

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

Page 19

JHWS Priority	CARERS
<p><b>Current Position Statement</b></p>	<p>The Carers Delivery Partnership met less often in 2021/22 due to the pandemic and work pressures on the members. Some elements of the Delivery Plan were de-prioritised but in the face of significant adversity, much has still been achieved. In particular, the theme of “Strong operational support” continued as carers have been impacted emotionally, physically and financially; some people (including young adults) became carers for this first time and for longer-term carer, the caring role increased.</p> <p>Recovery is still very much at the forefront for the Carer Agenda. The Carer Priority Group Delivery Plan is currently being revised to take account of learning from the pandemic, taking the opportunity to:</p> <ul style="list-style-type: none"> <li>• strengthen our strategic ambition</li> <li>• refocus on what’s a priority for 2022/23 and ensure delivery</li> <li>• secure greater system ownership to improve outcomes for carers.</li> </ul>
<p><b>What we said we would do in 2021/22</b></p>	<p>The following objectives in the delivery plan have continued to be met, but in many cases in different ways than had been envisaged:</p> <ol style="list-style-type: none"> <li>1. Work with strategic partners to ensure early identification of carers from the point of diagnosis and signpost to appropriate support. (Collaboration)</li> <li>2. Work with health and care professionals to ensure carers are listened to from the outset and involved in the care of the person they support. (Collaboration)</li> <li>3. Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment. Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms (Early Help and Support) (Collaboration)</li> <li>4. Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment. (Early Help and Support)</li> <li>5. Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers (Assurance)</li> </ol>
<p><b>What's Working Well?– examples of key achievements 2021/22</b></p>	<p>Lincolnshire received national recognition from Carers UK for its work supporting carers during the pandemic. Lincolnshire’s system was proactive during the early days of the pandemic, creating “The Carers Guidance Booklet” following requests from carers and advice from government. This booklet was revised several times and was widely shared with carers, and with professionals across the whole system.</p> <p>Quote from Carers UK:                  “Katherine Wilson, Head of Employers for Carers at Carers UK, has commended our Carers Guidance document produced during the crisis. She said the guidance was "excellent – really comprehensive and clear...well done for pulling together such a helpful and thorough resource for carers".</p> <p>Carers FIRST flexed its support service and adapted quickly, for example offering daily telephone calls, offering practical and emotional support and advise on shielding, food deliveries, pharmacy deliveries, links to community support groups, co-producing a database of community resources, dealing with breakdown in care, hospital admission and discharge, loneliness, end of life care, funeral arrangements, employment, redundancy and furlough support, rights and benefits support and supporting physical and mental wellbeing. The service continued to liaise closely with sister agencies such as the Wellbeing Service.</p>

Carers FIRST found innovative ways to boost morale, delivering simple treats e.g., arranging fish and chips to be delivered, to carers and those they care for. Carers FIRST, through its charitable funds, was able to source digital equipment and training to enable carers to remain in touch with each other and with support services. Carers continued to access support networks, etc and in many cases found this easier as they did not need to secure sitting services, etc. This identified a significant latent demand for IT and digital support which will be a key area of focus going forward.

Personal budgets were used flexibly where carer breaks and relief of carer burden, such as cleaning, could no longer be taken. Examples include using tablets, online resources such as Audible and play equipment for disabled children. Carers were kept connected through social media, online peer support groups and a new digital programme of activity, such as Laughing Yoga, Don't Tone Alone, new online book and craft clubs. During the summer, doorstep visits were organised and socially distanced face to face support offered outdoors. Small groups met safely for a walk or day out.

Public Health prioritised carers for free PPE and wrote letters of introduction for supermarkets to ask that carers be prioritised where they were under time pressure to return home to meet their caring duties or had had to bring the person they care for with them, but leave them in their car.

Every school in the county has a dedicated Young Carer lead that young carers and/or their families can go to for advice or help around their caring role, and every school receives a regular newsletter to share information and good practice. To enable Young Carer leads to develop their confidence and good practice, support is available through a Carer Community of Practice where they can share what they are doing, share good practice and support one another.

Work is in hand with colleagues across the health sector, including sector specific training and workshops to increase confidence and professional curiosity around exploring Young Carers lives and what support they may need. We are working with Everyone to develop a pilot project across GP surgeries, which will be extended to all GPs, resulting in an increase in identification of Young Carers from health colleagues.

We continue to work with colleagues in adult services to ensure is a focus on Whole Family Working so that families only have to tell their story once and get the right people involved when they need them. We have developed joint workforce development opportunities to embed this within practice, collecting case studies to show the difference that whole family working makes. This will remain a priority.

To ensure that support and advice is relevant and effective, a Young Carers Participation Group has been established. This will support co-production in services and support that will evolve as needs change.

We continue to seek out 'hidden' young carers, such as those not in a school setting, working with education teams to make sure that they are asked questions about their caring role within their home education visits.

**What is the outcome?**

In February 2022, a task and finish group reviewed the Carers Delivery Plan, reflecting on learning from covid and reviewing what is working, what needs further attention and what still a priority as move to living with covid. The consensus was that:

- The current objectives (set out above) remain appropriate
- The current delivery plan is too big and needs refocusing
- The plan should set a clear strategic ambition which is owned by the wider health and care system and needs greater ownerships across all sectors

	As a result, the membership of the Delivery Group needs reviewing, and a memorandum of Understanding will be brought forward to secure commitment across the Health and Wellbeing Board / ICS partners.
<b>What is planned for 2022/23?</b>	<p>The review of the current delivery plan started in February, along with “Post Covid learning” is a real opportunity for “Review, Reflect and Reset” for the partners. The Group membership needs refreshing, and a new Chairman is needed who can advocate for carers across the Lincolnshire system.</p> <p>Going forward for 2022/2023, the priorities are to:</p> <ul style="list-style-type: none"> <li>• Develop and agree a Lincolnshire MOU for Lincolnshire to secure greater commitment to supporting carers, and particularly to identify carers and their needs as early as possible in their caring journey</li> <li>• Ensure the needs and voices of carers are recognised and fully embedded in the ICS</li> <li>• Support employers to retain carers in their workforces, and to employ those whose caring roles may have ended</li> <li>• Fully embed a Whole Family Approach</li> <li>• Use the White Paper Key principles to embed Choice – Control – Living Independently</li> <li>• Embed Strengths based approaches and tools in all services supporting carers.</li> </ul>

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

**Memory Service Referral Form:**

This is now incorporated as part of the Primary Care Dementia Pathway. It contains clearly defined criteria for referral which aims to improve getting the right patients to the clinic. This should improve the conversion to diagnosis rate. The referral form has recently been updated to identify patients who may be suitable to be seen on the digital pathway. Lincolnshire are piloting a digital pathway to improve people's access to memory assessment, offer greater flexibility of appointment times and improved waiting time to diagnosis. Benefits of the pathway include:

- A new fully digital pathway developed using consultants with extensive experience of remote consultations within MAMS
- Provides an additional route of service delivery to expand and compliments the existing MAMS pathway
- The service is 'boundaryless' and can be accessed/delivered to anyone within the county based on choice and meeting access requirements
- The service will target waits and reduce length of time to a diagnosis (target is 6 weeks from referral to diagnosis)

**Admiral Nurse Service**

In June 2019 LCC launched a two-year proof of concept for the Admiral Nurse Service (ANS). LCC's grant agreement was due to end with St Barnabas on 31st May 2021, but in order for the proof of concept to be given the opportunity to evidence impact LCC extended the proof of concept to March 2022 and Lincolnshire CCG agreed to joint fund this. The proof of concept ended on 31 March 2022 and St Barnabas have made the decision to charitably fund the service and continue to work with Dementia UK from April 2022. The service will continue to work with LCCG, LCC and the wider system.

**Dementia Diagnosis Rate**

The pandemic has undoubtedly impacted the DDR (dementia diagnosis rate) in Lincolnshire and nationally, this is partly due to people not presenting to their GP with memory concerns and consequently less diagnoses being made and also due the number of deaths of the over 65 population. Primary care resources being redirected to the Covid-19 vaccination programme arguably has also had an impact. However, prior to the pandemic Lincolnshire was not achieving the national target, with variation across localities, for example, the South West locality was significantly underperforming at 58.9% (March 2020) whereas the West locality was performing well at 71% (March 2020). Previous drives to improve DDR across the county have clearly helped increase the DDR but they have not been sustained. The CCG/ICS will be working with PCN's in 2022/23 on local improvement plans, to case find people with memory concerns and to better support people with a dementia diagnosis, their families and carers.

**What's Working Well?— examples of key achievements 2021/22****LD Health Checks**

The Joint Lincolnshire Dementia Strategy 2018 – 2021 (health and care) committed to look at how the process for people with Learning Disabilities to get dementia assessments could be improved. The importance of this has been highlighted through the health inequalities work that commenced in 2021. The rates of dementia in Learning Disability (LD) patients are higher than in the general population and the age of onset is of dementia is younger. For example, in patients with Downs Syndrome, dementia can occur 30 years earlier than expected in the general population i.e., in a person's 40's.

The LD annual health check template now includes a pre-assessment Dementia Screening questionnaire for people with learning disabilities, this has been promoted through primary care and further education will be provided to support the identification and assessment of people with LD and dementia. LPFT are supporting with this pathway.

**Digital MAMS**

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

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

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

#### **Dementia Ambassadors**

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

#### **Dementia Home Treatment Team**

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

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

#### **Dementia Support Service (DSS)**

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

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

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

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

#### **Reduction of Antipsychotic Medication for Patients with Dementia**

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

#### **Admiral Nursing**

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

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

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

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

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

#### **What is the outcome?**

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

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

Left Blank	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Not engaged or used services
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1%	5.5%	22%	10%	29%	24%	8%
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How would you rate your experience of your diagnosis of dementia in Lincolnshire?

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

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

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

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

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

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

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

How easy have you found it to access services?

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

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

#### **Admiral Nursing**

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



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

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

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

What is planned for 2022/23?

Implementation of the recommendations of the Dementia Service Review – DSR.

We are currently reviewing governance of the joint dementia programme in light of the move to ICS. We will share arrangements with stakeholders shortly following consultation with system leaders and relevant boards. Co-production through the new ICS will be essential for this work.

A delivery plan will be developed around the main recommendations from the review.

1. Staff competency - Improve staff's understanding and skills with respect to supporting patients and their carers with dementia.
2. Establish a 'one stop' support service to provide ongoing support & co-ordination of care from pre-diagnosis to end of life.
3. Promote integration of services / partnership working.
4. Standardise information on websites.
5. Enhance support to care homes to enable them to effectively care for people with challenging behaviour.
6. Optimise digital solutions.
7. Incorporate dementia into Population Health Management strategies for Primary Care Networks – paying particular attention to Health Inequalities.
8. Ensure that End of Life care planning is supported by Dementia Support Services and incorporated into Primary Care Annual Reviews
9. Undertake further review to determine the need and inform restoration/development of day service provision
10. Improve access arrangements to equipment and other aids/adaptations to support carers with activities of daily living for people with dementia.

#### **Digital Self-Service Portal**

LPFT are also funding the development of a Digital 'Self-Service' Portal ('front end') for MAMS. The first iteration of this system is due for testing in May 2022. This Digital Portal will enable service users and carers to commence assessment immediately upon access, with self-completion of certain assessments and information, assisted by an AI assistant. The aim is also to provide links to information. This process means that at first point of face-to-face contact,



significant information will already be present and enable a more detailed and focused assessment. As traditionally the first contact is spent collecting information rather than reviewing and formulating from it, this could have a significant impact on use of professional's time.

The aim, if this pilot is successful is that the Portal would ultimately support self-referral/access as well as be a choice at the point of referral from traditional GP contact route.

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

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

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

**What we said we would do in 2021/22**

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

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

	Increase the scope of CYP EDS to deliver evidence-based interventions to support CYP presenting with Avoidance or Restrictive Food Intake Disorder (ARFID).	Commence training across the workforce in order to implement an ARFID pathway for CYP in Lincolnshire during 2022/23.
	Improve transition and support for 18-25 year olds by recruiting Transition Lead Mental Health Practitioners, to understand the wider support offer, review transition protocols and remove age-related barriers.	Recruit three practitioners to build strong links with Adult mental health, PCNs and local communities to promote patient-centred planning for young people between 16-25.
	Pilot a CYP Discharge Liaison Worker to support CYP and families pre- and post-discharge, attend multi-agency meetings and act as a consistent liaison.	Receive funding late in 2021/22, which is being supplemented to recruit two CYP Discharge Liaison Workers to cover north and south of the county.
<b>What's Working Well?— examples of key achievements 2021/22</b>	<ul style="list-style-type: none"> <li>• LPFT’s mental health services for CYP have been rated outstanding by the Care Quality Commission (CQC) in their last two inspections, most recently in 2020.</li> <li>• We wanted to make it easy in Lincolnshire for families and professionals to access support, so the Here4You Advice line was launched. Professionals, parents or CYP can call the line to speak to a clinician and self-refer to Healthy Minds Lincolnshire, MHSTs or CAMHS. Joint referral screening takes place across services so families do not have to navigate through different referral pathways.</li> <li>• Our paid Peer Supporter Workers are now fully established and recurrently funded. These young people with lived experience of mental health services work across all CYP mental health services to help support other CYP who are struggling to engage.</li> <li>• The Department for Education (DfE) and Department for Health and Social Care launched the Wellbeing for Education Return programme; training and resources developed by the Anna Freud Centre and Leeds Beckett University focused on a whole school approach to mental health and wellbeing, staff wellbeing and targeted support for CYP and families. In Lincolnshire, 46 training sessions were delivered to schools and colleges by local partners including LPFT, the Working Together Team, Kooth (online counselling service), Behaviour Outreach Support Service, Kyra Teaching School (Mobilise) and the Council's Caring2Learn team. 95% of schools and colleges took part and over 95% said the training helped them to understand how to further support CYP.</li> <li>• Subsequent to the Wellbeing for Education Return programme, the DfE launched the Senior Mental Health Lead training for schools and colleges and Lincolnshire, we are actively encouraging all Lincolnshire schools and academies to apply for grant funding in order to access the training.</li> <li>• We have successfully bid for eight MHSTs in Lincolnshire, four became operational during 2021/22 and will be fully embedded during 2022/23. Four more are being phased in over the next four years, by which time there will be 50% coverage in schools. MHSTs are funded by NHSE and are part of the NHS Long Term Plan commitment to increase access to mental health support for CYP. However, the MHST model is expensive, and challenging to deliver in a rural county. We are seeking support from NHS England to create a hybrid model of Healthy Minds Lincolnshire and MHSTs that will remove duplication, provide a financially sustainable countywide offer, and increase access for CYP.</li> <li>• In 2019, Children’s Services piloted the locally designed Future4Me (F4M) service. F4M works with CYP with complex needs using a restorative trauma recovery model. LPFT staff are based with Children’s Services staff and provide direct intervention to CYP and consultation to other professionals. This work won the CYP Now Mental Health and Wellbeing Award in 2021.</li> <li>• Following the success of F4M, in 2021 Lincolnshire bid and was awarded NHSE Health and Justice funding for the East Midlands region to develop an integrated service to support the mental health and wellbeing of CYP with complex needs including children in care (CiC), adopted children, those with complex health needs etc. This has seen the expansion of the F4M health team and their remit as well as the development of an extensive programme of trauma-informed and attachment-based practice training for all staff working with Lincolnshire CYP, this is being rolled-out from 2022/23.</li> <li>• In 2021, Children’s Services was awarded DfE capital funding towards two new residential care homes in Lincolnshire which will have a strong therapeutic, trauma-informed offer with mental health staff working closely with residential home staff as part of the CYP Complex Needs service.</li> <li>• LPFT now provides a mental health practitioner to work in our Barnardo’s-run Leaving Care Service.</li> </ul>	

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

**What is the outcome?**

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

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

Referrals

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

Waiting times

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

Interventions

	<ul style="list-style-type: none"> <li>• For Healthy Minds Lincolnshire between April and December 2021: <ul style="list-style-type: none"> <li>○ 6,694 direct intervention sessions took place with CYP, compared to 6,213 in 2020/21</li> <li>○ 85% of CYP did not need any further treatment or were discharged to universal services</li> <li>○ Only 1.1% of CYP discharged needed to be stepped-up to CAMHS</li> <li>○ 104 groups were delivered to 424 CYP and 35 parent groups were delivered to 145 parents.</li> <li>○ 1,916 calls were made to the Here4You Lincolnshire line, mostly from parents/carers (66%)</li> <li>○ Six training sessions were delivered to almost 100 professionals (impacted by restrictions).</li> </ul> </li> <li>• The number of CAMHS appointments (of all types including groups) offered since January 2019 reduced slightly over 2020/21 and into 2021/22. In 2020/21 there were 630 fewer appointments offered than the previous year. There were 1,871 CYP seen in a group in 2019/20 compared to just 382 in 2020/21.</li> </ul>
<p><b>What is planned for 2022/23?</b></p>	<ul style="list-style-type: none"> <li>• Undertake a comprehensive review of CYP mental health and emotional wellbeing in Lincolnshire, including key learning from the pandemic – this will result in a programme of transformation that will help ensure we are able to continue providing strong mental health promotion, prevention and support that will meet the needs of CYP in the future.</li> <li>• Establish a Children and Young People’s Suicide Prevention Task and Finish Group – with the tragic increase in suicides in Lincolnshire (as well as nationally) during and following the pandemic, we will bring professionals together to develop a comprehensive, multi-agency action plan.</li> <li>• Increase access to early intervention – with additional funding from 2022/23, we will increase investment in early, low/moderate intervention to maintain a strong early intervention/prevention offer whilst MHSTs are rolled-out, we want to ensure that, whilst CYP in parts of the county are supported well in their schools via MHSTs, other areas continue to receive equitable and robust early intervention support along with training and children’s public mental health promotion.</li> <li>• Continue to roll-out MHSTs across the county in line with NHSE/I timescales, prioritising these in the areas with greatest inequality and need, offering evidence-based interventions and building to an estimated 50% coverage by 2024/25.</li> <li>• Invest in core and specialist community CAMHS – with increased funding we want to grow and strengthen our core and specialist community CAMHS offer by increasing staffing to provide sufficient capacity to meet the increased demand, increasing medical capacity, growing our Here4You Lincolnshire access team to provide more effective advice and support at the ‘front door’. This will address the existing waiting list, ensuring that as many CYP as possible do not wait for longer than four weeks from referral to treatment and also allow more CYP to be seen in more flexible ways, such as in the home, to reach CYP who might otherwise not engage in support.</li> <li>• Meet the increase demand for Eating Disorder (ED) support – increase workforce capacity to meet the increased demand and achieve the access and waiting time standard and NHS Long Term Plan targets, this includes increased medical and dietician capacity and Paediatric support.</li> <li>• Increase the scope of the CAMHS ED Service to deliver an evidence-based pathway for CYP presenting with ARFID – this will allow CYP to access an evidence-based specialist ARFID pathway, increasing accessibility to specialist support and improving outcomes and user experience.</li> <li>• Implement a seamless physical health care pathway for CYP with an ED that spans primary care through to acute physical health care, offering a choice of how their physical health is monitored.</li> <li>• Improve monitoring for those at risk of admission or currently inpatient – we will continue to build in early engagement and discharge planning to remove barriers to discharge, building a digital dashboard to use data and information more effectively by informing admission profiles for people waiting for or accessing Tier 4 inpatient services, monitoring and tracking admissions, using the information to identify discharge delays and support discharge planning.</li> </ul>

- Improve transition and support for 18-25 year olds – Transition Clinical Lead Workers, recruited in 2021/22, will review the current transition protocols to remove age-related barriers, and start to build strong links with Adult mental health. They will link with Primary Care Networks and local communities to understand the support offer and promote patient-centred planning for young people between 16-25. With additional funding in 2022/23 we will aim for full countywide coverage with another Transition Clinical Lead Worker and introduce links workers within the local university.
- Implement Keyworking for CYP with a Learning Disability or Autism (LDA) who are at risk of admission – funding has been secured from 2022/23 to design and implement a CYP Keyworking Team to support CYP with LDA and their families who are at risk of admission or support speedy discharge if they require admission. The team will work across the Lincolnshire system to support better use of the Dynamic Support Register (DSR), training and understanding of processes related to high-risk CYP with LDA, as well as working closely as advocates for these CYP and families.
- Undertake a comprehensive review of CYP mental health and emotional wellbeing in Lincolnshire, including key learning from the pandemic – this will result in a programme of transformation that will help ensure we are able to continue providing strong mental health promotion, prevention and support that will meet the needs of CYP in the future.
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- Increase access to early intervention – with additional funding from 2022/23, we will increase investment in early, low/moderate intervention to maintain a strong early intervention/prevention offer whilst MHSTs are rolled-out, we want to ensure that, whilst CYP in parts of the county are supported well in their schools via MHSTs, other areas continue to receive equitable and robust early intervention support along with training and children’s public mental health promotion.
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JHWS Priority	HEALTHY WEIGHT
<b>Current Position Statement</b>	<p>One You Lincolnshire is the county’s provider of targeted healthy adult weight management services, part of an integrated healthy lifestyle offer. The service is fundamental to improving the health inequalities experienced by many of our vulnerable or deprived communities, due to interacting socio-economic, physical, cultural, environmental reasons.</p> <p>Health inequalities and the gap in health outcomes which has been exacerbated during the Covid pandemic is a priority for Public Health and one that is shared by our provider OYL.</p> <p>Referral pathways are primarily through Primary Care and health professionals. Self referrals were introduced during the pandemic and will be in place until end June.</p> <p>Governance for Healthy Weight (formerly the Healthy Weight Partnership, reporting to the Joint Health and Wellbeing Board) is currently paused from the pandemic and is likely to take a different structure as the ICS develops.</p>
<b>What we said we would do in 2021/22</b>	<p><u>Child and Family Weight Management Service</u> Funding from LCC for a two-year CFWM service, which will be delivered by One You Lincolnshire and will begin in summer 2022, was agreed. As the CFWM will take a holistic approach to children’s overall wellbeing it will also support the JHWS’ Emotional Wellbeing and Mental Health (Children and Young People) priority. The CFWM service will align closely with a range of services, in particular the National Child Measurement Programme (NCMP) and the Holidays Activities and Food (HAF) programme.</p> <p><u>Holidays Activities and Food</u> The HAF programme is funded by the Department for Education and was rolled out across all upper tier local authorities in 2021. HAF is not principally concerned with weight management; however, it places a strong focus on healthy eating and so can play an important part in supporting healthy weight in children. In 2021 HAF was open to all children from Reception to year 11 in receipt of free school-meals.</p> <p><u>National Child Measurement Programme</u> The NCMP was suspended in Lincolnshire during 2021/22 due to the closure of schools</p> <p><u>National Diabetes Prevention Programme (DPP)</u></p>



	<p>The NDPP provides tailored support to reduce the risk of type 2 diabetes. The programme is funded by NHSE and delivered by Xyla Health. It offers group-based or one-to-one support which includes education on healthy eating and physical activity. During Covid, in-person support was suspended with all activities during 2021/22 being delivered by telephone or on-line. The NDPP supported 1302 people during 2021/2.</p>
<p><b>What's Working Well?– examples of key achievements 2021/22</b></p>	<p><u>One You Lincolnshire Achievements</u></p> <p>Lincolnshire's Integrated Lifestyle Service, 'One You Lincolnshire' (OYL) ran several successful pilots in 2021/22, including specialist schemes directly addressing health inequalities and hard to reach groups such as:</p> <ul style="list-style-type: none"> <li>• one to one weight management support for people with serious mental illness</li> <li>• work based health MOTs with a view to referring eligible clients into the service</li> <li>• a Man V Fat Football League in Grantham targeted at male obesity</li> <li>• ongoing support to unpaid family carers of all ages which includes an online digital resource to aid referrals and access</li> </ul> <p>As sub-contracted weight management services reopened after Covid-19 restrictions across the county, the OYL weight management targets were exceeded, with a reduction in bodyweight of a combined 114 tonnes from clients.</p> <p>Development of a Healthy Ageing department within OYL that focuses on the 60 plus age bracket has been successful with 6,641 referrals from this age group through 2021/22.</p> <p>Covid severely impacted normal referral routes (such as health checks and screening), which in turn affected service numbers. The service opened to self-referrals during the pandemic which has been a success and will continue until at least June depending on professional referral volumes.</p> <p>The service innovated with a shift from face to face interventions to greater use of digital and technology, with lots of learning and best practice as a result. A blended offer will continue, as well as a renewed emphasis on popular face to face interventions.</p> <p>It is important to note that many of the people accessing OYL services are from some of our most vulnerable and disadvantaged groups, and/or live in areas of Lincolnshire with the greatest levels of deprivation.</p>
<p><b>What is the outcome?</b></p>	<p>One You Lincolnshire achieved the following:</p> <ul style="list-style-type: none"> <li>• 2229 people have reduced their bodyweight by 5% against a target of 1840.</li> <li>• 4092 people have increased their physical activity.</li> <li>• 2723 have become physically active, achieving more than 150 minutes of moderate physical activity per week.</li> <li>• 2339 people have stopped smoking tobacco.</li> </ul> <p>Here is a case study of Karl – a Man v Fat client who lost over 5 stone in one of our leagues. <a href="https://manvfat.com/the-power-of-self-belief-amazing-loser-karl-proud/">https://manvfat.com/the-power-of-self-belief-amazing-loser-karl-proud/</a></p>
<p><b>What is planned for 2022/23?</b></p>	<p>One You Lincolnshire will continue to promote their service and develop referral numbers, as well as innovate and work in partnership, for example with social housing providers, to tackle health inequalities.</p>

One You Lincolnshire Child and Family Weight Management Service

This new service will be mobilised during summer 2022. The pilot programme aims to support 400 young people of primary school age and their families who are measuring in the 91st centile and above as well as a Healthy Eating programme for children identified with poor diets. It will align closely with the NCMP from which it expects to receive the majority of referrals. It will also work alongside the HAF programme, and it is expected that the CFWM and HAF will act as mutual referral sources thereby enhancing and contributing to the sustainability of the benefits of both. This type of service will be new to Lincolnshire and so 2022/3 will be seen as a pilot phase which will provide an opportunity for continuous learning and refinement of the offer.

Although the CFWM service is countywide it will be designed to address health inequalities by focusing resources in those areas with the highest levels of deprivation and childhood obesity and tailoring its offer, through consultation and co-production with local families, to the specific needs of the most deprived communities.

National Child Measurement Programme (NCMP)

The NCMP will resume its full programme of work in 2022/23. All children in Reception and year 6 from whom parental consent is received will be weighed and measured in school. Correspondence with parents will include information about the support on offer through the CFWM service for which all children identified as having a BMI between the 91st and 99.6th centile will be eligible.

Holidays Activities and Food

The HAF programme will continue to expand in 2022/23. From 2022 15% of its funding will be available to support children in locally determined priority groups who do not qualify for free school-meals; in Lincolnshire this will include children identified as overweight or obese.

National Diabetes Prevention Programme

The NDPP will continue in 2022/23 and will resume in-person activities as well as on-line support.

Strength and Balance

A scoping exercise has been carried out to look to develop a strength and balance programme for the 65+. If successful, the programme is aimed to start in the Autumn of 22/23.

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

	<p>Several joint-funded posts are now in place and will be instrumental in delivering numerous Delivery Plan actions:</p> <ul style="list-style-type: none"> <li>• The Lincolnshire Housing [Homelessness] Partnerships Manager, Jemma Munton has been in post since November 2022, employed by NKDC.</li> <li>• The Lincolnshire Strategic Lead for Healthy and Accessible Homes, Marianne Upton will take up the role in June 2022, employed by BBC.</li> <li>• One additional Public Health Analyst is to be recruited in the autumn of 2022 to improve housing intelligence. Linking data to housing issues and population health management, this role will be based alongside the public health intelligence team.</li> </ul> <p>In addition, a team of people from the Centre for Ageing Better (AB) and Lincolnshire’s councils is exploring the model for a Good Home Agency / Alliance for Lincolnshire to improve service delivery, and potentially for others to adopt across the country. Consultants have been engaged, funded by AB through a service design contract.</p> <p>The HHCDG is now well resourced to accelerate implementation of its Delivery Plan.</p>
<p><b>What we said we would do in 2021/22</b></p>	<p>The activities originally identified in the Joint Health and Wellbeing Strategy (JHWS) Delivery Plan, including the shared commitment to joint action through a Memorandum of Understanding, were achieved or have been superseded by the HHCDG Delivery Plan.</p> <p>It was agreed that 2021/22 would be about recovering from the impacts of the COVID-19 pandemic and putting in place the mechanisms and resources to implement Delivery Plan actions. Having reached agreements and pooled budgets totalling almost £400,000 between the district councils, County Council and the National Health Service (NHS), the above shared posts have or are to be filled for an initial two-year period. In addition, AB has committed over £100,000 to the Good Home Agency project, half of which is for the service design contract for eleven months. There were some delays through not being able to recruit but revising adverts and changing from employing an individual Good Home Agency service designer to tendering a contract were successful and work can now progress.</p> <p>Despite these delays, half of the 49 Delivery Plan actions are in train. LHHN maintains a RAG-rated working copy of the Delivery Plan and is supporting the subgroups to drive actions forward. Once the Strategic Lead is in post and both the Healthy Homes Group and Accessible Homes Group are up and running we are confident that the number of actions in train will rise.</p>
<p><b>What's Working Well?– examples of key achievements 2021/22</b></p>	<p>Unexpected challenges not included in the Delivery Plan have led to several key achievements and evidence the strong partnership arrangements which now exist.</p> <ol style="list-style-type: none"> <li>1. The Homelessness Subgroup of the Health and Social Care Cell continued to meet throughout 2021 in response to the COVID-19 pandemic, maintaining the effective response to ‘Everyone In’ to minimise the number of rough sleepers housed through that returned to the streets, and as a ‘Plan B’ group to ‘Protect and Vaccinate’ during the subsequent lockdown in early 2022. Numbers of rough sleepers have been reduced from well over 100 in 2020 to around 20 across the county now.</li> <li>2. Afghan and Syrian refugees and asylum seeker arrivals presented a huge challenge at short notice that partners rose to meet collectively. Philip Roberts from North Kesteven District Council chairs the Lincolnshire Refugee Resettlement Partnership. District councils are committed to supporting on ongoing resettlement of families. To date, 6 Afghan families and 8 Syrians have been resettled (although one of the Syrians has since relocated out of the county).</li> </ol>

3. Homes for Ukraine is a new national scheme to provide refuge for people fleeing the conflict in Ukraine. Over 3,000 Lincolnshire families have offered to be hosts with the County Council overseeing the process of approving housing and safeguarding requirements, and district council housing enforcement teams inspecting properties for suitability and gathering information for Disclosure and Barring Service (DBS) checks. 370 matches had been made as of the beginning of May 2022, seeing 215 arrivals between 115 sponsors.

Other significant achievements include:

1. The completion of De Wint Court Extra Care Housing (ECH) scheme, providing 70 units of accommodation in Lincoln, with further schemes in development across the county to provide 345 further units of housing for extra care and supported housing for working age adults.
2. The Specialist Adults Accommodation Strategy Group and Accommodation Sourcing Subgroup, with representation from the National Health Service (NHS), district councils and County Council have agreed levels of independence, aspiring for people with learning disabilities, autism and mental health issues to live in the nearest to mainstream housing as possible across all tenures. The groups are overseeing an ambitious programme of new build (some linked to ECH schemes (e.g., The Hoplands near Sleaford) being for intergenerational living), refurbishment / repurposing of existing underutilised social housing and private sector housing opportunities.
3. District councils and the County Council developed a discretionary housing assistance policy to use Disabled Facilities Grant (DFG) funding flexibly to meet related needs for individuals. Whilst this is not yet a common policy across all seven District Councils, it has provided a framework to build on.
4. Agreement to pilot the delivery of stairlifts through the next iteration of the Lincolnshire Integrated Community Equipment Service (ICES) rather than through DFG and provision made to include modular ramps in the service in due course.

What is the outcome?

The overall aim of the HHCDG is for people to live independently, stay connected and have greater choice in where and how they live.

Cohorts of people with some degree of health and care needs are the target audience:

- Children and young people
- Working-age adults with learning disabilities, autism and mental health needs
- Older adults
- Homeless people
- People who hoard
- Domestic abuse victims
- Unpaid and family carers
- Armed Forces personnel and veterans

We want to better understand needs and opportunities (improve the evidence base) through improved Joint Strategic Needs Assessment (JSNA) chapters on:

- Insecure homes
- Homelessness

- Housing standards, and
- Unsuitable homes.

Delivery outcomes are that the above cohorts of people are either supported to remain living in their current home or people are helped to find and move to a suitable home. In each case it is about maintaining the greatest level of independence possible and reducing demand for residential care homes and nursing homes.

Services will be designed with input from residents and/or representative groups as far as possible with ongoing engagement to gain feedback on the impact. This will include satisfaction surveys with an improved mechanism to learn from and act on negative responses. The impact of several individual initiatives (e.g., Hoarding Protocol and Hospital Housing Link Workers) are being reviewed at present to include case studies with a view to improving their effectiveness.

**What is planned for 2022/23?**

The Delivery Plan was reviewed at a HHCDG workshop on 10 May 2022 and new collective actions will be added in areas such as:

- digital-enabled homes
- intergenerational living and co-housing
- private sector housing renewal.

Leads for each action and responsible subgroups are now reviewing their actions to ensure desired outcomes are specified and realistic timelines for completion are set. Many are long-term actions and LHHN will work with the responsible subgroups to define final outcomes, interim milestones / outputs and define success with these, all set out in the Delivery Plan.

Key areas of work include the following:

Good Home Agency / Alliance and One Stop Shop for Equipment, Aids and Adaptations

The service designer will lead co-development of a Good Home Agency / alliance across Lincolnshire to include piloting delivery. It is anticipated that this will incorporate a range of home improvement services (e.g., design and build for disabled adaptation; handy person services) linked to wider support and preventative services such as hospital avoidance or discharge and falls prevention. Part of this is to achieve a single point of access to equipment, small aids and adaptation services recognising that issuing different pieces equipment (e.g., a wheelchair that climbs stairs and is height adjustable) could reduce the need for more costly adaptations such as ramps and rise-and-fall kitchens / washbasins.

Disabled facilities grant (DFG) delivery

The publication of new Government guidance on delivery of DFGs and use of the Better Care Fund for discretionary housing assistance provides a new opportunity for a systematic review of how services are delivered between districts that leads to a consistent approach across the county.

Home Energy Advice Service

Rises in energy costs are expected to increase the number of households considered to be in fuel poverty but also impact on 'just-about-managing' households. A need has been identified for a comprehensive home energy advice service that links with wider financial inclusion services. The existing Lincs

4 Warmer Homes (L4WH) shared service was set up to connect residents with the third round of the Energy Company Obligation (ECO3) which ended on 31 March 2022. One option is to build upon L4WH to deliver a service across Greater Lincolnshire, providing a broader range of financial support for energy efficiency improvements and green homes and alongside practical energy and cost saving advice. This service would sit well as part of a broader Good Home Agency / alliance.

Lincolnshire Homelessness Strategy

The Lincolnshire Housing Partnerships Manager is refreshing the Lincolnshire Homelessness Strategy. The review of the current strategy is almost complete, and the new strategy and wider consultation will take place by the end of June, with all relevant committee approvals by the end of November 2022. With the aim of increasing units of single person accommodation to house those who would otherwise be sleeping rough, a joint bid has been submitted into the current Rough Sleeper Accommodation Programme (RSAP) for 10 units of accommodation, dispersed across the county, for those with complex needs and not suitable for hostel accommodation.

The Manager will also be representing the homelessness strategy partnership group on a task and finish group established in April to progress the second phase of the Team Around the Adult initiative.

Cost of living crisis response (links with Financial Inclusion Partnership (FIP))

This is mentioned above in relation to energy costs and tackling fuel poverty. However, with food prices, inflation, and interest rates all increasing there is potential for households to get into difficulties and risk losing their home. Homelessness prevention will, therefore, be critical. HHCDG will continue to improve its links with all partners on the FIP and seek to ensure there are sufficient money and debt advice services alongside practical support (food provision and white goods) and financial support (e.g., the Household Support Fund) where needed. Notwithstanding this it is important to recognise that education is crucial to ensure households are self-resilient and can cope with rising costs as far as possible.

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

As the programme has iterated we have seen the need for specific resource for developing system interoperability, communications and engagement, workforce and recruitment, and project support to enablers to deliver a population health response at a local level.

**Mental Health, Learning Disabilities and Autism**

The Mental Health Learning Disabilities and Autism Group (MHLDA) is a broad coalition of partners who collaborate to improve the mental health and wellbeing prevention, support and treatment offer to Lincolnshire residents. The partnership has recently developed a set of priorities for the next 3 years, including place based and system wide initiatives, which will be the focus of collaborative working to improve mental health outcomes in Lincolnshire. Both the Mental Health Transformation Programme and work around Suicide Prevention are a part of the prevention, support and treatment offer discussed at MHLDA, alongside other areas of work such as mental wellbeing and improving the physical health of residents with mental ill health, learning disabilities and/or autism.

**What we said we would do in 2021/22**

**Suicide Prevention**

By March 2022 we committed to:

- Identify and improve support available to people bereaved by suicide.
- Work with Partners to encourage the adoption of the locally developed pathway to support adult suicide prevention and response plans.
- Develop a Lincolnshire plan for responding to suspected suicide clusters and high-profile suicides.
- Increase knowledge and understanding of self-harm, and challenge misconceptions about the relationship between self-harm and suicide and support Self-Injury Awareness Day (1st March 2022).

**Mental Health Transformation**

- The Mental Health Transformation Programme has been well underway in 2021/22 and made significant progress. 4 initial early implementer sites have been developing a community integrated place-based teams (IPBT) approach, focussed around PCN settings, comprising a range of roles including community connectors, peer support, mental health social prescribing link workers, all working alongside VCSE sector, primary care and community mental health teams. These have been widened further across more PCN settings with the aim of ultimately having a countywide approach.
- Each have a Mental Health hub with project team and a Partnership Board.
- Mental Health Practitioners roles through the additional roles reimbursement scheme now provide services in 13 of the 15 PCNs across the county.
- Neighbourhood teams have been working closely with the IPBTs to ensure funding available through grant allocation to the VCSE Sector is directed to those services and places most at need to build the local community assets. Supporting the VCSE sector to become more established and resilient.
- Night light cafes, originally developed in the Lincoln area, to support people during evenings and when traditional services are closed, have been further established across the county on a network basis through the ACTs Trust. These have proven to be very valuable and broadened the stream of volunteers supporting people with their mental health and wellbeing.
- The Mental Health matters crisis line is also now well established and links to the tier 2 crisis support provided by LPFT (Mental Health Provider Trust).
- A Mental Health Assessment Unit has been commenced in Lincoln to direct people with a primary Mental health need away from A&E to more appropriate direct support for their needs.
- Investment has been made into Suicide Prevention services to ensure support in the community for those impacted.
- Grant allocation funding has been made available contributing to over 18,000 beneficiaries through Community Asset Development, Managed Care Nwtwork and Suicide Prevention allocations.



<p><b>What's Working Well?— examples of key achievements 2021/22</b></p>	<p><b>Suicide Prevention</b></p> <ul style="list-style-type: none"> <li>• Developed a visual guide to pathways of support for individual and professionals. The pathway is currently promoted to partners' who have option of adopting a model or developing their own version of response plans.</li> <li>• We identified good practice and drafted a Lincolnshire Cluster response plan that is currently being tested in real life scenarios.</li> <li>• Piloted a suicide bereavement support service (with The Tomorrow Project) and secured funding for full scale service to be rolled out in 2022 (NHSE Wave 4 Postvention funding). We also developed a leaflet and online resources showing bereavement support available in the county.</li> <li>• Supported the establishment of a range of local community projects to prevent suicide through the Community Suicide Prevention Innovation Fund (CSPIF) (Wave 1 and 2 Funding).</li> <li>• Supported the mental health and wellbeing of children and young people through development of a wide range of resources for parents/carers and professionals, including review of services and implementation of new assessment tools within settings.</li> <li>• Continued development of knowledge and intelligence including data sharing arrangements with the police and coroners office.</li> <li>• Contributed to a Thematic Review of suspected suicide deaths among children and young people (led by the Child Death Overview Panel).</li> </ul> <p><b>Mental Health Transformation</b></p> <ul style="list-style-type: none"> <li>• Alongside elements outlined above please see the "<a href="#">Its All About People</a>" website for more information.</li> <li>• Replacing outdated adult acute wards in Boston and Lincoln.</li> <li>• Individual ensuite bedrooms, increased access to outdoor spaces and modern therapeutic environments.</li> </ul> <p><b>Mental Health, Learning Disabilities and Autism</b></p> <ul style="list-style-type: none"> <li>• MHLDA is a collaborative strategic platform for sharing developments across the mental health and wellbeing agenda, and working together to maximise opportunities and address challenges.</li> <li>• Together, the partnership as identified priorities for the next 3 years including improving prevention and early intervention, avoiding unplanned hospital admissions, ensuring safe and effective discharge from hospital, responding to the needs of local communities and developing a mental health informed society (including workforce and carers).</li> <li>• To demonstrate commitment and ambitions for prevention, the MHLDA has developed and submitted an application to sign up to the Prevention Concordat for Better Mental Health. This signals the ambition of the partnership in strengthening mental health promotion across the life course.</li> </ul>
<p><b>What is the outcome?</b></p>	<p><b>Bereavement service pilot</b> – 70 families received an initial contact, support and information following a death of someone close due to suspected suicide. Case studies show that the prompt contact, emotional and practical help were much appreciated. While the scope of the project was limited it provided vital learning to inform commissioning of the full-scale service. The pilot also resulted in development of automated referral system from the police that will benefit the system long term.</p> <p><b>Suicide Prevention Fund</b> – significant investment in a third sector organisation was made to create and enhance a support offered in communities. The projects have reached nearly 2000 people to date and the help on offer ranged from peer support to interest groups while creating safe spaces for people to talk and providing practical support. Improved social connectiveness, improved wellbeing and reduced stigma are some of the outcomes reported. Many projects focused on improving skills of the staff and volunteers (by offering mental health and suicide prevention training).</p>

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

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

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

- ***Gainsborough Integrated Place Based Team***

Challenge: How do we get to a point where anyone, with any level of mental health need has an opportunity for an initial conversation without unnecessary assessment?

Solution: Initial Conversation Screening Tool which take an outcomes based approach to support personal recovery. Saves duplication with opportunity to share their story once and voice their feelings through prompts. Individual has control over how much they share, people don't have to wait until they are experiencing symptoms of a mental health condition before reaching out, and provides an informal conversation toolkit to help find a starting point for discussing an individuals mental health recovery journey.

Outcome: Individual fleeing domestic abuse and relocating to new area – feeling extremely isolated and mental health in decline. Identified during conversation that likely not to meet threshold for community mental health team support. Connected individual into community level support programme and has built a support network around promote wellbeing.

- ***Every One – Making Connections***

Challenge: Person under the care of community mental health team for a lengthy period of time. Feeling lonely and isolated but does not feel able to get dressed and leave the home.

Solution: Referral made to Social Prescribing team who have been supporting this patient with identifying groups of interest in the local area along with housing options.

Outcome: Mood and anxiety has improved, feelings of being lonely and isolated are reducing and gradual stepping down from community mental health team support.

- ***Lincoln City South Team***

Challenge: Low confidence and high distress when engaging in necessary telephone calls to manage home. Anxiety, low mood, PTSD, intrusive thoughts, poor sleep, disengagement in personal care alongside health conditions and hoarding.

Solution: Education to develop skills in distress tolerance, emotional first aid, sleep hygiene, grounding and understanding anxiety. Role play and reflective practice to support improved communication, interpersonal skills and resilience in challenging situations. Goal planning and revisiting progress/ evaluating progress and engagement and adapting to encourage positive change and engagement in interventions. Referral to Social prescribing to explore and develop occupational identity and social networks. Consultation with Psychology team to guide practice – boundaried approach planned and supported.

Outcome: Independent engagement in interventions, improved routine, structure, diet, sleep and engagement in activities which have been identified as possible occupations to support well balanced lifestyle. Self-management physical and mental health skills are in use resulting in improved feelings of wellbeing, improved mood and resilience. Reduction in hoarding. Increased confidence in exploring social opportunities, improved communication strategies and reduced reactivity in distressing situations. Increased confidence to engage in conversations with work men etc

What is planned for 2022/23?

**Suicide Prevention**

- Further development of key processes of responding to suicides and attempted suicides (implementation of cluster response plans, Real Time Suicide Surveillance).
- Implementation and evaluation of Lincolnshire Suicide Bereavement Service.
- Identification and implementation of learning from local and national children and young people suicide mortality review reports.
- Ongoing analysis of data to identify trends, clusters, and emerging risk factors to inform commissioning of services and projects including Wave 3 of the Community Suicide Prevention Innovation Fund.
- Reviewing communication and awareness campaigns.

**Mental Health Transformation**

- Updated Peter Hodgkinson Centre due to open early 2023.
- Mental Health Assessment Unit will be piloted and evaluated.
- IPBTs in all 12 neighbourhood areas, covering all 15 PCNs, each with a complement of MH Practitioner roles, embedded community MH Teams and wider resource including community connectors, social prescribers and peer support workers.
- A fully developed training offer for a wide range of individuals including boundary training, trauma informed care, MH First Aid and MH awareness. We are also developing a primary care tailored package to support upskilling and an informed workforce and will be co-producing a package for carers and care home workers.
- Further investment in the VCSE sector to improve community assets and reduce inequalities.
- Connected community events and development days to enable the workforce to continue to transform.
- A service to support those bereaved as a result of suicide is being procured to ensure countywide access, on the basis of initial pilot provision.
- We are committed to ensuring experts by experience are hard wired into pathway design and investment decisions. We have evolved our co-production group to a wider network with the intent to support all elements of mental health, LD and autism.

**Mental Health, Learning Disabilities and Autism**

- Develop and begin to monitor outcomes to track delivery against the priorities for 2022-2025.
- Complete our application to the Prevention Concordat for Better Mental Health and deliver against the action plan agreed with the Office for Health Improvement and Disparities. This includes improving our understand of local need two years into the Covid-19 pandemic and ensuring that we have evidence-informed primary, secondary and tertiary prevention in place to reduce need and improve patient outcomes in Lincolnshire.
- Continue to develop, and then implement, new governance arrangements in line with the inception of the Integrated Care Partnership and Board in July 2022.

JHWS Priority	PHYSICAL ACTIVITY (Let's Move Lincolnshire)
<b>Current Position Statement</b>	<p><a href="#">Active Lincolnshire</a> as the Sport England funded Active Partnership for the county acts as the strategic body facilitating, promoting and advocating the use of physical activity and sport as a tool to achieve wider societal outcomes including improving the physical and mental health of less active residents of all ages, backgrounds and life-experiences.</p> <p>Covid 19 has had a huge impact on children, young people and adults, greatly reducing opportunities to be physically active, with the closures of gyms, leisure services and schools. There has been an unprecedented national rise in obesity in young people as a result, and an increased level of inactivity across all demographic groups.</p> <p>Through the refresh of the 10 year strategy, 'Let's Move Lincolnshire', Active Lincolnshire is leading on a system wide approach for post Covid-recovery, to get more people moving more, with a clear focus on reducing inequalities and inactivity levels. This includes children, young people and workforce. Heritage, cultural and our blue and green assets will be used to showcase how people can enjoy being more active as part of their daily lives, and in their own neighbourhood.</p> <p>Active Lincolnshire will continue to work with the wider health sector: educating non-physical activity professionals about the benefits of being active, ensuring the social prescribing network have access to information about the activities that are available and building physical activity touchpoints into health care pathways.</p> <p><a href="#">One You Lincolnshire</a> - the integrated lifestyle service commissioned by Public Health — is the key mechanism to support health improvement in this area. It targets and supports inactive adults to become physically active and reach a healthy weight with a wide ranging, engaging, supportive and accessible offer.</p>
<b>What we said we would do in 2021/22</b>	<ul style="list-style-type: none"> <li>• Active Lincolnshire is leading on the refresh of 'Let's Move Lincolnshire' – the multi-sector strategy to promote more people moving more including a specific strand on connecting with health and wellbeing.</li> <li>• <a href="#">'Let's Move Lincolnshire' Activity Finder</a> launched.</li> <li>• Worked with the Centre for Ageing Better to ensure older adults can access being physically active.</li> <li>• Active Lincolnshire has distributed the 'Think Active' grant fund in partnership with LPFT: improving psychological wellbeing and mental ill health with physical activity such as <a href="#">Walk and Talk</a> events.</li> <li>• Active Lincolnshire have distributed the Tackling Inequalities funding to support organisations and communities across Lincolnshire to support residents most at risk of inactivity due to the pandemic conditions to access activity. This included seed-funding physical activity as an intervention as part of the Cancer Pathway (<a href="#">Fighting Fit</a>) now funded by <a href="#">Macmillan Cancer Care</a>.</li> <li>• Lincolnshire <a href="#">Sports and Physical Activity Awards 2021</a></li> <li>• Active Lincolnshire has supported key national campaigns to promote being physically active, such as <a href="#">'This Girl Can'</a> and <a href="#">'We Are Undefeatable'</a></li> <li>• Active Lincolnshire has engaged with pregnant and new mothers and parents through the better births programme to deliver programmes and inform research on being more physically active</li> <li>• Use of <a href="#">Moki</a> technology as part of the opening schools facilities funding. Moki is an activity tracking wristband and software application to engage students in an active curriculum.</li> </ul>

<p><b>What's Working Well?– examples of key achievements 2021/22</b></p>	<ul style="list-style-type: none"> <li>• Launch of 'Let's Move Lincolnshire' new data enabled <a href="#">Activity Finder</a> on their website – making it easy for anyone to find activities near them, and easy for clubs and groups to share their events.</li> <li>• The major engagement with key system stakeholders, partners and public, led by Active Lincolnshire and facilitated by the University of Lincoln has generated rich insights and system commitment from partners to inform the forthcoming Let's Move Lincolnshire delivery plan.</li> </ul>
<p><b>What is the outcome?</b></p>	<p>One You Lincolnshire have supported 4092 people to increase their physical activity. 2723 have become physically active, achieving more than 150 minutes of moderate physical activity per week.</p> <p>The latest Active Lives release, covering November 2020-21 shows that Lincolnshire compares unfavourably with the national picture with only 56.4% of adult residents meeting the chief medical officer (CMO) recommended 150+ minutes per week compared to 61.4% nationally. The percentage of the population in Lincolnshire that is inactive is 4.4% higher than nationally.</p> <p>The county shows hugely varying statistics from district to district, with South Holland having the lowest percentage of residents reaching 150+ minutes (48.1%), compared with Lincoln where 68.4% of residents hit the guidelines and 21.6% are classified as inactive. Boston has the highest percentage of inactive residents doing less than 30 minutes, at 40.2%, which equates to 23,000 people.</p> <p>When comparing pre-pandemic levels of activity to the latest release there are 4000 adults no longer meeting CMO recommended levels of activity, and 11,800 residents are now classed as inactive, meaning they are doing less than 30 minutes a week.</p> <p>In the last 12-months, the public leisure facilities across Lincolnshire have returned over £3.5m in physical and mental health value, including £1.1m on dementia services, £37K on depression.</p>
<p><b>What is planned for 2022/23?</b></p>	<p>The focus for 2022-23 is Recovery: helping more people to move more again, with a solid, renewed focus on health inequalities: encouraging and supporting those who are inactive or unconfident to be more active.</p> <p><b>Actions include:</b></p> <p>A new, all age 10-year delivery plan for 'Let's Move Lincolnshire' to which system partners are signed up. Led by Active Lincolnshire, the strategy focuses on six core areas:</p> <ol style="list-style-type: none"> <li>1. Recover and Reinvent: Supporting the physical activity sector to recover from the pandemic and adapt as a relevant and sustainable network of organisations.</li> <li>2. Connecting Communities: Utilising physical activities ability to make better places to live.</li> <li>3. Positive experiences for children and young people: Creating the foundations for a lifelong positive relationship with physical activity.</li> <li>4. Connecting with health and wellbeing: Strengthening connections between physical activity and health and wellbeing sectors.</li> <li>5. Active Environments: Creating the places and spaces for people to be active.</li> </ol>

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