Lincolnshire COUNTY COUNCIL		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Dr Tony Hill, Executive Director of Community Wellbeing and Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 October 2014**
Subject:	**Joint Health and Wellbeing Strategy Assurance Report 2014**

Summary:

There is a legal duty on the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy. The purpose of the strategy is to set out the strategic commissioning direction to achieve an improvement in the health of the population of Lincolnshire. The Joint Health and Wellbeing Strategy for Lincolnshire 2013-18 was developed as result of the Joint Strategic Needs Assessment and agreed by the Shadow Health and Wellbeing Board in September 2012.

This report provides the Health Scrutiny Committee for Lincolnshire with an update on the progress being made to deliver the outcomes defined in the Joint Health and Wellbeing Strategy and details the actions agreed by the Health and Wellbeing Board on 30th September 2014 to maintain momentum.

Actions Required:

1. To consider and comment upon the Joint Health and Wellbeing Strategy Assurance Report and Theme Dashboards (Appendices A-E to this report).

2. To inform the Health and Wellbeing Board of any specific topics the Committee would like to receive further information on at a future meeting.

1. Background

Under the Health and Social Care Act 2012 Health and Wellbeing Boards are required to produce a Joint Health and Wellbeing Strategy (JHWS). The purpose of the JHWS is to set out the strategic commissioning direction for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

The JHWS for Lincolnshire 2013 – 2018 was agreed by the Shadow Health and Wellbeing Board in September 2012. The JHWS is based on the priorities identified in the Joint Strategic Needs Assessment (JSNA) for Lincolnshire and reflects the feedback from extensive consultation undertaken with communities and partners as part of the strategy's development.

As part of agreeing the Lincolnshire Joint Health and Wellbeing Strategy 2013-18 (JHWS) the Lincolnshire Health and Wellbeing Board agreed that Board Members would "hold each other to account for ensuring that their commissioning and decommissioning decisions are in line with this strategy and deliver the outcomes which are included in each of the five thematic sections". Therefore, one of the Board's ongoing roles is to assure itself, the Council and the Health Scrutiny Committee for Lincolnshire that progress is being made to deliver the outcomes defined in the JHWS.

In September 2013, the Board agreed to allocate Board Sponsors to work in conjunction with Public Health Lead Officers to take forward the outcomes within the five themes. In addition, key operating/delivery groups would be identified for each Theme. The five Themes in the Strategy are:

- Promoting Healthier Lifestyles
- Improve the Health and Wellbeing of Older People
- Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability
- Improve Health and Social Outcomes for Children and Reduce Inequalities
- Tackling the Social Determinants of Health

In addition, there are three cross cutting issues which are reflected in all or most of the themes, these are:

- Mental Health
- Inequalities
- Carers

The Board has held two informal workshops, in May 2014 and September 2014 to review the current position and consider what progress is being made since the Strategy was implemented in April 2013. The output from these sessions have been consolidated and summarised in the Theme Dashboard attached in Appendices A to E.

Each Dashboard includes:

- the theme priorities;
- 'what we said we would do' – taken from the JHWS;
- 'what is working well' to deliver the outcomes;
- challenges, threats and opportunities which may prevent or aid delivery;
- high level summary of the outcome indicators.

The general consensus amongst Theme Sponsors is that the priorities identified in the JHWS are still valid and that the Board needs to ensure future commissioning plans continue to take account of and align to the JHWS. The Dashboards highlight the range of activities that have taken place over the past 18 months and the Board is comfortable that progress is being made, given that we are only in year two of a five year strategy.

However, to continue to drive the JHWS forward a number of issues were identified by the Board at the workshop in September, in particular:

- the indicators and measures need to be reviewed to ensure the Board is monitoring the right things to enable it to demonstrate that the outcomes in the JHWS are being met.
- each Theme needs to identify key activities that will take delivery beyond this current year to 2018.
- further work is needed to ensure appropriate support mechanisms are in place to engage wider partners and identify how their activities support the delivery of the JHWS.
- the role of the Board Sponsor and support mechanisms needs to be reviewed.

The Assurance Report and Theme Dashboards were considered and agreed by the Health and Wellbeing Board at its meeting on 30 September 2014. In addition, the Board asked each Theme to review the suite of indicators being used to monitor the outcomes and priorities to ensure they are still appropriate, and to identify any additional actions that can be taken by the Theme. The Health and Wellbeing Board Business Manager will work with Theme Leads and Board Sponsors to progress this work and ensure updates are brought back to the Board for approval by March 2015.

The Board also agreed to a review of the wider delivery and support mechanisms underpinning the JHWS, in particular the linkages and dependencies with other partnerships and delivery groups to gain an understanding of how their activities contribute to the delivery of the outcomes. A review of the Board Sponsor role will also be included as part of this work.

Since developing and agreeing the JHWS in 2012/13, the Board has been involved in agreeing the Better Care Fund and overseeing Lincolnshire Health and Care, neither of which are reflected in the current JHWS. These and other developments will require the Board to review and refresh the JHWS. However, prior to any refresh of the strategy, a fundamental review of the JSNA needs to be undertaken. The Board therefore agreed to a full review of the JSNA during 2015/16 to inform the development of a new JHWS which will be in place for 2018. Proposals on how this work will be progressed are due to be presented to the Board on 24 March 2015 for agreement.

2. Conclusion

The Board has a statutory duty to develop a Joint Health and Wellbeing Strategy which sets out the priorities for improving the health and wellbeing of the people of Lincolnshire and to assure itself, the Council, partners and the Health Scrutiny Committee for Lincolnshire that progress is being made to deliver the outcomes. This report provides details on the current position and identifies a number of challenges, threats and opportunities which may impact on future delivery. The Board has agreed a number of short-term improvements to ensure momentum continues. Longer term, the Board has agreed to a full review of the Joint Strategic Needs Assessment during 2015/16 to then inform the development of a new strategy for 2018.

3. Consultation

The Health Scrutiny Committee for Lincolnshire was consulted on the content of the JHWS on 18 April 2012.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Promoting Healthier Lifestyles Theme Dashboard
Appendix B	Improve the Health and Wellbeing of Older People Theme Dashboard
Appendix C	Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability Theme Dashboard
Appendix D	Improve Health and Social Outcomes for Children and Reduce Inequalities Theme Dashboard
Appendix E	Tackling the Social Determinants of Health Theme Dashboard

5. Background Papers

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

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Theme: Promoting Healthier Lifestyles

Appendix A

Outcome: People are supported to lead healthier lives

We want to make sure people have all the information and support they need to make healthier choices.

Priorities:
Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments.
Reduce the number of adults who are overweight or obese.
Support people to be more active more often.
Support people to drink alcohol sensibly.
Improve people's sense of mental wellbeing.

What we said we would do:
Develop and deliver a 5 year Tobacco Control Plan which incorporates a broad partnership approach to tackle Tobacco Control issues.
Continue to work with partners to address adult obesity including the commissioning of effective weight management services for those that need additional support.
Continue to commission evidence based lifestyle services and review existing healthy lifestyle services in order to address any gaps in provision.
Develop and deliver a multi-agency Mental Health Promotion Strategy for Lincolnshire.
Develop a Community Health Champion programme for Lincolnshire building on current good practice that will enable people to volunteer to offer help and support to other members of their community in leading healthier lives.
Identify someone with lead responsibility for reducing the harmful effects of alcohol consumption through the development and delivery of an Alcohol Plan as part of a review of substance misuse in Lincolnshire.
Roll out the 'Making Every Contact Count' programme across Lincolnshire to ensure frontline staff are able to support people who want to develop a healthier life style.

What is working well (examples):
Lincolnshire's Tobacco Control Strategy 2013-18 was approved in December 2013 and is now live. The Tobacco Control Alliance continues to support the delivery of this work.
Dedicated smoking cessation work has supported over 5,800 people to quit, including pregnant women who smoke and people with long-term health conditions.
Smoke Free Homes & Cars Programme are piloting activities in the St Giles area of Lincoln. The lessons from this will inform the rollout of future work across the county.
In 2013-14, 265 learners took the British Institute of Innkeeping Award Body exam in smoking awareness, with 255 passing. Interest in the course continues to grow with new providers offering life skills courses expressing an interest in delivering the award.
Commissioned a new adult weight management service for people aged 16 years and over.

Public Health commissioned programmes (Exercise referral, Health Walks, Vitality) have contributed to over 9,000 people being more active more often (2013/14).
GP Exercise Referral Programme is in place across every district. 4,302 people were referred in 2013/2014, with a 74% completion rate, of which 47% had a BMI [Body Mass Index] 30+.
15,818 people have engaged with healthy eating and cooking community events, including 2,820 participating in dedicated cooking courses.
Health Trainers continue to work with people to assess their health and lifestyle risks, helping them to build their motivation to change. Health Trainers supported 4,580 people in 2013/14, of which 350 had a BMI [Body Mass Index] 30+.
Lincolnshire's volunteer programme for community health champions (Live Well Champions) has trained and placed 30 volunteers after delivering only 3 training courses. 10 of the 30 have now registered for the accredited RSPH [Royal Society for Public Health] Level 2 in Understanding Health Improvement and continue to volunteer locally.
The Police & Crime Commissioner has been appointed as the lead officer for Alcohol and Substance Misuse.
Alcohol Health Needs Assessment underway and an Alcohol & Substance Misuse Strategy produced.
The Blue Light project is working with Alcohol Concern to reduce the impact of those misusing emergency services and to encourage them to enter treatment.
Make Every Contact Count (MECC) now part of core delivery contract for the 3 NHS Trusts (Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership NHS Foundation Trust; and United Lincolnshire Hospitals NHS Trust). 2 out of 7 district councils now signed the MECC Memorandum of Understanding (East Lindsey District Council & Boston Borough Council) with West Lindsey District Council currently in negotiations; the others have submitted papers to their management teams.
118 staff in Community Pharmacies trained in MECC.

Challenges, Threats and Opportunities:
Mental Wellbeing – Multi-Agency approach to deliver the actions in the Mental Health Promotion Strategy.
Dementia – Addressing the physical impacts of dementia through health improvement work and early identification/diagnosis and referral to appropriate services.
Evidence of effectiveness – measuring the impact of prevention and quantifying its effect on all parts of the health and care system. Will the financial landscape allow sufficient time for prevention to have an effect?
Interdependencies – the way in which the different themes are inter-related and how this informs prioritisation around future planning.
Alcohol – Greater partnership working required to move the agenda towards a population level change agenda from a community safety/crime and disorder/treatment service focus.
Obesity – Gap in these services for young people aged between 11 and 15.
Population vs Individual – current services support individuals to make changes rather than promoting communities and populations to do so.
Expectations – how to manage expectation whilst being aspirational enough to bring about real improvements in health and wellbeing

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Reduce the number of people who smoke	Smoking prevalence			
	Smoking prevalence - routine & manual			
	Smoking status at time of delivery			
	Under 75 mortality rate from respiratory disease			
	Under 75 mortality rate from respiratory disease (Male)			
	Under 75 mortality rate from respiratory disease (Female)			
	Under 75 mortality rate from respiratory disease considered preventable			
	Under 75 mortality rate from respiratory disease considered preventable (Male)			
	Under 75 mortality rate from respiratory disease considered preventable (Female)			
Reduce the number of adults who are overweight or obese	Diet: comparison with national dietary targets and guidelines			
	Excess weight in adults			
	Under 75 mortality rate from all cardiovascular diseases			
	Under 75 mortality rate from all cardiovascular diseases			
	Under 75 mortality rate from all cardiovascular diseases			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
Support people to be more active more often	Utilisation of green space for exercise/health reasons			
	Percentage of physically active and inactive adults - active adults			
	Percentage of active and inactive adults - inactive adults			
Support people to drink alcohol sensibly	Alcohol-related admissions to hospital			
	Under 75 mortality rate from liver disease			
	Under 75 mortality rate from liver disease (Male)			
	Under 75 mortality rate from liver disease (Female)			
	Under 75 mortality rate from liver disease considered preventable			
	Under 75 mortality rate from liver disease considered preventable (Male)			
	Under 75 mortality rate from liver disease considered preventable (Female)			
Improve people's sense of mental wellbeing	Self-reported well-being - people with a low satisfaction score			
	Self-reported well-being - people with a low worthwhile score			
	Self-reported well-being - people with a low happiness score			
	Self-reported well-being - people with a high anxiety score			
	Carer reported quality of life			
	Carer reported quality of life (18-64)			
	Carer reported quality of life (65+)			
	People who use services who have control over their daily life			
	People who use services who have control over their daily life (18-64)			
	People who use services who have control over their daily life (65+)			

Theme: Improve the health and wellbeing of older people

Appendix B

Outcome: Older people are able to live life to the full and feel part of their community

We want to make sure older people have more choice and control, receive the help they need and are valued and respected within their communities.

Priorities:
Spend a greater proportion of our money on helping older people to stay safe and well at home.
Develop a network of services to help older people lead a more healthy and active life and cope with frailty.
Increase respect and support for older people within their communities.

What we said we would do:
Move £1 of every £100 we spend on adult health and social care, every year for the next 5 years, to deliver 'wellbeing' support and community health services for older people in Lincolnshire.
Develop a network of 'wellbeing' services aimed at supporting older people to live healthier, happier and independent lives and feel part of their community.
Ensure services for older people (including those who are frail or suffering from dementia) are locally based, cost effective and sustainable.
Work across public, private and voluntary and community organisations and groups to provide co-ordinated low level preventive services.

What is working well (examples):

I want to be active:

- Vitality Classes for over 65s – 42 classes per week with an average of 500 attendees (including in nursing homes and 1:1 sessions in people's own homes).
- Excellent Ageing / Lincolnshire Sports Partnership linked into the East Midlands Later Life Forum / Age Action Alliance to deliver local actions arising from recently published AVONet [Avon Network for the Promotion of Active Ageing in the Community] report '*Promoting physical activity in older adults; a guide for local decision makers'.*

I want to be healthy:

- Support for older people is being delivered through the Managed Care Network. The Mental Health Promotion Strategy aligns to the recommendations from the NICE [Nation Institute for Health and Care Excellence] review of mental health needs of people in care homes.
- Nutrition / food standards – One in ten older people are malnourished and 93% of them are in the community. Exploring how work already completed with Schools around the Catering Mark could be rolled out to residential care / hospitals, with wider promotion & awareness of good eating / balanced diets.

I want to put something back into the community;

- Senior Fora – 5 groups in operation – Louth & District, Welland, Holbeach, North Kesteven and Lincoln. The Association of Lincolnshire Senior Fora (ALSF) was re-established in April 2014.
- Excellent Ageing & ALSF attend and influence the Department for Work and Pensions funded East Midlands Later Life Forum (EMLLF) and national Age Action Alliance.

I want to be able to afford my life and understand my options:

- Anti-Poverty Action Plan (City of Lincoln Council) produced to improve the quality of life for the estimated 1 in 3 older people in the city living in poverty.
- Public Health has re-commissioned the Income Maximisation Project, which supports people to claim the benefits they are entitled to.

I want to feel safe:

- Operation REPEAT (Reinforcing Elderly Person's Education at All Times) is a Police / Trading Standards / Community Lincs partnership instigated by the Think Jessica Campaign. Over 200 people have received talks and training on issues such as doorstep crime and scams, and the initiative has won regional awards.
- Work with Lincoln Prison to improve the safety, health and wellbeing of the prison population of which a small, but continuous rolling number are aged over 50 years.

I want to have relationships and not be lonely:

- Ageing Better – East Lindsey have successfully secured funding from the Big Lottery to address social isolation and loneliness in older people.
- Campaign to End Loneliness – a conference was held to raise awareness of the impact of loneliness and to develop our local JSNA.

I want to be able to get around easily:

- Dementia Friendly Environments / communities are being developed in Bourne and Lincoln City.
- National review of Scooters/Powered Wheelchairs – local Senior Fora & Road Safety Partnership has produced a leaflet on safe use of this transport.

I want the right help when I need it from people I trust:

- Books on Prescription – Reading well campaign. GPs can recommend relevant books and provide patients with a 'books prescription' for the library service.
- My Choice My Care provides an online resource including the Good Life Guide, Care Directory and Carers Information Packs.

I want to live at home for longer:

- Wellbeing Service went live in April 2014. It can provide up to 6 weeks support according to needs and on-ward referral for fitting telecare, telehealth, equipment and minor adaptions.

I want to end my life with dignity:

- Planning My Future Care Booklet / e-form - updated for relaunch in Autumn 2014.
- Bereavement Leaflet – is being revised in conjunction with Carers Connect / Macmillan Palliative Carers Support Worker.

Challenges, Threats and Opportunities:

- Growing ageing population
- Welfare and pension changes
- Access to and ability to use IT
- Volunteer recruitment and retention
- Funding available for prevention programmes
- Housing standards to help older people:
    - design that meets older people's needs
    - asset release for cash poor.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Spend more of our money on helping older people to stay safe and well at home.	Injuries due to falls in people aged 65 and over (Persons)			
	Injuries due to falls in people aged 65 and over (Male)			
	Injuries due to falls in people aged 65 and over (Female)			
	Injuries due to falls in people aged 65 and over - aged 65-79			
	Injuries due to falls in people aged 65 and over - aged 80+			
	Permanent admissions of younger adults (18-64) to resid. & nursing homes, per 100k population			
	Permanent admissions of older people (65+) to resid. & nursing homes, per 100k population			
	Older people still at home 91 days after discharge from hospital			
	Older people still at home 91 days after discharge from hospital (65-74)			
	Older people still at home 91 days after discharge from hospital (75-84)			
	Older people still at home 91 days after discharge from hospital (85+)			
Develop a network of services to help older people lead a more healthy and	Enhancing quality of life for people with dementia.			
	Effectiveness of prevention/preventative services.			
	Health related quality of life for older people.			
Increase respect and support for older people within their communities.	Social Isolation: % of adult social care users who have as much social contact as they would like			
	Loneliness and Isolation in adult carers			
	Older people's perception of community safety - safe in local area during the day			
	Older people's perception of community safety - safe in local area after dark			
	Older people's perception of community safety - safe in own home at night			
	People who use services who say those services make them feel safe and secure.			
	People who use services who say those services make them feel safe and secure (18-64)			
	People who use services who say those services make them feel safe and secure (65+)			

Appendix C

Theme: Delivering high quality systematic care for major causes of ill health and disability.

Outcome: People are prevented from developing long term health conditions, have them identified early if they do develop them and are supported effectively to manage them.

We want to make sure people have all the information and support they need to make healthier choices.

Priorities:
Improve the diagnosis and care for people with Diabetes.
Reduce unplanned hospital admissions and mortality for people with Chronic Obstructive Pulmonary Disease.
Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.
Improve the speed and effectiveness of care provided to people who suffer a Stroke.
Reduce mortality rates from Cancer and improve take up of screening programmes.
Minimise the impact of long term health conditions on people's mental health.

What we said we would do:
Assess Lincolnshire's performance on Diabetes against quality standards.
Review the performance of each general practice in the county against relevant indicators within the Quality and Outcomes Framework and agree with Clinical Commissioning Groups plans to improve performance.
Develop a Cancer Strategy for Lincolnshire and extend the Early Presentation of Cancer (EPOC) initiative.
Develop and implement a plan for delivering improvements in the contribution of primary care to the management of long term health conditions.
Ensure, through working with the 'Promoting Healthier Lifestyles' theme, that effective evidence based preventive measures are commissioned to reduce the prevalence of major causes of ill health and to minimise the impacts of long term health conditions on peoples mental health.
Review the evidence in relation to long term neurological conditions as part of the Joint Strategic Needs Assessment for Lincolnshire.

What is working well (examples):
CCGs are planning for the recommissioning of diabetes services.
Some CCGs are using Commissioning for Value Right Care Deep Dives to develop intelligence and plans on various long term conditions, for example, diabetes, CHD [Coronary Heart Disease], stroke and cancer.
The Lincolnshire Health and Care (LHAC) developments support this work, particularly the developments in relation to the proactive and urgent care design groups. The Blue Print refers to the high disease prevalence for nearly all Long Term Conditions across all four CCGs.

CCG Strategic and Operational Plans support the delivery of Theme 3. For example, the inclusion of Quality Premium Local Priorities relevant to CHD [Coronary Heart Disease], stroke and cancer.
The commissioning of cardiology and stroke services at ULHT [United Lincolnshire Hospitals NHS Trust] by CCGs has improved the service provision for people requiring these specialist services.
Work is taking place across Lincolnshire to scope cancer services to ensure full implementation of the cancer reform strategy.
A draft cancer strategy for Lincolnshire has been developed.
The Early Presentation of Cancer programme (EPOC) is working within CCG areas.
An initiative to increase cervical screening uptake is taking place in CCGs.
A mental health promotion strategy and a mental illness health needs assessment are in development.

Challenges, Threats and Opportunities:
• Need to review the indicators to determine if they accurately assess the progress against the Theme outcomes.
• Need to reframe the priorities to be more proactive / positive.
• The full impact of mental health on Theme 3 priorities needs to be assessed.
• The role of self-help / care is essential to this Theme.
• Need to understand the influence Theme / Board has over commissioned services / providers.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Improve the diagnosis and care for people with Diabetes.	Proportion of people feeling supported to manage their condition.			
	Number of QOF-recorded cases of diabetes per 100 patients registered with GP practices (17 years			
Reduce unplanned hospital admissions for people with Chronic Obstructive Pulmonary Disease.	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.			
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s			
	Age-standardised mortality rate from respiratory diseases for persons aged under 75.			
	Age-standardised mortality rate from respiratory diseases for persons aged under 75 (Males).			
	Age-standardised mortality rate from respiratory diseases for persons aged under 75 (Females).			
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years).			
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years - Males).			
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years - Females).			
	Chronic Obstructive Pulmonary Disease - Disease Prevalence			
Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years).			
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years - M			
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years - F			
	Under 75 mortality rate from cardiovascular diseases considered preventable			
	Under 75 mortality rate from cardiovascular diseases considered preventable (Males)			
	Under 75 mortality rate from cardiovascular diseases considered preventable (Females)			
	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check			
	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NI			
	Cumulative % of the eligible population aged 40-74 who received an NHS Health check			
	Coronary Heart Disease - Disease Prevalence			
	Heart Failure - Disease Prevalence			
Improve the speed and effectiveness of care provided	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Sca			
	Stroke and Transient Ischaemic Attack (TIA).			
Reduce mortality rates from Cancer and improve take up of screening programmes.	Survival from Cancer: Colorectal (1st year).			
	Survival from Cancer: Colorectal (5th year).			
	Survival from Cancer: Lung (1st year).			
	Survival from Cancer: Lung (5th year).			
	Survival from Cancer: Breast (1st year).			
	Survival from Cancer: Breast (5th year).			
	Deaths from all Cancers <75 (DASR)			
	Cancer diagnosed at early stage (Experimental Statistics)			
	The percentage of women in a population eligible for breast screening at a given point in time who we			
	The percentage of women in a population eligible for cervical screening at a given point in time who w			
	Age-standardised mortality rate from all cancers for persons aged under 75.			
	Age-standardised mortality rate from all cancers for persons aged under 75 (Males).			
	Age-standardised mortality rate from all cancers for persons aged under 75 (Females).			
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less tha			
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less tha			
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less tha			
	Cancer - Prevalence			

Appendix D

Theme: Improve health and social outcomes for children and reduce inequalities

Outcome: Ensure all children get the best possible start in life and achieve their potential

We want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years.

Priorities:
Ensure all children have the best start in life by: • Improving educational attainment for all children • Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer
Reduce childhood obesity
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged

What we said we would do:
Agencies will demonstrate how they will work together to deliver the Child Poverty Strategy for Lincolnshire.
Ensure services are available to provide families with advice and support about benefits of immunisation, antenatal and new born screening and lifestyle or social influences (e.g. stop smoking services, benefits maximisation and housing) on their health and that of their children.
Ensure more young people have access to appropriate sex and relationship information and to contraception and genitourinary medicine services.
Through the Lincolnshire Childhood Obesity Partnership Group, develop and implement a Childhood Obesity Strategy for Lincolnshire.
Strengthen the existing joint commissioning board on Emotional and Mental Health Wellbeing to support the recommendations from the National Mental Health Strategy.
Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas and agencies to impact on the Emotional and Mental Health Wellbeing of children and young people in Lincolnshire.
Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special education needs, teenage parents or children whose parents have mental health conditions including post natal depression.
Continue to invest in an integrated early help offer, delivered through Children's Centres so families have access to the support they need in their locality.
Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive.

What is working well (examples):

The school nursing service is commissioned to provide 'clinic in a box' in participating secondary schools, including chlamydia testing; pregnancy testing, c card and emergency contraception. The chlamydia screening programme for 15-24 year olds is proactive across Lincolnshire in both healthcare and non-healthcare settings as well as awareness raising sessions being commissioned. The teenage pregnancy team provide a countywide 'c card' scheme and engage with schools in terms of SRE [Sex and Relationships Education]

The design and delivery of specialist training programmes to multi agency professionals from statutory and voluntary organisations across Lincolnshire to enable them to support young people, parents and teenage parents to make positive informed choices.

Development and implementation of teenage pregnancy pathway for all professionals working with young people to support early identification and ensure access to services.

Child Poverty Strategy Action Plan and scorecard developed. Strategy to be reviewed in light of national Child Poverty Strategy for 2014-17. Update and progress reported through the Children and Young People Strategic Partnership with decision taken to report the impact of child poverty to LCC Executive. Plans to include impact on Child Poverty as part of the Lincolnshire County Council corporate Equality Impact analysis framework.

A full commissioning review of CAMHS [Child and Adolescent Mental Health Services] is currently in progress which has included:

- the development of a substantial dataset to inform how outcomes for Children &Young People can be enhanced through an improved commissioning model.
- working with NHS England to look at developing a model for T3+ services to reduce the number of T4 placements.
- undertaking a CAMHS needs assessment snapshot concerning mental health and psychological wellbeing from the Child and Maternal Health Intelligence Network knowledge hub and a Mental Illness Health Needs Assessment being undertaken by Public Health.
- over 50 consultation meetings with groups including Children & Young People, Schools, Social Care, CCG's, Provider, Health Visitors, School Nurses, Paediatricians**.**

Hot school meal uptake has increased dramatically due to the introduction of the Universal Infant Free School Meal Offer (UIFSM). It is envisaged that this will have a positive impact on the overall health of Lincolnshire's children. The UIFSM offer has dramatically changed the landscape of meal provision in Lincolnshire and a focused piece of work will be taking place to develop a new food in schools strategy, which will supersede the current childhood obesity strategy.

The National Child Measurement Programme (NCMP) data in Lincolnshire gives us increasingly robust intelligence. The proportion of Lincolnshire's children who are overweight has increased since 2006/07 amongst children in Reception and in Year 6. However, these proportions have remained reasonably stable since 2009/10, so although there is no sign yet of a decrease in excess weight in children, there is evidence here that the rate of increase has slowed.

Established partnerships continue to work together on a range of projects aimed at narrowing the gap in terms of social, education and health outcomes for vulnerable children and young people, including action research, improving teaching and learning, developing leadership, developing peer review - which are supported and promoted by Education Advisers. Working party has been set up by Director of Children's Services to develop sector led model.

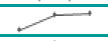
Analysis of national pupil database to examine characteristics of schools and compare and challenge. Pupil premium reviews offered to schools at both ends of the Pupil Premium spectrum – compare and contrast identify best practice. Identify common successful approaches to tackling Pupil Premium issue. Develop new cross phase literacy intervention programme. Research links developed with Lincoln University to develop accreditation for practitioners

Examples of support for high quality teaching include The Developing Teacher Programme, English Literacy Specialist Teacher Programme (EnLiST).Teachers training in main stream schools are encouraged to visit a Special School during their training. Outstanding Lead schools are helping to train new teachers for those schools who cannot recruit. Three days of SEND [Special Education Needs and Disabilities] training is provided by a specialist for all trainees. All trainees must present evidence against the Teachers' Standards at the end of their course, including a SEND Task, Safeguarding Task and an English as an Additional Language task.

Challenges, Threats and Opportunities:

- **Childhood Obesity:** need to do more to tackle this problem – needs to build on the 'life course' approach.
- **Sexual Health:** unwanted conceptions are higher than national average so need to do more target work with schools / young people to get across the key health messages.
- **Vaccinations:** better awareness and more assurance around public protection.
- **Self-harm & suicide:** more work needs to be done in this area
- **Accidental injury:** possible new area to focus on.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Ensure all children have the best start in life.	Low-birth weight of term live births.			
	Breastfeeding initiation.			
	Breastfeeding prevalence at 6-8 weeks after birth.			
	Infant mortality.			
	Women's experience of maternity services.			
	School Readiness: The percentage of children achieving a good level of development at the end of reception			
	School Readiness: The percentage of children with free school meal status achieving a good level of develo			
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening ch			
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected leve			
	Children in poverty (all dependent children under 20)			
	Children in poverty (under 16s)			
	Smoking at time of delivery			
	HIV coverage: The proportion of pregnant women eligible for infectious disease screening who are tested for			
	Syphilis, hepatitis B and susceptibility to rubella uptake: The proportion of women booked for antenatal care,			
	The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a c			
	The proportion of babies registered within the area both at birth and at the time of report who are eligible for r			
	Proportion of babies eligible for newborn hearing screening for whom the screening process is complete wit			
	The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of bi			
	The proportion of those offered screening for diabetic retinopathy who attend a digital screening event.			
	Foundation: Achievement gap between pupils eligible for free school meals and their peers.			
	KS2: Achievement gap between pupils eligible for free school meals and their peers.			
	KS4: Achievement gap between pupils eligible for free school meals and their peers.			
	Foundation: Achievement gap between pupils with SEN provision and their peers.			
	KS2: Achievement gap between pupils with SEN provision and their peers.			
	KS4: Achievement gap between pupils with SEN provision and their peers.			
Reduce childhood obesity.	Proportion of children aged 4-5 classified as overweight or obese.			
	Proportion of children aged 10-11 classified as overweight or obese.			
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.	School Readiness: The percentage of children achieving a good level of development at the end of reception			
	School Readiness: The percentage of children with free school meal status achieving a good level of develo			
	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening ch			
	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected leve			
	Emotional wellbeing of looked after children.			
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Persons)			
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Male)			
	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 - CTAD (Female)			
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)			
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)			
	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)			
	Under 18 conception rate.			
	Under 18 conceptions: conceptions in those aged under 16			
	Hepatitis B vaccination coverage (one year olds).			
	Hepatitis B vaccination coverage (two year olds).			
	BCG vaccination coverage (1-16 year olds)			
	DTaP/IPV/Hib vaccination coverage (one year olds).			
	DTaP/IPV/Hib vaccination coverage (two year olds).			
	MenC vaccination coverage (one, two and five year olds).			
	PCV vaccination coverage (one, two and five year olds).			
	Hib/MenC booster vaccination coverage (two year olds).			
	Hib/MenC booster vaccination coverage (five year olds).			
	PCV booster vaccination coverage (two and five year olds).			
	MMR vaccination coverage for one dose (two year olds).			
	MMR vaccination coverage for one dose (five year olds).			
	MMR vaccination coverage for two doses (five year olds).			
	Td/IPV booster vaccination coverage (13-18 year olds)			
	HPV vaccination coverage (females 12-17 year olds).			
	PPV vaccination coverage (over 65s).			
	Flu vaccination coverage (over 65s).			
	Flu vaccination coverage (at risk individuals aged over six months).			

Appendix E

Theme: Tackling the social determinants of health

Outcome: People's health and well-being is improved through addressing wider determining factors of health that affect the whole community

We want to ensure that people in Lincolnshire have access to good quality housing and work and have adequate income in order to improve their health and wellbeing.

Priorities:
Support more vulnerable people in good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions).
Ensure public sector policies on getting value for money include clear reference and judgement criteria about local social impact, with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing.
Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.

What we said we would do:
Worklessness as a social determinant of health:
Develop a Lincolnshire Alliance for Employment Support made up of all the commissioners and deliverers of support into employment.
Develop a Memorandum of Understanding between agencies to improve targeting of resources to support vulnerable people into meaningful, sustainable work and other work related activities.
Ensure public procurement policies include explicit reference to local procurement and 'social gain' criteria in public sector procurement.
Housing as a social determinant of health:
Work with local housing and planning authorities to ensure that due consideration is given in Strategic Housing Market Assessments, Local Development Frameworks and Local Housing Strategies to address the underlying housing conditions that contribute to health inequalities.
Work with local housing authorities to increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard.
Work with local housing authorities to deliver the countywide Homelessness Strategy with a particular focus on preventing homelessness and addressing the needs of homeless people with complex health related needs, particularly mental health.
Review the countywide Supported Housing Strategy to ensure that the housing related support needs of vulnerable people and vulnerable groups are addressed.
Work with the 'Home Energy Lincs Partnership' to deliver an Affordable Warmth Strategy to address fuel poverty.
Review the Lincolnshire Housing Strategy to reflect the new National Strategy for Housing ('*Laying the Foundations; A Housing Strategy for England')* and to identify local area actions required by district councils and their partners to respond to the housing needs in their community.

What is working well (examples):

The Prince's Trust supports just under 200 young people on a number of Prince's Trust programmes in Lincolnshire.
Under the development of Local Support service Framework a County wide Welfare Reforms group meets on a regular basis which could be developed further to explore the wider vision of Theme 5 of the JHWS
Lincolnshire is one of only 11 areas to be confirmed as a trial for the introduction of universal credits, with a target to support 2,000 claimants who are assessed in the vulnerable group.
Lincolnshire has a well-developed Financial Inclusion Partnership (FIP) with an excellent wide range of committed stakeholders. The FIP have created a Working group who have been exploring possible funding opportunities from GLLEP (Greater Lincolnshire Local Enterprise Partnership). This group is looking at the areas people need most help with in Lincolnshire to avoid financial exclusion and the types of initiatives that could support them.
Joint working groups including district and county representatives from education, planning, public health, housing strategy and transport have been established to develop themes of the Central Lincolnshire Local Plan (Local Development Framework).
There are well established strategic groups bringing together a range of providers and enablers to maintain a strategic oversight of new affordable housing provision (Lincolnshire Affordable Housing Group), and meeting the Government's Decent Homes Standard in the public sector (Districts Housing Network) and private sector (Lincolnshire Private Sector Housing Group). Significant programmes of new build council owned homes are being developed by some districts. Opportunities for funding from the GLLEP to invest in private sector homes are being explored and a stock conditions modelling exercise has recently been commissioned. Partnership with DASH Services (Decent and Safe Homes) continues to develop.
The third Lincolnshire Homelessness Strategy was produced by the Group of that name to cover the period 2012-2016 and adopted by all districts. The group continues to be well attended by a wide range of statutory and voluntary stakeholder agencies working in the field and employs a dedicated support officer.
The County Council, district councils and community organisations work together on the 'Home Energy Lincs Partnership' (HELP) to coordinate energy advice and schemes across Lincolnshire. The Partnership operates under a Memorandum of Understanding. Recent achievements include supporting development of the LGA collective energy switching framework and introduction of a local branded scheme. The Affordable Warmth Strategy is to be refreshed in light of the new fuel poverty definition and recently commenced re-write of the UK Fuel Poverty Strategy.

Challenges, Threats and Opportunities:
• Welfare reforms – a policy issue that could potentially change next year. What do we plan for, and what do we keep a watching brief on?
• Social prescribing is critical; providing support, advice and signposting/referring people to the help they need.
• This theme is too broad and too ambitious. Using the evidence base it needs to be reviewed to hone down on a small number of key areas where a real difference can be made – so what are the things that will happen anyway and what needs a partnership approach.
• In light of the above, the suite of indicators needs to be reviewed to ensure they are to monitor progress against the outcomes.
• Need to make closer links with the Greater Lincolnshire Local Enterprise Partnership

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Support more vulnerable people into good quality work.	16 - 18 year olds not in education, employment or training.			
	Proportion of working age adults in contact with social services in paid employment.			
	Proportion of working age adults in contact with social services in paid employment - Male			
	Proportion of working age adults in contact with social services in paid employment - Female			
	Gap between the employment rate for those with a long-term health condition and the overall employm			
	Gap between the employment rate for those with a learning difficulty/disability and the overall employm			
	Gap between the employment rate for those with a mental illness and the overall employment rate.			
Ensure public sector policies on getting best value for money include clear reference and	Percentage of employees who had at least one day off sick in the previous week.			
	Number of working days lost due to sickness absence.			
	Rate of fit notes issued per quarter (TBC).			
Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.	Homelessness acceptances (per thousand households).			
	Households in temporary accommodation (per thousand households).			
	Fuel poverty.			
	Adults with a learning disability who live in stable and appropriate accommodation			
	Adults in contact with secondary mental health services who live in stable and appropriate accommod			
	Proportion of adults with learning disabilities who live in their own home or with their family			
	Proportion of adults with learning disabilities who live in their own home or with their family - Male			
	Proportion of adults with learning disabilities who live in their own home or with their family - Female			
	Proportion of adults in contact with secondary mental health services living independently, with or with			
	Proportion of adults in contact with secondary mental health services living independently, with or with			
	Proportion of adults in contact with secondary mental health services living independently, with or with