

# Public Document Pack

## **NORTH LINCOLNSHIRE COUNCIL**

1. Welcome and Introductions
2. Substitutions
3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests
4. To approve as a correct record the minutes of the meeting of the Health and Wellbeing Board held on 27 September 2021 (Pages 1 - 6)
5. Forward Plan and Actions from previous meetings
6. Questions from members of the public

PLEASE NOTE, ALL PAPERS WILL BE TAKEN 'AS READ' TO ENCOURAGE DISCUSSION

7. COVID-19 - Outbreak Management and Control - Report and Presentation by the Deputy Chief Executive and the Director of Public Health (Pages 7 - 12)
8. COVID-19 - Vaccination Programme update - Presentation by the Chief Operating Officer, North Lincolnshire CCG (Pages 13 - 18)
9. COVID-19 Epidemiology - Presentation by the Director of Public Health. (Please note, the most recent data will be presented on the day of the meeting, and will not be disseminated beforehand)
10. Joint Health and Wellbeing Strategy - Report of the Director of Public Health (Pages 19 - 26)
11. Integrated Care System - Place Development Plan. Verbal update by the Chief Operating Officer, North Lincolnshire CCG (Pages 27 - 30)
12. Integrated Working - Adults. Better Care Fund. Joint Report by the Director: Adults and Community Wellbeing and the Chief Operating Officer, North Lincolnshire CCG (Pages 31 - 56)
13. Pharmaceutical Supplementary Statements - report by the Director of Public Health. (Pages 57 - 60)
14. Date and time of next meeting - 17 January 2022, 2pm.
15. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.



## NORTH LINCOLNSHIRE COUNCIL HEALTH AND WELLBEING BOARD

27 September 2021

- Present -

Cllr R Waltham MBE (Chairman), AM Brierley, H Davies, S Green, H Grimwood, Cllr R Hannigan, K Pavey, Cllr J Reed, A Seale, P Thorpe, and R Twiggins.

The Council met at Conference Room, Church Square House, 30-40 High Street, Scunthorpe.

### 397 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed all those present to the meeting and invited all attendees to introduce themselves.

### 398 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests.

### 399 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 28 JULY 2021**

**Resolved** - That the minutes of the meeting of the Health and Wellbeing Board, held on 28 July 2021, be approved as a correct record.

### 400 **FORWARD PLAN AND ACTIONS FROM PREVIOUS MEETINGS**

The Director: Governance and Partnerships confirmed that the Forward Plan was up to date, and that all forthcoming actions were timetabled.

**Resolved** – That the situation be noted.

### 401 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

### 402 **COVID-19 OUTBREAK PREVENTION AND MANAGEMENT PLAN. REPORT BY THE DEPUTY CHIEF EXECUTIVE AND THE DIRECTOR OF PUBLIC HEALTH.**

The Deputy Chief Executive and Executive Director: Commercial, and the Director of Public Health submitted a report to the board on North Lincolnshire's Outbreak Prevention and Management Plan (LOMP). This plan had been written to demonstrate to the public the processes by which Covid

**HEALTH AND WELLBEING BOARD**  
**27 September 2021**

19 outbreaks are being prevented and managed.

The Deputy Chief Executive explained that the plan was in place and was reviewed and updated on a quarterly basis.

It was confirmed that the LOMP's key themes were based on the desired outcomes, the measures by which success will be recognised, the actions required, and the issues and risks. Progress against the actions was indicated for each theme.

**Resolved** - That the Health and Wellbeing Board note the Local Outbreak Management Plan, as outlined in the report.

403    **COVID-19 - EPIDEMIOLOGY AND VACCINATION PROGRAMME. REPORT BY THE DIRECTOR OF PUBLIC HEALTH AND THE CHIEF OPERATING OFFICER, NLCCG.**

The Director of Public Health delivered a detailed presentation on the COVID-19 epidemiological situation in North Lincolnshire. This included the total number of recorded cases, the current R Value for Yorkshire & the Humber, the rolling 7-Day Case Rate, and case rates by demographics.

The Interim Director of Nursing and Quality, North Lincolnshire CCG, then gave a detailed presentation, updating the Health and Wellbeing Board on the latest position of the Covid-19 Vaccination Programme. The report highlighted the sources of data that had informed the briefing.

The Interim Director of Nursing and Quality described the uptake rate for the age cohorts, including uptake of first and second doses. The rates in Care Homes were also outlined, along with a description of how the programme was being planned and delivered in communities.

An update was provided on both Phase 3 of the Vaccination Programme, which was due to commence issuing boosters imminently, and also the 12-15 year old programme.

The Board discussed the presentations further, querying how schools were being prioritised, venues for the Phase 3 immunisation programme, and care home staff uptake.

**Resolved** - That the Health and Wellbeing Board note the contents of the Epidemiology and Vaccination Programme presentations.

404    **INTEGRATED WORKING - ADULTS AND CHILDREN. INTEGRATED CARE SYSTEM. PRESENTATION BY THE CHIEF OPERATING OFFICER, NLCCG.**

The Chief Operating Officer gave a presentation on developing a Place Based Arrangement in North Lincolnshire. This included the Integrated Care System Operating Principles and work to date, feedback from the recent



## HEALTH AND WELLBEING BOARD 27 September 2021

Health and Wellbeing Board session on this issue, and the Route Map for the new Health and Care System.

The Chief Operating Officer then described how local governance arrangements may work, before setting out a series of proposals for further discussion. Broadly, this would be to establish a local committee, in shadow form from November 2021, to set the Health and Care Strategy on behalf of the Integrated Care Board. It would also play a role in:

- Approving plans to deliver the strategy, including local prioritisation, use of local resources, etc.
- Manage local accountability,
- Lead on performance management, assurance, and handling risk,
- To oversee financial flows,

A series of suggested 'next steps' were set out, as below:

- Review the local baseline place development framework, ensuring wide stakeholder engagement;
- Draft the Terms of Reference for the North Lincolnshire Place Partnership,
- Continue to develop Place Based Plans.

The Board discussed this issue in depth, including how the new governance structures would lead to real-life improvements to local residents' lives. The Board agreed that there would be scope to align this work to ongoing efforts to improve people's health and wellbeing, and to ensure that local residents had a voice within the system. It was confirmed that further guidance was expected shortly.

**Resolved** – (a) That the presentation be noted, and (b) that local discussions continue to ensure robust local governance arrangements, which retain strong local ownership of health and care systems; and (c) that the proposed next steps be agreed.

### 405 **JOINT HEALTH AND WELLBEING STRATEGY. REPORT BY THE DIRECTOR OF PUBLIC HEALTH.**

The Director of Public Health submitted a report informing the Board that the Joint Health and Wellbeing Strategy (JHWS) was due to be refreshed, and presenting a number of options for the development of the new JHWS, along with its proposed strategic direction, and a process for action planning, delivery and reporting.

The report outlined the Board's statutory duty to prepare and utilise a JHWS, before suggesting how it may be aligned with the local priorities and accompanying principles below:

- Keep North Lincolnshire **safe and well**.
- Babies, infants and young people to have the **best start in life**.

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- People **live well** to enjoy healthy lives.
- People experience **equity** of access to support their health and wellbeing.
- **Communities are enabled** to be healthy and resilient.
- To have the **best systems and enablers** to effect change.

Further context was set out in the report and accompanying appendices.

**Resolved** – (a) That the Health and Wellbeing Board agree the strategic direction and principles set out in the report and appendices, and (b) that work continue to refine the detail of delivering the JHWS.

406    **DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT. REPORT BY THE DIRECTOR OF PUBLIC HEALTH.**

The Director of Public Health submitted a report updating the Health and Wellbeing Board on issues influencing the future design of the Joint Strategic Needs Assessment (JSNA) and seeking Board sponsorship and support for development plans.

The Director of Public Health informed that Board that the role of the JSNA was to assure itself that its plans and priorities were evidence-based and up to date, and to align evidence with local efforts to improve people's health and wellbeing. There were numerous factors that meant that refreshing the JSNA would be desirable, including the developing role of Integrated Care Systems, the Covid-19 pandemic, new opportunities to share data and information, etc.

The Board discussed this issue, highlighting the need to utilise and standardise data into a single source, so all partners were sighted on the local situation within North Lincolnshire. There was a rare opportunity to build new data protocols into the developing system, and this should be implemented in order to join up services and benefit local people.

**Resolved** – (a) That a relevant and sustainable JSNA be developed, via an appropriate, multi-agency steering group; and (b) that the Health and Wellbeing Board be kept informed of progress.

407    **BETTER CARE FUND UPDATE. REPORT BY THE DIRECTOR: ADULTS AND COMMUNITY WELLBEING, AND THE CHIEF OPERATING OFFICER, NLCCG.**

The Chief Operating Officer and the Director: Adults and Community Wellbeing submitted a joint report providing a summary of performance and progress against the Better Care Fund metrics and plan for 2020/21 and an outline of the requirements for 2021/22.

It was confirmed that, throughout 2020/21, North Lincolnshire had continued to meet the national conditions, had maintained its investment plans and

**HEALTH AND WELLBEING BOARD**  
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continued to deliver against the components of the national High Impact Change Model. Progress on the relevant metrics was set out in the report.

**Resolved** – That the Health and Well-being Board note the content of this report.

**408 DATE AND TIME OF NEXT MEETING. 19 NOVEMBER 2021, 2PM.**

The Director: Governance & Partnerships confirmed that the Board's next meeting would be at 2pm on 20 September 2021.

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## NORTH LINCOLNSHIRE COUNCIL

### HEALTH & WELLBEING BOARD

#### COVID-19 OUTBREAK PREVENTION AND MANAGEMENT UPDATE

##### 1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide the Health and Wellbeing Board with a progress report against the six key themes from the Local Outbreak Prevention and Management Plan.

##### 2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire's Local Outbreak Management Plan (LOMP) is based on six key themes which are essential to preventing outbreaks, breaking viral transmission and reducing prevalence of COVID-19.
- 2.2 The implementation and effectiveness of LOMP is assessed through the Health Protection and Outbreak Management (HPOM) group which meets on a weekly basis. This report provides the Health and Wellbeing Board members with a 'position statement' of current progress against each of the key themes, based on the latest HPOM meeting of 12 November 2022.
- 2.3 Surveillance is undertaken daily to identify areas of concern which could lead to an outbreak. This ensures timely assessment of the current situation and the ability to rapidly deploy resources (eg an incident management teams) to help contain the virus and reduce the risk of ongoing transmission.
- 2.4 The council has developed and published a COVID public dashboard which is updated daily showing the latest epidemiology around:
- Number and rate of COVID cases
  - Breakdown of cases by demographic
  - Number of cases and rates by geographic area
  - Number and rates of PCR and LFT tests being taken
  - Hospital admissions
  - Vaccination uptake by age and geographic area
  - COVID related deaths

The website can be accessed via [North Lincolnshire Council | North Lincolnshire Covid-19 weekly report - North Lincolnshire Council \(northlincs.gov.uk\)](https://www.northlincs.gov.uk/covid-19-weekly-report)

## **3.0 PROGRESS ON LOMP THEMES**

### **3.1 Care Homes**

The Care Home Oversight Group meets regularly to review local data and intelligence, coordinates support to care homes around infection control and outbreak management and leads on implementing the COVID-19 Care Home Support Plan.

The number of staff and residents in care homes testing positive for COVID is very low with a small number of cases in staff and residents. Outbreaks have been managed promptly and effectively.

Vaccinations are now mandatory for all Health and Social staff, but the booster vaccination is not mandatory.

### **3.2 Education settings**

Weekly meetings are in place to oversee the outbreak prevention and management in educational settings.

The number of staff members and pupils testing positive has increased since schools reopened after half term. However, there is currently no requirement to convene any incident management team meetings (IMTs).

The vaccine take-up is currently 45.4% for pupils aged 12-15 years for North Lincolnshire secondary schools and academies. Pupils aged 12-15 years normally only receive one vaccination unless:

- They live with someone who is more likely to get infections.
- They have a condition that means they're at high risk from COVID-19.

Latest guidance confirms that all young people aged 16 and 17 will soon be able to book their second vaccine dose from 12 weeks after their first one<sup>1</sup>.

A number of public health briefings were provided for school leaders during w/c 8<sup>th</sup> November to advise on latest epidemiology and infection prevention and control advice.

### **3.3 High-risk workplaces, communities and locations**

The council and partners continue to work effectively with workplaces. Cases are in a stable position with a decrease in reported cases and only one IMT is in place.

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<sup>1</sup> <https://www.gov.uk/coronavirus>

### **3.4 Local test and Trace**

The Foundry (Walk-in Testing and Vaccination Centre) in Southgate Mall (see appendix 1) – is receiving its final fit-out and compliance checks. This will allow testing and vaccination sessions to commence with effect from W/C 22 November. This will also enable continued levels of self-testing, including self-test kit distribution and assisted testing. The service will operate 6 day per week with circa 80,000 footfall in the vicinity per week.

### **3.5 COVID Vaccination programme**

Schools and academies continue to be visited by the Immunisation Team in the vaccine roll out of 12-15 year olds.

All 16/17 year olds are to be offered a 2nd Covid vaccine and cohort 40-50-year olds will be offered boosters 6 months after their 2nd dose.

Outreach sessions continue to be successful, and a good level of footfall are visiting the vaccination center. Some people can access their third vaccine slightly earlier than the recommended 6 months due to exceptional circumstances

England's health and social care secretary has announced that all staff who work in health and social care settings regulated by the Care Quality Commission will have to be fully vaccinated against covid-19 by 1 April 2022.

There will be a promotional push on encouraging everyone to get their boosters ahead of Christmas by the end of November.

### **3.6 IPA**

The group is continuing to support local communities with a focus on the most vulnerable and the new dashboard (para 2.4) will help in providing information.

The number of volunteers has declined since the initial COVID call, but there is still a good number available. The needs and demands of the volunteer's roles have changed over the duration of the pandemic. Many volunteers are returning to work or no longer wish to be involved.

## **4.0 Next Steps / Priorities**

- Continue using behavioral insights and innovative communication to increase testing and vaccine take-up including boosters .
- Continue with effective surveillance to identify issues of concern.
- Continue to work collaboratively partners, workplaces and schools to further reduce the rates.
- To ensure that work is prioritised to deal with any confirmed or suspected new VOC, thus ensuring maximum opportunity to contain the virus.

- Ensuring infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on local hospitals.

## **5.0 OPTIONS FOR CONSIDERATION**

- 5.1 The Health and Wellbeing Board is asked to consider this report and note the work undertaken by the Health Protection and Outbreak Management Group.

## **6.0 ANALYSIS OF OPTIONS**

- 6.1 Successful prevention and management of local outbreaks is vital to break the chains of covid transmission, along with rollout testing and vaccinations to enable people to return to and maintain a more normal way of life.

## **7.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 7.1 Financial implications associated with the council's covid response and recovery continue to be monitored.

## **8.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 8.1 Implications and risks associated with Covid are being monitored constantly and mitigations being implemented as necessary.

## **9.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 9.1 A council-wide approach to assessing the impact of Covid- has been adopted.

## **10 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 10.1 Ongoing consultation and co-production with a range of partners and key stakeholders is integral to our local response.

## **11 RECOMMENDATIONS**

- 11.1 That the Health and Wellbeing Board notes the Outbreak Prevention and Management progress as outlined in the report.

DEPUTY CHIEF EXECUTIVE & DIRECTOR OF PUBLIC HEALTH

Church Square House  
SCUNTHORPE



North Lincolnshire  
DN15 6NR  
Author: Steve Piper  
Date: 16 November 2022

## Appendix 1 - Walk-in Testing and vaccination Centre, The Foundry, Scunthorpe



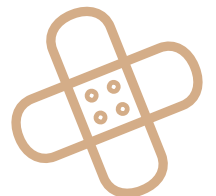
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# Covid Vaccine Update

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9<sup>th</sup> November 2021

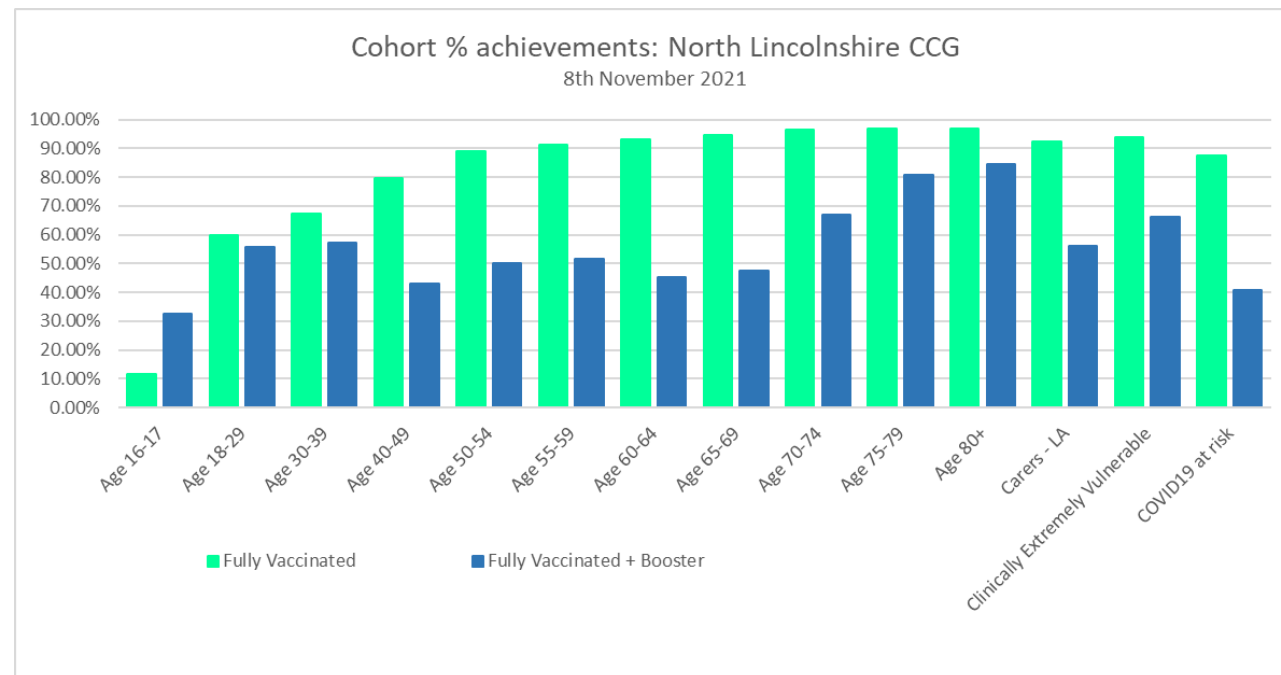
Helping you build a **healthy future**



# COVID-19 Vaccination Programme Uptake in North Lincolnshire as at 9<sup>th</sup> November 2021

North Lincolnshire  
Clinical Commissioning Group

Cohort	Fully Vaccinated	Fully Vaccinated + Booster
Age 16-17	11.70%	32.69%
Age 18-29	59.73%	55.60%
Age 30-39	67.35%	57.09%
Age 40-49	79.79%	43.00%
Age 50-54	88.93%	49.99%
Age 55-59	91.20%	51.64%
Age 60-64	92.94%	45.21%
Age 65-69	94.75%	47.42%
Age 70-74	96.47%	67.05%
Age 75-79	96.83%	80.64%
Age 80+	96.96%	84.39%
Carers - LA	92.40%	56.12%
Clinically Extremely Vulnerable	93.91%	66.14%
COVID19 at risk	87.55%	40.78%



Helping you build a **healthy future**

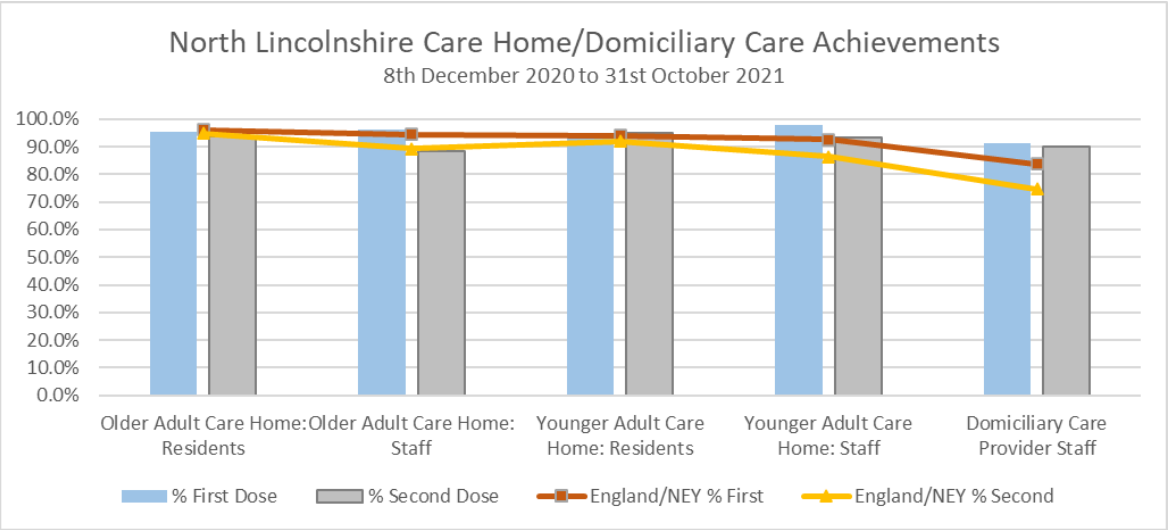


# COVID-19 Vaccination Programme Uptake for Care Homes as at 31<sup>st</sup> October 2021



## Care Home Staff and Resident Achievement

Cohort	% First Dose	% Second Dose
Older Adult Care Home: Residents	95.2%	93.8%
Older Adult Care Home: Staff	96.4%	88.2%
Younger Adult Care Home: Residents	94.9%	94.9%
Younger Adult Care Home: Staff	97.8%	93.2%
Domiciliary Care Provider Staff	91.4%	90.0%



# Phase 3 of the COVID-19 Vaccination Programme

- Phase 3 of the COVID-19 vaccination programme has commenced with the JCVI advising that booster doses are offered no earlier than 6 months (182 days) after completion of the Primary vaccine course and in the same order as the original roll out (most vulnerable first). Patients will soon be able to book their booster vaccination in advance ready for when their 182 days have elapsed.
- The Booster programme is currently being delivered from all 4 PCN sites, 3 pharmacy sites and the Scunthorpe Vaccination Centre and uptake is going well with 34,429 patients vaccinated as of 09/11/2021.
- The research trials indicated that co-administration of the influenza and Covid-19 vaccines are generally well tolerated with no reduction to immune response to either vaccine. Therefore the two vaccines may be co-administered where practical and PCNs are opportunistically doing this where possible.
- The JCVI has provided guidance which requires severely immunosuppressed individuals to be vaccinated with a third primary dose. This is to ensure that all severely immunosuppressed patients are identified and invited to book a third dose as part of their primary course of vaccinations to provide protection as soon as possible. North Lincolnshire Practices have been working hard to identify these patients in order to get them vaccinated in the shortest amount of time.
- Good progress continues to be made locally with no significant concerns.



# 12-15 year old programme

- All well 12-15 year olds to be offered a single dose of Pfizer following agreement by the 4 UK Chief Medical Officers after considering JCVI and wider guidance.
- The vaccinations in North Lincolnshire have been taking place within the school settings by the school immunisation teams and for those who are also home schooled.

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The uptake in North Lincolnshire for 12-15 year olds vaccinated is currently at 36.9%.

The Vaccination Centre has commenced with specific clinics being put on to vaccinate 12-15 year old and uptake has been very good with clinics being booked up.

- The North Primary Care Network have also put in an expression of interest to offer vaccinations to the 12-15 year old cohort to help increase uptake.



# Communications

- NHS North Lincolnshire featured on BBC Look North and Radio Humberside for its incredibly positive outreach vaccination work. Promoting the booster programme in the process and evergreen offer. Community pop-up clinics proving popular and much of that will be down to the previous communications across our social media, media outlets, newsletters and engagement with our community contacts
- NHS North Lincolnshire to lead on promotion of the flu vaccination with BBC Look North – this is being filmed in Scunthorpe today (11 November). A specific angle on our vaccinating of the homeless community in Scunthorpe. This will stress the importance of the job for all those eligible and honest messaging around how challenging the winter months may be for our NHS and how people can help ease pressures
- Promoting sensible actions across the region as we hit winter. Being transparent about the challenges we face and asking patients to be kind to our frontline workers who are working tirelessly under severe pressures. Continued risk with COVID-19 still very much with us
- Primary care access comms continue. A number of short social media videos being filmed to promote wider PCN workforce roles such as physios, mental health teams, pharmacists, social prescribers etc.





Health and Wellbeing Board

## JOINT HEALTH & WELLBEING STRATEGY 2021 – 2026

### 1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The HWB has agreed the strategic direction and principles of the 2021 – 2026 Joint Health & Wellbeing Strategy and given feedback on the draft.
- 1.2 This paper updates on progress, presents the strategy summary and describes delivery mechanisms.

### 2. BACKGROUND INFORMATION

#### Development of the 2021 – 2026 North Lincolnshire Joint Health & Wellbeing Strategy

2.1 At the September 2021 meeting, the Health & Wellbeing Board (HWB) reviewed the development of the Joint Health & Wellbeing Strategy (JHWS). The Board received a JSNA data pack and an outline of the Strategy. The strategic direction and principles as set out in the report and appendices were approved.

2.2 In line with the recommendations from the Board, subsequent conversations and discussions have taken place. The strategy has been further refined and lead groups identified for delivery.

2.3 The strategy summary is included at Appendix A

#### Delivery Arrangements

2.4 A key asset in North Lincolnshire is the strong network of partnership groups with established relationships and programmes of work. These groups are well placed and motivated to embed delivery of the JHWS within their work programmes. Discussions with lead officers have been positive with acknowledgement that One Council, the development of the ICS, the Green Futures Strategy and new Skills Board arrangements have, among others, have laid a strong foundation for this approach.

2.5 The ICS has a Humber Coast & Vale Population Health & Prevention Board and there is an opportunity for the new North Lincolnshire Population Health and Prevention Collaborative group to link the work to maximise benefit at Place and lead on JHWS priorities.

2.6 With support from the public health team and JSNA products, the groups will select priorities for delivery guided by the theme and principles.

#### Reporting Arrangements

2.7 Partnership Groups with responsibility for delivery with support from Public Health will select Performance indicators for routine reporting to the Board.

2.8 The Groups will also report on work programmes regularly to the Board.

2.9 An annual report summarising progress will be compiled to inform a yearly review and refresh of the Strategy by the HWB.

2.10 The table below outlines the partnership groups where work can be embedded.

<b>Theme</b>	<b>Groups / Workstreams</b>	<b>Opportunities</b>
1.Keep North Lincs Safe and Well	Health Protection and Outbreak Management Group	To enable residents to minimise their risk and harm from Covid; Identifies and responds to new challenges as they arise.
2. Babies, and young people to have the best start in life.	Integrated Children's Partnership	To build on existing partnership work including enabling emotional wellbeing; healthy weight and reducing teenage pregnancy.
3. People live well to enjoy healthy lives	Population Health Management & Prevention Collaborative	To use data and intelligence to facilitate population health and wellbeing e.g. reduce tobacco harm, workplace health and 5 ways to wellbeing. Dual link to ICS Place Partnership & HWB.
4.People experience equity of access to support their health and wellbeing	Population Health Management & Prevention Collaborative Integrated Adults' Partnership	Links JSNA into ICS Population Health work using data to inform design of interventions to improve health equity.
5. Communities are enabled to be healthy and resilient.	Local Plan Green & Open Spaces Strategy New Skills Board Population Health Management and Prevention Collaborative Community Safety Partnership	Embeds work that supports health and wellbeing across the wider system such as improving cycling infrastructure; Built environment design for health; Growing opportunities for work and workplaces that support health and wellbeing.

6. To have the best systems and enablers to effect change	HWB ICS Place Partnership Integrated Childrens' Trust Partnership Adults' Integrated Partnership	Working to a collaborative ethos across the partnerships in North Lincolnshire. Increasing coproduction with our residents. Further strengthen data sharing between partners.

## What might success look like?

2.11 Applying the principles to the work programmes within each theme should result in a place where it is easier for people to enjoy improved health and wellbeing. They will be supported and enabled to protect and manage their own health conditions effectively and know how to seek help when they need it.

2.12 Our work will be in the background, creating the conditions that enable our residents to take charge of their own health and wellbeing, so healthy choices become the easier option.

2.13 These case studies are fictional illustrations, based on real life examples, of how our approach could generate positive outcomes for our residents.

- Anna has been struggling with her weight since her son was born, and sometimes feels really down about it. She has a lot on her plate with a young family and parents who are becoming frail as they get older. The social prescribers at her GP surgery have given her lots of information to help her get on top of life again. Now she is walking back to work every day with a colleague and has started an online cooking club with other Mums interested in healthy eating. She is getting her weight under control and feels much more positive. The Council has helped her manage her caring duties, and she feels better able to balance care for herself, her son and her parents.
- The JSNA has flagged increased hospital attendances for asthma, cases are evenly spread across North Lincolnshire but 12-16 year-olds are particularly affected. The Integrated Children's Partnership has gathered insights from young people which reveal that they feel alone and unclear about how to manage their condition successfully.

As a result, an app is made available which helps young people understand and manage their asthma. School Nurses are on hand to answer any questions and work on personal health plans. Together with local clinicians, local sixth formers produce a video on inhalers and set up a what's app group to support each other on asthma issues.

The school nurses find that some young people live in poorly heated and damp housing, they signpost parents to citizens advice for advice on home insulation.

Shared A&E data flags a small number of young people with particularly severe asthma who have needed A&E more than 4 times in the previous year. A

new Health Coach reaches out to support them in making changes, based on what matters to them, to improve their health and wellbeing.

The HWB keeps an eye on progress and recognising the importance of physical activity, links up local work on safe cycling to make sure children with asthma are included.

A year later, young people with asthma tell us they are missing less time from school and sleeping better, able to get more from their education. Unplanned asthma admissions are down and commissioners are confident that investing in more health and wellbeing coaches is value for money.

- Eve fell over at home last year, she didn't hurt herself but was a bit shaken by the experience. She saw an advert in the pharmacy for a falls review. The pharmacist checked all her pills and recommended some changes to her GP. Eve got a free flu jab while she was there and some advice on a call system and equipment to help around her home. Now she doesn't get dizzy when she stands up quickly and is confident that she can get help quickly if she needs it. The pharmacist also told her about a local strength and balance class which she enjoys so much that she has persuaded 3 of her friends along. They have even started using the outdoor gym and walking routes in the park and have met a new group of friends in the process. And best of all, Eve hasn't fallen again.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 Support the JHWS delivery and monitoring arrangements.
- 3.2 Request further refinement of the Strategy.

### **4 ANALYSIS OF OPTIONS**

- 4.1 Support for the strategy delivery and reporting arrangements will facilitate progress.
- 4.2 Further refinement will delay delivery of the strategy.

## **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

**5.1 Financial:** The strategy will help shape financial allocation decisions across the partnership and may assist in grant applications for additional funding.

**5.2 Staffing:** Utilising existing partnerships alleviates staffing risks.

**5.3 IT:** N/A

## **6. OUTCOME OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

**6.1** An integrated Impact Assessment is not required at this stage in the process.

## **7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

**7.1** Partnership groups will engage and consult as required.

## **8. RECOMMENDATIONS**

**8.1** To approve option 1.

DIRECTOR OF PUBLIC HEALTH

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SCUNTHORPE  
North Lincolnshire  
DN15 6NL

Author: Tessa Lindfield  
Date: 16 September 2021

**Background Papers used in the preparation of this report**

## **Joint Health and Wellbeing Strategy 2021 – 2026**

### **Introduction**

The North Lincolnshire Health & Wellbeing Board is a statutory partnership between the main local bodies that impact local residents' health and wellbeing throughout their lives. Based on a set of underpinning principles, the Board sets a strategy for improving health and improving health equity. Partner organisations are required to have regard to this Joint Health & Wellbeing Strategy (JHWS), within their particular organisations and across the local system of public services.

The Health & Wellbeing Board recognises that alongside our individual make-up and the services available to us, there are opportunities to be healthy in the places and communities where we live, work and play. These opportunities are important for physical and mental health and wellbeing throughout our lives.

Places that enable us all to live well, flattening differences in opportunities to be healthy, are the bedrock for better health and wellbeing. This means that the business of the Health & Wellbeing Board reaches beyond health and care services towards creating the right conditions for us to look after ourselves. Examples might include children being ready to make the most of their schooling through to keeping active in retirement.

The HWB members and partners have a unique opportunity to create the culture and conditions for health and wellbeing to flourish. The evidence is clear that when organisations and communities work together, services are stronger and results are better. How we work as a system is just as important as what we do.

### **Principles underpinning the Strategy**

5 principles lie behind the strategy

- We will work from the evidence.
- We will build on our assets.
- We will work for all ages and all communities.
- We will act for now and the future.
- We will be fair.

### **Strategic Themes**

The Strategy sits around 6 themes

- Keep North Lincolnshire safe and well.
- Babies, infants and young people to have the best start in life
- People live well to enjoy healthy lives
- People experience equity of access to support their health and wellbeing.
- Communities are enabled to be healthy and resilient.
- To have the best systems and enablers to effect change.

### **How was the strategy developed?**

The 2021-2026 Joint Health and Wellbeing Strategy builds on previous Health & Wellbeing Board strategies and plans including the 2013-2018 JHWS; HWB strategic actions;<sup>1</sup> 'big ticket' items; and the health and wellbeing priorities framework agreed in 2019<sup>2</sup>.

The priority themes in this strategy were chosen through a series of partner workshops and conversations with lead officers and partners in the local system of public services.

Consideration of local data alongside conversations with lead officers informed a list of potential actions under each theme which were considered by the HWB in September 2021.

### **How will the Strategy be delivered?**

A key asset in North Lincolnshire is the strong network of partnership groups with established relationships and programmes of work. These groups are well placed and motivated to embed delivery of the JHWS within their work programmes.

With support from the public health team and JSNA products, the groups will select priorities for delivery guided by the themes and principles and report regularly to the Board on progress.

### **How will we know the Strategy is effective?**

The Health & Wellbeing Board will maintain oversight of the strategy with regular review of performance and population data. The partnership groups with responsibility for delivery will report progress regularly to the Board.

An annual report will inform a yearly review of the Strategy by the Board who will make amendments as required.

End

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<sup>1</sup> <https://www.northlincs.gov.uk/wp-content/uploads/2018/08/JHWS-Supplementary.pdf>

<sup>2</sup> <https://democracy.northlincs.gov.uk/wp-content/uploads/2019/10/Item-14-Strategic-HW-Planning.pdf>

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## NORTH LINCOLNSHIRE COUNCIL

### HEALTH AND WELLBEING BOARD

#### DEVELOPMENT OF THE INTEGRATED CARE SYSTEM AND PLACE BASED PARTNERSHIP

#### 1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To update the Health and Wellbeing Board on current progress of development of the Place based partnership within the developing ICS arrangements.

#### 2. INTRODUCTION

- 2.1 The Health and Wellbeing Board has previously been briefed on the progress on the development of the ICS and the North Lincolnshire NHS Place Partnership and the development for governance arrangements to support this following transfer of statutory functions from CCGs to the NHS Humber Coast and Vale ICS in April 2022.
- 2.2 This report provides an update on the progress to date and includes the output of the self-assessment that has been undertaken to identify areas of strength and further development in the Partnership.
- 2.3 In terms of a general update on progress on development of the ICS, the following areas of work are progressing:
- The designate Chair of the anticipated NHS Integrated Care Board (ICB) and Integrated Care Partnership (ICP) has been announced as Sue Symington. Sue's most recent role is as Chair of York and Scarborough Teaching Hospitals NHS Foundation Trust.
  - The process for appointment of the Chief Executive of the HCV Partnership (ICS) NHS Integrated Care Board (ICB) has been concluded and is awaiting formal sign off by the SoS for Health.
  - The process for appointment of other Executive roles on the Integrated Care Board will shortly commence, to conclude by the end of December.
  - The confirmation of other staff in post will proceed following these appointments in accordance with the principles of Transfer of Undertakings (Protection of Employment) Regulations (known as TUPE) and the Cabinet Office Statement of Practice (COSOP).
  - The Health and Care Bill is progressing through the House of Commons and House of Lords to achieve Royal Assent by April 22 to enable formal establishment of the ICS by April 22.
- 2.4 Work is continuing to develop the architecture for the ICS as identified below:
- **Integrated Care Partnership: ICP (Statutory)**  
Broad engagement across all partners in order to develop the strategy, jointly convened by the ICB & LAs.

- **Integrated Care Board: ICB (Statutory)**  
Accountable for NHS spend, decision making and system performance.
  - **Place-Based Partnerships: PBPs (Non-Statutory)**  
Integration of care working with partners to tackle the determinants of ill health and address inequalities.
  - **Provider Collaboratives (Non-Statutory)**  
At place, ICS level and across ICS's.
- 2.5 This includes the work to ensure that the relevant transfer of responsibilities and statutory duties to the ICS will be completed by April 22 including:
- Transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts).
  - Transfer of duties regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs and (SEN) or disability.
- 2.6 The ICS Constitution and scheme of reservation and delegation and standing orders/financial rules will identify how these functions will be discharged across the ICS including within Place.
- 2.7 CCG close-down and ICS / ICB readiness to operate preparations have commenced to include the safe close down of CCGs and transfer of responsibilities and in tandem readiness to operate arrangements for the ICS/ICB through a Transition Programme.
- 2.8 The Health and Wellbeing Board has recommended the arrangement for the discharge of these responsibilities through the establishment of a Committee of the ICB. Terms of Reference for this Committee have been developed and approved through the CCG Governing Body. This will be formally approved through the Constitution of the ICB. It is intended that we move in to shadow operation of the Committee – the North Lincolnshire Place Based Partnership (ICS) from November 2021.
- 2.9 In North Lincolnshire we are building from a position of strength as there is already a history of strong partnerships, collaboration and joint working between partners in the North Lincolnshire Place.
- 2.10 Established governance in Place includes a Committee in Common, Integrated Adult Partnership, Integrated Children's Partnership and Integrated Commissioning and Quality Executive, in addition to the statutory responsibilities of the Health and Wellbeing Board, Local Safeguarding Adults Board, Local Multi Agency Resilience and Safeguarding Children's Board and Community Safety Partnership. These arrangements will be reviewed to support the Partnership
- 2.11 We have agreed and recently refreshed our Health and Care Plan for North Lincolnshire & Joint Commissioning Plans for Adults & Children and Young People. A refreshed Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy will also inform the NHS ICS Plans. It is anticipated that these arrangements will therefore support the continued delivery of Partnership Strategy and objectives.
- 2.12 A baseline self-assessment for the developing ICS/NHS Place Partnership has been undertaken for North Lincolnshire with engagement with stakeholders and HWBB involvement.
- 2.13 The baseline assessment and key outcomes against a range of parameters such as our vision, place plans, leadership, citizen engagement, data and intelligence, organisation development, culture, governance, quality and finance is attached below.

## North Lincolnshire – Self Assessment

- Initial baseline assessment has been undertaken supported by Health and Wellbeing Board workshop and has been reviewed and contributed to by partners and will go back to the Health and Wellbeing Board on 1<sup>st</sup> November.

- Describes a developing Place with strong partnerships, open and transparent culture and shared values, with good joint working, established vision and plans good clinical engagement and good example of citizen engagement.

- Areas for further development:
  - Combined approach to citizen engagement across the partnership and application across neighbourhood
  - Shared approach business intelligence and development of population health approaches
  - Shared approach and plans for workforce across the system
  - Opportunities for shared infrastructure
  - Opportunities for shared management risk, financial plans and pooled budgets
  - Single approach to quality improvement

Domains	Emerging	Developing	Maturing	Thriving
Ambition & Vision				
System Leadership				
Design & Delivery				



This has been used to inform a more detailed development plan for the Place which will be considered through the NL Place Partnership through its inaugural meeting.

### 3. NEXT STEPS

- 3.1 Plans are in place to establish the NL Place Partnership operating in shadow form from November. The development plan presented here will be taken for consideration at the inaugural meeting of the Partnership.
- 3.2 It is anticipated that arrangements for Place based arrangements as part of the ICS developments will then be tested between October and March 2022 ahead of the changes to statutory organisations coming in to play in April 2022.

Chief Operating Officer (NLCCG)

Health Place  
Brigg  
North Lincolnshire  
DN20 8GS  
Author: Alex Seale  
Date: 11 Nov 2021

### 2. OPTIONS FOR CONSIDERATION

Update to Health and Wellbeing Board

### 3. ANALYSIS OF OPTIONS

Not applicable

### 4. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS)

Not applicable

**5. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

Not applicable

**6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

Not applicable

**7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

Not applicable

**8. RECOMMENDATIONS**

The Health and Wellbeing Board are asked to note the update

**Background Papers used in the preparation of this report:**

None

## NORTH LINCOLNSHIRE COUNCIL

### HEALTH AND WELLBEING BOARD

#### BETTER CARE FUND (BCF) 2021-22 PLAN SUBMISSION

#### 1. **OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To request that the Health and Wellbeing Board formally agree and sign off the North Lincolnshire Better Care Fund Plan 2021-22.

#### 2. **BACKGROUND INFORMATION**

- 2.1 The Better Care Fund (BCF) is a national programme which covers both the NHS and Local Government and encourages integrated, joined up working between health and social care to improve the health and wellbeing of local residents. CCG's and Local Authorities must enter into a pooled budget arrangement and agree an integrated spending plan for the Better Care Fund.

- 2.2 Better Care Fund Plans must meet four national conditions, which are:

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution. (For 2021-22 this represents an increase of 5.3%)
- Investment in NHS commissioned out of hospital services
- Plans for improving outcomes for people being discharged from hospital.

- 2.3 The Better Care Fund must also include plans for how the Improved Better Care Fund (iBCF) grant will be utilised. The iBCF is paid directly to the council and the conditions of use are:

- Meeting adult social care needs
- Reducing pressures on the NHS, including seasonal winter pressures
- Supporting more people to be discharged from hospital when they are ready
- Ensuring that the social care provider market is supported.

- 2.4 The BCF planning guidance for 2021-22 includes national performance metrics devised to focus on the following improvement areas:

- Improving the timely and effective flow across the health and social care system from admission to discharge
- To monitor and improve use of home care principle and inform service planning
- Reducing time spent in hospital by people with long term conditions

- 2.5 The 2021-22 Better Care Fund Plan is included as appendix 1. It has been developed around the Health and Care Integration Plan 2021-24 that was approved and published in June 2017 and seeks to continue to deliver existing schemes.
- 2.6 The North Lincolnshire 2021-22 BCF plan was required to be submitted on 16 November 2021. In line with BCF national guidance the plan has been signed off by the Chief Operating Officer at NLCCG and the Director of Adults and Community Wellbeing pending formal approval by the Health and Wellbeing Board.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 Option 1 – To formally agree and sign off the Better Care Fund Plan 2021-22
- 3.2 Option 2 – To not agree and sign off the Better Care Fund Plan 2021-22

### **4. ANALYSIS OF OPTIONS**

- 4.1 Formally agreeing and signing off the Better Care Fund Plan 2021-22 means that delivery of the plan can continue in line with national requirements.
- 4.2 Not agreeing and signing off the Better Care Fund Plan 2021-22 will affect both delivery and assurance of the plan and could result in funds be reclaimed.

### **5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 The BCF fund includes the Disabled Facilities Grant (DFG), the iBCF monies and the CCG minimum allocation as follows:

DFG	£2,587,067
iBCF	£7,024,931
CCG minimum	£13,277,017
Total	£22,889,015

### **6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 There are no implications associated with this report, however the BCF 2021-22 plan is a key enabler for the delivery of the Health and Integration 2021-24 plan.

### **7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 Not applicable at this stage. Integrated Impact Assessments are undertaken as appropriate in line with commissioning intentions.

### **8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 8.1 Consultation on the development and delivery of the plan has involved local NHS trusts, social care providers, voluntary and community sector partners.
- 8.2 There are no perceived conflicts of interest associated with this report.

## **9. RECOMMENDATIONS**

- 9.1 It is requested that the Health and Wellbeing Board formally agree and sign off the 2021-22 Better Care Fund Plan.

Director of Adults and Community Wellbeing &  
Chief Operating Officer (NLCGG)

Church Square House  
SCUNTHORPE  
North Lincolnshire  
DN15 6NL  
Author: Rachel Johnson  
Date: 11 November  
2021

### **Background Papers used in the preparation of this report:**

Better Care Fund planning requirements 2021-22

North Lincolnshire Health and Care Integration Plan 2021-24

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# **North Lincolnshire Health and Care Integration Plan 2021-2024 BCF Narrative Plan 2021-22**

Approved by the North Lincolnshire Health and Wellbeing Board – June 2021

# Introduction

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This narrative plan supports the agreed spending plan and ambitions for the Better Care Fund 2021-22

The approach described within this plan is based upon the principles and actions agreed within the North Lincolnshire Health and Care Integration Plan 2021-24 which was approved by the North Lincolnshire Health and Wellbeing Board in June 2021 (pages 3 -16 of this plan).

Implementation of the plan is monitored via the Integrated Adult Partnership.

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# Introduction

This is an update of the five year plan first published in 2019 and is set in the context of the Health and Wellbeing boards responsibilities to promote integration. The plan shows how we intend to focus on transforming the lives of people of North Lincolnshire, through developing a sustainable, enabling integrated Health and Social Care system that empowers our local population, unlocks and builds community capacity.

This plan sets out:

- our place
- our people
- our shared ambition for people and the workforce
- who we are and what we do together
- what we do well
- our shared strategic principles
- what people have told us
- our main achievements since the original 2019 plan
- our strategic priorities.

Partners have committed to improving outcomes for the population and place of North Lincolnshire: safe, well, prosperous and connected are the outcomes that we are working together to improve. A detailed action plan sits beneath the plan to monitor and review our progress and achievements.

# Our place is

- ✓ A fantastic place – an area of expansive countryside, contrasting landscapes, scenic beauty, vibrant market towns and home to world class steel processing and manufacturing.
- ✓ A place to live. It's home to 172,000 people, where average wages for those in full time work are higher than the regional average and with lower house prices.
- ✓ A place to grow up. Where 9 out of 10 children and young people attend a good or outstanding early years setting, school or college and go on to achieve better outcomes than the England averages.
- ✓ A place to grow older. Where life expectancy is at its highest level, continuing to improve each year and where quality of care provision is high. All homecare providers are rated as good and most care homes rated as good or better.
- ✓ A place for outdoor living. With over 600 miles of footpaths, cycle ways and water ways as well as 17 nature reserves and quality parks and green spaces (four with Green Flags Award). There are a range of sports and leisure facilities and cultural arts venues that promote our local history and heritage.
- ✓ A place for businesses to grow. With access to the UK's major centres, Europe and beyond through road, rail, air and sea, there is lots of potential to invest and diversify.



## Our People

- In 2019 21.4% of our population are aged 65+ compared with 18.4% for England.
- In the 2011 census of North Lincolnshire, there were approximately 70,680 households. Over a quarter (27.5%) of those were one person households.
- By 2039 our North Lincolnshire population is predicted to increase by 4.2%.
- There has been an estimated growth of 23.5% in the number of people aged over 85.
- An ageing population may influence housing needs, requiring more accessible housing options.
- The 2011 census showed 1 in 9 people are caring for someone else (19,000 people).
- In 2011 5.8% of people reported their health as poor / very poor, and 19.3% reported a long term illness or disability.

## Our ambition

Partners have signed up to a shared ambition for North Lincolnshire to be the **Best place to live, work, visit and invest** and for all our residents to be **safe, well, prosperous and connected**.

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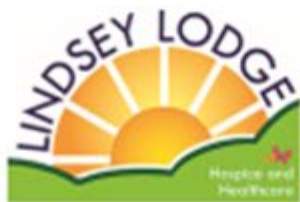


### Health and Care Integration Plan

We have also signed up to focus on transforming the lives of people of North Lincolnshire through developing a **Sustainable – Enabling** Integrated Care System across all life stages and levels of need, that **empowers** our local population and **unlocks** and builds community capacity.



# Who we are



The persons' voice is at the heart of all we do.

Work in partnership for the good of our population.

Safeguarding partnerships.

Quality community and education provision.

High performing Council services.

North Lincolnshire CCG rated good NHS Oversight Framework rating.

Agreed focus on early help.

Focus on Place to support thriving communities.

Healthy work place scheme for local business.

Know our populations.

## What we do well





## Our shared strategic principles

### ***Enabling Self Help***

Helping people in ways that reduces or delays their need for care and support encourages self responsibility and is empowering for individuals and their families.

### ***Care Closer to Home***

People expect services to work together to enable them to have their needs met within their locality when ever possible. Adults achieve better outcomes when they remain in familiar settings.

### ***Right Care Right Place***

When people require health and care, getting the person to the most appropriate setting to meet their needs enables better outcomes, specifically where the care needed is specialist. It also means the care delivered has to be right and for the right length of time.

### ***Best Use of Resources***

Continually looking to find the most cost effective way of meeting peoples needs in hospital and in the community, using our organisational assets makes sure people are in the centre and involving local people in the future design of local services is more sustainable; as is a workforce who attends to their own health and is aware of the empowering nature of self help is a must.

# Person-Centred Care



## Our main achievements 2019-21 include

- A 'community first' approach was applied, putting the person at the heart of everything we do. In addition to providing information, advice, and guidance; connecting more vulnerable residents and families to direct support from within their community (Appendix A & B).
- A new 'Welcome Home' service to support people leaving hospital has been developed with the voluntary sector to ensure people returning have everything they need at home.
- A single point of access for community health and social care has been created and provides the public and professionals a single contact point for advice and support.
- A GP role has been established to support an urgent response to people in crisis in their own homes, alongside community health and social care resulting in a reduction in avoidable hospital admissions and A&E attendances.
- The Urgent Treatment Centre providing urgent care without the need to attend A&E, was implemented and is provided at Scunthorpe General Hospital.
- A joint approach to supporting frail and elderly residents has been developed which will enable a pro-active approach to supporting people living with long term health and support needs.
- Focused reviews on the hospital discharge process, highlighted what needs to be different moving forward to enable people to leave hospital at the right time and support them to remain in their own homes.
- The Primary Care Networks (GP arrangements Appendix C) covering North Lincolnshire are now well established and have been pivotal in delivering the vaccination programme.
- The vaccination program for COVID-19 has had a high uptake locally with all groups offered the vaccine within timescales.

## Our main achievements 2019-21 continued

- The mental health community model has been developed, providing support to people with mental ill health, closer to home.
- A draft strategy has been developed for palliative end of life care and is currently out for consultation across North Lincolnshire.
- Infection prevention control training has been provided to all front-line care home and homecare staff, keeping people safe and well and reducing the spread of infection.
- Partners have adapted to new ways of working using technology, and people in receipt of care and support have embraced this change.
- Workforce plans changed to support our response during the COVID-19 pandemic. People were deployed differently to take on new roles and transferred to contribute to our emergency response within acute, community and social care settings.
- A&E departments altered across the region to help respond to Covid-19 and winter pressures.
- Humber, Coast and Vale staff resilience hub was launched to support health, care and emergency service workers who may be struggling from the impact of Covid-19.
- Tablet devices were provided to ensure that care home residents could remain connected to GPs from the outset of the Covid-19 pandemic.
- Electronic Palliative Care Co-ordination Systems (EPaCCS) and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) were implemented.
- A standard competency framework for end of life care skills across partners was implemented, and working together to develop standard training for agreed priority areas. Three initial priorities are being developed: clinical practice/direct patient care; communications skills and symptom management including last days of life.

# Our Strategic Priorities



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## People

- Ensuring equity of access to all aspects of health and well-being using population health management techniques, and other intelligence for vulnerable groups to organise proactive support for them.
- Enabling people to live their best lives, ageing well, in their homes, in their communities; having choice and control over their lives, including the people who care for them.
- Enhancing the health and care of residents living in care settings.

## System

- Support and develop primary care networks (PCNs) to further align primary and community services.
- Simplify, modernise and further align health and care (reflecting system changes, including through technology and by joining up primary and secondary care where appropriate).
- coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
- develop an integrated workforce strategy to enable new models of care to be delivered.



## Supporting people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people

- Our Independent Living Service provides free, impartial advice for people looking for assistance to stay living well at home for as long as possible. People receive advice, information and signposting, experience equipment, digital technologies and access a range of other services that promote independence and mobility at home and within the community.
- Our Home Assistance Policy aligns with the priorities of the BCF working in a flexible person-centred way to ensure we target our resources at those most vulnerable, to keep people safe and healthy at home and independent for as long as possible.
- The handyperson service provides assistance to enable people to return home from hospital by providing minor adaptations, additionally the service also in partnership with Occupational Therapy (OT) provides preventative adaptations that keep people safe in their own homes. We are looking to expand this service to provide a proactive assessment approach to identify hazards in the home and take appropriate remedial action in a timely manner.
- We work at a system and place wide level to target the disabled facilities grant towards people requiring urgent and complex special adaptations, reducing or delaying the number of people needing long term residential care through the adaptation of properties enabling people to continue to live at home. We have streamlined our processes to speed up delivery of particular adaptations such as stairlifts.
- The Housing Advice and Support Service work with a range of people, across system partners, to provide advice and support to people who have multiple support needs around maintaining a roof over their head. Environmental Health also play a part and can, when needed, step in and ensure work is carried out to address health and safety hazards in the home, where they particularly impact on older people or work in partnership with social care around mental health and hoarding needs.
- We have recently opened the first extra care facility for people with dementia in North Lincolnshire and have used DFG funds to provide equipment and digital technology to enable independent living.

# Our plans for improving recruitment and retention of staff in social care

A recruitment campaign has been launched called 'Proud to Care' which raises the profile of working in the care sector, encouraging more people to work in care and play a crucial part in supporting people to remain independent in their own homes. The Proud to Care Recruitment Hub continues to innovate through developing projects that will attract and enable people to join the social care workforce.

A strong offer in terms of adult social work development has been maintained and recruitment to social work apprentice placements has taken place along with the offer of work experience placements

Other solutions implemented include:

- Introduced various care worker discounts and perks
- Funded childcare for homecare workers until March 2022
- Provided funding for transport (scooter/moped scheme)
- DBS checks completed through LA to reduce time delays
- Funded skills for care membership for all regulated care providers
- Funded virtual induction training programme to support induction of new staff, re-induction for staff previously shielding, and potentially upskill staff within non-adult social care roles.
- Care Home Support Plan –tiered staffing support approach including mutual aid, and agreement in place to enable access to Acute provider bank staff
- Care Home Oversight Group – has provided support throughout the pandemic to the regulated care sector, more recently with regards to mandatory vaccinations
- Established a Welcome Home volunteer service, to reduce requirement for regulated care provision
- Use of non-framework providers in order to meet demand

Future solutions include the introduction of a single agency recruitment service along with a care academy.

# Our plans for addressing equality and health inequalities

In September 2021, our Health and Wellbeing Board approved a new health and wellbeing strategy. The board also agreed a new strategic direction and principles that provide the basis for place planning and support the developing maturity of health and social integration.

The working aim for the development of the strategy is *'By working together, to improve health and wellbeing and decrease disparities in health'*.

The health and wellbeing board have agreed six priorities for the new health and wellbeing strategy:

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- Keep North Lincolnshire safe and well
- Babies, infants and young people to have the best start in life
- People live well to enjoy healthy lives
- People experience equity of access to support their health and wellbeing
- Communities are enabled to be healthy and resilient
- To have the best systems and enablers to effect change

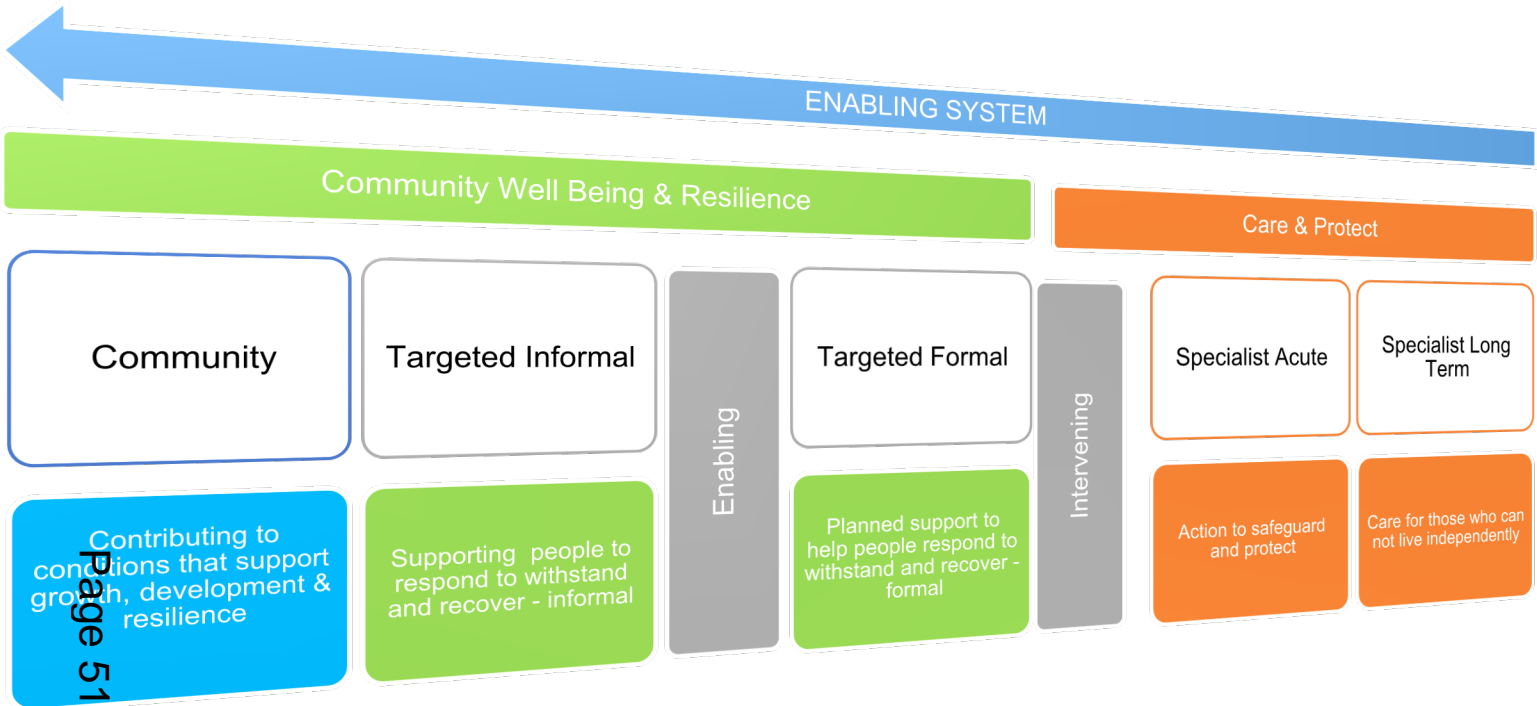
We have also agreed to incorporate the NHS nine commitments to urgent action in order tackle the impact of covid on health inequalities.

Our new health and wellbeing strategy is based on evidence set out in our Joint Strategic Needs Assessment which is currently being refreshed. We have recently updated our ward profiles that provide valuable intelligence and insight on health inequalities across North Lincolnshire and these have also helped shape the new health and wellbeing strategy.

Through the health and wellbeing board it has been agreed to establish a 'health management and prevention collaborative', which will use population health management techniques to identify amongst other things inequalities in service provision, access to services and prevention interventions.

There are no key changes to any of our schemes for 2021-22 since the previous BCF.





Examples of BCF Schemes mapped across the system model

- Community Hubs
- Independent Living Service
- Carers Support Service
- NHS Dementia Advisory Network
- Welcome Home VCS support for hospital discharges
- Home First Rehabilitation and Reablement
- FEAST
- Community Response Team (formerly RATL)
- Older people's mental health liaison
- Disabled Facilities Grants and wider housing services

Our system model describes our approach to supporting people at the lowest level of need, providing a range of early help and prevention services, reducing and delaying the need for specialist health and care services.

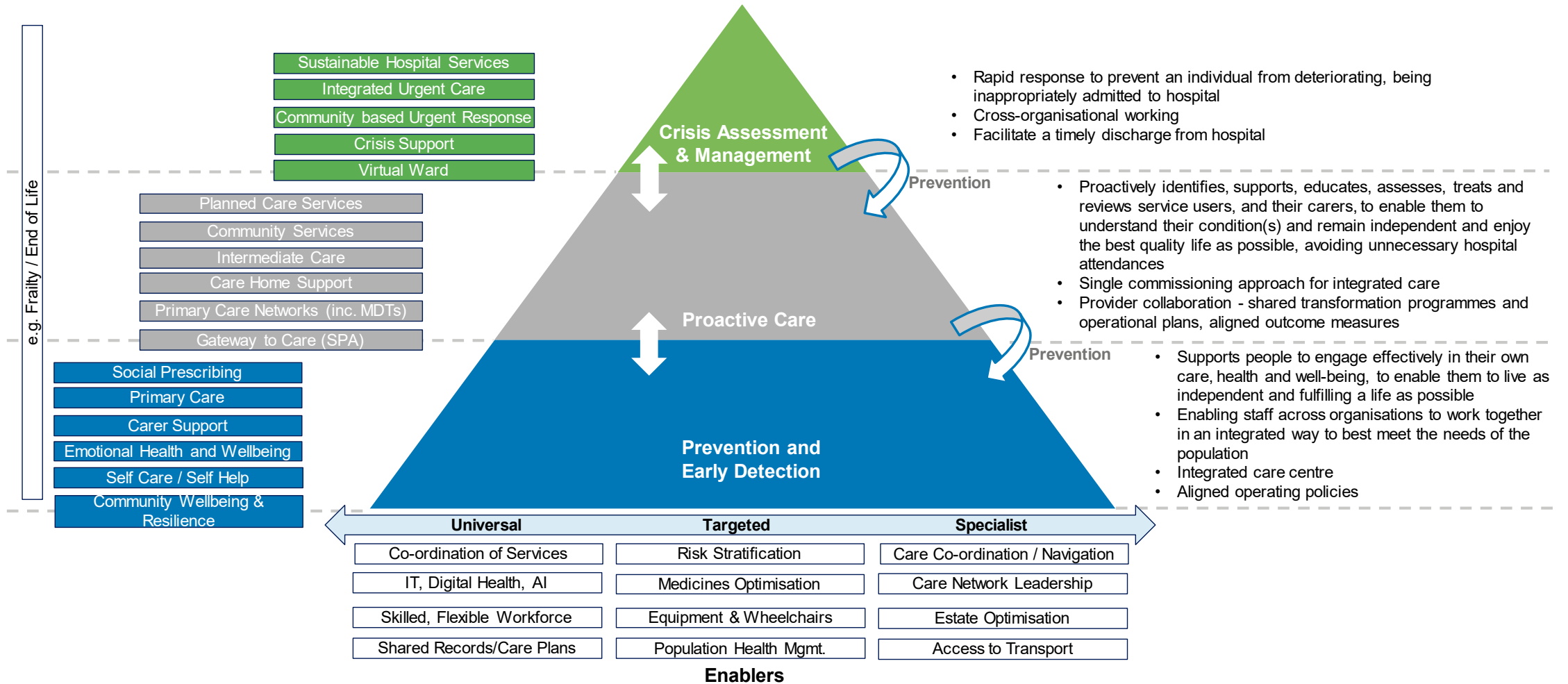
Examples of this in practice include the establishment of our community hubs, enhanced use of digital technologies to identify and support needs early.

Where appropriate targeted support such as pre-operative discharge planning to enable people to return to independence is provided. Further targeted support including rehabilitation and reablement through the Home First offer is also provided where needed.

Where there are higher levels of need at a specialist or acute long-term level our one system approach delivers a flexible person-centred approach to health and care provision, ensuring independence is maximised.

The COVID-19 pandemic has provided opportunities to enhance the pace of integration building stronger relationships and greater understanding of the benefits of working collaborating at a strategic and operational level across the system to improve outcomes for people.

The Community Health Model below describes how a person will be managed in the community through pro-active integrated care and support pathways with a focus on prevention, early detection and self management. Working closely with partners across the local health and care system to provide a universal, targeted and specialist offer. Through this approach people are enabled to lead a more independent life in their own home and community for longer. This model is delivered as a collaborative response with all system partners as detailed in the health and care integration plan (p.8, IAP ToR (3) and the HWBB ToR (1).



Governance is provided through robust performance and governance frameworks. Through monitoring, oversight, challenge and resolution, led through established partnership arrangements, we are in the best position to respond proactively and ensure our commissioned services are the best they can be.

## Humber Coast and Vale Integrated Care System

Voice and Engagement Partnerships, Groups, Networks and Forums  
Stakeholder Groups

Statutory Boards, Safeguarding Adults Board, MARS Board (Children)  
Community Safety Partnership

Health and Wellbeing Board

Committee in Common

Other key person centric partners and boards  
Partnership, A&E Delivery Board, Quarterly BCF Activity and Expenditure Group

Regional based partnerships and boards

Integrated Commissioning and Quality Executive (ICQEX)












Integrated Adults Partnership (IAP)

Integrated Children's Trust (ICT)

# KLOE reference guide:

KLOE	Page reference	Supporting evidence / documents (Documents referred to below are embedded on page 21)
<b>Stakeholder engagement</b>	<ul style="list-style-type: none"> <li>Page 8 of this plan identifies the partners who have collaborated to develop and deliver our Health and Care Integration Plan 2021-24 and BCF schemes</li> <li>The Integrated Adults Partnership (IAP) includes wider place partners who work strategically and operationally.</li> </ul>	<ul style="list-style-type: none"> <li>Health and Wellbeing Board (HWB) Terms of Reference outlines the partners who are involved in developing and delivering our health and care integration agenda (1)</li> <li>Integrated Commissioning Quality Executive (ICQEX) Terms of Reference demonstrate the joint working between the council and the CCG on health and care integration (2)</li> <li>Integrated Adult Partnership (IAP) Terms of Reference further evidence our engagement and involvement arrangements (3)</li> <li>This comprehensive structure of engagement has provided a more robust framework for the development and delivery of our integration and BCF plans and has included a broad range of local partners, VCS reps, housing and DFG leads..</li> </ul>
<b>Priorities</b>	<ul style="list-style-type: none"> <li>Page 14 of the health and care integration plan sets out shared strategic priorities for 2021-24</li> </ul>	<ul style="list-style-type: none"> <li>There have been no key changes since the previous BCF. Our intentions are to improve outcomes for the people supported across the North Lincolnshire system.</li> <li>The IAP Strategic Commissioning Plan 2020-24 (pages 16-17) evidence our shared commissioning intents/priorities, including the specific priorities and progress for 2021-22. (4)</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Page 17 of this plan illustrates the governance arrangements for our Health and Care Integration Plan and delivery of the BCF schemes</li> </ul>	<ul style="list-style-type: none"> <li>Health and Wellbeing Board (HWB) Terms of Reference further evidence our governance arrangements (1)</li> <li>Integrated Commissioning Quality Executive (ICQEX) Terms of Reference further evidence our governance arrangements (2)</li> <li>Integrated Adults Partnership (IAP) Terms of Reference further evidence our governance arrangements (3)</li> </ul>
<b>Overall approach to integration</b>	<ul style="list-style-type: none"> <li>Pages 3 – 16 of this plan is our approved and published Health and Care Integration Plan setting out our approach to integration since the last BCF plan was agreed.</li> <li>Pages 11-13 of this plan is our Integrated Health and Care Plan demonstrating our person-centred approach to care in supporting people to remain independent at home.</li> </ul>	<ul style="list-style-type: none"> <li>Our IAP Strategic Commissioning Plan 2020-24 evidences our approach to commissioning integrated services.(4)</li> <li>The IAP Strategic Commissioning Plan 2020-24 (pages 11-12) evidences the commissioning intentions to developing alternative solutions to living well at home. (4)</li> <li>Health &amp; Care Integration Action Plans (5a, 5b)</li> <li>We have also increased capacity to drive forward our approach to integration through the development of a number of integrated posts, including a place-based discharge lead.</li> </ul>
<b>Supporting discharge</b>	<ul style="list-style-type: none"> <li>Page 10 of this plan are our shared strategic principles sets out our commitment to improving outcomes for people being discharged hospital.</li> </ul>	<ul style="list-style-type: none"> <li>The Home First BCF funded scheme supports safe, timely and effective discharge</li> <li>The IAP Strategic Commissioning Plan 2020-24 (page 10, 12, 16) discusses the commissioning priorities and intentions for supporting hospital discharges (4)</li> <li>An Integrated Discharge and rapid response team has been established to support people leaving hospital. In addition, a welcome home service with the voluntary sector is in place to reduce the risk of readmission by providing wrap around care to support the person during the post discharge period with social care needs.</li> <li>The Hospital to Home presentation evidences the activity supporting the discharge to assess model and increase collaboration across the system to support discharges (7)</li> <li>Designated step down/step up placements are also in place. The step-up placements are used for those people for whom hospital admission can be avoided by provision of residential care within reach of community health services. Step down placements facilitate timely discharge, avoiding delayed discharge associated with ongoing care needs and provides an element of reablement.</li> </ul>
<b>Disabled Facilities Grant and wider services</b>	<ul style="list-style-type: none"> <li>Page 18 of this plan illustrates our approach to bringing together health, care and housing services to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people</li> </ul>	<ul style="list-style-type: none"> <li>The IAP Strategic Commissioning Plan 2020-24 (pages 11-12) discusses our commissioning intentions to continue to develop alternative housing provision to support independence (4)</li> <li>Our home assistance policy aligns with the priorities of the BCF for using the monies flexibly to target resources to the most vulnerable</li> <li>DFG funds were used to provide equipment in Myos House Extra Care Facility (first NL Extra Care facility for people with dementia)</li> </ul>
<b>Equality and health inequalities</b>	<ul style="list-style-type: none"> <li>Page 19 of this plan describes our plans for addressing equality and health inequalities including changes from the previous BCF plan and how the inequalities are being addressed.</li> </ul>	<ul style="list-style-type: none"> <li>The IAP Strategic Commissioning Plan 2020-24 pages 4 and 6 describes our shared values and evidences the focus on equality through our outcomes (4)</li> <li>Health and Wellbeing Strategy, including progress update for refresh of strategy agreed by Health and Wellbeing Board in Sept 2021 (6, 6a, 6b)</li> </ul>

## Supporting documents

1	 1	Health and Wellbeing Board Terms of Reference
2	 2	Integrated Commissioning Quality Executive Terms of Ref
3	 3	Integrated Adults Partnership Terms of Reference
4	 4	Integrated Adults Partnership Strategic Commissioning Plan
5	  5a 5b	Health and Care Integration Plan & Delivery Plan
6	   6 6a 6b	Health and Wellbeing Strategy Update Report – Sept 2021
7	 7	Hospital to Home presentation
8	 8	Home Assistance Policy

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## **NORTH LINCOLNSHIRE COUNCIL**

### **HEALTH AND WELLBEING BOARD**

#### **Delegated authority to approve pharmaceutical needs assessment supplementary statements**

#### **1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To seek approval from the Health and Wellbeing Board (HWB) for the Director of Public Health (DPH) to have delegated authority to consider, approve and publish pharmaceutical needs assessment supplementary statements.

#### **2. BACKGROUND INFORMATION**

- 2.1 The pharmaceutical needs assessment (PNA) is a statutory document that states the pharmacy needs of the local population. This includes dispensing services and other health related services that pharmacies may provide. It is used by NHS England and NHS Improvement as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services.
- 2.2 A PNA also details the current pharmaceutical services available in the area and where changes may be required in the future.
- 2.3 PNA normally covers a 3-year period<sup>1</sup>. However, once a pharmaceutical needs assessment has been published, the HWB may be required to produce a revised assessment sooner, if it identifies that changes (eg a new housing development) are so significant that it warrants a new PNA being written.

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<sup>1</sup> All local authorities have recently been offered a one-year extension to complete the PNA, in recognition that there has been reduced capacity to within public health teams due to the pandemic.

- 2.4 However, not all changes will result in the need for a new PNA to be produced. Where the HWB is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to the changes, they may publish a supplement statement, which will accompany the existing PNA.

### **Supplementary Statements**

- 2.5 A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:
- (a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and
  - (b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services.
- 2.6 Once published the supplementary statement becomes part of the pharmaceutical needs assessment and will be referred to by NHS England and NHS Improvement when it determines applications for inclusion in a pharmaceutical list.
- 2.7 The HWB should have in place a system which allows it to identify any changes to the availability of pharmaceutical services and then determine whether or not it needs to issue a supplementary statement. This responsibility could be delegated to a committee or sub-committee or could remain with the board.
- 2.8 Supplementary statements are statements of fact; they do not make any assessment of the impact the change may have on the need for pharmaceutical services

## **3. OPTIONS FOR CONSIDERATION**

- 3.1.1 **Option 1:** That the Board grant the Director of Public Health (DPH) delegated authority to consider, approve and publish pharmaceutical needs assessment supplementary statements, in consultation with the Chairman.
- 3.1.2 Where the DPH believes it is necessary to rewrite the PNA, rather than produce a supplementary statement, the DPH will formally referred the matter to the HWB for discussion and decision.



- 3.2 **Option 2:** For the HWB to consider, approve and publish pharmaceutical needs assessment supplementary statements.

#### 4. **ANALYSIS OF OPTIONS**

##### 4.1 **Option 1:**

- 4.1.1 This option offers the greater flexibility to consider supplementary statements in a timely and pragmatic way, as there is no requirement to wait for the next meeting of the HWB for a decision to be made.
- 4.1.2 If necessary, the DPH can convene a meeting with partners to discuss the proposal, which will help determine if a supplementary statement is appropriate.
- 4.2.3 The DPH will report to the Health and Wellbeing Board where any supplementary statement has been considered and approved.
- 4.2.4 Where the DPH believes that a revised PNA is required, the matter will be formally reported to the HWB for discussion and decision.

##### 4.2 **Option 2:**

- 4.2.1 The HWB will collectively consider, approve and publish pharmaceutical needs assessment supplementary statements.
- 4.2.2 This option allows board members to participate in the discussion around publishing supplementary statements.,
- 4.2.3 This option will reduce the time HWB members have to discuss other agenda items.

#### 5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 None

#### 6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 None

#### 7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 Not applicable

**8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 None

**9. RECOMMENDATIONS**

- 9.1 That the Health and Wellbeing Board approve option 1: That the Board grant the Director of Public Health (DPH) delegated authority to consider, approve and publish pharmaceutical needs assessment supplementary statements, in consultation with the Chairman
- 9.2 That the DPH update the Health and Wellbeing Board on outcomes of any decisions relating to supplementary statements, where appropriate.

DIRECTOR OF PUBLIC HEALTH

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