Housing Associations) local representative(s)
- The University of Lincoln (UOL)
- United Lincolnshire NHS Hospital Trust (ULHT)

2.3.2 In order to ensure that membership is representative of all aspects of the housing, health, care, and ageing well agendas – organisations can identify a substitute representative (whether an elected member and/or senior officer) where portfolios or areas of relevant responsibility are separate. For example, strategic housing, social housing, and private sector housing may sit in different areas and the overarching health, care and community wellbeing role be in one of those or another area. In addition, to meet the changing requirements of the agenda, membership can be flexible to allow nominated representatives of the delivery group to send a named substitute to attend meetings in their absence or if most agenda items are more relevant to that substitute. Substitutes or additional attendees will not be included in communications regarding the HHAWDG and so to ensure a consistent flow of information members will need to disseminate. It is envisaged that all representatives and their substitutes will communicate prior to any meetings to agree key messages from their respective organisations.

3. Conduct of Business

3.1 Governance and Accountability

3.1.1 The Co-Chairs of the HHAWDG will report directly to the HWB. The Co-Chairs will also ensure regular reporting to other relevant forums (e.g., Lincolnshire Leaders and Chief Executives Group(s)) but delegate to other HHAWDG members as appropriate to attend and present depending on the situation. The HWB meets at least four times a year, including an AGM, and will receive updates from the HHAWDG in line with reporting mechanisms or requests. A half yearly update will be provided to the Lincolnshire Chief Executives Group. Each organisation on the HHAWDG will be responsible for reporting back into their internal officer and elected member governance structures.

3.1.2 There are several multi-agency partnerships supporting the Homes for Independence and ageing well agendas. Two groups will support implementation of the HHAWDG Delivery Plans – Lincolnshire Housing and Health Network (LHHN) and the Specialist Adults Accommodation Strategy Group (SAASG). These groups will in turn oversee other subgroups, networks, and operational working groups on specialist areas of housing, health and ageing well activities. A series of short-term task and finish groups may also be developed by the HHAWDG and/or subgroups to address specific areas of work. Action leads will report into the HHAWDG in readiness for any relevant information to be escalated to the HWB.

3.2 Frequency of Meetings

There will be eight meetings each year, one every six weeks.

3.3 Agenda and Notice of Meetings

3.3.1 The agenda for each ordinary meeting of the HHAWDG will be against the following headings:

1. Welcome, Introductions and Apologies
2. Minutes from the Last Meeting, Actions and Matters Arising
3. Homes for Independence Delivery Plan (Quarterly) or Ageing Well Delivery Plan (Quarterly) (Alternate meetings)
4. Discussion Items
5. Subgroup and Network Updates (Each group scheduled quarterly)
6. Information Items for Noting
7. Housing, Health, and Ageing Well Board Forward Plan
8. Future Scheduled Meeting Dates

3.3.2 The appropriate report template should be used when submitting a report see Appendix A. All Papers to be emailed to accw.mso@lincolnshire.gov.uk at least 10 working days in advance of each meeting.

3.3.3 All agenda items or reports to be added to the forward plan at the meeting or by emailing accw.mso@lincolnshire.gov.uk at least 10 working days before each meeting.

3.3.4 No business will be conducted that is not on the agenda except at the discretion of the Co-Chairs should time permit.

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

3.4 Programme Management Support

3.4.1 The Co-Chairs of the HHAWDG will be supported by LCC's Public Health Division (Public Health Programme Manager(s) and a Public Health Assistant) to administer meetings and oversee implementation of the Delivery Plans.

3.4.2 A pre-meeting will take place with the Co-Chairs and the Public Health Programme Manager(s) at least 15 working days before the meeting takes place to agree the agenda.

3.5 Minutes

A minute taker will be provided by LCC Business Support.

3.5.1 Draft minutes will be shared with the HHAWDG Co-Chairs and sent out accordingly with an action log.

3.6 Review

The Terms of Reference will be reviewed every two years or earlier if necessary or at the discretion of the HWB.

This page is intentionally left blank

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2023
Subject:	Joint Health and Wellbeing Strategy for Lincolnshire - Update

Summary:

This report provides an update on the review of Lincolnshire's Joint Local Health and Wellbeing Strategy. Since the Board meeting in September, each of the priority delivery groups have identified objectives and outcomes against the life course approach.

As this work is still evolving a presentation will be given at the meeting summarising the current position.

Actions Required:

The Health and Wellbeing Board are asked to note and comment on the content of the presentation.

1. Background

In September, the Board received a report outlining the process and timescales for finalising the next iteration of the Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire. This work is being done alongside the development of the next iteration of the Integrated Care Strategy so both strategies are ready for approval and publication in March 2024.

In line with the shared ambition and aims of the Integrated Care Strategy, the JHWS will:

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

- 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 to improve health and wellbeing.

The five JHWS priorities, agreed by the Board in June 2023 are:

- Carers
- Healthy Weight
- Homes for Independence
- Mental Health and Dementia
- Physical Activity

Each of the JHWS Priority Delivery Groups have been asked to identify a set of objectives and outcomes using the life course approach of Start Well, Live Well and Age Well. An overview of this work will be presented to the Board at the meeting.

2. Conclusion

The HWB is asked to note and comment on the content of the presentation.

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 JHWS Delivery Groups.

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 Alison Christie, Programme Manager, who can be contacted on alison.christie@lincolnshire.gov.uk



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Heather Sandy, Executive Director - Children's Services

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2023
Subject:	Update Report on Children and Young People's Mental Health and Emotional Wellbeing

Summary:

This report outlines the range of mental health services available for Children and Young People (CYP) in Lincolnshire and their recent performance.

As is the case nationally, Lincolnshire has experienced increased demand for CYP mental health services since the pandemic and this has created challenges with recruiting additional staff at pace and ultimately increased waiting times for support. Lincolnshire CYP have benefitted from existing highly regarded early intervention mental health services both online and face to face and continues to have less CYP needing inpatient support than nationally.

NHS Lincolnshire ICB has increased its investment in CYP mental health services to provide more support and progress is being made. However, it has been recognised that a full review of CYP mental health needs and the support available to them locally is needed. A large scale CYP Mental Health Transformation Programme has commenced and this report provides further detail.

Further developments to CYP mental health services will continue whilst the Transformation Programme is completed. These planned activities, which align to the Programme, also form part of the Joint Lincolnshire Health and Wellbeing Strategy, and are set out in the report.

Actions Required:

Lincolnshire Health and Wellbeing Board is requested to note the content of the update report and provide feedback.

1. Background

Commissioning and Provider Arrangements

Lincolnshire County Council (LCC/the Council) Children's Services is the delegated lead commissioner for CYP mental health services in Lincolnshire, on behalf of NHS Lincolnshire's Integrated Care Board (ICB).

Lincolnshire Partnership NHS Foundation Trust (LPFT) provides the majority of mental health services for CYP and is rated 'Outstanding' by the Care Quality Commission. LPFT's CYP services are funded via a pooled budget with contributions from the ICB and the Council. Below is a list of locally commissioned CYP mental health services.

Provider	Service	Commissioner	Funding 2023/24
Kooth Digital Ltd.	<ul style="list-style-type: none"> • Online Mental Health Support Service for young people aged 11 to 18 years (25 SEND/Care Leaver) living in or attending education in Lincolnshire. This is an anonymous service where young people can self-register and access online counselling support, text messaging support, message boards, forums and advice on a wide range of emotional wellbeing and mental health concerns. 5,280 hours of support per year are commissioned. 	LCC/ICB	£295,000
LPFT	<ul style="list-style-type: none"> • The Here4You Access Team is a single point of access for LPFT CYP services (including a self-referral route) through a telephone line offering clinical advice, support and signposting, and screening of all new referrals. There is also an online referral mechanism. • Healthy Minds Lincolnshire (HML) works in schools and communities to provide early intervention support 1:1 and in groups and prevents emotional wellbeing concerns escalating to mental health issues. • Mental Health Support Teams (MHSTs) are a new nationally prescribed model of emotional wellbeing support in schools and colleges which are part of the national drive to improve access to mental health care for CYP. Lincolnshire has four fully operational teams (Lincoln, Gainsborough, Boston, Skegness) and five more planned/in progress (Spalding, Grantham, Sleaford, North Kesteven (including South of Lincoln)). • Grief and Loss Counselling Support for school-aged CYP who are experiencing grief and loss through death, divorce, separation, illness, crisis 	LCC/ICB	£18,890,000

	<p>etc. (commissioned by LPFT from Lincolnshire Centre for Grief and Loss)</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health Service (CAMHS): <ul style="list-style-type: none"> ○ Core CAMHS offers therapeutic interventions by a range of professionals such as mental health nurses, psychiatrists, and psychologists for CYP with moderate to severe concerns including but not limited to depression, anxiety, post-traumatic stress disorder, trauma and self-harm. ○ Community Eating Disorder Service (EDS) offers interventions for CYP with Anorexia Nervosa, Bulimia, binge eating and atypical eating disorders. ○ CAMHS Learning Disabilities (LD) Team offers interventions for CYP suffering with mental health problems who have a diagnosed learning disability. ○ Complex Needs Service In 2020/21, Lincolnshire successfully bid to NHS England (NHSE) Health and Justice and is the regional vanguard for delivering the Framework for Integrated Care (Community). Funding is confirmed to 2028. The Complex Needs Service uses a multi-disciplinary approach to support CYP with complex needs and trauma, including children in care, adopted children, and children open to or at risk of entering the youth justice system, mainly providing training, consultation, formulation and in some cases direct intervention. ○ CAMHS Crisis and Enhanced Treatment Team (CCETT) offers 24/7 crisis response and intensive home treatment to prevent inpatient admissions or support CYP transitioning out of inpatient services. ○ CYP Keyworking supports children aged up to 25 who have a learning disability and/or are autistic and at high-risk of being admitted to specialist inpatient services, or already in a specialist inpatient bed. 		
--	---	--	--

Performance of Current Services

Access to CYP Mental Health Services:

NHSE has access targets for mental health services which are monitored and published nationally. The expected prevalence of mental health concerns are calculated based on population size and an access target determined for each area. In 2023 to date, Lincolnshire is achieving 88.3% of its CYP access target which mean 7,965 CYP received one or more contact from a mental health service in the last year. NHSE set Lincolnshire's target as 9,017 in 2023 based on its population size. During 2022/23, Lincolnshire showed a consistent increase in access but not at the rate required to achieve the target. A Recovery Action Plan (RAP) is in place in 2023/24.

Many areas nationally are not meeting their access target and it is considered that there are some limiting factors in the target setting and reporting of data:

- MHSTs provide the biggest service growth nationally. NHSE is increasing the access target at a faster rate than new MHSTs can be operationalised (2 years as per the NHSE model).
- Unlike many areas, Lincolnshire's system has agreed not to report general Autism related contacts as this if not felt to be appropriate.
- Some local services cannot currently report their data into NHSE's system and so reported access is below actual access (Complex Needs Service and Enhanced Evidence Based Practitioners working in the Council and group work with parents/carers). A data analyst is being recruited in LPFT to support Lincolnshire to rectify this. This will improve Lincolnshire's reported performance.
- There are several new services being explored that will provide more opportunities to increase access for CYP including community VCSE sector support, alternatives to traditional CBT and game-based therapy for CYP with anxiety.
- MHSTs are also continuing to roll out and this will increase access.

Online Mental Health Support:

- Kooth accounts for c.11% of Lincolnshire's mental health access figure.
- 94% of CYP consider Kooth to be a safe, responsive, non-judgemental environment and would recommend Kooth to a friend.
- At April 2023, 68% of CYP used the platform outside of normal office hours.
- CYP from Lincoln and Boston access the platform the most.
- The number of CYP using Kooth reduced by 21.6% between 31 March 2020 and 31 March 2023 but evidence shows increased usage per CYP; an average of 14 logins per CYP in March 2023.
- At April 2023:
 - 74% of CYP were utilising the offline messaging function
 - 18% of CYP were accessing the online counselling support
 - 93% of CYP were accessing articles, forums, journals and self-help content.
- There has been a reported increase in the acuity of need of CYP accessing online mental health support. Kooth reporting shows 31% of CYP presenting with suicidal ideation. This has decreased since December 2022.

LPFT Services:

Here4You Advice Line and Access Team:

- An average of c.415 contacts per quarter. Parents and carers are the highest contacts and then education settings, GPs and Children's Services. 4% of contacts are from CYP.

- An average of 1,513 referrals are screened per quarter. Parents and carers are the highest referral and then GP and education settings.
- An average 71% of referrals are accepted per quarter. 19.5% are provided with advice/signposting with no support needed from service, 8% of referrals are incomplete (Access Team following up) and the remaining are not suitable e.g. out of area, too old.

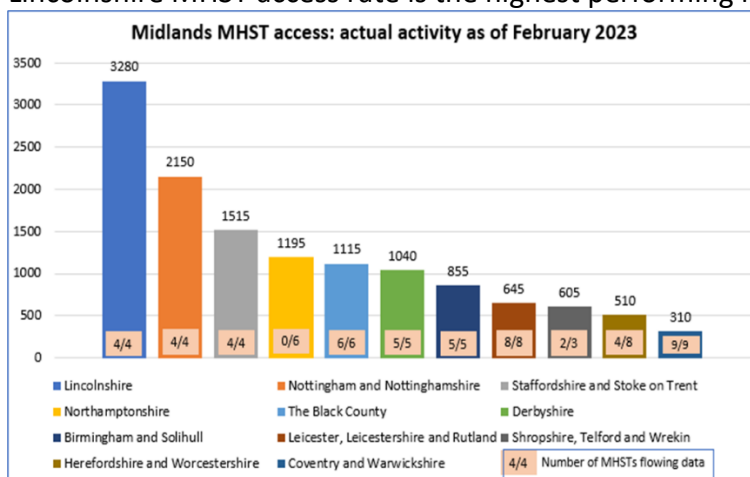
Healthy Minds Lincolnshire:

- There have been increased referrals to the service since the pandemic. From December 2021 to March 2023 the caseload rose by 107% from 441 to 915.
- Referrals are starting to reduce; there was a 31.6% reduction from March to June 2023.
- Improvements in waiting times are being seen. The average wait from referral to assessment in quarter 1 2023/24 was 11.1 weeks and from assessment to treatment was 4 weeks. 74% of CYP were seen within 4 weeks following assessment compared to 41.5% the previous quarter. 43.76% of CYP demonstrated positive outcome measures in that period.

Mental Health Support Teams (MHSTs):

Lincolnshire MHST Coverage			
Wave	Teams	Area	Status
2	2	Lincoln and Gainsborough	Fully Operational
4	2	Boston and Skegness	Fully Operational
7	1	Spalding	Embed from Jan 2024
8	2	Grantham and Sleaford	Embed from Jan 2024
10	1	Lincoln South and North Kesteven	Embed from Jan 2025
12	1	TBC	Embed from Jan 2026

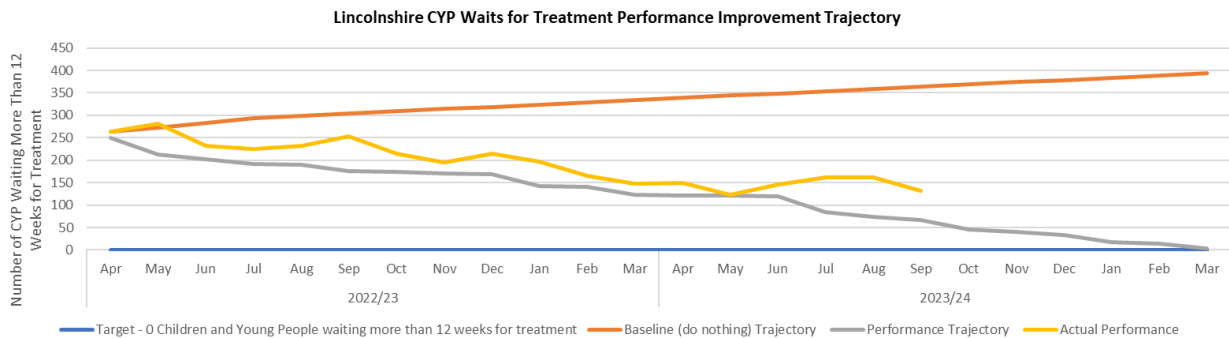
- Lincolnshire MHST access rate is the highest performing in the Midlands region.



- There have been increased referrals to MHSTs- 353 in quarter 1 2023/24, +66% since last quarter- this is highly attributable to new teams.
- The average wait from referral to assessment in quarter 1 2023/24 was 1.6 weeks. The average wait from assessment to treatment was 4 weeks. 65.83% of CYP were seen within this timescale compared to 31.3% the previous quarter. 39% CYP demonstrated positive outcome measures in that period.

CAMHS:

- For Core CAMHS and Learning Disability Service, the average wait from referral to assessment in quarter 1 2023/24 was 6.7 weeks. For Children in Care (CiC) this was 3.95 weeks and for CYP known to the Youth Justice System this was 1 week. The average wait from assessment to treatment was 6 weeks. For Children in Care (CiC) this was 1.7 weeks and for CYP known to the Youth Justice System this was 3 weeks.
- ICB investment has helped reduced waiting times which had increased significantly since the pandemic. There has been a 43% reduction in CYP waiting for treatment from May 2022 to September 2023 and a 53% reduction in CYP waiting more than 12 weeks for treatment from May 2022 to September 2023.



- For the Eating Disorder Service, the average wait from urgent referral to treatment in quarter 1 2023/24 was 0 weeks, with 100% CYP seen within 1 week. The average wait from routine referral to treatment was 1 week.
- Since it began, the Complex Needs Service has accepted c.1,000 referrals; provided consultation and advice to over 1,000 professionals; produced c.350 formulation-based care plans and provided direct intensive assessment/intervention to c.60 CYP and parents/carers.
- Within the Complex Needs Service, mental health workers support children’s residential care and leaving care service staff to provide support to CiC and care leavers. In quarter 1 2023/24, 44 visits to Council residential care homes and 19 consultations were completed and 44 care leavers were directly supported.
- The Crisis and Enhanced Treatment Team (CCETT) has experienced increased referrals. In quarter 1 there were 458 referrals including 16 CYP with a learning disability and/or autistic (LDA) CYP. 84% of referrals were accepted. Referrals not accepted are triaged and signposted to the appropriate service. 94% of emergency referrals were seen within 24 hours and 89% of urgent referrals were seen in 72 hours.
- Since 2013, NHSE has been the responsible commissioner for all CYP inpatient services (previously referred to as Tier 4). In 2021/2022, Lincolnshire saw increased demand for inpatient services (76.3 per 100k population), particularly Specialist Eating Disorder Unit (SEDU) beds, but this was still below national demand (99.8 per 100k population). The East Midlands Provider Collaborative reviewed bed usage since 1st April 2021 to explore whether there were sufficient CYP inpatient beds in the region and whether the correct pathways were in place and being followed. Following the outcome of the review SEDU beds were increased in the East Midlands.
- The need for an in-county inpatient unit is often discussed, given increased demand and because Lincolnshire CYP needing inpatient care must access treatment outside of the county which is incredibly difficult for them and their families. It is worth noting that for

some areas of Lincolnshire, out of area units are closer than Lincolnshire's previous unit (Ash Villa) which closed because the building didn't meet NHSE specification requirements. Even when Ash Villa was open, Lincolnshire CYP needed to access treatment out of area. In 2019, 17 CYP were placed in General Adolescent Unit (GAU) beds in Ash Villa, including CYP from other areas. 16 Lincolnshire CYP were placed outside of Lincolnshire within the East Midlands, and 12 children were placed outside of the East Midlands.

- In 2022, 21 CYP were placed outside of Lincolnshire but within the East Midlands and the number of children placed in inpatient beds outside of the East Midlands reduced to seven (-42%). It is anticipated that, with the increase in SEDU beds in the East Midlands, this number will reduce further.
- In 2022/23, CYP mental health inpatient admission by bed type was:
 - 19 in GAU
 - 5 in SEDU
 - 1 in Psychiatric Intensive Care Unit (PICU)
- Lincolnshire CYP spent a combined total of 1,482 nights in inpatient care, an average of 59.2 nights per CYP.

Transforming Care (CYP with LDA at-risk of inpatient admission):

- The new CYP Keyworking service commenced in April 2023. The service initially supported those aged up to 18, and is providing support to more than 90% of eligible children identified on Lincolnshire's Dynamic Support Register (DSR). It recently expanded to the full offer, supporting young people aged 0-25.
- 8 CYP have avoided admission and moved from Red to Amber/Green on the DSR following Keyworker involvement.
- As at 24 October 2023, for those aged 0-25 with LDA there was:
 - 1 risk rated 'Red' for admission on the DSR
 - 24 risk rated 'Amber' for admission on the DSR
 - 6 risk rated 'Green' for admission on the DSR
 - 2 inpatient (both over 18).
- As at October 2023, there have been no CYP inpatients (under 18) with LDA since August 2023.

Performance Summary:

- Lincolnshire needs to increase access to CYP mental health services to meet NHSE Targets but there are plans in place to increase access and improve performance reporting where current contacts are not being counted.
- Online counselling is well used by CYP in Lincolnshire, especially in Lincoln and Boston, and is being used most out of hours. More CYP are using the service for longer than before and the needs of CYP accessing the service are reportedly higher.
- Parents and carers are the highest referrers to LPFT services, the introduction of self-referral is positive as this enables a higher quality of information reducing delay in support.
- Increased referrals to services have been noted since the pandemic, this has increased waiting times for support, particularly in Healthy Minds Lincolnshire and CAMHS. Referrals are beginning to reduce and waiting times are reducing but are not on target. LPFT have introduced workers to support CYP with advice and resources whilst waiting.
- There has been an increase in CYP crisis referrals and there has been a rise since the pandemic of inpatient admissions, although not to the same extent as nationally. Urgent

and emergency referrals are being responded to quickly and 8 admissions have been avoided for CYP with LDA. There have been no CYP inpatients with LDA since August 2023.

- Pressures in CYP mental health services are also a national issue.

CYP Mental Health Transformation Programme

In recognition of the increasing pressures on CYP mental health services and national developments, it was agreed that a large scale CYP Mental Health Transformation Programme would commence that will ultimately re-shape local services based on the needs of Lincolnshire CYP. There are a wide range of stakeholders actively engaged in the Programme including CYP, parents/carers with lived experience, the Council, ICB, NHSE, LPFT, GPs, education settings, Children's Services professionals and VCSE organisations. The Programme's vision is:

"Together with CYP in Lincolnshire, we will understand how we can best support their emotional wellbeing and mental health and transform and improve services enabling CYP to live independent, safe, well and fulfilled lives in their local communities."

Aims

We will focus on improving support for CYP and their families in relation to:

- Public mental health promotion, prevention, community and early intervention support.
- Empowering parents/carers and professionals working with CYP to better identify and respond to their emotional wellbeing and mental health concerns.
- Increasing and improving access to community based emotional wellbeing and high-quality, evidence-based and timely mental health assessment and support.
- Avoiding unnecessary specialist and acute mental health related hospital admissions, particularly for CYP with LD and Autistic CYP.

Objectives

The transformation programme will consider a wide-range of cross-cutting factors, including:

- Understanding needs across Lincolnshire, equalities and population health management.
- Ensuring there is the right capacity and skills of community support and mental health trained professionals to meet the needs of Lincolnshire CYP.
- Engage CYP and families and ensuring their views are used to help shape and co-produce services.
- Ensuring professionals work together, supported by integrated pathways, to provide the right support to CYP at the right time and remove barriers to co-delivery of support.
- Making the best use of the funding, workforce and other resources available to us so that services are sustainable and represent best value.

Programme Workstreams

- **CYP Mentally Healthy Communities and Community Assets** (Prevention) – Ensuring CYP stay healthy through public mental health promotion and prevention by building resilience, creating mentally healthy communities and maximising community assets and support/advice, including online and digital.
- **CYP Early Intervention** – Problems must be identified early and all CYP who need help, including those with complex needs, need to be able to access timely and effective support or advice at the right level, in school or in their communities.
- **Mental Health Support for Learning Disabled and Autistic CYP** – CYP with Learning Disabilities or Autism who are also suffering from mental illnesses must be able to receive

specialist care that is tailored and able to meet their specific needs in the community and wrap around their lives, care and education as they transition into adulthood.

- **CYP Community Specialist Mental Health** – All CYP who are suffering from mental illnesses must be able to receive timely assessment and evidence-based treatment to improve their mental health that wraps around their lives, care and education including as they transition into adulthood, within their communities.
- **CYP Urgent and Emergency Mental Health** – Responsive assessment and support for CYP in mental health crisis must be available 24/7 in Lincolnshire’s acute hospitals, the community or at home, with appropriate treatment to avoid admission to specialist mental health units, facilitate prompt discharge or support.

Timescales

Phase	Timescale
Phase 1 Programme Setup: Initial engagement completed	March 2023
Phase 2 Information gathering: Targeted engagement, data and intelligence analysis, benchmarking/best practice, service mapping/statutory duties	April-November 2023
Phase 3 Information and gap analysis: Review and analyse all information, identify gaps and opportunities, agree priorities for improvement	December 2023-February 2024
Phase 4 Options development and analysis: Develop transformation options to deliver agreed priorities for improvement, agree preferred options for recommendation	March-May 2024
Phase 5 Transformation/change planning: Develop transformation plans for each change initiative, financial planning, operational/HR/estates change planning, digital/system change planning, undertake Equality Impact Assessments/Data Privacy Impact Assessments	June-November 2024
Phase 6 Decision making and system planning: LPFT, LCC and ICB decision-making	December 2024-March 2025
Phase 7 Transformation/change delivery: Change planning and activities commence and continue for 2-3 years	April 2025

Joint Health and Wellbeing Strategy 2023 and System Planning for 2023-2028

Alongside the CYP Mental Health Transformation Programme, there continue to be extensive developments to services that need to be implemented. Key initiatives relating to CYP Mental Health Services are set out below. These form part of the Joint Health and Wellbeing Strategy as well as System Plans:

Action	How will we measure progress?	Links to other strategies or action plans	Timescales	Lead Organisation
CYP Mental Health Transformation	<ul style="list-style-type: none"> • Review completed and findings used to design and agree new service models and sustainable funding. 	<ul style="list-style-type: none"> • NHS Long Term Plan • Mental Health Implementation Plan 	<ul style="list-style-type: none"> • Review to be completed by March 2024. • Design to Scoping and 	LCC (Children’s Services)/LPFT

	<ul style="list-style-type: none"> New service models implemented that will increase access, reduce demand of specialist services, increase community support and reduce inpatient admission. 	<ul style="list-style-type: none"> Lincolnshire ICB Delivery Plan 2023-28 Lincolnshire Local Transformation Plan 2023 CYP MH Transformation Programme 	<ul style="list-style-type: none"> planning phases to be completed by March 2025. Implementation to be completed by March 2028. 	
CYP - Prevention and Community Assets	Successful pilot of Night life café project being extended to CYP from September 2023	<ul style="list-style-type: none"> Integrated Commissioning Strategy for SEND 	August 2024	LCC (Children's Services)/LPFT
CYP - Early Intervention	<ul style="list-style-type: none"> Recommissioned online mental health support service to continue to offer online/out of hours support and reduce pressure on statutory services Continued roll-out of CYP mental health practitioner roles across Primary Care Networks in Lincolnshire Successful pilot of CYP counselling offer as part of emotional wellbeing support offer to commence October 2023 Successful go live and embedding of Waves 7 and 8 MHSTs in Spalding, Sleaford and Grantham from Jan/Feb 2024 Complete training and undertake mobilisation of Wave 10 MHST in North Hykeham and surrounding area during 2024 ready for successful go live in early 2025 Complete planning for Wave 12 MHST training, mobilisation and roll-out during 2025/26 	<ul style="list-style-type: none"> NHSE Roadmap for Adult Community Transformation Community MH Framework for adults and older adults 	March 2025	LCC (Children's Services)/LPFT
CYP - Community Specialist Mental Health	<ul style="list-style-type: none"> Investment to increase staffing and reduce waiting times into community specialist mental health support Reduced waiting times for specialist mental health support Increased support for CYP whilst waiting Reduced staffing turnover in community specialist mental health services Implemented a new pathway for specialist mental health assessment and treatment for CYP presenting with Avoidant or Restrictive Food Intake Disorder (ARFID) 		March 2025	LCC (Children's Services)/LPFT

	<ul style="list-style-type: none"> • Complex Needs Service review completed 			
CYP - Urgent and Emergency Care	<ul style="list-style-type: none"> • Increased access to 24/7 mental health crisis support and assessment for CYP and families • Mental Health Urgent Assessment Centre (MHUAC) all-age pathway introduced with the mobilisation of specialist CYP staff in Lincoln MHUAC to see CYP who present to them or Lincoln A&E • Kooth digital online pilot reviewed and evaluated • Crisis respite model agreed and in progress 		March 2025	LCC (Children's Services)/LPFT
Transitions Pathways	Improved transitions pathways between CYP and adult MH services		Ongoing	LCC/LPFT

2. Conclusion

Lincolnshire CYP benefit from a range of mental health services that provide support from early intervention to crisis. Since the pandemic, more CYP have needed help with their mental health and wellbeing and this has put pressure on services. Increased investment has enabled waiting times for support to reduce but there is still further progress needed. A large scale CYP Mental Health Transformation Programme has commenced and this will result in service improvement to best meet the needs of CYP in Lincolnshire. The Transformation Programme will take time to be fully delivered but in the meantime, further planned developments will continue to improve access and support to CYP.

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 JSNA recognises that good mental health and wellbeing are fundamental for a happy and healthy life and that in the UK, half of life-long mental health problems start before the age of 14. Today's CYP exhibit worse mental health outcomes compared to previous generations and the Covid-19 pandemic is likely to have exacerbated the mental health needs of many. The Mental health and emotional wellbeing of CYP is a priority of the JLHWS.

The mental health services set out in this report are fundamentally important in helping build Lincolnshire CYP's emotional resilience; creating mentally healthy communities; helping parents/carers and professionals to better identify and respond to CYP's emotional wellbeing and mental health concerns; increasing access to timely and effective early intervention support and ensuring that all CYP who are suffering from mental illness can access high-quality, evidence-based and timely mental health assessment and, support in their community avoiding mental health related hospital admissions where possible.

This report outlines key actions that are part of the JLHWS and the CYP Mental Health Transformation programme will help inform future JSNA's and deliver the JLHWS.

4. Consultation

Not applicable.

5. Appendices

None.

6. Background Papers

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

This report was written by Charlotte Gray, who can be contacted on Charlotte.Gray@lincolnshire.gov.uk.

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Mental Health, Dementia, Learning Disability and Autism (MHDLDA) Alliance

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2023
Subject:	Adult Community Mental Health Transformation

Summary:

Our report to the Board will include the following elements:

- The NHS England Roadmap
- Our Achievements
- Benefits of ACMH Transformation in Lincolnshire
- 'No Wrong Door'
- How We Are Achieving This?
- Mental Health & Wellbeing Community Investment Scheme
- New Roles
- Night Light Cafes and Wellbeing Hubs/Satellites/outreach
- How Are You Lincolnshire?
- Co-Production Network
- Trauma Informed Approach
- What's Next?

Actions Required:

Update to note.

1. Background

The NHS Long Term Plan and Mental Health Implementation Plan made a renewed commitment to improve and widen access to mental health care and set out plans to improve how the NHS treats people with severe mental illness, including during crisis. In 2019 Lincolnshire was one of 12 national early implementer sites for adult community mental health transformation and has gradually led a phased programme of work to ensure an increase in mental health provision at a locality level with a specific focus

on those individuals who experience serious mental illness. This piece of work is underpinned by a trauma informed approach and is therefore designed to ensure there are no cliff edges, seamless transitions and that care is centred around the person. At the heart of this programme has always been people with lived experience; ensuring that services are led by people and not just about people. Experts by experience are embedded across every facet of the programme and as such Lincolnshire is recognised by NHS England as an exemplar site for the work that it has done to realise and embed this new way of working.

2. Conclusion

This is an ongoing transformational change programme that is operating within the newly formed Lincolnshire ICS. Much progress has been made across the county and a range of initiatives, pathways, and new ways of working have all contributed to change, which continues to be developed and embedded. Partnership working and relationships are at the centre of the programme’s success.

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).

We have considered the following issues raised in the Lincolnshire JSNA:

- Sustained increase in demand for all services
- 75% unemployment for those with SMI
- Lower Life Expectancy for those with SMI
- 40% of GP appointments related to mental health (2018)
- Significant increase in adult eating disorder referrals
- Lack of county wide personality disorder service
- Suicide rates in Lincolnshire remain significantly higher than the England average
- Lack of community assets on the east coast
- General and workplace wellbeing has deteriorated during the pandemic

4. Consultation

This programme has not engaged in formal consultation, but it is a multi-stakeholder programme, including people with lived experience.

5. Appendices

These are listed below and attached at the back of the report

- | | |
|----|--|
| 1. | ACMH Transformation Nov 23 – slide deck. |
|----|--|

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 Sara Brine, Head of Mental Health Transformation NHS Lincolnshire ICB and Victoria Sleight, Head of Adult Community Mental Health Transformation, LPFT , who can be contacted on: sara.brine1@nhs.net; Victoria.sleight@nhs.net .

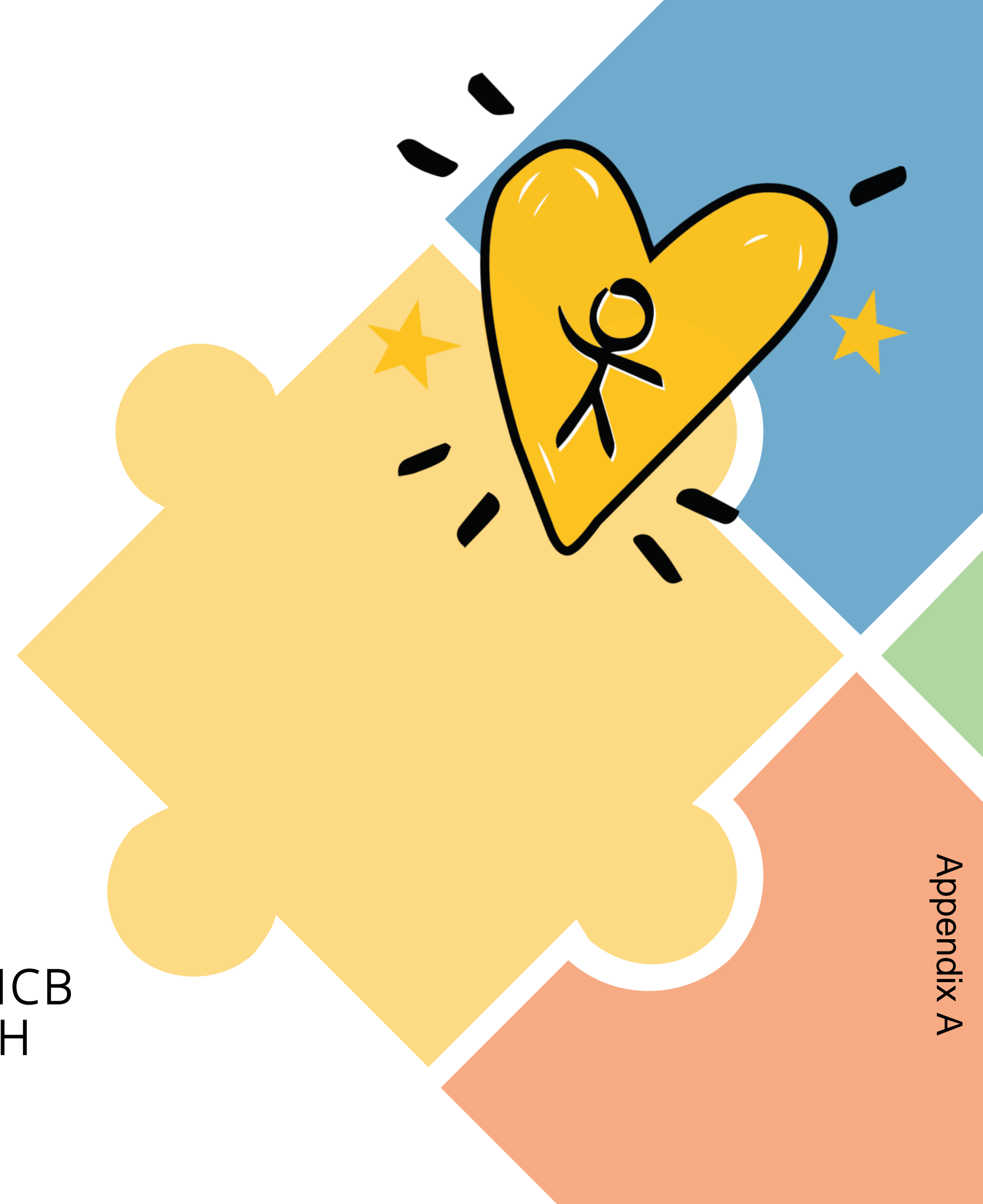
This page is intentionally left blank

Adult Community Mental Health and Wellbeing Transformation

Update to Health & Wellbeing Board

Nov 2023

Sara Brine, Head of MH Transformation NHSL ICB
Victoria Sleight, Head of Adult Community MH
Transformation, LPFT



WHAT WE WILL TALK ABOUT

1. The NHS England Roadmap
2. Our Achievements
3. Benefits of ACMH Transformation in Lincolnshire
4. 'No Wrong Door'
5. How We Are Achieving This ?
6. Mental Health & Wellbeing Community Investment Scheme
7. New Roles
8. Night Light Cafes and Wellbeing Hubs/Satellites/outreach
9. How Are You Lincolnshire?
10. Co-Production Network
11. Trauma Informed Approach
12. What's Next?



**Lincolnshire
Community Mental
Health & Wellbeing
Transformation**



The NHSE Roadmap for Adult CMH Transformation

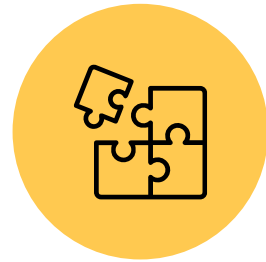
The NHSE Roadmap for CMH Transformation states that we must provide and implement:



Trauma Informed and Personalised Care Approaches - Together we will embed a trauma-informed recovery framework.



Improved Access to Psychological Therapies – increase access to evidence based psychological interventions such as CBT, DBT, CAT, SCM and we need to work in a person-centered way.



No wrong door approach means no rejected referrals recorded - Together we will ensure that a continuum of care is fully implemented.

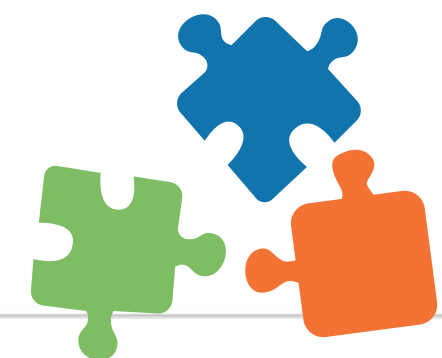


Commissioning and partnership working with VCSE services – Invest in innovative and sustainable projects within local communities that support mental health, commissioning non-clinical staff via VCSE to create multi-disciplinary teams within PCN areas.

Roadmap Summary - Lincolnshire ICS Progress – May 23



Model development		Care provision		Workforce		Data		Dedicated focus ⁵					
								CEN / 'personality disorder'		Community rehab		Eating disorders⁶	
Joint governance with ICB oversight ¹	In place and effective	"Must have" services ³ commissioned at PCN level tailored for SMI ⁷	CMHT now all aligned to PCN footprints	Recruitment in line with indicative 22/23 MH workforce profile	Remains a challenge	Record access data from new model (inc. primary, secondary and VCS orgs)	Able to report activity	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model					
Model design coproduced with service users, carers & communities	Co-production evident at all levels of governance	"Additional" services ⁴ commissioned at PCN level tailored for SMI ⁷	VCSE offer integrated with Secondary care	Expand MHP ARRS roles in primary care	Yes – continuing to recruit	Interoperable standards for personalised and co-produced care planning	Using IROC as a mechanism, (albeit not mandated)	Specialist Team in place – starting to understand the CMHT role / no PC offer		Yes	County-wide service in place		
Integration with primary care with access to the model at PCN level ²	Roll out in line with milestones	Improved access to evidence-based psychological therapies	Utilising some of the new roles to expand	Staff accessing national training to deliver psychological therapies	Some MHWP's being used	Routine collection of PROMs using nationally recommended tools	Using all 3 PROMS, utilising IROC, inpatient and VCSE	Embed experts by experience in service development and delivery					
Commissioning and partnership working with range of VCSE services	Strong VCSE partnership / commissioning arrangements	No wrong door approach means no rejected referrals recorded	MDT approach in progress	Multi-disciplinary place-based model ⁸ in place	In place	Waiting time measured for CMH services (core & dedicated focus areas)	In progress	Trauma-specific support, drawing on VCSE provision	In place	Ensure a strong MDT approach ⁵	In place	No barriers to access e.g. BMI or weight thresholds	Thresholds in place
Integration with Local Authority services	Representation at board	Tailored offer for young adults and older adults	Commencing PHM approach, EBE older adults, Uni population	Staff retention and well-being initiatives	Well being hubs in place	Interoperability for activity from primary, secondary and VCSE services	In good progress	Co-produced model of care in place to support a diverse group of users	In place	Clear milestones are in place to reduce reliance on inpatient provision	Yes	Early intervention model (e.g. FREED) embedded	FREED Champion in place
~67% PCN coverage for transformed model	All 15 PCN's flowing data	Principles for advancing equalities embedded in care provision	HI workstream, PHM profiles - inform planning, WE statements	Dedicated resource to support full range of lived experience input	Co-production network in place	Impact on advancing equalities monitored in routine data collection	Trust BI dashboard, PHM approach	Supported housing strategy delivered in partnership with LAs		Co-produced care and support planning is undertaken	EBE in team	Clear arrangements in place with primary care for medical monitoring	In progress PC lead & Strategic lead
Shift away from CPA towards personalised care	Implementing HOPE toolkit – launch July	Support for co-occurring physical needs & substance use	Dual Diagnosis workstream in place, embedded in locality teams	Place-based co-location approaches	Working in a co-located way					Supported housing strategy delivered in partnership with LAs	HACT report working in partnership	Support across spectrum of severity and type of ED diagnoses	In progress
Alignment of model with IAPT, CYP & perinatal	Focusing on transitions, Peer Support and grants for VCSE	Trauma-informed & personalised care approaches	In place							Supported housing strategy delivered in partnership with LAs	HACT report working in partnership	Joint working with CYP ED services including transitions	In progress
												Accept self-referrals, VCS referrals and Primary Care referrals.	No self referral at present

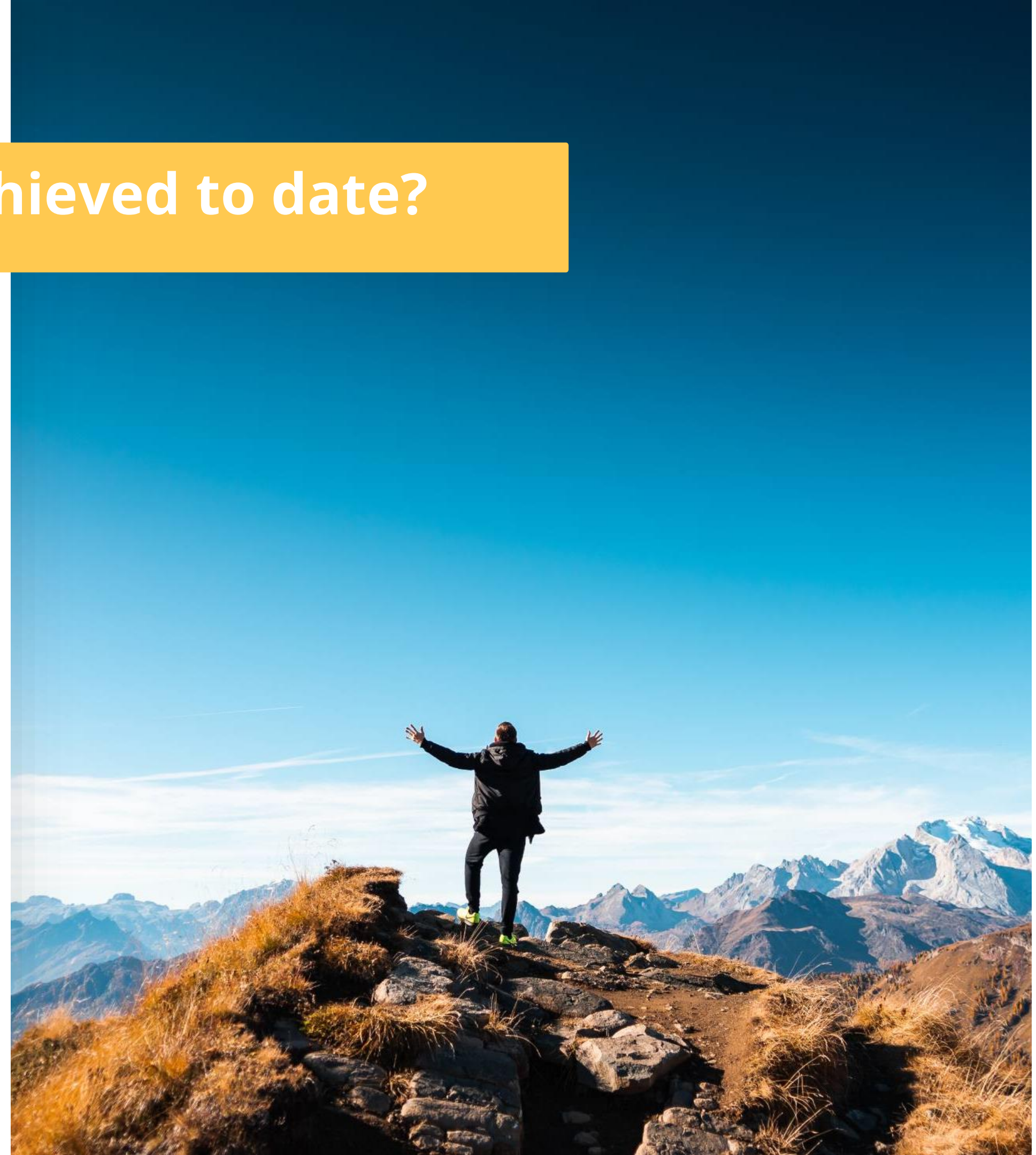


What have we achieved to date?

Started in 2019 as an early implementer site

Guiding documents:

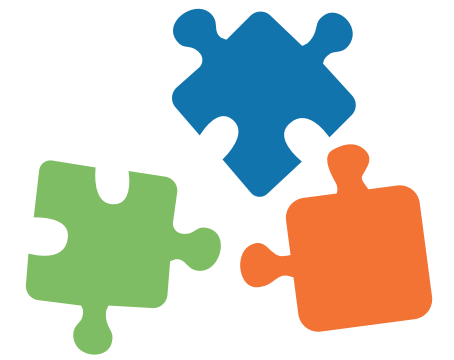
- NHS Long Term Plan for Mental Health
- Mental Health Implementation Plan
- The Community Mental Health Framework for Adults and Older Adults
- NHSE Roadmap for community transformation





As at November 2023 we have in place:

- A Transformation team in post including Lead roles, Programme Managers, 3 project officers, comms and engagement leads, BI and Digital leads, working with finance and LA/VCSE/PC colleagues*
- Primary care strategic lead for the CMH programme and 14 PCN MH Champions in place; AED Primary Care lead role in place.*
- Multi-organisational Programme Steering Group, includes members with lived experience, sub-groups and regular reporting structure up to MHDLDA Alliance*
- 12 Local Project Teams and 9 Partnership Groups covering the 14 PCN areas developing locally focussed Mental Health and Wellbeing Transformation improvements*
- 15 Wellbeing hubs with 19 satellite sites and 32 'roving outreach' alongside in place/being developed. 15 WTE community connectors (and a Community Connector Partnerships Lead now in place) connecting people to their communities including a range of initiatives and projects at a local level*
- 23 Mental Health Social Prescribing Link Workers, working in alignment with PCN SPLWs*
- 14 Peer Support Workers (12 employed by Shine Lincolnshire and 2 in the Recovery College,*
- 25 Night Light Cafes across Lincolnshire working together through network arrangements led by the Acts Trust*
- A Mental Health co-production network*
- £1m invested per annum by the NHS plus £370k p.a. by the Local Authority working together via Shine Lincolnshire to offer the VCSE Mental Health and wellbeing community investment (which includes 3 year sustainability and 1 year innovation funding grants) to build community assets across Lincolnshire*
- £152k p.a. invested in the VCSE via grants administered by Shine Lincolnshire to support Suicide Prevention Projects – linking to the suicide prevention strategy*



- 22 Mental Health Practitioners in PCNs (13/14 PCNs now have at least 1 Practitioner)
- 2 university night worker posts recruited to (1 at Lincoln Uni and 1 at BGU) – Lincoln Uni also investing in a second post – part of our ‘crisis alternatives’ offer
- Investment in the Homeless community in Lincoln via the HHH Team and advocacy services through Development Plus
- A new suicide bereavement service run by Amparo to provide a ‘listening ear’ to those recently or historically bereaved by suicide, including practical support and counselling services – this is also part of our suicide prevention offer.
- A new service navigation tool, co-created with people with lived experience and working with CPFT –see: www.haylincolnshire.co.uk . HAY Plus is under development which will provide a specific area for professional to gain access to resources and further information about the programmes of work.
- PCN based population mental health profiles across Lincolnshire – each PCN covered.
- Each community MH Team beginning to work in 12 localities, moved away from CPA to Trauma Informed Care and embedding I-ROC across all teams
- Training offer available to all who want to access it across Lincs – see <https://www.itsallaboutpeople.info/mental-health-transformation/training>
- Resources: ‘Leave behind’ and Professionals’ support card available - see: <https://www.itsallaboutpeople.info/resources/useful-resources>
- Digital Kiosks are under development within community wellbeing hubs
- ‘Together we will’ statements developed through engagement across a huge range of people including those with lived experience and workforce

Some Benefits of Mental Health Transformation



No wrong door: a vision for mental health, autism and learning disability services in 2032

NHS Confederation & The Centre for Mental Health describes 10 interconnecting themes, all of which are applicable, but specifically:



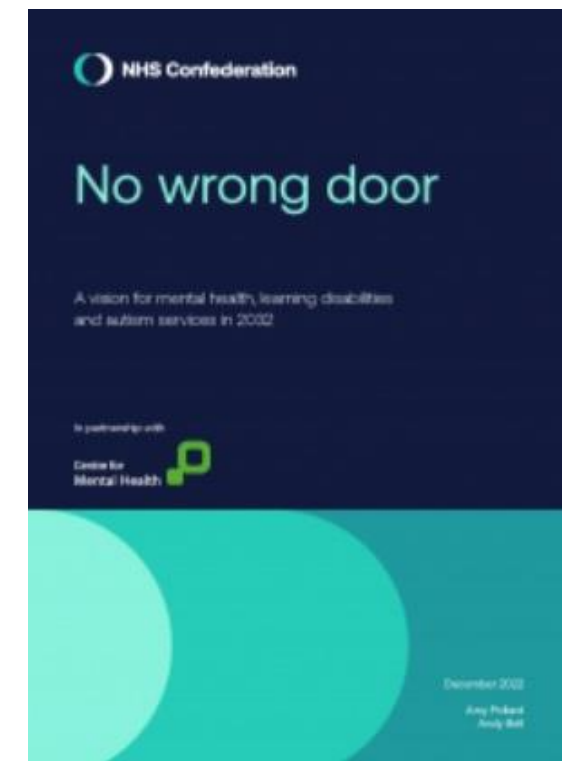
Prevention – protecting and promoting our mental health through every stage of our lives.



Early Intervention - Services will meet people where they are at, including online, at school, and in community spaces where they feel comfortable.



Access to quality, compassionate care - People will be able to present at any point in the system – from pharmacies, advisory services and community groups to education, social services, the criminal justice system and primary care – and get the right support.



Ten year Vision

By 2032...

... services will not wait until someone is in crisis to offer help. Instead, early intervention will be the norm, with support front-loaded at an early stage to prevent more serious difficulties developing later on.

... MHLDA services will see the big picture as they support people to live their lives. People will get support with what matters most to them and services will help people with money, work and housing – with a package of support that is not limited to ‘healthcare’ per se.

... MHLDA services will be proactive in addressing structural inequalities and injustices. They will understand and challenge the intersecting inequalities that underpin the unequal risks of poor wellbeing and the subsequent inequities in access to support, experiences of services, and outcomes achieved.

... service users will be reaping the benefits of a major investment in community support.

... services at all levels will be holding the outcomes that matter to service users as their lodestar. They will be able to measure these outcomes and be held to account for them. The system will no longer be driven by the outputs that matter to institutions, but by the outcomes that matter to people.

Prevention

Early Intervention

Access to quality, compassionate Care

Seeing the bigger picture

Whole person care

Equality focus

Co-production

Autonomy, human rights & community support

A Stronger Workforce

Outcomes that matter

... greater effort will be made to protect and promote our mental health throughout every stage of life and to ensure autistic people and people with LD are properly supported to have fulfilling and independent lives. Services will take a systematic ‘population health’ approach to reducing the social and economic risk factors for poor mental health and boosting protective factors in individuals, families and communities.

... there will be no wrong door for anyone seeking support for mental health, autism and learning disability needs.

... services will support people with their physical and mental health and social needs together. Services will treat people as a whole person, being mindful and respectful of their needs, assets, wishes and goals.

... there will have been a shift in the power imbalance between people who use mental health, autism and learning disability services and the organisations that provide them. Coproduction as an equal partnership will be the norm in the design, development and delivery of services.

... there is a thriving workforce of clinicians, mental health professionals, allied professions, multi-disciplinary teams and diverse experts.



- What does this look like for Lincolnshire?
- Can we challenge ourselves to see **how** we can transform services to attain the No Wrong Door vision by 2032 (or sooner)?
- How are we going to measure this to know when we get there?



How We Are Achieving This ?



Relationships – continue to embed trusting, progressive, systemic relationships.

Investment into VCSE – more collaborative, targeted commissioning, enabling innovation and development.

How Are You Lincolnshire? – web-based service directory to ease access to local support and prevent isolation.

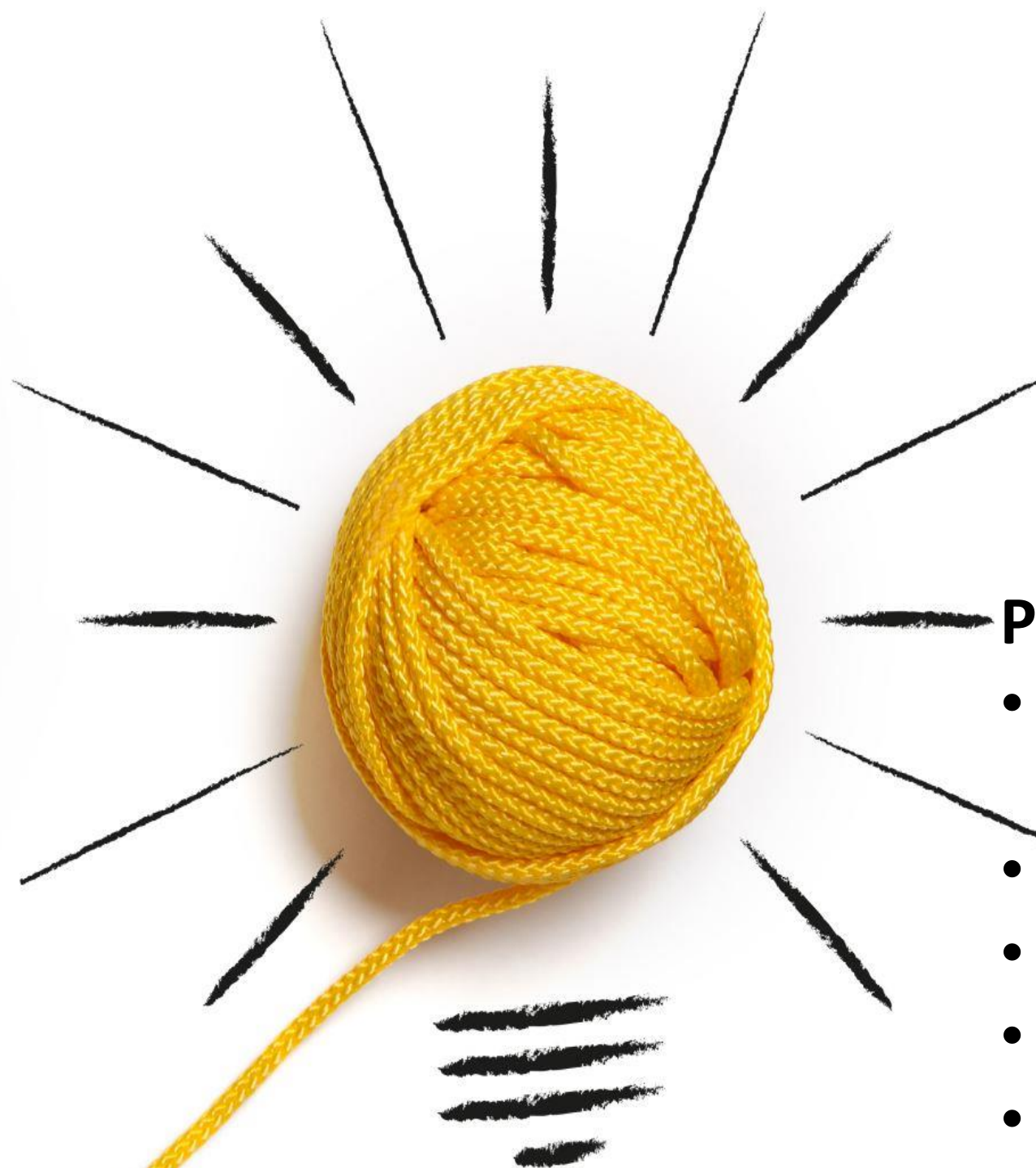
Evidence – utilise MH Population Health profiles to address Health Inequalities

Training – further develop and upskill a diverse workforce.

Psychological Interventions - provide the backbone to specific pathways and enable risk to be shared. Continue to develop and embed psychologically-led pathways at a locality level.

Co-Production – continue to involve Experts By Experience. Do with me, not to me.

Trauma-Informed Practice – evolve demonstrable outcomes aligned to TIC values.



Partnerships and Integration

- MH and Wellbeing Partnerships Group
- MH Co-production Network
- VCFSE inc Shine Lincolnshire
- Primary Care
- Other System partners e.g. ULHT, LCHS, LCC etc
- MHDLDA Alliance

Mental Health & Wellbeing Community Investment Fund (MHWCF)

- Sustainable, Systemic Investment fund of c.£1.5 million for VCSE around MH&WB initiatives across the county.
- Innovative and seeking to support best return on investment for all.
- Pioneering in its commitment to Support, Growth and Innovation of the Lincolnshire VCSE sector from grass roots to larger organisations.
- Acknowledges the rich tapestry of complexity within the VCSE in response to Population Health through utilisation of integrated Population Profiles.
- Ensures that funding is aligned to clear objectives, doesn't duplicate other funding streams and benefits the Lincolnshire Population which it serves.
- Able to flow data from VCSE organisations to a national database (MHSDS Data) to demonstrate impact.



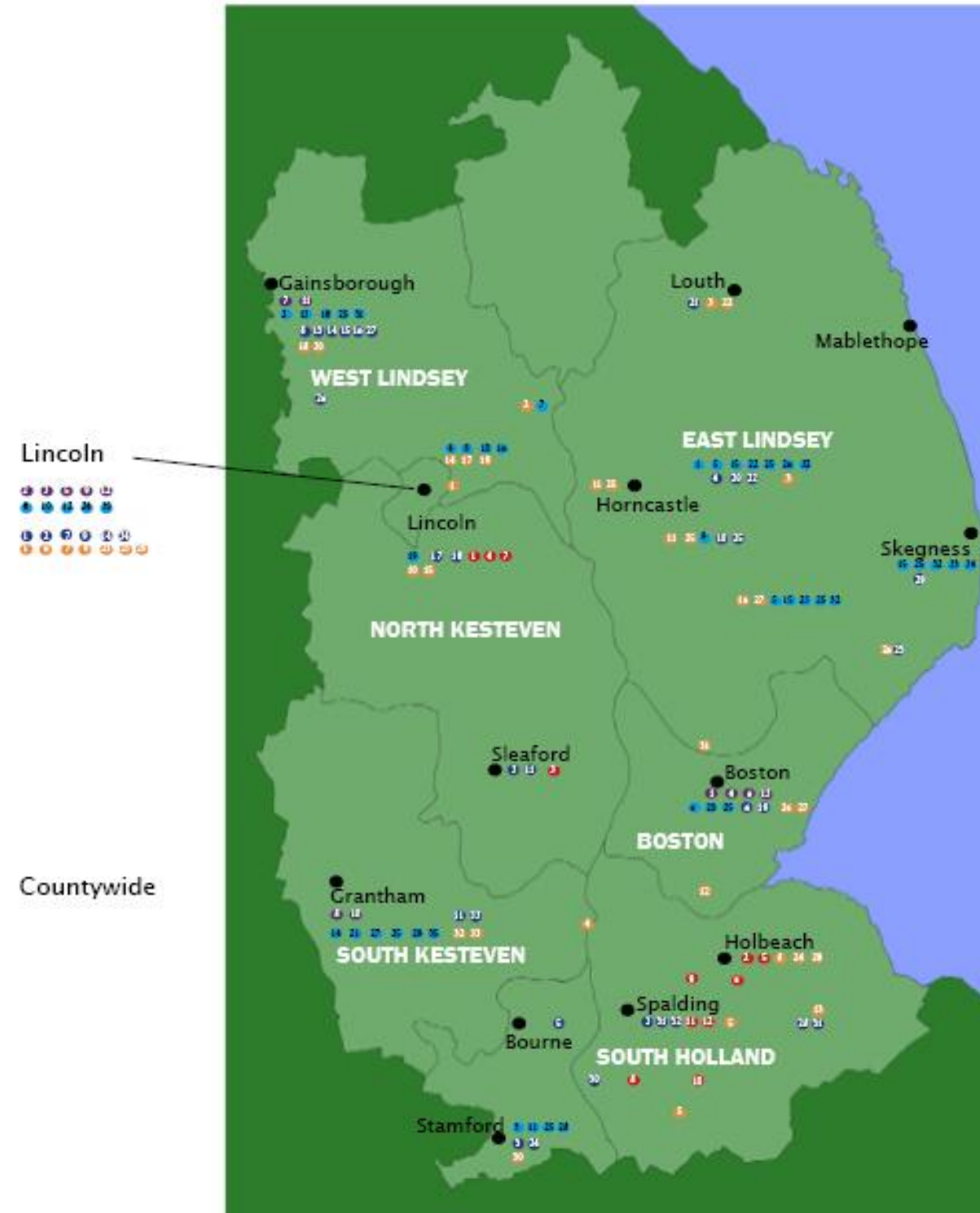
Mental Health & Wellbeing Community Investment Scheme (MHWCIF)



Organisations are supported by Shine beyond their funded project.

Full support is available including but not limited to:

- funding applications
- Policies & procedures
- project implementation
- Marketing
- reporting & data
- unexpected challenges & issues



Impact

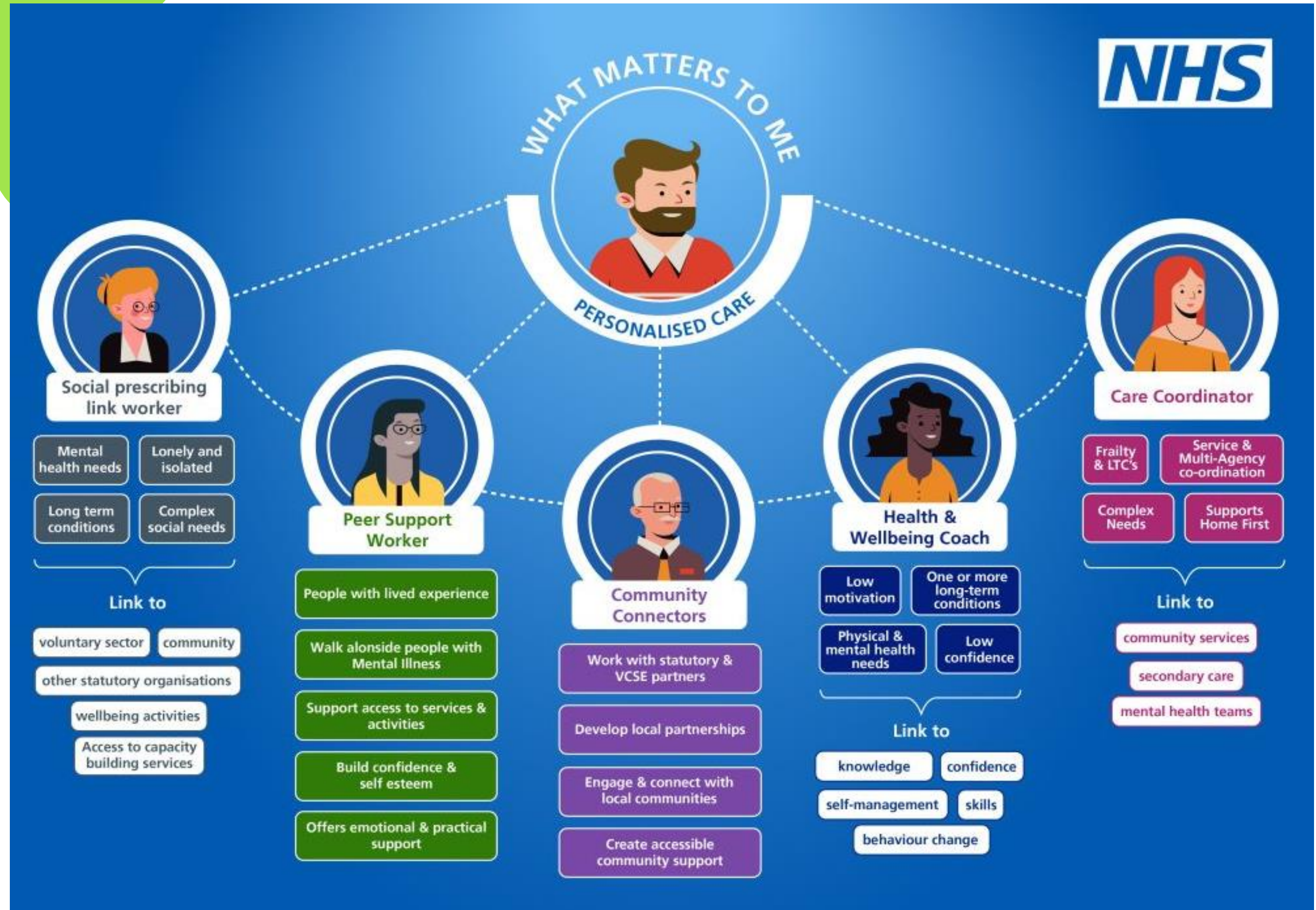
One £10,000 Investment reported:

- An additional **437 hours** of support for **49** Individuals
- **313 x 20 mins** telephone calls
- **18 staff** accessed training with 8 undertaking accredited modules in Mental Health, Autism & Dementia
- Enabled a flexible, person-centred approach
- Increased awareness of the organisation

Investment into VCSE organisations supports the individual but also:

- Increases local volunteer & employment opportunities
- Raises awareness of small grassroot organisations and their local offer
- Increasing local capacity
- Aides with growth & sustainability for the organisations
- Builds trust, working towards stronger cohesive communities

These roles are some of those we have funded and embedded in the locality mental health teams across the county.. We have also invested in a range of clinical roles such as MH Practitioners in Primary care., where funding is split between PCNs and LPFT.



Night Light Cafés



LINCOLN:

Alive Central, Newland, Lincoln
Bailgate Methodist Church, Bailgate, Lincoln
Boultham Breakthrough Centre, Lincoln
Bridge Central, Lincoln
Energize Youth Centre, Birchwood, Lincoln
St Giles Methodist Church, Lincoln
St John the Baptist Church, Ermine
St John the Evangelist's Church, Bracebridge Heath, Lincoln
The Salt House, Lincoln
Pilot – Twilight café for YP, Bridge Central

Page 62



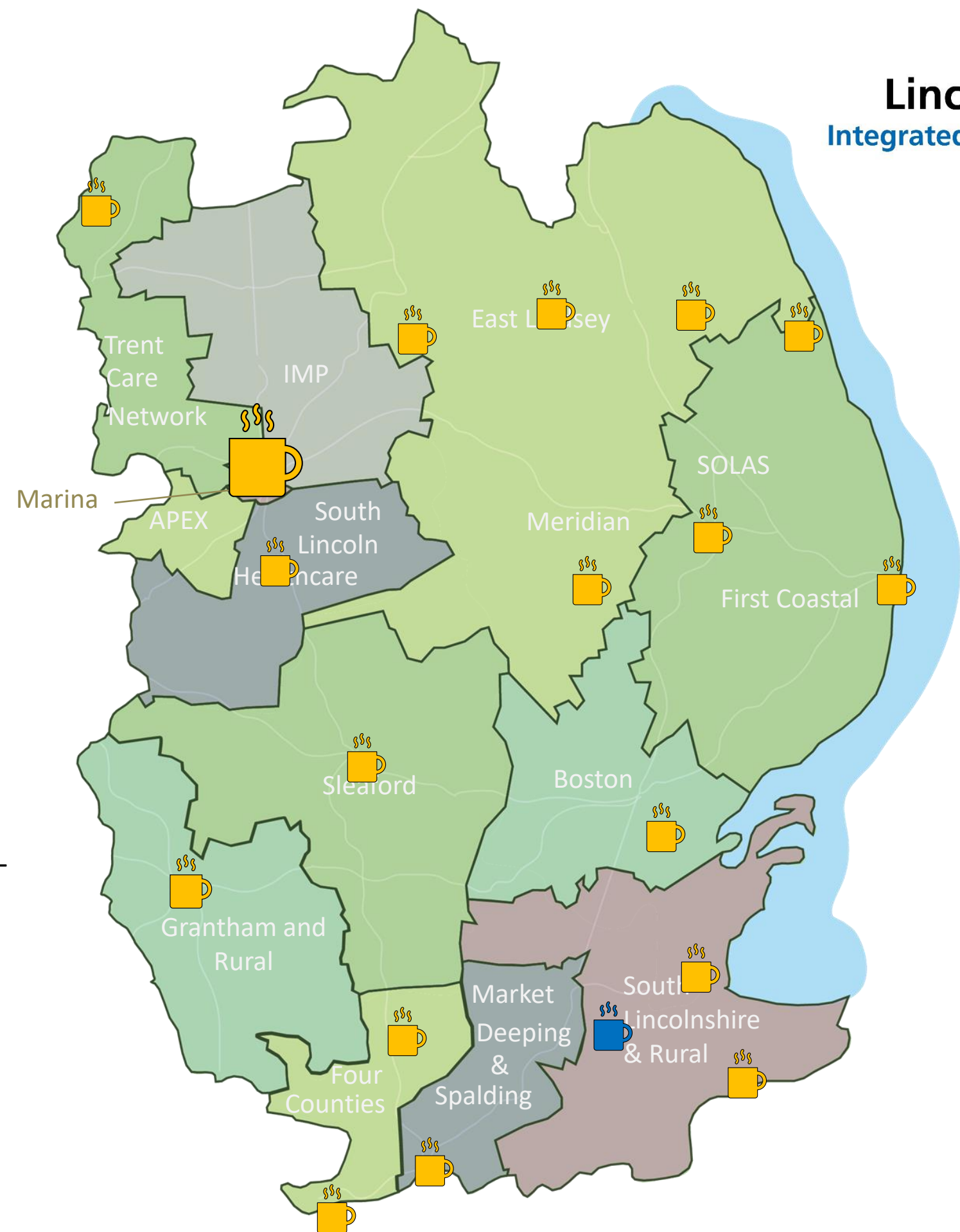
COUNTYWIDE:

Day Care Centre, The Wong, Horncastle
Don't Lose Hope, Bourne
Gainsborough Trinity Foundation, Gainsborough
Mindspace, Stamford
New Life Centre, Spilsby
Overboard Church, Mablethorpe
Riverside Church, Sleaford
St Mary's Church, Long Sutton
Skegness Day Service, 40 Alghitha Rd, Skegness
South Lincs Blind Society, Grantham
Tonic Health, Broadgate House, Spalding
Tonic Health, Holbeach
Trinity Centre, Louth
Centenary Church, Boston
The Storehouse, Alford
New Life Church, Market Rasen



Night Light Cafés in development

Sutton St James, TBC
Bishop Grosseteste University, Lincoln –
just opened September 2023



Wellbeing Hub Offer - East



Wellbeing Hubs

- Boston** – Centenary, Boston
- First Coastal**
- Coast – Storehouse, Skegness/CLIP Mablethorpe
- Rural – The New Life Centre, Spilsby
- Meridian** – Louth Trinity Centre
- East Lindsey** - Horncastle



Satellites

- Boston**
- Safe Spaces (Boston Community Hall)
- Black Sluice, Wyberton
- Kirton

- East Lindsey**
- Caistor
- Market Rasen

- Meridian**
- Woodhall Spa

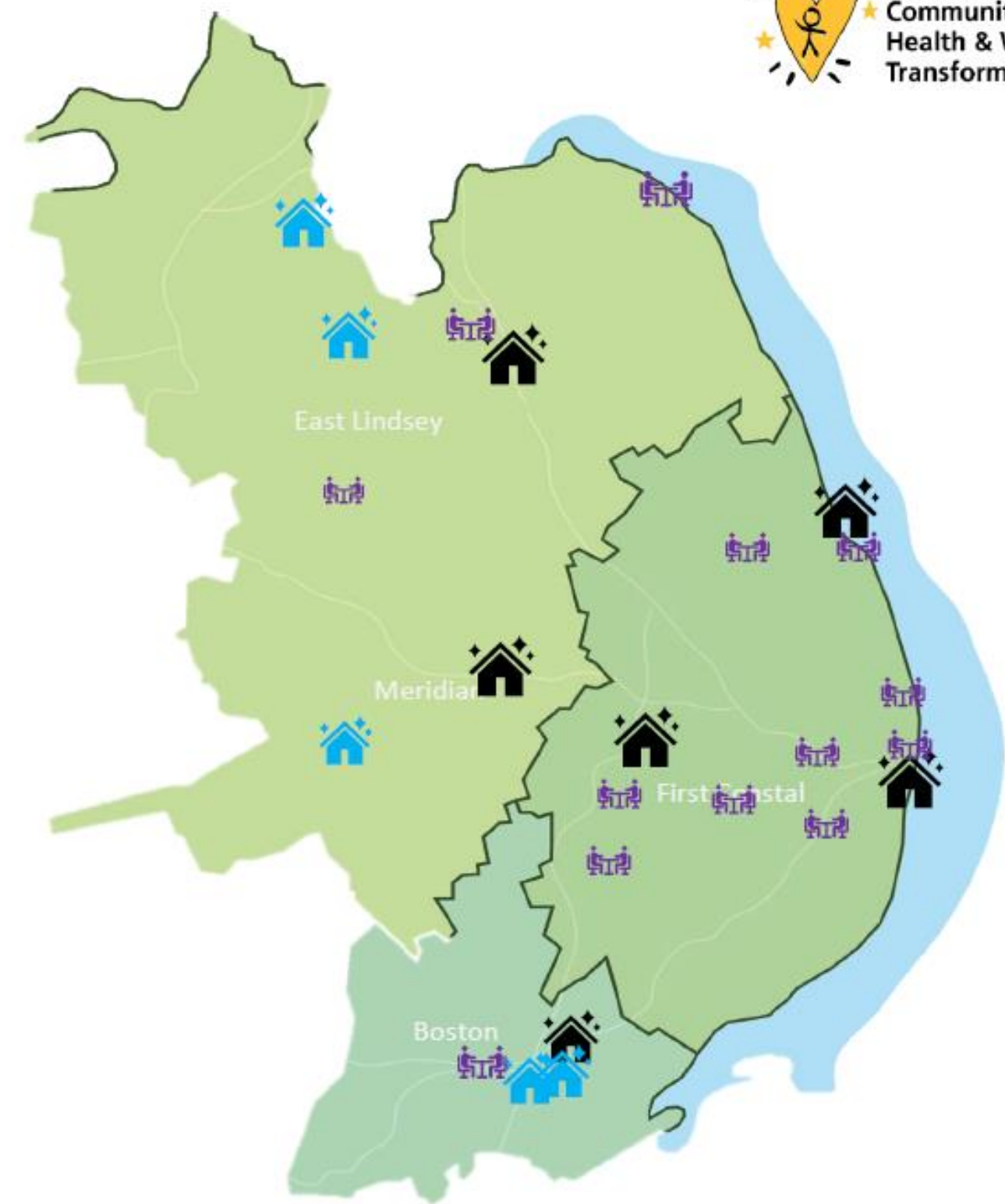


Roving Outreach

- Boston**
- Swineshead - TBC

- First Coastal**
- Coast – Chapel St Leonards
- Sutton on Sea
- Ingoldmells
- Rural – Alford
- Stickney
- Wainfleet
- Bratoft
- Keel

- East Lindsey**
- Binbrook
- North Somercoates
- Wragby



Wellbeing Hub Offer - South



Wellbeing Hubs

Grantham & Rural – Beehive Centre, Grantham

Four Counties – Mindspace, Stamford

K2 Healthcare Sleaford - South Lincs Church, Ruskington

South Lincs & Rural – Wellbeing Hub, Holbeach

Spalding – Broadgate House Wellbeing Hub, Spalding



Satellites

K2 Healthcare Sleaford
Sleaford

Four Counties
Bourne

South Lincs & Rural
TBC



Roving Outreach

Grantham & Rural

Allington

Colsterworth

Long Bennington

K2 Healthcare Sleaford

Billingham

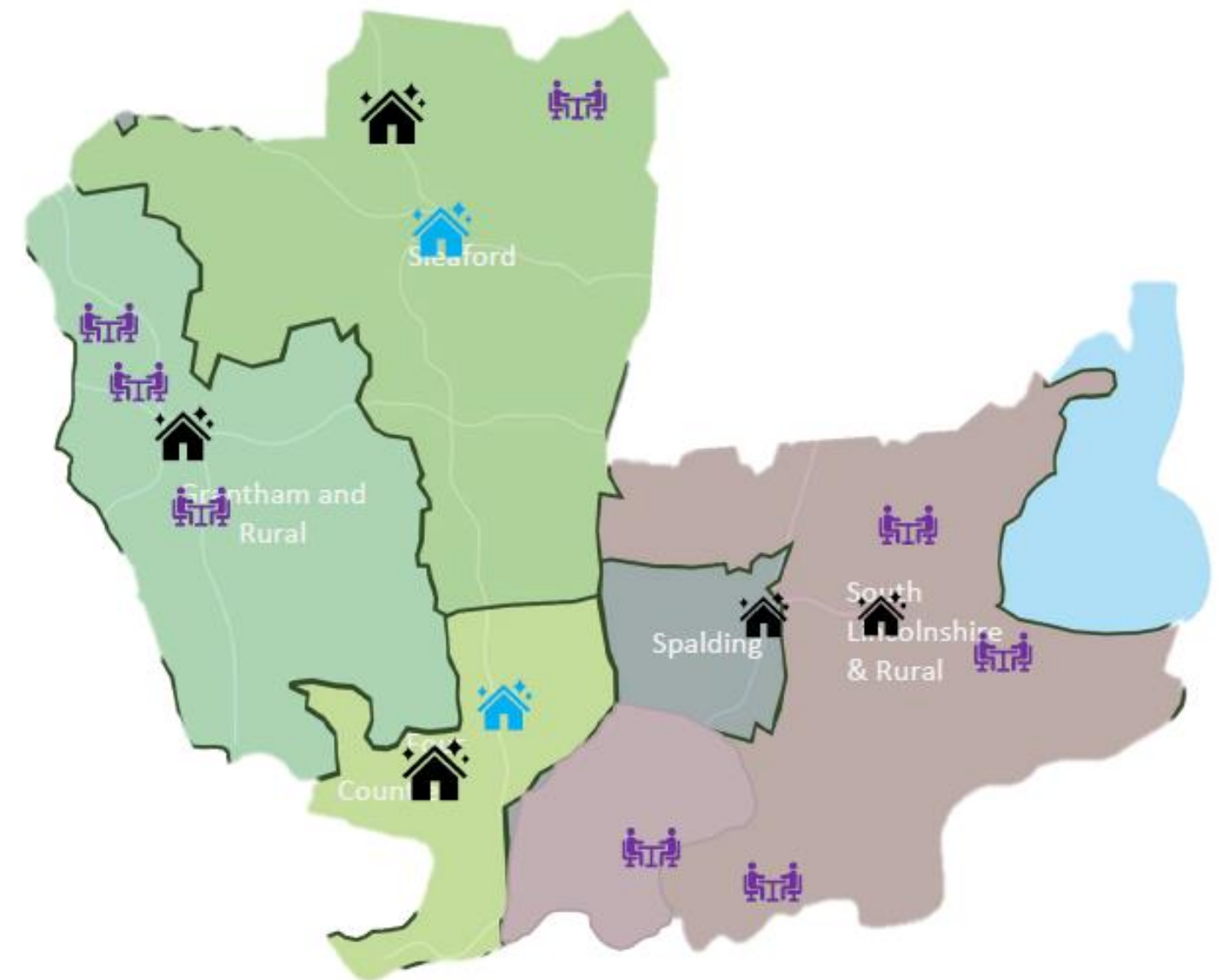
South Lincs & Rural

Market Deeping

Crowland

Sutterton

Long Sutton/Sutton Bridge



Wellbeing Hub Offer - West



Wellbeing Hubs

Trent Network – The Bridge On The Bridge
Lincoln City & North - Bridge Central
South Lincoln Healthcare - St Michael's Church
 Waddington



Satellites:

Trent Network

Gainsborough Uphill Community Centre
 Riverside
 Saxilby

Lincoln City

Birchwood Life Church
 Bridge Community Hub (Newark Road)

IMP

Ermine Library
 BGU
 St Giles

South Lincoln Healthcare

Leadenham
 Welbourne



Roving Outreach

Trent Network
 TBC

Lincoln City

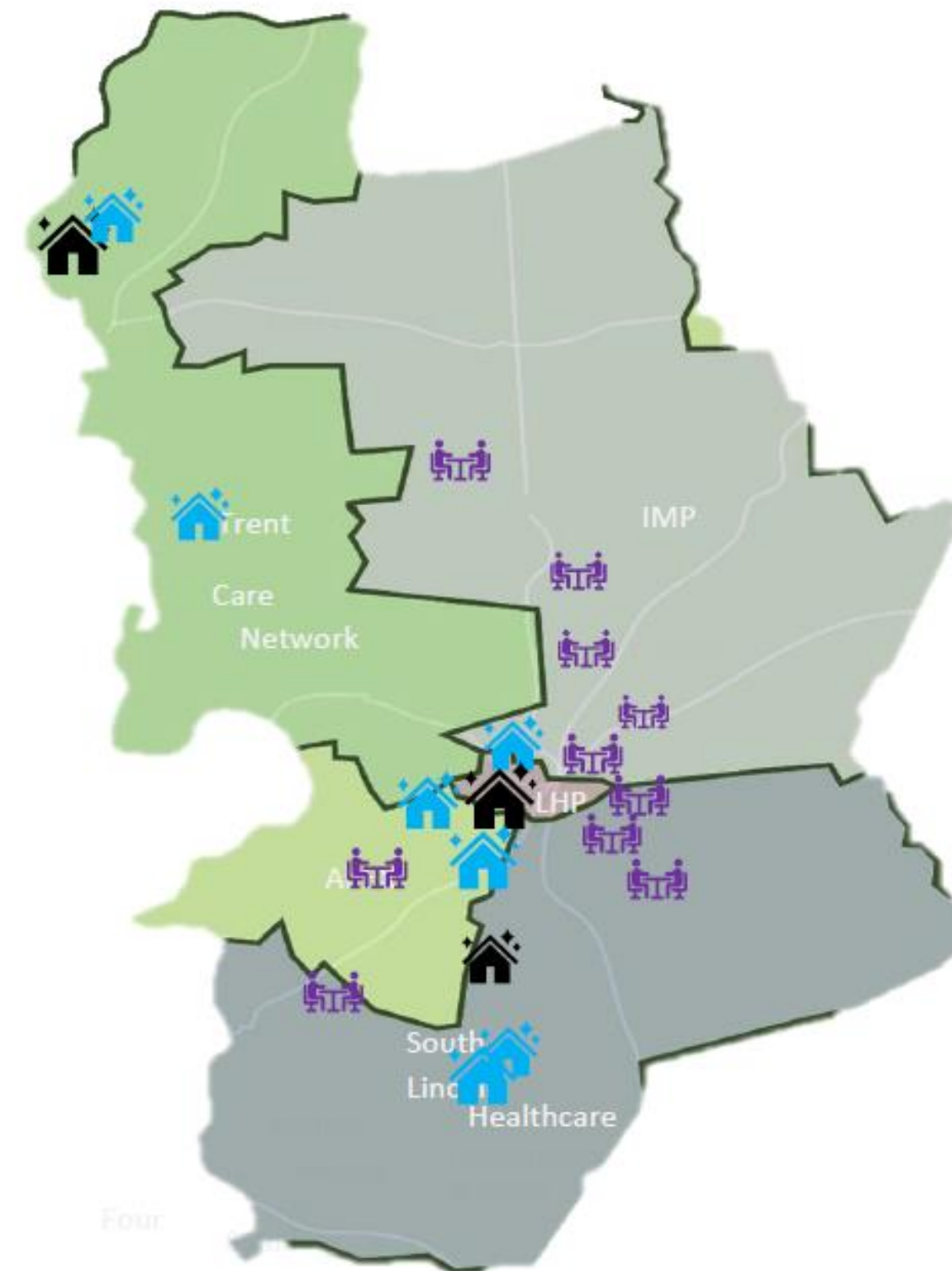
Boultham Park
 Moorlands

IMP

Nettleham
 Fiskerton
 Welton
 Ingham
 Cherry Willingham

South Lincoln Healthcare

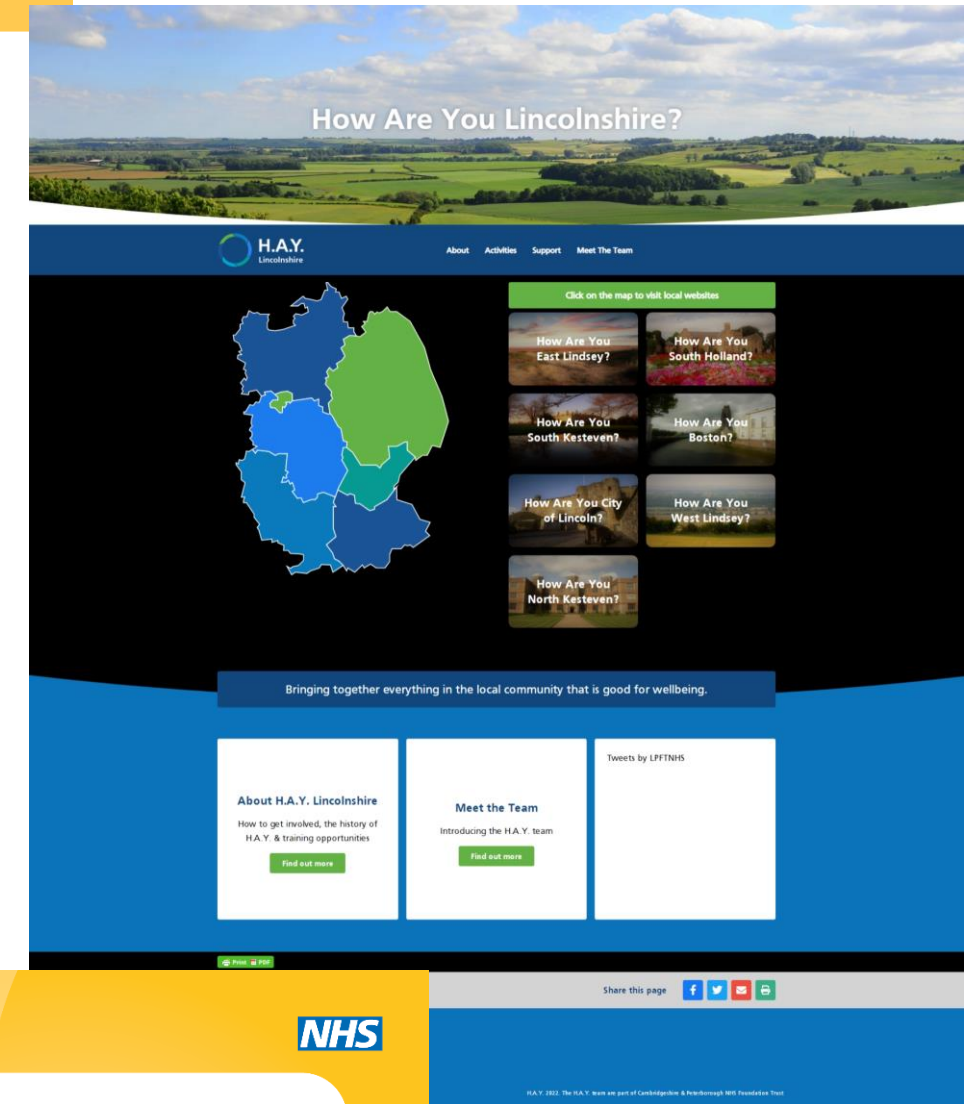
Witham St Hughs
 Branston
 Metheringham (Ex Military)
 Washingborough



How Are You Lincolnshire?

www.haylincolnshire.co.uk

- Co-Produced, localised service navigation tool which enables easy access for all people seeking mental health and wellbeing support.
- Works in collaboration with Connect to Support Lincolnshire and other locally held VCSE directories to share information and ensure choice and empowerment for the individual at a community level.
- Supports the navigation of people back into their communities from the MH Matters Helpline and provides a valuable resource for all professionals such as GPs/MH Practitioners/Social Prescribers/Peer Support Workers.
- Maintained by our Community Connectors supporting the further development of networks and local intelligence as well as ensuring consistent messaging around prevention and self-efficacy.
- Able to analyse website traffic and help inform future decisions around need, funding and population health profiles.



How Are You Lincolnshire?

www.haylincolnshire.co.uk

Page 67

H.A.Y. Lincoln

About Activities Courses Support Contact

Translate...

- Yoga, Pilates & Mindfulness
- Fitness, Gyms & Swimming
- Sports
- Music
- Parent & Child Activities
- Arts & Creative Activities
- Learning
- Talking
- Activities in Other Languages
- Community Cafes
- Outdoor Spaces

Search for activities

your location Grid Map

Map showing activity locations in Lincolnshire with various colored pins.

How Are You Lincolnshire?

Click on the map to visit local websites

How Are You East Lindsey? How Are You South Holland?

How Are You South Kesteven? How Are You Boston?

How Are You City of Lincoln? How Are You West Lindsey?

How Are You North Kesteven?

About H.A.Y. Lincolnshire Meet the Team

NHS

How are you, Lincolnshire?

Are you looking to boost your wellbeing and mental health? Find local groups on haylincolnshire.co.uk

Connections Support Self-help





Night Light Café



www.lpft.nhs.uk/Night-Light-Cafes

Bridge Café Community Hub



www.wearebridge.org/community/

University Wellbeing Hub



www.studentservices.lincoln.ac.uk/health-and-wellbeing

Your GP Practice



www.lincolnshire.icb.nhs.uk/about-us/our-gp-members/

Mental Health Matters Helpline



0800 001 4331

Debt management – CAB

HAY Lincolnshire



www.haylincolnshire.co.uk

VCSE Social prescribing



www.voluntarycentreservices.org.uk/social-prescribing



Your Wellbeing Matters
A local guide to support your wellbeing

Lincolnshire Talking Therapies



www.lincolnshiretalkingtherapies.nhs.uk

Recovery College



www.lpft.nhs.uk/our-services/adults/recovery-college

Lincolnshire Wellbeing Service



www.lincolnshire.gov.uk/wellbeing-service

MH Population Profiles

- Evidence base to ensure that we are funding in the right way
- Ensures that we are able to address Health Inequalities at a locality level
- Developing a Health inequalities workstream using a PHM approach.
- Enables systemic working within communities
- Working with NHSE to lead and support other areas to develop

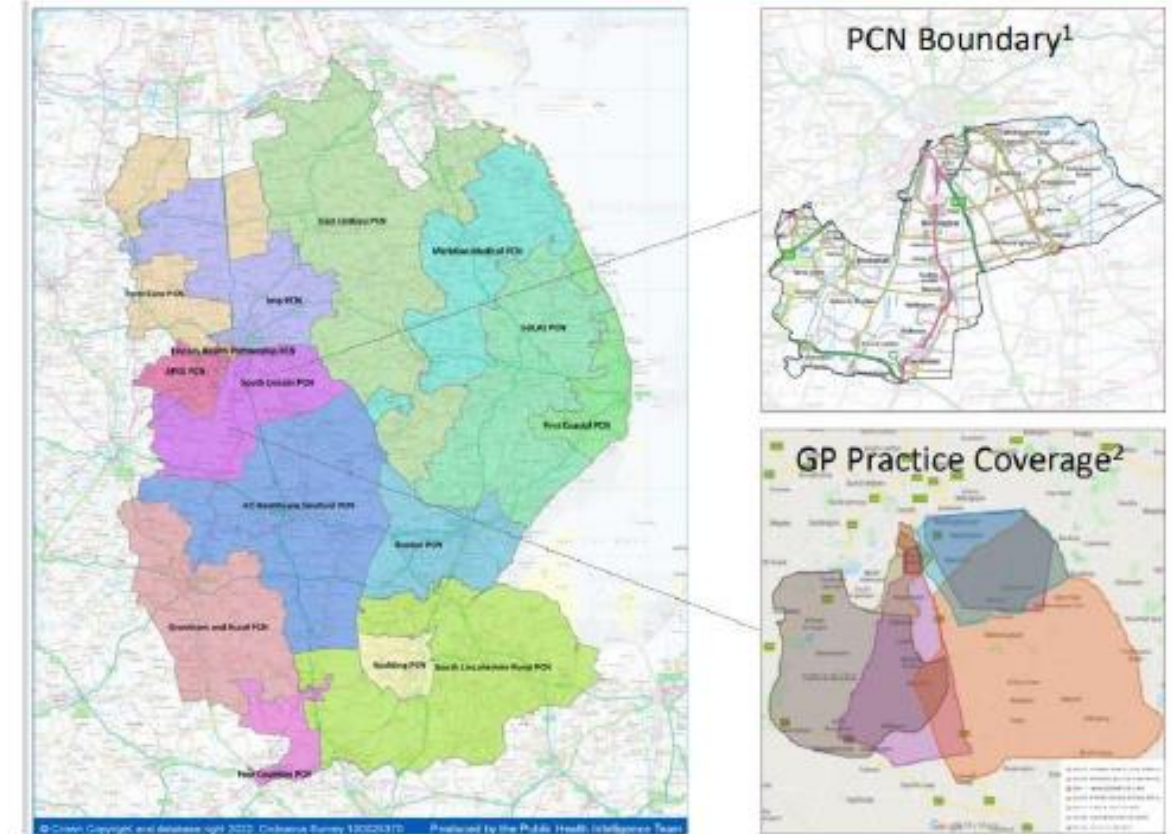


Figure 1: Highlight - Public Health Intelligence 2022



- South Lincoln Healthcare PCN has a population of 49,425. The expected growth by 2035 is 6.7%.
- Higher percentage of older people and lower deprivation indicators than the Lincolnshire average
- The leading cause of disability is musculoskeletal disorders followed by mental health.
- Crime rates in South Lincoln Healthcare (6,422 per 100k) are lower than Lincolnshire (8,740 per 100k). The proportion of Unemployed (3.8%) is lower than Lincolnshire (4.2%).
- South Lincoln Healthcare has higher life expectancy (81.9 years) than Lincolnshire (81.6 years). Premature mortality is lower in South Lincoln (305.5 per 100k) than Lincolnshire (325.6 per 100k)



Community Mental Health Transformation Programme

Training

- Responding to a need and working together to support everyone to understand more about Mental Health and Wellbeing
- Designed collaboratively by colleagues and Experts by Experience drawn from across Lincolnshire
- Ensuring that we are supporting our workforce to upskill in psychological interventions and develop both themselves and the services which they are delivering
- Easier and accessible online resources to support professionals when working with people who are experiencing mental health difficulties.

<https://www.itsallaboutpeople.info/mental-health-transformation/training/emotions-and-boundaries>

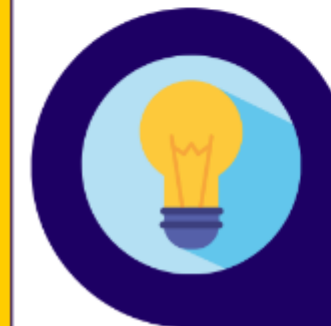
For all professionals in Lincolnshire



FREE ONLINE TRAINING:

- Together We Can - Working with people in distressing situations, Emotions & Boundaries
- Personalisation Training
- Suicide Awareness & Prevention Training.

If you work with mental health clients and/or have a further interest



AVAILABLE FOR YOU:

- Mental Health First Aid* (£)
- Children's Mental Health Awareness
- Suicide Prevention - Safe Talk/Assist* (£)
- LPFT Recovery College courses*

Psychological Interventions across ALL pathways

- Work in a person-centred way and provide the backbone to everything that we deliver
- Reduce Social Isolation
- Increase Social Prescribing Opportunities at a local level
- Manage risk together safely and proactively
- Create community strength-based assets that respond to our local population
- Continue to develop Crisis Alternatives that are securely linked to psychologically informed pathways



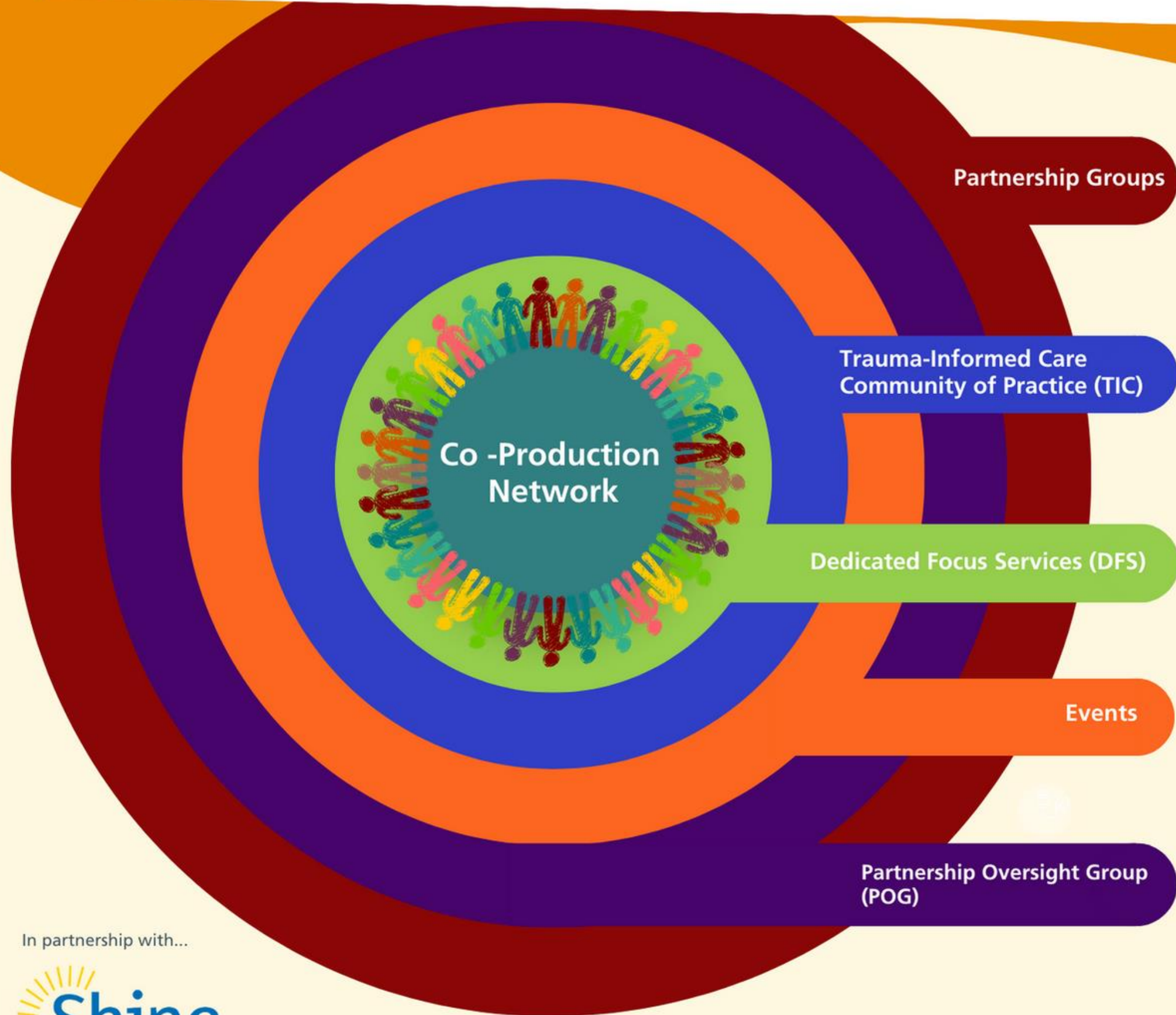
Co-Production Network

- Lincolnshire has developed a jointly facilitated Mental Health Co-Production Network that embeds Experts by Experience across everything that we do
- Experts by Experience are involved in all MHCIF funding panels
- Experts by Experience use and volunteer in our Community Assets
- Experts by Experience make up part of our workforce through the roles of Peer Support Workers
- Experts by Experience help our wider workforce understand more about Mental Health and Wellbeing.
- Lincolnshire is referenced by NHSE as “Leading the Way” with Co-Production





COMMUNITY MENTAL HEALTH CO-PRODUCTION NETWORK



- Partnership Groups**
- | | |
|--------------------|-----------------------|
| Grantham | Lincoln North |
| Sleaford | Lincoln City |
| Gainsborough/Trent | South Lincoln |
| Stamford | East Lindsey |
| Boston | First Coastal & Rural |

A quarterly meeting via MS Teams to share personal experiences, reflect on practice and help to improve care.

Three groups with a specialised focus on Personality & Complex (PACT); Community Rehab Team (CRT); Eating Disorder Service (EDS).

Three groups covering Programme Events; Connected Community Events; Task & Finish Group.

POG provides direction, guidance and leadership ensuring the effective implementation of the Transformation Project and its activities.

In partnership with...



Trauma-informed Approach

Safety

The physical, psychological and emotional safety of service users and staff is prioritised

Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community

Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward.

Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole.

Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level.

Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity.



Together We Will...

Overarching Statement

Together we will value each other as the experts of our own experiences...

Safety

- Together we will offer a safe, non-judgemental environment to be open and honest and to be ourselves

Cultural Consideration

- Together we will walk alongside you instead of leading you by asking the service users, carers and all involved with your care, what your goals are and how we will achieve them together

Trustworthiness

- Together we will do what we say we will do, in an environment of openness and honesty.

Choices

- Together we will recognise the importance of active listening and having time to make choices

Respect

- Together we will embrace and value differences and implement this in a person-centred way

Empowerment

- Together we will make no decisions about you without you



What's next?

- **Lincolnshire Citizen Offer** in place – this will support things like hoarding and homelessness, paid people with lived experience, cultural change to self-efficacy i.e. 'Turning the Triangle'
- Locality Mental Health teams fully operationalised across Lincs
- **SMI Health Checks** embedded across Lincolnshire with access to a range of support where required.
- Implementation of the **specialist services** (Complex Trauma, Adult Eating Disorder, Community Rehabilitation) countywide.
- **Increased Access** to Psychological Interventions and Specialist Clinical Pharmacy Resource and Provision.
- Further development of the **Digital Offer** e.g. VR, AI, digital kiosks and Apps.
- **Keeping Well Guidance** in development and expansion of training programme to include Lincolnshire Recovery College.
- Embedding the vision of '**No Wrong Door**',
- Paying attention to **transitional pathways** eg CYP and older adults – linking to the Frailty Strategy
- Taking a **PHM approach** to enable a focus on **health and social inequalities** and ensuring the MH agenda is linked to physical health improvement e.g. Cancer, MSK
- **System interoperability** in place
- Working with Public Health to develop the **Suicide Prevention Strategy and plan**



How will we know we have got there?

We will:

- Achieve the 'We' statements
- Service user feedback
- Evidence based practice and outcome measures embedded
- Be closer to the MHDLDA 'vision'
- Performance data and outcomes
- LTP Deliverables met and maintained
- See improvement against our current JSNA challenges, and
- Be closer to achieving the MHDLDA priority objectives. So, we will have:
 - Reduced the rate of suicides
 - Increased access to Community Based Provision (that reduces the need for specialist services)
 - Minimised In-patient and Residential Care Placements
 - Delivered a sustained and MHDLDA informed workforce
 - Developed a MHDLDA inclusive society and improved the promotion of mental wellbeing.



Vision

Together we will... promote wellbeing for all and enable people with a mental illness, dementia, learning disability or autism to live independent, safe and fulfilled lives in their local communities.



Contact us at:



**Contact our team regarding the
Adult Community Mental Health
Transformation Programme**

✉ lpft.lincsmhtransformation@nhs.net



**Contact our team regarding
How Are You, Lincolnshire?**

✉ lpft.haylincolnshire@nhs.net



ANY QUESTIONS?



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Paula Jelly Senior Responsible Officer for the Dementia Programme

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2023
Subject:	Dementia Programme Update

Summary: The NHS National Transformation Framework – The Well Pathway for Dementia

Dementia is the leading causes of death in England and Wales. Dementia has a profound impact on the person with dementia's life, their family, and friends and the communities in which they live. Although age is the strongest known risk factor for dementia, dementia does not exclusively affect older people. Young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases.

The prevalence of dementia makes it one of the most pressing challenges for health and care services and remains an important issue for Lincolnshire given its ageing population profile.

This report provides a summary of activity and work in progress from the Dementia Programme to try and address some of the issues for Lincolnshire, it also provides and update on the development of the new Lincolnshire Dementia Strategy.

Actions Required:

The Lincolnshire Health and Wellbeing Board are asked to note the progress that has been made throughout the programme and partners contribute to the work of the Dementia Programme as appropriate.

The board needs to note that the standalone Memory Assessment Service (MAS) is subject to change as this is dependant on funding being secured.

1. Background

The re-established Dementia Programme Board is to both realise and deliver the ambition of the new Lincolnshire Dementia Strategy as agreed by the MHDLDA, reporting to the Dementia Core Programme Team. The Core team is currently being reformed due to changes in personnel with system partners.

The objective of the Board is to deliver the programme implementation and work collaboratively, across statutory and non-statutory commissioners, providers and with people with dementia and their families and carers, within the Health and Care system to address health inequalities and social determinants of dementia within a population health management framework.

The pending Major Conditions Strategy will aim to improve health outcomes and better meet the health and wellbeing needs of local populations. The strategy will recognise challenges facing society, specifically around multimorbidity in ageing populations. The strategic framework, which will underpin the final strategy, focuses action on:

Primary prevention: acting across the population to reduce risk of disease. Secondary prevention: halting progression of conditions or risk factors for an individual. Early diagnosis: to identify health conditions early, to make treatment quicker and easier. - Prompt and urgent care: treating conditions before they become crises. Long term care and treatment in both NHS and social care settings

The new Dementia Strategy for Lincolnshire will have a key focus on **prevention of avoidable cases of dementia, improving experience of people being diagnosed and living with dementia and championing participation, innovation, and research.**

Dementia Strategy development: The approach to developing the strategy has been to have conversations with people with dementia, their carers, those who live in Lincolnshire and our partners in health, social care the Voluntary, Community and Social Enterprise (VCSE), about their experience of health and care services and the impact of covid, what we should focus on to improve the care and support we provide. We have discussed all areas of dementia care, from activities aimed at preventing dementia, through to care at the end of people's lives. The above informed our draft goals and we have recently completed a period of engagement on the draft goals with system partners, people affected by dementia including Dementia UK and the Alzheimer's Society the feedback will be reviewed to develop the final draft strategy.

There have been 37 online responses, and we attended to Dementia Conference where 200 people took part in a tabletop exercise to feedback on the draft strategy goals, we have also undertaken several focus groups around the county meeting with people living with dementia and their carers.

Members of the Dementia programme Board (DPB) and people with lived experience are working together with the population health management team to develop a logic model identifying our activities and outputs including long/medium/short-term outcomes for the strategy delivery plan, utilising the intelligence/data to support this work.

We are also working with DAAs/DFCs this is to re-establish themselves to form a Dementia Network for Lincolnshire and be part of the DPB, these groups play a pivotal role in our communities to improve local support and access to services for people and will support development and delivery of the dementia strategy action plan.

Every-One have been and continue to support development of the strategy by supporting people to share their experience and have their voices heard, they are currently establishing a network of people with lived experience to work collaboratively with the DPB to identify opportunities for coproduction and codesigning service.

The strategy will be finalised with the aim to be launched at the beginning of 2024, the delivery plan will have a clear project plan encompassing the workstreams below that will set out key deliverables and milestones. The Dementia programme board will have responsibility to oversee this to ensure that we achieve the changes required to improve dementia care and support for people affected by dementia, including clear information, advice, and support on reducing the risk of getting dementia.

In the meantime, it has been imperative that we have identified and continued with work that is important for Lincolnshire this is to ensure we are aiming to achieve national targets set and that we are able to continue to improve health and care services whilst scoping and developing the strategy.

Prevention Agenda: Focused prevention programme aimed at raising awareness of the importance of good brain health across all age and reducing the risk of dementia. Utilising health inequalities data to support delivery.

Even though there is no cure for dementia the most recent updated study on dementia prevention published (Lancet, 2020) found that around 40% of dementia cases worldwide might be attributable to 12 potentially modifiable risk factors. As such a proportion of predicted dementia is potentially preventable, by tackling the identified risk factors that we can change, such as smoking, diet, physical activity, and social isolation.

Smoking is one of the biggest risk factors for dementia and can double an individual's risk, because it causes narrowing of blood vessels in the heart and brain, and oxidative stress, which damages the brain.

Task and Finish group established with the following remit of work.

- Developing information and advice for people on preventing avoidable dementia encouraging people to age well,
- Highlighting the 12 modifiable diseases that increase the risk of dementia by embedding this into other associated public health campaigns.
- Funding has been secured to develop a resource of video/animations, and marketing campaign, this will be accessible for the public and for professionals to use across health, care, and education. It will aim to raise awareness across the life course of what's good for

the heart is good for the brain. A quotation/tender exercise has started to find an organisation to develop the brief for the animations.

- Review and develop protocols to encourage uptake of NHS health checks and ensure risks associated with dementia including early signs of dementia are recognised ensuring appropriate advice and support is available.

Dementia Diagnosis Rate (DDR) Target: Nationally mandated DDR target of 66.7% - Lincolnshire currently DDR stand at 64.8%, which whilst below National target is above current regional average and on an upwards trajectory with work being carried out across primary and secondary care to improve the target for Lincolnshire. DDR Task and finish Group recently established. Review and develop the dementia pathway/s to support people identified with Mild Cognitive Impairment (MCI).

Primary Care: Case Finding PCNs/ Practices encouraged to case find: All practices have been provided with the information about the dementia quality toolkit (DQT) that is available on both EMIS and SystemOne and advised to run this annually. This has been embedded as part of a dementia checklist and available on the Lincolnshire Dementia page. The DQT will identify patients with mild cognitive impairment (MCI). An annual review of all patients with mild cognitive impairment (MCI) as part the locally developed primary care dementia pathway but is not mandatory for primary care to do a follow up but needs to be embedded in practice. MCI follow up is established in Lincolnshire Partnership Foundation Trusts (LPFT) memory assessment pathway.

The Diagnosis Advanced Dementia Mandate (DiADeM) Tool: this has been embedded as part of the primary care dementia pathway for patients with advanced/severe presentation of dementia in care homes. The DiADeM tool is being used in areas of the county where there is the capacity and confidence amongst care coordinators/practitioners in the community.

To explore and promote the impact of the tool for diagnosing advanced dementia in care homes the ICB dementia lead is in the process of commencing a pilot in a one of the PCNs, working with the frailty nurse who is the Enhanced Health in Care Home (EHCH (lead)). The pilot will be written up and shared across primary care/care homes to support the roll out across Lincolnshire care homes. The Dementia Assessment Referral to GP (DeAR GP) has been promoted across Lincolnshire Care Homes. DeAR-GP, developed by the Health Innovation Network and supported by Alzheimer's Society, is a simple paper-based case-finding tool which has been designed for use by care workers to identify people who are showing signs of dementia. DeAR-GP acts as a communication between care workers and health professionals. The DiADeM is an excellent follow-on tool from the DeAR- GP.

LPFT: Continued LPFT recruitment against 23/24 funding for dedicated Memory Assessment Practitioners nearly at WTE funded capacity (n=10) with increased assessment and diagnostic output.

- Continued recruitment against 23/24 funding for additional/dedicated Memory Assessment Service (MAS) Consultants (x2 WTE). Currently a x1 WTE recruited/in practice with further 0.4WTE about to commence – all increasing diagnostic capacity.
- 24/25 LPFT business case informed by capacity & demand modelling for stand-alone/dedicated MAS service (to build on 23/24 business planning process) completed (submitted Nov 1st for stage 2 business planning deadline). To progress to system prioritisation (stage 3 business planning) in Jan/Feb 24. If supported to commence expansion from April 24 with estimated 18–24-month implementation and associated impact/upwards trajectory on MAS waits and DDR.
- Continued work on LPFT data to improve DDR associated reporting – focus on improved diagnostic numbers per month. Push to increase coding outcomes for all MAS referrals.
- Work underway to explore capacity for delivery of MAS clinics from primary care/GP settings at PCN level. Additional clinic capacity required to optimise MAS delivery capacity.
- LPFT Virtual Assistant due to 'Go Live' Q4 23/24. This is expected to expand access routes to LPFT MAS.
- Review of current MAS waiting lists to identify referrals from 24hr care settings that can be targeted via DiADeM.
- LPFT to train selected staff in DiADeM to undertake assessment of identified cohort from waiting lists Q4 23/24.

Memory Assessment Service - to have a standalone memory service for Lincolnshire. LPFT Memory Assessment Services benchmarked regionally via NHSEI MAS audit. Feedback from that identified LPFT/OPFD MAS as an outlier for being delivered within generic CMHT model, rather than as a stand-alone service function.

Demands of OP CMHT continue to rise year on year in-line with known predictive demographics of Lincolnshire as an aging county. Lincolnshire currently has circa 180,000 + over 65s. This is predicted (ONS) to increase by 46% to 250,000 by 2041.

LPFT have submitted a business case to support investment to move towards a 'stand-alone' MAS model. If approved this will improve the dementia diagnosis rates (DDR) for Lincolnshire and reduce memory assessments waits. Awaiting outcome.

Earlier diagnosis for people that opens the door to future care and treatment. It will also help people to plan while they are still able to make important decisions on their care and support needs and on financial and legal matters, prevent crisis situations and enable people to get on with living.

Antipsychotic Medication - Reduction of inappropriate Antipsychotic (AP) prescribing for people with dementia. Lincolnshire ICS to be under/in line with National average. Appropriate use of antipsychotic medication and use of Nonpharmacological treatment

In line with the National priority, a cross organisational task and finish group (LPFT, ICS, Primary Care, Arden Gem) has been running and has reduced AP prescribing in dementia back to the targeted pre-pandemic levels.

The group have conducted audits across primary care and care homes to identify where and why medication was initiated, frequency and quality of medication reviews, discharge to primary care guidance to inform actions to improve local pathways.

Improvements made:

- Reduction of inappropriate Antipsychotic (AP) prescribing for people with dementia. Lincolnshire ICS to be under/in line with National average and not an outlier BPSD pathways reviewed and updated (NICE guidance, including AP prescribing)
- Primary care BPSD > CD + PC Clinical lead.
- Secondary care BPSD Pathway – aligned to PC pathway. Updating pathways and non-pharmacological options/actions.
- Refocus key ethos of AP review. Clear down-titration process/protocol (linked to 6-week review).
- Clear GP discharge information standards. Review, discontinuation & re-access processes.

Complex Dementia – managing challenging behaviour (all settings)

- We are in the early stages of discussion to implement the role of Dementia ambassadors in care homes.
- The cross organisational task and finish group is in place for the appropriate use of Antipsychotic Medication they have detailed plan to manage this to better support people with dementia and people in caring roles to manage challenging behaviour.
- The recovery college are working with carers to develop a training course to support carers in their caring roles.
- We are looking to undertake a workforce review to develop education and training programmes for supporting people with dementia and improve access for carers and care professionals.

Palliative and End of life Care (PEoLC)

- Working with PHM to develop robust data - how many dementia patients on PEOL register, how many have an ACP and RESPECT.
- Working with PEOL Delivery Group to explore how we can adopt elements of the Derbyshire toolkit to strengthen the PEOL offer for people with dementia.
- Enhanced Health in Care Homes is dedicated to improving PEOL for people in care homes of which dementia patients are covered.

Developing specialist Young Onset Dementia (YOD) pathway for Lincolnshire.

Working group established was paused this will be resumed.

New Pathway to be implemented.

2. Conclusion

Nationally there are **85,000** people living with dementia in the UK, and by **2025** it is expected that there will be over **1 million** people living with dementia and by **2040** this could be **1.6 million**.

In Lincolnshire there are currently **8300** people living with a confirmed diagnosis of Dementia, with **7948 (95.8%)** people being 65+ the average age being 82, of this number there are **5829 (72%)** of people that have Comorbidities, and there are also **352 (4.2%)** people in Lincolnshire that have young onset dementia (under the age of 65). Dementia prevalence is predicted to increase across Lincolnshire in all districts over the next 5 years, and based on the projections provided by POPPI, in Lincolnshire the population is expected to grow by **11% by 2041**, with **30%** of the population to be over 65.

It's important that the Dementia Programme raises awareness of dementia and encourages people to seek help, the aim will be for the not only the public but professionals to be more aware of dementia and to understand dementia better. To reduce other people's fear and misunderstanding of people with dementia. We need to respect that dementia is a life limiting disease and the biggest killer in the England and Wales, treatment, care and support is needed before and at the point of diagnosis this will ultimately help those dealing with memory issues thrive because it ensures they spend less time anxious and more time enjoying as active a life as their conditions permit.

There are **1873** people in Lincolnshire that are identified as having a Mild Cognitive Impairment (MCI); Patients without a Dementia Diagnosis. Follow up by the GP is not mandatory, but there is a real opportunity to do some focused work with people to support people to make informed lifestyle choices to prevent and delay the progression to dementia, and possibly identify any other underlying causes for memory loss.

Research tells us that up to **40%** of dementia is preventable and shows that supporting brain health and reducing dementia risk is not only the right thing to do – it could also save money for the public purse. Preventing dementia by targeting just three specific risk factors – tackling high blood pressure, providing hearing aids, and helping people to quit smoking – could save the economy **£1.9** billion per year and reduce the number of cases of dementia by nearly **10%**. Only **34%** of UK adults think it's possible to reduce their risk of dementia. Health and care professionals can promote evidence-based messages to middle-aged adults to help reduce their risk of getting dementia.

The dementia programme needs to have parity and support from the system to identify opportunities for financial investment, opportunities to submit cases for change that will support the changes needed for improvement.

For the VCSE community continuing to be committed to work with health and care to develop and improve services for people is imperative and we need to recognise that financial and non-financial support will be required.

Colleagues across the system to pool resources, skills, and access to spaces to upskill the workforce and unpaid carers, and support and services to be available when and where it is needed. To be able to be innovative and develop options for virtual and digital tools to support people at home and people to access health and care services from all our communities.

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).

Strong strategic alignment with Joint Health and Wellbeing Strategy and the MHDLDA Alliance which prioritises dementia as areas for development and improvement. The JSNA data has been pivotal to this report ensuring that we are aware of the expected prevalence for the aging population for Lincolnshire this will help us to forecast future needs and finances that may be required. Identifying our communities in greater need and be able to tackle health inequalities. It will also support us to measure the impact of the dementia programme on the trajectory of the disease.

4. Consultation

N/A

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Key feedback from engagement on the draft strategy goals

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 Gina Thompson who can be contacted on gina.thompson7@nhs.net

This page is intentionally left blank

Dementia Strategy- Engagement

In October we attended “We Must Do Better” Dementia Conference in Lincolnshire and were fortunate enough to have a slot on the agenda that gave us the opportunity to gain people’s thoughts on the draft dementia strategy for Lincolnshire and developing our goals.

The Conference being well attended by a variety of people meant that we were lucky enough to get a significant amount of feedback in one go. The tabletop exercise generated lots of discussions about what the issues are for Lincolnshire and what the strategy needs to look like, people also shared ideas on what we need to do to raise awareness of how we could prevent up to 40% of dementia cases, improve timeliness of diagnosis, support people diagnosed with dementia their carers and families so they are able to get on with living their lives.

We have also attended several focus groups to listen to what people had to say about their experience of health and care services and what other things important to them, including sharing ideas of what actions we need to take.

Some of the key things people told us:

- The question that comes out loud and clear is: who will take these laudable actions? There is plenty of talk but action from a dedicated source is desperately needed.
- Local dementia support groups also play a vital part. It has become apparent to us that people with dementia, and often their carers, need face-to-face contact in times of crisis; we have seen the benefits of this both from the older adults’ service and also, from our dementia support group.
- Ensure that carers were included across all the pathways in the Strategy.
- Early diagnosis and information and access to community support.
- Dementia is more prevalent in society with many people being diagnosed all the time.
- There isn’t sufficient after care, waits are too long.
- Day support services, I think. I may have missed it.
- Support within the home. We needed help with connecting to resources. Wellbeing Lincs have helped me and connected me to digital support in our home.
- There should be a person dedicated to following someone through their dementia journey. That person should be consistent and there until post diagnosis.
- The strategy recognises the importance of raising awareness on dementia for people with Learning Disability and Autism and what type of support will be needed.
- Bereavement support is important and is available across borders where family no longer reside in Lincolnshire.
- On-going training and support for staff in health and care

- People are supported to stay in their place of residence.
- Raising awareness on the importance of people planning care in advance
- Primary care Dementia Coordinator
- Increase awareness about dementia and respect that this is a life limiting disease.
- Coordinated care (point of contact) from diagnosis to end of life.
- People having and personalised care and support plan that can be accessed by people involved in care.
- More information, advice, and support at the point of diagnosis including information around end-of-life care.
- Listen and involve people with lived experience, to improve services and support.
- Support available at the right time, no wrong door.
- Use data to plan and design care, ensuring equal access for all the population.
- More training for care home staff and home carers
- Day care services to include weekends too with transport
- Specialist Dementia nurse/practitioner in each GP surgery
- Simplify the information given following a diagnosis. Check list of what to do
- Direct line for support for families
- More groups like memory lane to give carers time to focus on themselves
- More options for bookable respite - More affordable



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Martin Samuels, Executive Director Adult Care and Community Wellbeing

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 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 submitted and approved by National Partners in September 2023. Quarterly reporting is to be submitted and approved by the HWB.

Actions Required:

The HWB is asked to note the contents of the 2023 - 25 Q2 Lincolnshire BCF 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 2023 - 25 BCF Plans

Attached is the approval letter for the 2023 – 25 Lincolnshire BCF plans for your review.

1.2 Quarter 2 BCF reporting

As part of the BCF requirements as a system we are required to submit quarterly returns focusing on metrics and capacity and demand across the system. This report was submitted before the

deadline of the 31st of October however it requires HWB approval. An update from the reporting on current work includes the following.

- We are in the process of reviewing the estimates for demand and capacity across the system and currently the estimates remain the same. This is currently being worked on and we are expecting the first view of this information in early November.
- Two recent business cases will specifically aim to support demand and capacity, and they are focused on the Increase and extension of existing Homelink D2A pathway 1 offer and increased Active Recovery beds.
- The increased Active Recovery beds will go from 40 to 60 and are becoming available on 1st January and linked to the business case above an additional 10 beds became available during week commencing 23/10/23. This will continue to support and facilitate discharges from hospital over the winter months.
- We are also working with colleagues to utilise the market sustainability and innovation fund that has been released to the LA recently to support UEC and to offer support to our intermediate care and long-term care services offered by the council. The second tranche announced in August 2023 has a focus on mental health provision given the increased demand and cost.

2. Conclusion

The Health and Wellbeing Board are asked to note the content of this report and approval of the Q2 reporting.

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	Approval letter
Appendix B	BCF 2023 - 25 Q2 reporting template
Appendix C	BCF 2023 – 25 narrative assumptions 5.1

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

NHS England
Wellington House
133-155 Waterloo Road
London,
SE1 8UG
E-mail:
england.bettercarefundteam@nhs.net

To: *(by email)*
Cllr Sue Woolley, Chair, Lincolnshire
Health and Wellbeing Board
John Turner, Integrated Care Board
Chief Executive or Representative(s)
Debbie Barnes, Chief Executive,
Lincolnshire County Council

20 September 2023

Dear Colleagues,

BETTER CARE FUND 2023-25

Thank you for submitting your Better Care Fund (“**BCF**”) plan for regional assurance and approval. I am pleased to let you know that following this process, your plan has been classified as ‘**approved**’. You should now proceed to finalise your section 75 agreements with a view to these being signed off by 31 October 2023.

We are grateful for your commitment to developing and producing your agreed plan and we recognise that there are many pressures on local system colleagues, despite the early publication of the planning requirements.

The BCF is the only mandatory policy to facilitate the integration of health, social care and housing funding. This is the second time that the BCF Policy Framework covers two financial years to align with NHS planning timetables and to give areas

the opportunity to plan more strategically.

BCF Conditions for financial year 2023/4

The BCF funding from NHS England for the financial year 2023/24, which includes additional discharge funding, can now be formally released subject to compliance with the following conditions (referred to as “the **BCF Conditions**”):

- The BCF funding is used in accordance with your final approved plan.
- The national conditions (“the **National Conditions**”) set out in the BCF Policy Framework for 2023-25 and further detailed in the BCF Planning Requirements for 2023-25 continue to be met.
- Satisfactory progress is made towards meeting the performance objectives specified in your BCF plan.
- Reports on your area’s progress and performance are provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the BCF overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.

Escalation

The BCF Conditions have been imposed through NHS England’s powers under sections 223G and 223GA of the NHS Act 2006. This means that if the BCF Conditions are not complied with NHS England can, under section 223GA:

- withhold any payment, if any of the BCF Funding has not already been made available to the ICB;
- recover any of the funding (either from the current financial year or a subsequent financial year); and/or
- direct the ICB or ICBs in your Health and Wellbeing Board area as to the use of the funding.

Where an area is not compliant with one or more BCF Conditions or there is a material risk that a BCF Condition will not be met, an area may enter into escalation, as outlined in the BCF Planning Requirements 2023-25. This could lead to NHS England exercising the powers outlined above. Any intervention will be proportionate to the risk or issue identified.

Local authority funding for financial year 2023/4

Grants to local government (improved Better Care Fund, Additional Discharge Fund

and Disabled Facilities Grant) will continue to be paid to local government under s31 of the Local Government Act 2003, via the Department of Levelling Up, Housing and Communities, with a condition that they are pooled into one or more pooled funds under section 75 of the NHS Act 2006 and spent in accordance with your approved BCF plan.

Reporting and compliance

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local Better Care Manager (“**BCM**”). Following regional assurance, we are asking all BCMS to feed back to local systems where the process identified areas for improvement in plans, including where systems may benefit from conversations with other areas. Nationally, we will also be reflecting on the data and what further support we can consider in the future.

Reporting on the overall BCF programme for 2023-25 will resume in September with quarterly reporting and an end of year return. In preparation for winter and to ensure ongoing alignment with urgent and emergency care recovery plans, the Quarter 2 report will include a check that your Intermediate Care Capacity and Demand plans are still fit for purpose as we enter months where capacity is often stretched. Your refreshed Intermediate Care Capacity and Demand plan needs to be submitted by 31 October 2023. All templates and guidance will be published on the Better Care Exchange. Further information on quarterly and end of year reporting will be confirmed in due course.

You will be aware that there are additional reporting requirements for the Additional Discharge Fund. The Government maintains a strong interest in improving timely discharge of patients; details of additional reporting on this part of the fund have been published. NHS England also requires a monthly return on packages provided to date, spend to date and forecast spend data on an ICB footprint. There is a commitment to review these reporting arrangements for 2024-25.

BCF Conditions for financial year 2023/24

As explained above, the BCF Policy Framework covers the financial years 2023/24 and 2024/25. NHS England expects that before any BCF funding for 2024/25 is made available it will write to areas to notify them that the BCF Conditions for 2023/24 set out in this letter will also apply to 2024/25.

If your area is in breach of its BCF Conditions or there is a material risk that it will breach a BCF Condition, then further conditions may be applied to BCF funding for

2024/25.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Nicola Hunt

Senior Responsible Officer for the Better Care Fund
NHS England

Copy (by email) to:

Dale Bywater, Regional Director, NHS England
Rosie Seymour, Programme Director, Better Care Fund team, Better Care Fund
Programme, NHS England
Stephen Corton, Better Care Manager, Better Care Fund Programme, NHS England



Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Lincolnshire	
Completed by:	Paul Summers	
E-mail:	paul.summers@lincolnshire.gov.uk	
Contact number:	07884 791319	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Tue 05/12/2023	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Lincolnshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Lincolnshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	185.3	171.8	198.0	195.3	191.3	On track to meet target	There is work to now be carried out around modelling for avoidable admissions to identify residual gaps and then we will need to review how to bridge these gaps. Also Admission avoidance pathways need to be	As part of additional monies, we have been successful in a business case to introduce a Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways to help keep their
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.9%	93.9%	93.9%	93.9%	93.83%	On track to meet target	No additional challenges and work being carried out to support continuation of the D2A work via homelink.	Minimise delays for people being discharged from hospital across all pathways by expanding our Transfer of Care Hubs by increasing staff and hours of operation to respond to the growing requirements for
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,717.2	482.8	On track to meet target	No support needs currently as the system falls programme is working well	The system falls programme has established a task and finish group to support the training to care homes which will be proved county wide and will initially focus on integrated community teams including care
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				494		On track to meet target	Data is yearly however currently on track to meet target based on 100,000 population and showing work across the system is going well	Rate of permanent admissions to residential care per 100,000 population (65+) = 84.8. The actual number of permanent admissions in Q1 for clients aged 65+ was 163. The estimated population size for 65+ year olds
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				80.0%		On track to meet target	The data combines Lincolnshire Community Health Data and Adult Social Care Libertas Reablement data. Some people cannot be traced to a case management system (Mosaic) number so these people are then	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services = 87% (813 out of 935 clients) The data combines Lincolnshire

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Lincolnshire

Community	Previous plan					Refreshed capacity surplus:					
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Capacity - Demand (positive is Surplus)											
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	73	76	45	42	45	73	76	45	42	45	45
Reablement & Rehabilitation at home	19	20	12	11	12	19	20	12	11	12	12
Reablement & Rehabilitation in a bedded setting	27	33	21	27	37	27	33	21	27	37	37
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	313	324	324	303	324	313	324	324	303	324
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	87	90	90	84	90	87	90	90	84	90
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	243	251	251	234	251	263	301	301	284	301
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		240	248	279	261	279	240	248	279	261	279
Reablement & Rehabilitation at home		68	70	78	73	78	68	70	78	73	78
Reablement & Rehabilitation in a bedded setting		216	218	230	207	214	236	268	280	257	264
Other short-term social care		0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes

Appendix C

Better Care Fund Guidance & Assumptions

Guidance and Assumptions

1 How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

As a system we are in the process of reviewing our estimates for demand and capacity since our plan was submitted in June. Our estimates in June included our forward schemes and proposals which are discussed later.

The system had its NHSE/UEC winter visit on the 10th of October and as part of the feedback following this meeting, we have had a request to remodel and assess the impact of all our current reported capacity and demand figures. There are a range of new schemes that are due to come online over the next few months, along with other schemes that have started and are currently in place and we will now need to model this data. As part of this we are modelling the impact on the acute to determine what the residual capacity gap across the system will be.

Due to the timing of the meeting our teams have been working on these estimates since this and we are expecting the first view of this information at the beginning of November. This work is being led by the ICB and unfortunately this means that for Q2 our estimates are the same.

In terms of longer-term planning, as part of our intermediate care work we are going to revisit the demand and capacity modeling across the system pathways to also check if there is a residual gap. The work around this is in response to the new national framework for intermediate care and plans will then be made to address any gaps.

There are also 4 business cases that we have recently been successful in achieving non-recurrent funding which will support winter planning. Two of these will specifically aim to support demand and capacity, and they are focused on the Increase and extension of existing Homelink D2A pathway 1 offer and increased Active Recovery beds.

We are also working with colleagues to utilise the market sustainability and innovation fund that has been released to the LA recently to support UEC and to offer support to our intermediate care and long-term care services offered by the council. The Market Sustainability and Improvement grant is being fully utilised to increase adult social care provider rates and support adult social care workforce aligned to the grant conditions. The second tranche announced in August 2023 has a focus on mental health provision given the increased demand and cost. Due to the increase in demand and therefore the cost of mental health packages of care following discharge we have reprioritized the original homecare allocation to meet this demand and ensure funds are available.

2. Please outline assumptions used to arrive at refreshed projections (including to optimize length of stay in intermediate care and to reduce overprescription of care.) Please also set out your rationale for trends in demand for the next 6 months (e.g. how have you accounted for demand over winter?)

Discharge

As above we are in the process of reviewing our demand and capacity and will be able to provide this data for Q3. Below are some areas that the system is focusing on around capacity and demand.

To support oversight of capacity and demand (including 'blocks' in the pathway), there are twice daily system calls where up-to-date information is shared between LCHS (community), LCC (local authority) and ULHT (acute) healthcare professionals with an ongoing MS Teams channel for updates in-between calls. A HomeFirst Power BI dashboard has also been developed to provide insight into capacity and demand across the pathways. A real-time tool to support demand and capacity is also being developed and expected to 'go-live' during the financial year.

The transfer of care policy has been refreshed ensuring that all standard operating procedures are in place along all our discharge pathways with all escalations agreed. We have MADE timetabled in at regular intervals across the acute and community bed base, and regular line by line reviews activated whenever the numbers waiting over 24 hours for supported discharge start to increase. There are daily early morning discharge huddles in place with all operational colleagues from system colleagues to identify any immediate challenges, escalations, and mitigations. We will move to twice daily huddles over the winter period, including an end of day huddle. Information from these feeds into the daily 9.30am system calls run by the SCC. We have met with another acute trust to start conversations around how to better support the patients of Lincolnshire in other acute settings.

We have agreed plans in place to increase the pathway 2 bedded capacity (active recovery beds increase from 40 to 60), increase in short term bridging capacity for care at home for patients awaiting a formal POC to start and community and social care teams located within ED to support admission avoidance by offering both home care and bedded care placements to avoid acute hospital admission. (An additional 10 beds went live during the week 23/10/23 funded by health, by January there will be a total of 70 beds)

The service will support both step up and step-down care achieved through close working with hospitals and community services to ensure appropriate patients are proactively receiving the support they require to ensure they can return to their home safely as soon as possible.

We have an ambitious system wide intermediate care plan to transform and increase our intermediate care capacity and address the capacity gaps linked to our increasing demand profile from our ageing population. We have a long-term transformational programme encompassing all supported pathways and have an agreed priority 'quick win' list for implementation prior to winter to ensure we have surge and super-surge capacity and maximise the use of all available capacity. All plans to increase both bedded and home care are all developed jointly with the local authority and we have fortnightly BCF discharge meetings with relevant operational, commissioning and finance leads to ensure we are delivering what we agreed within the agreed financial envelope of BCF discharge fund between the ICB and the LA.

All our plans are agreed, signed off and on track to be delivered funded from within the current resource available and have been used to inform our BCF submission. If more funding is made available to support discharge through the BCF route we have very clear operational and commissioning mechanisms between the ICB and LA to quickly agree and implement plans jointly.

Plans already in place include increasing the Active Recovery beds from 40 to 60 beds over the Winter months. If necessary, and in line with the business case submitted, additional beds can be considered. The National capacity tracker identifies high levels of available beds for alternate bedded settings if required.

Capacity.

As above the provision of 40 Active Recovery Beds is already in place with an additional 20 beds (60 in total) becoming available on 1st January. There is potential (linked to a recent business case) for a further 14 beds (10xARB and 4x CHC/Care home) to come online ahead of Q4. LCC Commissioning and Contracts team will ensure capacity is available for Pathway 1 and 3 discharges. Additional capacity will be commissioned as and when necessary.

Part of the LA homecare discharge funding is being planned to fund a Hospital Discharge Extended Assessment pilot. This pilot aims to improve timeliness of discharge by providing the individual with up to 6 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 arrangements.

As part of our Lincolnshire intermediate care operational work programme and the frailty strategy we have clear plans to improve how we use our community hospital bed capacity and intermediate care capacity (health and social care) which includes increasing our therapy offer, increasing the frequency of MDTs and having agreed discharge plans in place with the patient and their family within 24 hours of admission to a community bed.

We already have a therapy led pathway 1 discharge to assess service, commissioned 2 years ago and recurrently funded, run by our community provider which we are looking at expanding through innovative use of our therapy work force. Our system ambition is to streamline all our pathway 1 offer – working to agreed system outcome metrics across all providers. That is within our 24/25 ambition. Our 23/24 intermediate care workplan includes an ambitious relook at how we jointly (health and care) combine our resources to ensure that all patients receive a comprehensive therapy led offer when moved into pathway 2.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

(LICB) and (LCC) are committed to exploring joint commissioning opportunities by moving towards a system-wide and outcome-based model, preventing unnecessary acute hospital admission, supporting timely discharge, and maximising independent living. Current focus includes scoping a pilot to mobilise an agile allocation referral layer which improves referrals into intermediate care services, a cultural and behavioural science accelerator to support cross-organisational working and the development of the future bed-based intermediate care model and commissioning roadmap. We are also working with colleagues to utilise the market sustainability and innovation fund that has been released to the LA recently to support UEC and to offer support to our intermediate care and long-term care services offered by the council.

The system has several planned interventions that are in place to improve capacity and demand management.

- Frailty SDEC: This is an initial 3-month pilot to commence on 4/9 to provide 7-day Frailty SDEC, virtual ward and consultant in ED for both Pilgrim and Lincoln sites. This has been part of the wider UEC Programme development in year and will be online ahead of winter.

- A primary development to help people stay closer to their own home whilst receiving health and care was the introduction of the Virtual Ward model during 2022. We will continue to deliver on our commitment to further develop virtual wards, where patients can receive specialist led care within their homes. So far, we have launched virtual wards for cardiology, frailty, respiratory, complex neurology and general medicine equating to a plan of 145 acute beds, we are committed to this model of care and continue to explore ways we can continue to expand and enhance this service. A capacity of 172 beds is planned by March 24.
- For this Winter we have implemented Acute Respiratory Hubs in 3 locations across Lincolnshire that that will provide timely and appropriate care for service users with suspected acute respiratory infections. The key objectives of the Acute Respiratory Hubs being to provide same day access, treatment and advice as needed to service users and reduce pressure across the system by reducing demand for ambulance conveyance, GP appointments, Emergency Department attendances, and hospital admissions, for patients who can be appropriately managed in the community.
- The Lincolnshire system has recently completed a piece of work on Bed Rightsizing and the outputs of that are just being finalised and shared. This will help to understand what capacity is where in the system, as well as what space is available for escalation and quantify the opportunities. This work will feed into the modelling to identify gaps in capacity.

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

There are no specific capacity concerns or support to raise for the winter ahead however like other areas in the country our biggest risk is for our workforce. To ensure we keep adequate staffing levels the system has modelled its workforce with a focus on attraction and retention thereby reducing our reliance on agency and bank.

Organisations have introduced regular monitoring of recruitment pipelines and have created plans for each vacancy. Workforce Planning systems and processes have improved thereby leading to improved use of workforce data in a timely manner to help inform clinical and operational decision making. We have been successful with both local and international recruitment campaigns and have also seen a downward trajectory in our turnover rates since June 2022.

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data)

As above there are certain data issues we have when recording our planned capacity for social support (pathway 0), as we are unable to split out data to provide accurate information. Due to this our BCF 23-25 submission had this number at 0.

There is a time lag for recording permanent admission information on to our case management system. This means that the number of permanent admissions is likely to be higher than the 163 showing on the system at the end of quarter 1 2023/24.

Around the reablement metrics the data combines Lincolnshire Community Health Data and Adult Social Care Libertas Reablement data. Some people cannot be traced to a case management system (Mosaic) number so these people are then classified as Not at Home. This accounts for 45 Persons, if these people were at home the measure would be 92%.

6. Where projected demands exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge

The Lincolnshire System winter operating plan continues to be developed, led by the ICB and in conjunction with the SCC and system partners.

The revised UEC governance includes strategic leaders and clinical leaders groups, meeting weekly and including nursing directorate input and led by the UEC SRO. The clinical leaders and strategic leaders will be used as points of escalation, assurance and decision making to avoid any delays in agreement actions and full consideration of risk. The addition of a winter plan delivery group for the winter period will further support delivery on plans.

When we are experiencing demand over our planned G&A beds, it is clear that there is capacity still in other parts of the system, which is demonstrated in the VW and UCR modelling, and we have the opportunity to escalate by almost 25% on existing core community bed provision (some of this is subject to the recent business case submitted). There are also a number of initiatives due to come online ahead of winter that will further support a reduced reliance upon G&A beds and instead focus on maximising existing out of hospital care, and full utilisation of the new capacity.

The Lincolnshire whole system escalation plan is in development and will include break-glass options focussed on expansion of existing service and use of existing contracts to increase capacity. This might be options that the system wouldn't ordinarily consider, but would directly support de-escalation and balance of risk.

The existing UEC plan does already include a number of initiatives that are due to come online during winter including:

- Additional Active Recovery Beds
- Additional Community Hospital Beds
- Additional P1 capacity
- Additional CAS capacity to support alternatives to ED
- Rapid implementation of phase one of a single system SPA to support alternatives to ED and support a reduction in HCP calls to EMAS
- Increases in Primary Care Capacity

The Lincolnshire SCC lead on monitoring demand, capacity and pressure within the system as follows:

- Daily system calls 0930 and 1300hrs – early warnings of current and potential issues that are logged and actions raised for that day.
- OPEL levels for each provider discussed on system calls – reasons for level and how we can work as a system to de-escalate.
- Extra system calls added if continued high demand
- Monitoring demand using SHREWD – looking at trends for early warning and working with Vital Hub to develop more visual data for monitoring demand.
- MS Teams daily chat set up with SCC Ops, acute Clinical Site Managers, EMAS and Acute Tactical to monitor, planning and pre-empt delays.
- Monitoring of EMAS arrival screens to monitor demand and pre-empt delays in off loads – liaising with Clinical Site Managers and Tactical in the acute.
- Transport issues being flagged on the system calls to pre-empt any discharge delays due to transport.
- Operational/Clinical improvement work monitoring day to day issues and working with providers on solutions to improve re-occurring issues

Agenda Item 8b

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	14	<p>Chairman’s Announcements</p> <p>That the Chairman’s Announcements as detailed on pages 17 and 18 of the agenda pack be noted.</p>
	15a	<p>Joint Health and Wellbeing Strategy for Lincolnshire- Review Update</p> <p>That the content of the report detailing the next steps and timescales for finalising the next iteration of the Joint Local Health and Wellbeing Strategy be noted.</p>
	15b	<p>Unpaid Carers</p> <p>1. That the Unpaid Carers report presented, and the progress made to date be noted.</p>

		<ol style="list-style-type: none"> 2. That the Plan on a Page as detailed at Appendix A to the report be agreed as the first stage towards delivering a revised Carers Strategy. 3. That the opportunity for the Carers Delivery Group to co-produce the revised strategy be noted. 4. That the Memorandum of Understanding (MOU) demonstrating system led leadership to identify and support carers be promoted and endorsed.
	15c	<p>Homes for Independence That the good progress being made on the current workstream for the Housing, Health, and Care Delivery Group be noted.</p>
	15d	<p>Lincolnshire Better Care Fund</p> <ol style="list-style-type: none"> 1. That the update provided on the Better Care Fund be noted. 2. That the update provided on the Discharge/Winter Funding be noted. 3. That the Quarter 1 BCF Performance report be noted.
	16a	<p>Log of Previous Decisions That the Action Log of previous Decision as presented be noted.</p>
	16b	<p>Lincolnshire Health and Wellbeing Board Forward Plan That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be noted.</p>

This page is intentionally left blank

5 December 2023, 2pm, Council Chamber, County Offices, Lincoln		
Agenda Item	Presenter	Purpose
1. Ageing Better	Anne-Marie Scott Assistant Director, Prevention and Early Intervention	Decision – to agrees the future arrangements for overseeing the Ageing Better work.
2. Joint Health and Wellbeing Strategy for Lincolnshire 2023 - update	Michelle Andrews, Assistant Director and Alison Christie, Programme Manager	Discussion – to receive a presentation on the emerging JHWS
3. Mental Health and Emotional Wellbeing (CYP) JHWS Priority – update from the Children and Young People Mental Health Transformation Programme	Kevin Johnson, Commissioning Manager, 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
4. Mental Health (Adults) JHWS Priority – update on the Mental Health Community Transformation Programme	Sara Brine, Head of Mental Health Transformation & Victoria Sleight, 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
5. Dementia JHWS Priority – update on the Dementia Support Programme	Gina Thompson, Dementia Transformation Programme Lead, Lincolnshire Partnership Foundation Trust	Discussion - to receive a report on behalf of the Dementia Support Programme providing an update on the Dementia priority
6. Better Care Fund	Executive Director for ACCW & Paul Summers, Programme Manager	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. PNA 2022 – Mid-term review	Tony McGinty Consultant Public Health	Decision – to receive a report on behalf of the PNA Steering Group summarising the changes since the PNA was published in Oct 2022 and asking the Board to consider if the PNA needs revising.

LINCOLNSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN DECEMBER 2023 – DECEMBER 2024

3. 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
4. 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
5. 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
6. Ageing Better – update on the Lincolnshire Rural Strategic Partnership	TBC	Discussion
7. 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.
8. 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

10 December 2024, 2pm, TBC		
Agenda Item	Presenter	Purpose
1. Mental Health and Dementia Priority	TBC	Discussion
2. Better Care Fund	Executive Director for ACCW	Information – to receive a report from the Executive Director for ACCW on the Better Care Fund

This page is intentionally left blank