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 28 July 2021 (Pages 1 - 6)

5. Forward Plan and Actions from previous meetings
Update on the NHS Phase 3 Recovery Plan by the Chief Operating Officer, North Lincolnshire CCG

6. Questions from members of the public

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

7. COVID-19 Outbreak Prevention and Management Plan. Report by the Deputy Chief Executive and the Director of Public Health. (Pages 7 - 12)

8. COVID-19 - Epidemiology and Vaccination Programme. Report by the Director of Public Health and the Chief Operating Officer, NLCCG. (Pages 13 - 18)

9. Integrated Working - Adults and Children. Integrated care System. Presentation by the Chief Operating Officer, NLCCG. (Pages 19 - 32)

10. Joint Health and Wellbeing Strategy. Report by the Director of Public Health. (Pages 33 - 84)

11. Development of the Joint Strategic Needs Assessment. Report by the Director of Public Health. (Pages 85 - 88)

12. Better Care Fund Update. Report by the Director: Adults and Community Wellbeing, and the Chief Operating Officer, NLCCG. (Pages 89 - 94)

13. Date and time of next meeting. 19 November 2021, 2pm.

14. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

NORTH LINCOLNSHIRE COUNCIL

28 June 2021

- Present -

Cllr R Waltham MBE (Chairman), F Ajayi, H Davies, S Green,,T Hewis, D Hyde, W Lawtey, K Pavey, S Pintus, and A Seale

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

381 **WELCOME AND INTRODUCTIONS**

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

382 **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.

383 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 22 MARCH 2021**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 22 March 2021, be approved as a correct record.

384 **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.

385 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

386 **COVID-19 - LOCAL OUTBREAK 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 Local Outbreak Management Plan (LOMP). This plan had been written to demonstrate to the public the processes by which Covid 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 endorse the Local Outbreak Management Plan, and its publication.

387 **COVID-19 OUTBREAK PREVENTION AND MANAGEMENT UPDATE - 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 and presentation on progress against each of the key themes in the North Lincolnshire Outbreak Prevention & Management Plan. The key themes were:

Theme 1: Care Homes
Theme 2: Schools Year Years and College settings
Theme 3: High Risk Places, Locations and Communities
Theme 4: IPA
Theme 5: Local Test and Trace
Theme 6: COVID-19 Vaccination Programme

It was confirmed that the number of cases locally had decreased significantly, illustrating the success of the Plan. The report set out further priorities, including:

- Continuing using behavioral insights and innovative communication to increase testing and vaccine take up.
- Continuing with effective surveillance to identify issues of concern, especially VOCs, so prompt action can be taken.
- Continuing to work collaboratively partners, workplaces and schools to further reduce the rates.
- Ensuring that work is prioritised to deal with any confirmed or suspected new VOC, thus ensuring maximum opportunity to contain the virus.
- Continuing to develop the contract tracing model to ensure that priority cases are followed up at the earliest opportunity.
- Ensuring infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on local hospitals.

Resolved – That the Health and Wellbeing Board note this report and welcome the work undertaken by the Health Protection and Outbreak Management Group.

388 **COVID-19 EPIDEMIOLOGY - PRESENTATION BY THE DIRECTOR OF PUBLIC HEALTH**

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 the total number of vaccinations given.

Resolved – That the Health and Wellbeing Board note the presentation.

389 **COVID-19 VACCINATION PROGRAMME - PRESENTATION BY THE CHIEF OPERATING OFFICER, NORTH LINCOLNSHIRE CCG**

The Chief Operating Officer, North Lincolnshire CCG, 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 Chief Operating Officer 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.

The Chief Operating Officer explained how a key element of the Vaccination Programme had been addressing health inequalities, and described how tailored approaches were being taken in order to target certain groups, communities and workforces.

The Board discussed the report further, highlighting the excellent ongoing work in North Lincolnshire around social media engagement, data sharing, and initial planning for a potential booster programme.

Resolved - That the Health and Wellbeing Board note the contents of the Vaccination Programme report.

390 **JOINT HEALTH AND WELLBEING STRATEGY - FRAMEWORK AND PRIORITIES. PRESENTATION BY THE DIRECTOR OF PUBLIC HEALTH.**

The Director of Public Health gave a presentation on the development of a high level Joint Health and Wellbeing Strategy. The report covered the development of the Board's priorities, the involvement of partners, the impact of Covid-19, and suggestions for how the Board could further develop and agree its priorities.

Resolved – (a) That the presentation be noted; and (b) that a further report be submitted to a future meeting of the Health and Wellbeing Board.

391 **HUMBER OPERATIONAL PLAN AND NORTH LINCOLNSHIRE PRIORITIES 2021/22 - PRESENTATION BY THE CHIEF OPERATING OFFICER, NORTH LINCOLNSHIRE CCG**

The Chief Operating Officer, North Lincolnshire CCG, gave a detailed presentation on the Humber Operational Plan and local priorities for 2021/22. The presentation covered the National Planning Priorities for context, the Acute Recovery programme, risks, and local priorities. It was confirmed that the following would be the focus of work throughout the year.

- Prevention
- Primary Care
- Mental Health, Learning Disabilities, and Autism
- Children's and Maternity Services
- Out Of Hospitals Services, and
- In Hospital Services

The Board discussed the presentation and the implications in some detail, with the Chairman thanking the Chief Operating Officer for the informative presentation.

Resolved – (a) That the presentation be noted; and (b) that the Board maintain an oversight of the Humber Operational Plan and Local Priorities.

392 **HEALTH AND CARE ACROSS HUMBER, COAST AND VALE AND NORTH LINCOLNSHIRE - PRESENTATION BY THE CHIEF OPERATING OFFICER, NORTH LINCOLNSHIRE CCG AND THE LOCALITY DIRECTOR, HC&V ICS**

The Chief Operating Officer, NLCCG, gave a detailed presentation on Health and Care Across Humber, Coast and Vale, and North Lincolnshire.

The presentation covered the legislative and policy intentions of the government, as well as the vision for Humber, Coast and Vale (HCV). The HCV Operating Arrangements and Operating Principles were discussed, which described the emerging governance of the Integrated Care System. The implications were discussed in some depth, but it was verified that there would continue to be a key role for both 'Place' and also neighbourhood level services, primarily co-ordinated through Primary Care Networks.

The chief Operating Officer confirmed that there would be a need for a Place Based Partnership to ensure accountability and to continue efforts around integration, commissioning, and the delivery of the majority of services. "Work To Date" was set out, as well as a future timeline.

Resolved – (a) That the presentation be noted, (b) that a Planning and Development Session of the Board be arranged in order to discuss the issue in more depth; and (c) that the Board retain a close oversight of developments in the coming months.

393 **INTEGRATED WORKING - CHILDREN. INTEGRATED CHILDREN'S TRUST UPDATE. REPORT BY THE DIRECTOR: CHILDREN AND COMMUNITY RESILIENCE**

The Director: Children & Community Resilience submitted a report updating the Health and Wellbeing Board on the progress and developments under the auspices of the Integrated Children's Trust (ICT) and asking the Board to note progress to date and to support the ongoing developments.

The ICT, which was established in September 2019, was a partnership of organisations that commission and provide services for children, young people and families in North Lincolnshire. It had a specific focus on the integration of health, social care and education provision for children, young people and families and enabled partner agencies to meet their statutory duty, under the Children Act 2004, to co-operate to improve the wellbeing of children.

The report set out numerous examples of local work to drive forward partnership action and achieve a high level of performance. The Director confirmed that this demonstrated that children and families were accessing and receiving the support and services they need, at the earliest point, leading to improved outcomes

Resolved – That the Health and Wellbeing Board note the progress of the ICT, support the areas for further development, and reaffirm their ongoing commitment towards integration and partnership action towards our commissioning intents, including the implementation of the One Family Approach.

394 **INTEGRATED WORKING - ADULTS. HEALTH AND CARE INTEGRATION PLAN 2021-24 UPDATE FOR PUBLICATION. REPORT BY THE DIRECTOR: ADULTS AND COMMUNITY WELLBEING AND THE CHIEF OPERATING OFFICER, NLCCG.**

The Director: Adults and Community Wellbeing and the Chief Operating Officer, NLCCG, submitted a joint report requesting that the Health and Wellbeing Board approve the publication of the refreshed Health and Care Integration Plan 2021 – 24.

The Health and Care Integration Plan 2019 - 24 annual report of progress and refreshed priorities was approved by the Health and Wellbeing Board on 22 March 2021. The plan was set in the context of the Health and Wellbeing Board's responsibility to promote joint working and demonstrate how we continue to focus on transforming the lives of people in North Lincolnshire through developing a 'Sustainable, Enabling, Integrated Health & Social Care System' that empowered our local population, promoted self-help, and provided opportunities to develop relationships across communities.

The report described the agreed 'people' priorities, and 'system' priorities, and explained that the refreshed Health and Care Integration Plan 2021 - 24 had taken account of the proposals in the White Paper Integration and Innovation: working together to improve health and social care for all, published in February 2021.

Resolved – That the Health and Wellbeing Board approve the publication of the refreshed Health and Care Integration Plan 2021 – 24.

395 **DATE AND TIME OF NEXT MEETING. 20 SEPTEMBER 2021, 2PM**

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

396 **ANY OTHER BUSINESS**

The Chairman and all Board members thanked Steve Pintus for his contributions to the Board and to public health across Northern Lincolnshire for many years, and wished him well for the future.

Report of the: Deputy Chief Executive
and the Director of Public Health

Agenda Item 7
Meeting 27th September 2021

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) was updated in March 2021. The plan is based on six key themes which are essential to prevent outbreaks and reduce case numbers.

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 summary of progress against each of the key themes.

2.3 Proactive surveillance is being undertake in North Lincolnshire to identify priority cases which may have an increased likelihood of causing outbreaks. This ensures rapid contract tracing can take place to help contain the virus and reduce the risk of ongoing transmission.

2.6 Infection rates in North Lincolnshire have remained above 300 (per 10,000 people) since 25 August with a steady increase 392 by 6 September followed by a slight decrease. A more detailed epidemiology update will be provided at the board meeting. Data indicates that vast majority of cases are being cause by community transmission.

2.8 The key priorities over the autumn period are to keep rates of hospitalisation and serious illness to a minimum, reduce transmission in high risk settings, support school leaders, increase high levels of testing and increase the number of people being vaccinated.

3.0 PROGRESS ON LOMP THEMES (as at 10 September)

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 in care homes testing positive for COVID was zero and fewer than five staff members were positive, Vaccinations in care homes continues to be a high priority. Currently 95% of care home residents and 93% staff have received their second dose of the vaccine.

New guidance on visiting care homes became effective from 16th August 2021 which includes advice on:

- Care home residents having 'named visitors' who will be able to enter the care home for regular visits.
- Care home residents being able to choose to nominate an essential care giver who may visit the home to attend to essential care needs
- Advice on physical contact (eg hugging).
- Vaccinations being the best way to combat infection and encouraging visitors and residents to be vaccinated.

From 11th November 2021, all care home workers, and anyone entering a care home, will need to be fully vaccinated, unless they are exempt under the regulations. The monitoring and implementation of this initiative is being overseen by the Care Home Management Group.

3.2 Education settings

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

Since 2 September, when some schools returned for the new academic year, there has been 61 notifications from 23 settings. School guidance from DFE has removed the need for many of the options for restricted arrangements in school that were in place during the last year. Face to face learning is prioritized.

Pupils in Scotland started their Autumn terms earlier than pupils in England. It has been noted that increased infection rates in Scotland have been seen, so this something which will be monitoring carefully in North Lincolnshire.

CO^2 monitors are due to be distributed to the special schools, DfE guidance for their use has been published. It is anticipated that they will be helpful in identifying areas where additional ventilation may be useful.

3.3 High-risk workplaces, communities and locations

The council and partners continue to work effectively with workplaces. Where workplace outbreaks are identified, and there is a risk of onward transmission, the council works with the host organisation to reduce the likelihood of additional cases.

At present cases in workplaces are reflective of community transmission, with no workplace outbreaks of note.

Events Safety Advisory Group continue to advise on the safety of public events.

3.4 Local test and Trace

Greeson Hall and Ashby Community Hub are used for targets testing and continue to operate well. These facilities focus on enabling highest levels of self-testing.

Vaccination drop-in sessions have taken place, with further session planned at Greeson Hall on 12 September as part of a community hosted event (Crosby International Day)

Access for The Foundry Unit will be in place week commencing 11 September. This will provide assisting testing, distribution kits and a base for the Community Testing Team. The site is in a prime location within the town centre with high numbers of passing trade.

Communications are actively promoting twice weekly testing featuring in the Scunthorpe Telegraph and social media targeted to 18+ ages. There is an increase in reported test results for 18+ ages across North Lincolnshire.

3.5 COVID Vaccination programme

The COVID Vaccination Programme continues to be rolled out and is now available from 18+ years age groups. North Lincolnshire has 83.8% uptake of the first dose and 77.9% of the second dose (as at 14/09/20).

The new Scunthorpe Vaccine Centre (situated at the Ironstone Centre) is going well with an average of between 50-100 walk-in vaccinations per day. Onsite pop-up sessions have been planned for: workplaces; Crosby International Family Day; and colleges when students returned.

Ongoing data analysis continues to be undertaken to identify underrepresented groups for vaccination. Further communications push ahead of this weekend targeting the 16-29 year olds

The vaccination programme is expanding with new groups now eligible. It continues to be the key intervention to control Covid and remains high priority.

3.6 IPA

The IPA group is working effectively to support communities. This includes:

- Supporting with key messaging and facilitating vaccine take up in priority communities.
- Helping increase vaccine take-up through promoting walk-in sessions for priority groups
- Helping develop community communications to reinforce key messages and encourage vaccine take up.
- Continuing dialogue with residents and community groups to raise alerts re access to vaccinations and social distancing.

4.0 Next Steps / Priorities

The key priority over the next few months will be:

- Updating the Local Outbreak Management Plan
- Continue using behavioral insights and innovative communication to increase testing and vaccine take up.
- Continue with effective surveillance to identify issues of concern, especially VOCs, so prompt action can be taken.
- Continue to work collaboratively partners, workplaces and schools to further reduce the rates.
- 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)

Work is continually being undertaken to understand the impact of COVID and how resources can be targeted to reduce inequalities (eg access to testing and vaccinations)

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: 14 Spetmber 2022

Document used for this report:

Guidance on care home visiting - GOV.UK (www.gov.uk)

Coronavirus (COVID-19) vaccination of people working or deployed in care homes: operational guidance

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NHS
North Lincolnshire
Clinical Commissioning Group

Covid Vaccine Update

20th September 2021

Helping you build a **healthy future**

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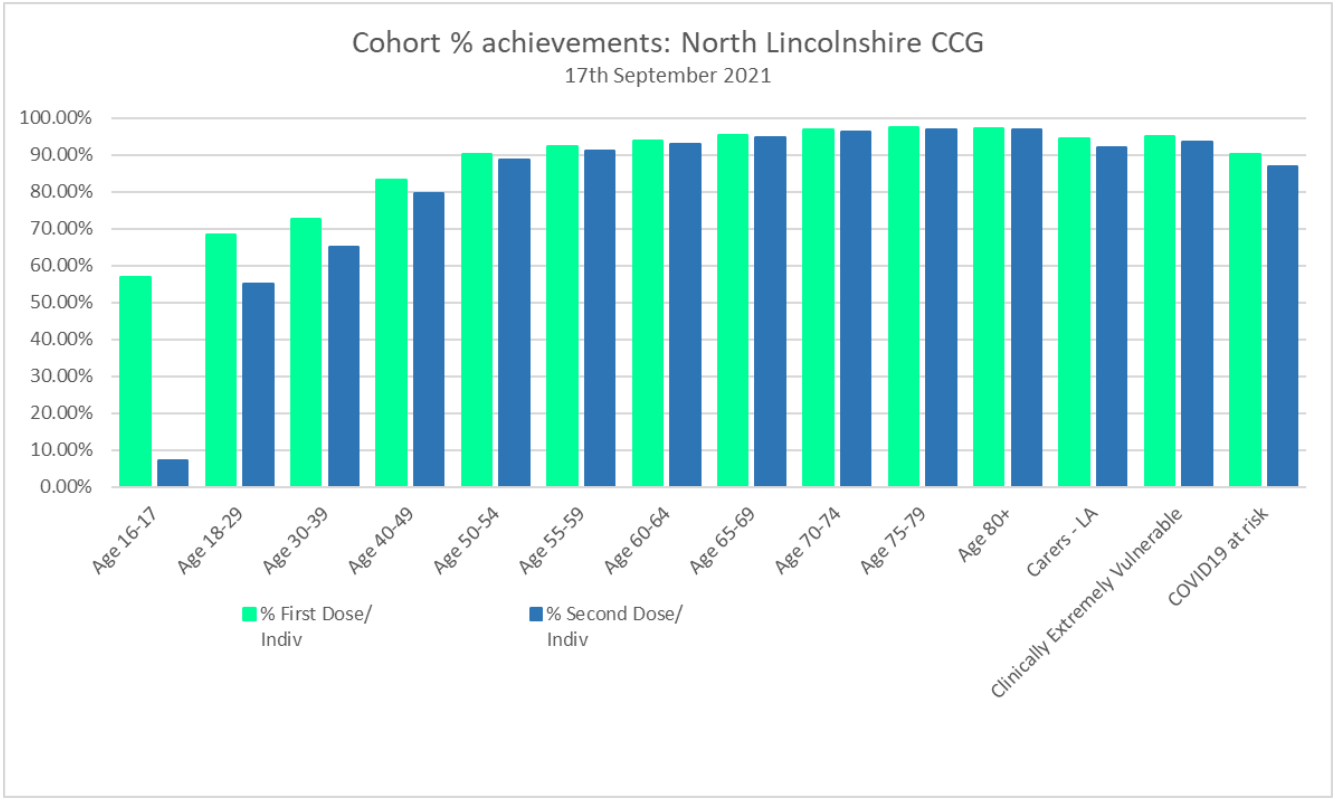
COVID-19 Vaccination Programme Uptake in North Lincolnshire as at 17th September 2021

Cohort	% First Dose/ Indiv	% Second Dose/ Indiv
Age 16-17	56.96%	7.11%
Age 18-29	68.20%	54.91%
Age 30-39	72.45%	65.16%
Age 40-49	83.10%	79.52%
Age 50-54	90.23%	88.79%
Age 55-59	92.41%	91.14%
Age 60-64	93.81%	92.94%
Age 65-69	95.25%	94.83%
Age 70-74	96.76%	96.35%
Age 75-79	97.33%	96.94%
Age 80+	97.29%	96.85%
Carers - LA	94.28%	91.85%
Clinically Extremely Vulnerable	95.15%	93.46%
COVID19 at risk	90.08%	86.79%



Whilst the percentage for the 'Age 12-15' cohort is currently unavailable, the data indicates there have been 287 individuals vaccinated (1st dose).

COVID-19 Vaccination Programme Uptake for Care Homes as at 12th September 2021

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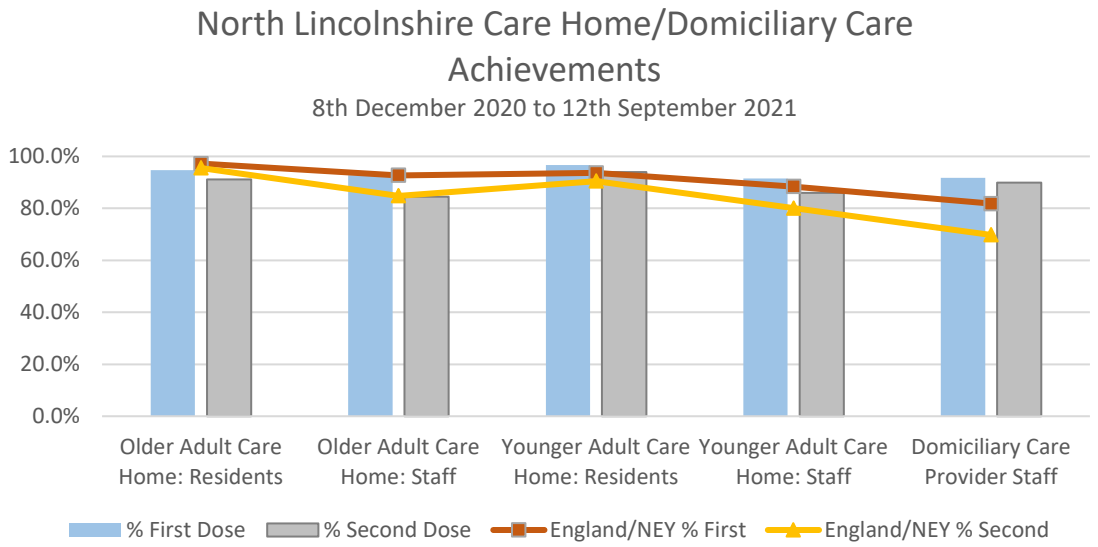
Care Home Staff and Resident Achievement

Cohort	% First Dose	% Second Dose
Older Adult Care Home: Residents	94.7%	91.1%
Older Adult Care Home: Staff	92.7%	84.5%
Younger Adult Care Home: Residents	96.6%	94.0%
Younger Adult Care Home: Staff	91.5%	86.0%
Domiciliary Care Provider Staff	91.7%	89.9%



General update

- Since opening on the 19th March 2021, over 55,000 vaccines have been administered by Safe Care at the Baths Hall and the Scunthorpe Vaccination Centre combined.

- Due to easing of lockdown restrictions the vaccination site has now moved from the Baths Hall to the first floor of the Ironstone Centre which is now known as the Scunthorpe Vaccination Centre.

- Pop-up' sites have continued to work well – with a clear focus on areas of low uptake and hard to reach communities, with further plans in place over the coming weeks supporting the inequalities agenda as well as colleges for the 16&17 year olds.

- Utilisation of 'pop-up' methodology to large businesses for both first and second doses has enabled proactive uptake amongst individuals who may not automatically come forward for vaccination.

- Planning and roll out continues in relation to the Evergreen Offer, the Flu vaccination programme and the Covid Booster programme.

Phase 3 of the COVID-19 Vaccination Programme

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- Phase 3 of the COVID-19 vaccination programme is due to commence imminently with the JCVI advising that booster doses are offered no earlier than 6 months after completion of the Primary vaccine course and in the same order as the original roll out (most vulnerable first).

- The JCVI have advised that Pfizer vaccine is to be used for the booster programme regardless of which vaccine was administered for the primary doses. Moderna or Astra Zeneca vaccine may also be considered for those who received it previously where Pfizer is contraindicated.

- 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.

- All four Primary Care Networks within North Lincolnshire have signed up to deliver phase 3 of the vaccine programme. This will be in addition to providing business as usual services.

- Three pharmacy sites within North Lincolnshire have been approved to deliver phase 3 of the vaccine programme alongside Scunthorpe Vaccination Centre.

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 are to take place within the school settings by the school immunisation teams and plans are being formulated for those who are also home schooled.

- The vaccination programme is due to commence imminently across North Lincolnshire which is being supported by health, Local Authority and Education services.

- Only a single dose of Pfizer will be offered at this stage.

- Co-administration of the Flu and Covid vaccination can take place where this makes operational sense to do so, as the Flu programme is also being rolled out at the same time.

Developing our Place Based Arrangements in North Lincolnshire

North Lincolnshire Partners

safecare network

NHS
North Lincolnshire
Clinical Commissioning Group

NHS
Rotherham Doncaster
and South Humber
NHS Foundation Trust

Page 20

OSEY LODGE
Hospice and Healthcare

4 PCNs East, South, North and West

North Lincolnshire Council
www.northlincs.gov.uk

Voluntary Community & Social Enterprise Alliance North Lincolnshire

NHS
Northern Lincolnshire
and Goole
NHS Foundation Trust

NHS
East Midlands Ambulance Service
NHS Trust

NHS
Yorkshire
Ambulance Service
NHS Trust

Humber, Coast and Vale

Integrated Care System Operating Principles

- Statutory functions will transfer into a new NHS body - NHS Humber Coast and Vale - from April 2022
- HCV will discharge its responsibilities through Place-based and Sector-based units of operation (Place Partnerships and Provider Collaboratives).
- NHS resource allocation will flow to Place via a Humber allocation from the ICS. The Humber Partnership Director is the designated officer responsible for allocations to Place.
- Humber will work through the four Place Partnership joint committees to facilitate allocation decisions about local services which drive integration, improve health outcomes and reduce health inequalities.
- Place Partnerships will be hosted by each of the four Local Authorities, with a Place NHS Director and very senior clinical leadership supported by other professional support functions
- Majority of services will be designed overseen and delivered at Place with a focus on system first, organisation second
- Capacity at Place will be mobilised from ICS reflecting an increased focus on
  - population health, health inequalities
  - system as opposed to organisational planning – no more commissioner-provider split
  - participatory clinical and citizen leadership

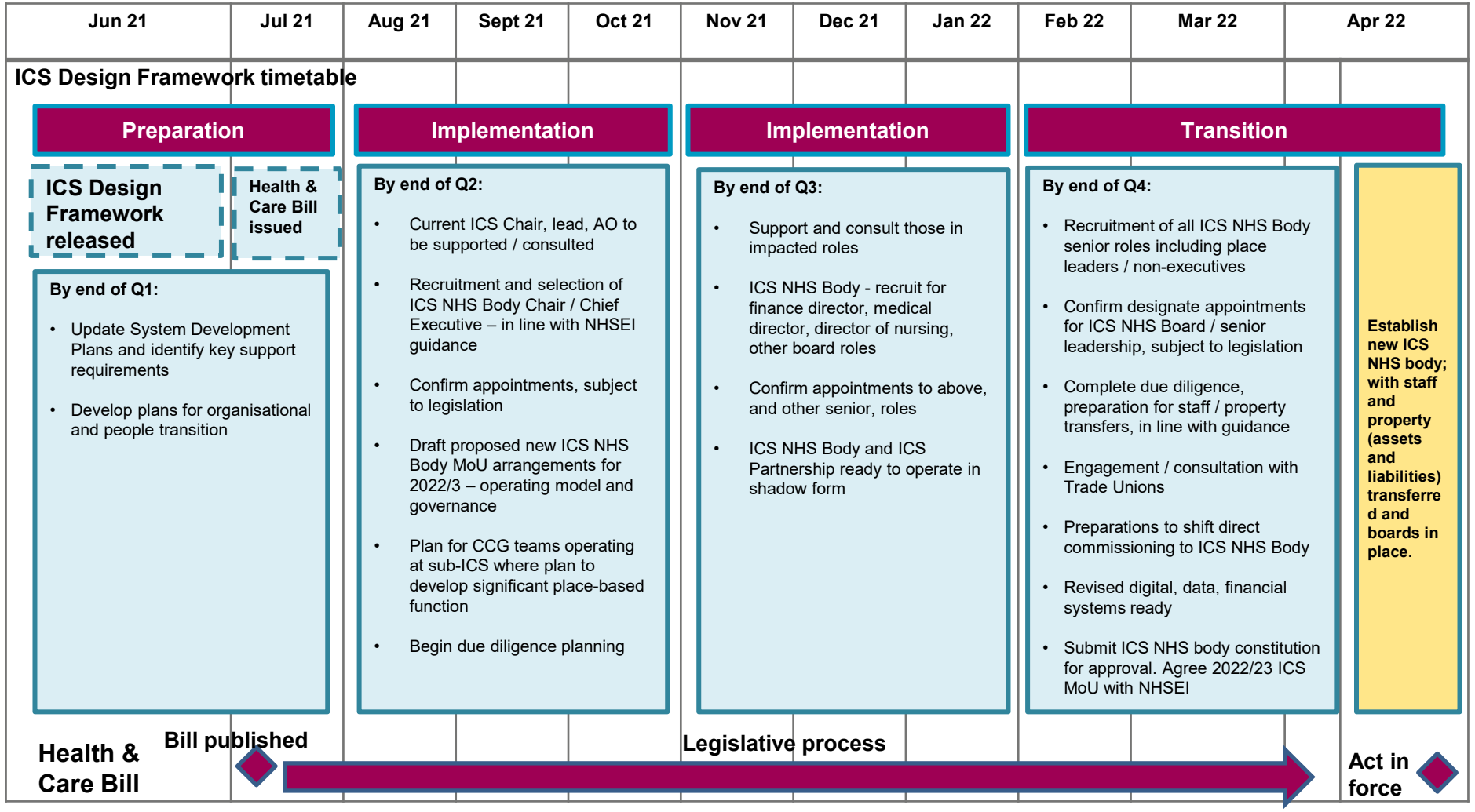
North Lincolnshire Work to Date

- Place arrangements reflect our local vision/priorities recognising health inequalities and local working arrangements.
- Current governance includes Committee in Common, Integrated Adult Partnership, Integrated Children's Partnership and Integrated Commissioning and Quality Executive.
- We have agreed a Health and Care Plan for North Lincolnshire & Joint Plans for Adults & C&YP.
- Initial discussions with local authority CEO, Leader, CCG COO and Chair and Director of Adults and Community Wellbeing and presentation to HWBB in June. Development workshop with HWBB and wider partners held in July.
- Proposals for governance in Place have been developed and consulted on prior to HWBB on 27th September
- Baseline assessment of Place development framework and self assessment has been undertaken
- Capacity within Place - capacity will come from employees of the ICS but also other parts of the system (providers, public health etc.) and collaboration across the Humber where makes sense to do that.
- Further skills development in particular Population Health Management and change management / transformation.
- More capacity to be directed in to PCNs, Population Health Management, health inequalities improving health outcomes.
- More work underway to understand the interfaces with other parts of the system such as horizontal provider collaboratives.

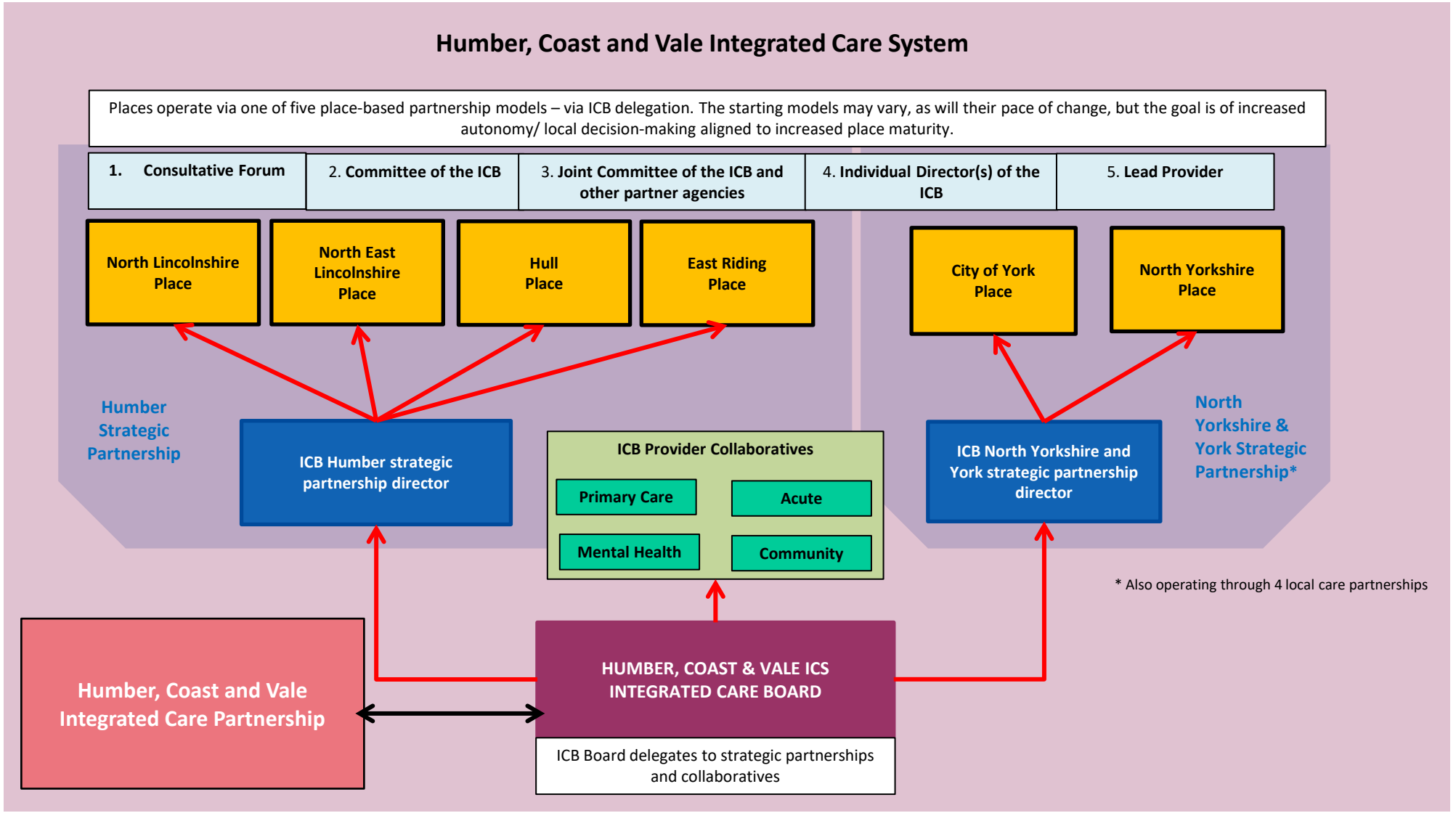
Feedback from the HWBB Workshop in July

- Build on existing strong foundations in North Lincolnshire Place - strength of existing relationships, shared vision and plans
- Need to focus on what difference this will make how will system working impact on improved outcomes and reduced health inequalities for our residents
- Opportunities for more joined up approaches to how we work across our Place
- Opportunities to move from a model that focuses on treating the sick to one that supports people to stay well and that empowers people and unlocks community capacity
- That we can build on the strengths of local engagement approaches
- Uses population intelligence to build population health approaches
- That promotes a system wide approach to developing the workforce
- That this ambition is supported by a shared approach to how we use resources to enable this

Route Map for the new Health and Care system



HCV Draft Operating Framework



Proposals for North Lincolnshire Place Governance

The HCV ICB will establish a committee to fulfil the place-based requirements. The delegated authority of the ICB would initially be enacted through option iv), with an ICB director (or their nominated deputy) being a member of the committee.

It is proposed that the Committee will be the NL Place Based Partnership whose role will be to set the health and care strategy for North Lincolnshire on behalf of the ICB to:

- Approve the plans that will deliver the strategy, as well as make determinations on the allocation of NHS resources to North Lincolnshire; to determine the health and care vision, strategies and priorities within the context of North Lincolnshire's Health and Care Integration Plan, JSNA, Joint Health and Wellbeing Strategy and national & ICS priorities

- Local accountability management- seek, challenge and secure assurance of delivery of the plans through performance and risk management and hold health and care partners to account for plans.

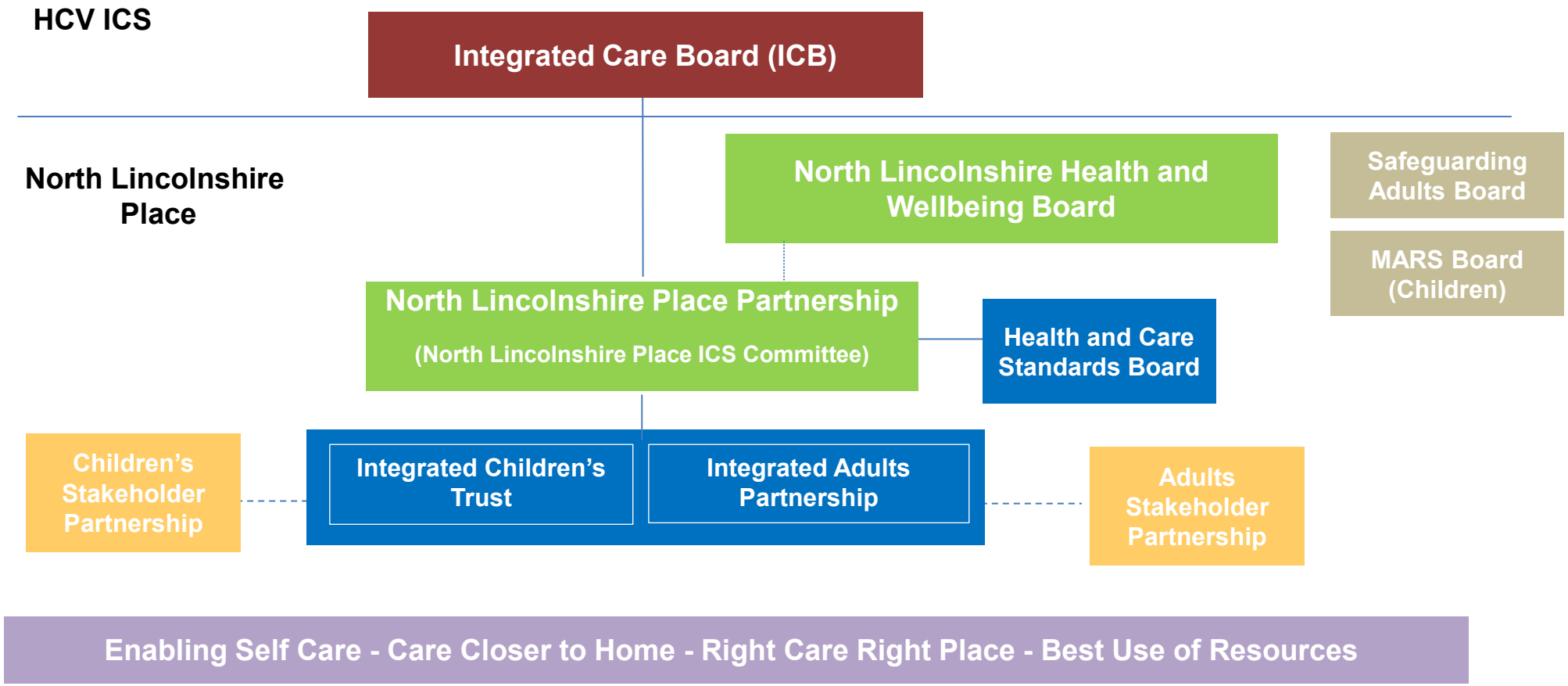
- Performance, risk management and assurance.

- Financial flows, use of resources, oversight of pooled and/or aligned health and care funds coming into North Lincolnshire including :
    - Provider Collaboratives (pooled at Humber/ICS)
    - Other partnerships and contracts
    - Better Care Fund

Proposals for North Lincolnshire Place Governance

- The Committee will provide assurance to the ICB & Health and Wellbeing Board on the delivery of these priorities
- It is proposed that the committee would meet in shadow form from November 2021.
- Place partners, in discussion with Humber, Coast and Vale ICS, may decide at a future date that there is further benefit in delegating greater authority to enhanced place-based decision making mechanisms. This could include place-based responsibilities for the ICS, local authority and other partner members and the establishment of a joint committee.

Draft Integrated Care System Governance Arrangements



Key:

- Formal Partnership Governance
- Statutory Partnership Boards
- Partnership Delivery Groups
- Voice Groups

Developing Our Place Based Arrangements

- Four stages of development and maturity:
- A **thriving** place which seeks to go beyond the minimum and has an ambition to excel for the population
- A **maturing** place with the right components in place to be effective at place and delivery within the wider ICS
- A **developing** place which has set the foundations needed for the partnership and has identified steps needed to be become more effective
- An **emerging** place which has just begun the journey to working together in partnership

Place Development Framework- Baseline Assessment and Forward Plans

- Initial baseline assessment has been undertaken supported by Health and Wellbeing Board workshop and is being socialised with partners .This will then go to the HWBB on 27th September:
- 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 neighbourhoods
- Share 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

Next Steps

1. Baseline place development framework being reviewed by a number of forums including local partners to ensure broad stakeholder engagement

2. Terms of reference are being drafted for NL Place Based Partnership to establish by Nov 21

3. Place development plans under development

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Report of the Director of Public Health

Agenda Item
Meeting – 27 September 2021

Health and Wellbeing Board

DEVELOPMENT OF THE 2021 - 2026 JOINT HEALTH & WELLBEING STRATEGY

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The Joint Health & Wellbeing Strategy (JHWS) is at a point where it needs a refresh.

1.2 This paper presents options for development of the new JHWS, a proposed strategic direction and a process for action planning, delivery and reporting.

2. BACKGROUND INFORMATION

The Duty to have a JHWS

2.1 Government guidance states[1] that Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole.

Working towards a new JHWS

2.1 North Lincolnshire HWB has built a strong foundation with its 2013-2018 JHWS, selection of strategic actions[2] and delivery of 'big ticket' items, followed by the health and wellbeing priorities framework agreed in 2019[3].

2.2 During 2019/20 a series of workshops took place which led to the HWB selecting 6 priorities for a new JHWS:

- 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.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

[2] https://www.northlincs.gov.uk/wp-content/uploads/2018/08/JHWS-Supplementary.pdf

[3] https://democracy.northlincs.gov.uk/wp-content/uploads/2019/10/Item-14-Strategic-HW-Planning.pdf

- 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.

2.3 Since then we have been living through the Covid pandemic, which, understandably, has not only slowed the development of the strategy but also influenced its future direction.

2.4 There is an opportunity now to take the learning from our pandemic experience into our new JHWS. During Covid, health equity and preventable health issues have been thrown into sharp relief. We have also learned that given the right conditions, we can swiftly adapt our health behaviours, walking and cycling more in lockdown, for example.

2.5 New technologies for health care have seen accelerated development during Covid, we have grown used to medical appointments online and to meeting remotely, keeping our services up and running efficiently and effectively.

2.6 We have learned how to better share data and become more accustomed to using data and intelligence routinely to guide our actions, applying evidence of effectiveness as it becomes available to stop or start interventions and programmes.

2.7 Key issues to incorporate into the new strategy include levelling the playing field to promote equity in health outcomes across the life course. Different communities will need different supports and interventions to achieve equitable health and wellbeing.

2.8 The organisations around the HWB table already work on these issues as part of their regular business, for example the work on special educational needs and inclusion is important in tackling health disparities. The opportunity in the JHWS is to focus on areas where the HWB can drive collaboration and action across the system to effect change.

2.9 Prevention remains a key cross cutting theme recognising that, on the whole, people want to take responsibility for their own health and stay as well as they can for as long as they can.

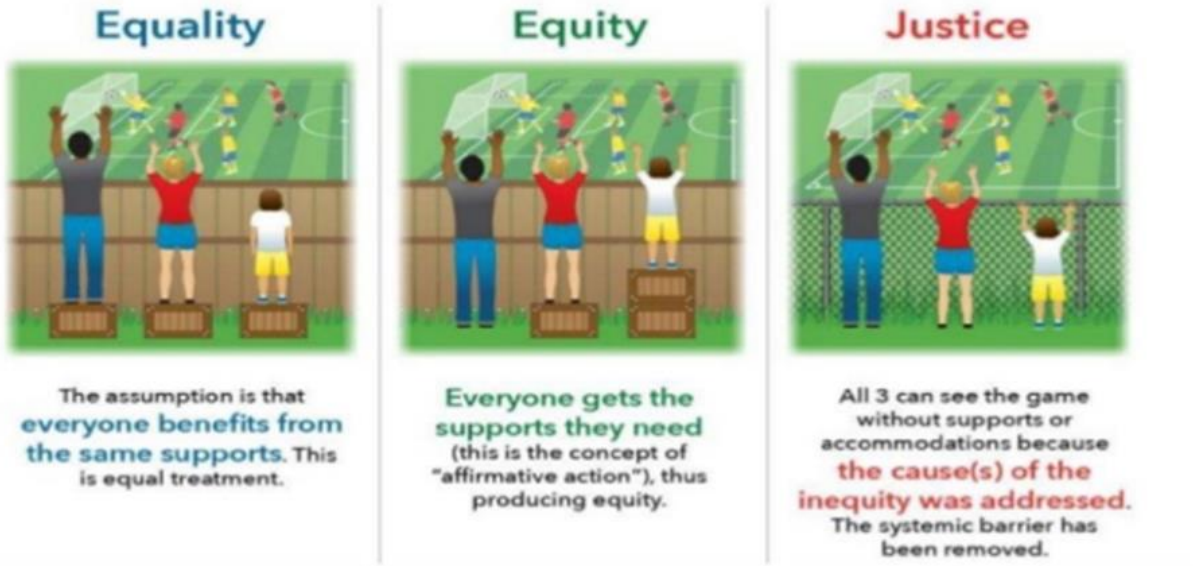
The proposed Strategy

2.10 Taking the 6 themes and an underlying set of principles, proposals for a new JHWS have been developed and are included at Appendix 1. The working aim for the development of the strategy is: *By working together, to improve health and wellbeing and improve equity in health and wellbeing outcomes.*

2.11 This concept of health equity is demonstrated in the figure below, developed by Public Health England. Here we see 3 people trying to watch a sports match, but only the person with enough height can see the game. If we give each of the fans the same box to stand on, an equal intervention, still only 2/3 can see the game excluding the shortest person. But if we adapt our intervention with different sized boxes everyone can see. Better yet, if we change the design of the environment to have a see through fence, everyone is enabled to watch the match.

2.12 Building on the Priorities Framework, this JHWS continues the shift is towards more consideration of place, determinants and enablers to support people to take opportunities around them to be healthy. It goes beyond informing people about desired behaviours to creating enabling conditions for those behaviours. This widens the area of interest for the HWB beyond health and care services, to how the built environment and 'place' can support improvements in health and

wellbeing.



2.13 Proposed actions under each theme have been selected as areas where recent JSNA analysis supports the need for action (Appendix 2) and HWB sponsorship will add value and impetus to the work.

2.14 The strategy covers the life course, from preconception through to older age. It covers physical and emotional health and wellbeing.

2.15 The HWB is in a unique position to apply data, learning and experience to further improve health locally. The right people are round the HWB table to take the actions that will enable improved health and wellbeing locally.

Next Steps

2.16 If the HWB supports the strategic direction of the new JHWS, then the following development and governance arrangements are suggested:

2.17 HWB tasks existing partnership groups or where there is none, forms new groups to lead action planning and delivery of the themes. Children's Trust for theme 3, HPOM for Theme 1. Groups would select priority areas for each theme where partnership action adds particular value.

2.18 Groups will develop detailed action plans and metrics with public and stakeholder engagement, supported by JSNA.

2.19 The groups will keep the HWN appraised of progress through quarterly progress reports.

2.20 Delivery could also be supported by Board consideration of topics that cut across the themes, such as physical activity, tobacco control, obesity, and health equity

2.21 As previously, the JHWS would be subject to annual review and revision.

3 OPTIONS FOR CONSIDERATION

3.1 3 options are presented

3.1.1 Defer JHWS development

3.1.2 Start a new JHWS development process

3.1.3 Agree strategic direction and principles based on agreed themes as per Appendix 1, with delegation to partnership groups for action planning.

4 ANALYSIS OF OPTIONS

4.1 Maintaining the status quo (option 1) leaves the system at a disadvantage at a key time in the development of LA strategies, the ICS and the development of place based actions.

4.2 Option 2 delays the JHWS production but would allow for reconsideration of priorities in the light of Covid. However key threats and opportunities to health and wellbeing are similar to pre covid times.

4.3 Option 3 to proceed with action planning based on the strategic direction in Appendix 1 is recommended. It will provide the basis for Place planning, support the developing maturity of the ICS and guide actions for partnership groups delivery and reporting.

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

7.2 Key partners would be involved in Option 3 which would enable public engagement with action planning.

8. RECOMMENDATIONS

8.1 To approve option 3.

DIRECTOR OF PUBLIC HEATH

Church Square House
30-40 High Street East
SCUNTHORPE
North Lincolnshire

DN15 6NL

Author: Tessa Lindfield
Date: 16 September 2021

Background Papers used in the preparation of this report

Please see footnotes and appendix 2

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Appendix 1

A Joint Health & Wellbeing Strategy for North Lincs

Progress update 27th September 2021

Ruth Twiggins FFPH, Consultant in Public Health, North Lincs Council

The story so far…

- We have built a strong foundation for a new Strategy
- Much to celebrate in North Lincs HWB
- HWB already agreed ambitions, themes and principles
- Then…Covid…
- Recent work to collate ideas and current thinking
- Proposal here for content and next steps
- Asking for Board support for officers to continue the work.

Our Ambition

- As a HWB, our collective ambition is for North Lincolnshire to be the best place to live, work, visit and invest and for people to be safe, well, prosperous and connected.

- We want health & wellbeing to improve further for local people, with better healthy life expectancy and decreases in the disparities in health between communities.

- We know that people are more likely to be healthy, when they have access to good homes, a strong education, good work and have strong social networks. An enabling place with opportunities to thrive, helps us live healthy lives, preventing ill health before it takes hold.

- We all need specialist health and care services at times in our lives, some of us more than others. Suitable and equitable access to good quality services is vital to keep us well and care for us when we need it.

- HWB members and partners have a unique opportunity to create the culture and conditions for health and wellbeing to flourish. North Lincolnshire HWB wants to make the most of this opportunity making improved health and wellbeing a reality for our community.

Working Strategic Aim for Joint Health & Wellbeing Strategy

By working together, to improve health and wellbeing and decrease disparities in health.

Introduction

- The NL HWB is a partnership between key local bodies that impact the health and wellbeing of our community throughout their lives. Based on a set of underpinning principles, the HWB sets an overarching strategy for improving health and tackling health inequalities. Partners are required to have regard to the Strategy in their work within their organisation and collaboratively across the local system of public services.

- Alongside our genetics and the services available to us, the opportunities to be healthy are important for us to stay as well as we can well throughout our lives. These opportunities lie in the places and communities that we live, work and play in.

- Places that enable us all to live well as the default, flattening the differences in opportunities to be healthy that we see between communities, are the bedrock for improving our health and wellbeing. This means that the business of our Health & Wellbeing Board is not just around health and care services, but also around creating the right conditions for us to look after ourselves – from ensuring our children are ready to make the most of their schooling through to keeping us active in our retirement.

- 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 as important as *what* we do.

JHWS Themes

- HWB held a series of workshops to identify themes for this new strategy:
    - 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 learned from the pandemic inequalities and preventable health issues have been thrown into sharp relief. And we have learned that given the right conditions, we can swiftly adapt our health behaviours, eg walking and cycling in lockdown. We have grown used to medical appointments online and meeting remotely, keeping services up and running.

- The NL HWB is in a unique position to apply learning and experience to further improve health locally. The right people are round the HWB table to make the changes needed. There is urgency in the work, we know that if we do not act now, the next generation will be less healthy, less able to participate in their communities and contribute to the local economy.

Underpinning principles

- **Principle 1: We will work from the evidence**: Alongside insight from local data we will learn from experience here and elsewhere. This will help us make fair and value for money decisions, prioritising investments where they are needed.

- **Principle 2: We will build on our Assets.** We will make the most of local talents, skills, people and places, testing and improving services and programmes with residents. This will help us enabling stronger strengthen communities and design better interventions and places.

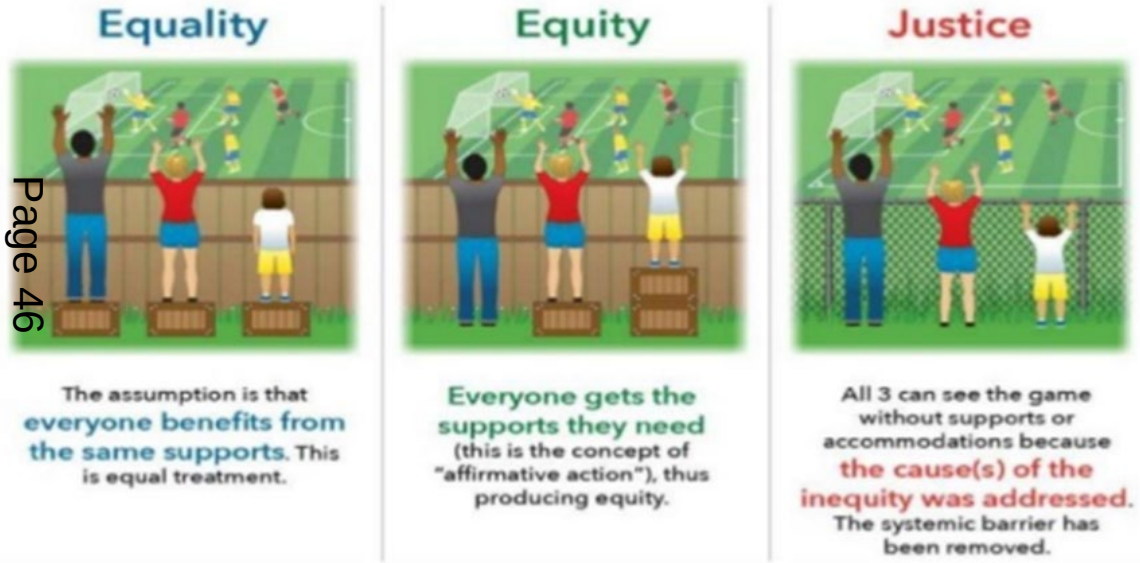
- **Principle 3**: **We will work for all ages and all communities.** We will enable our communities across their lifetimes and tackle health inequalities. This will help us create the conditions for lifelong health and wellbeing and tackle the inequalities are bad for all of us.

- **Principle 4: We will act for now and the future:** We will support people to stay well now and for the years to come. This will help us take action to prevent ill health.

- **Principle 5: We will be fair.** We will challenge unjust differences in health and wellbeing . This will help us built equity in health opportunities and outcomes as well as protecting vulnerable people.

NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
Integrated Working For Better Outcomes

Key issues: Levelling up



- One of the biggest challenges we face is to close the differences in health and wellbeing between communities. These unfair differences show up in many facets of health and wellbeing and are driven largely by differences in the opportunity to be healthy. Tackling inequalities effectively, requires bespoke approaches for different communities, to remove barriers to health and wellbeing.
- Multiple deprivation is strongly associated with poorer health and wellbeing and lower levels of opportunity to be healthy. At each level of increasing deprivation you see worsening rates of illness and health harms.

NHS Commitment to tackling impact of Covid on health inequalities

NHS commitment to 9 urgent actions:

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
- Particularly support those who suffer mental ill-health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely
- Collaborate locally in planning and delivering action

Key issue: Prevention

- The HWB recognises that on the whole people want to be well and want to look after themselves. As we age as a population and more treatments are available to us, we are using more and more public resources. Many of the illnesses we present with are preventable or possible to manage better. We have an opportunity to shift our focus to prevent ill health and stay fit for longer. The NHS Long Term Plan supports this approach.

- The key causes of early death and disability locally are Cancer, heart disease, stroke, mental ill health and Musculo-skeletal disease. All these have risk factors that are preventable, including smoking, excessive alcohol consumption, a sedentary lifestyle, a poor diet and excess weight. The effectiveness of treatment is also enhanced when these risks are managed. Living well and avoiding these risks is enhanced by the environment we live work and play in, so a key part of prevention is designing places where healthy living is the easy option.

- The organisations represented on the HWB are key local employers and trusted voices. Hospitals, schools and Councils are businesses that have survived generations and seen as anchors in our community. we have an opportunity to set an example in the way we conduct our business to support health and wellbeing, for example by encouraging active travel, a healthy food offer, minimising impact on air quality and supporting workforce health and wellbeing.

NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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Themes and Actions

Options for HWB action

Theme 1: Keep North Lincolnshire **safe and well**.

- Deliver the Local Outbreak Management Plan
- Ensure inequalities/disparities are addressed in our response to direct and indirect harms from Covid
- Be prepared to identify and respond to new challenges from Covid as they arise

Options for HWB action

Theme 2: Babies, infants and young people to have the best start in life.

Embedding Health & wellbeing into the One Family Approach, including

- Healthy parenting, eg Smoke free homes; smoke free pregnancy, sensible drinking
- Improving healthy weight in children
- Enabling emotional health & wellbeing eg School Wellbeing work; mental health support teams; improving resilience and access to treatment
- Driving equity in maternal and child screening and immunisations
- Reducing Teen pregnancy

Options for HWB action

Theme 3: People live well to enjoy healthy lives

- Embed 5 ways to wellbeing throughout life
- Support smokers to manage their tobacco addiction
- Embed healthy living in workplaces
- Healthy hospitals programme

Options for HWB action

Theme 4: People experience equity of access to support their health and wellbeing

- Support population health management approaches to actively seek out inequalities in programme design and use, to aid improvement.
- Design bespoke interventions to level up opportunities for health & wellbeing
- Target groups at high risk of ill health in routine service delivery

Options for HWB action

Theme 5: Communities are enabled to be healthy and resilient.

- Use our green spaces, cultural and leisure opportunities to support active living and mental wellbeing
- Build health in all policies by designing health and wellbeing into local plans and processes, eg plans for housing, the built environment, the economy and the green futures strategy, planning and development processes
- Improve cycling infrastructure
- Eat well schemes
- Encourage ‘good work’ that supports health
- Tackle insecure employment
- Encourage uptake of apprenticeship and other career development opportunities

Options for HWB action

Theme 6: To have the best systems and enablers to effect change

- Strengthen processes for genuine coproduction and engagement with children and adults.
- Build on recent accelerated progress to further improve and embed as routine, data sharing and linkage across the system for children and adults.
- Build on integration of health and social care services around population needs.
- Commitment to full engagement in partnerships and collaboration work from all partners.

Next steps

- HWB support for strategic direction
- Task existing or new groups to lead on a theme on behalf of HWB eg Children's Trust, HPOM. Groups would select 1 or 2 areas for each theme where partnership action adds particular value to regular organisational business.
- Concurrently develop detailed action plans and metrics with public and stakeholder engagement, supported by JSNA.
- Any formal ratification of strategy by Council and NHS complete by end March 2022
- Adopt timetable for regular reporting and review by HWB
  - Quarterly progress report to Board
  - Forward plan HWB topic sessions on cross cutting themes, eg physical activity, tobacco control, obesity, inequalities
  - Annual review and revision

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A Joint Health & Wellbeing Strategy for North Lincs

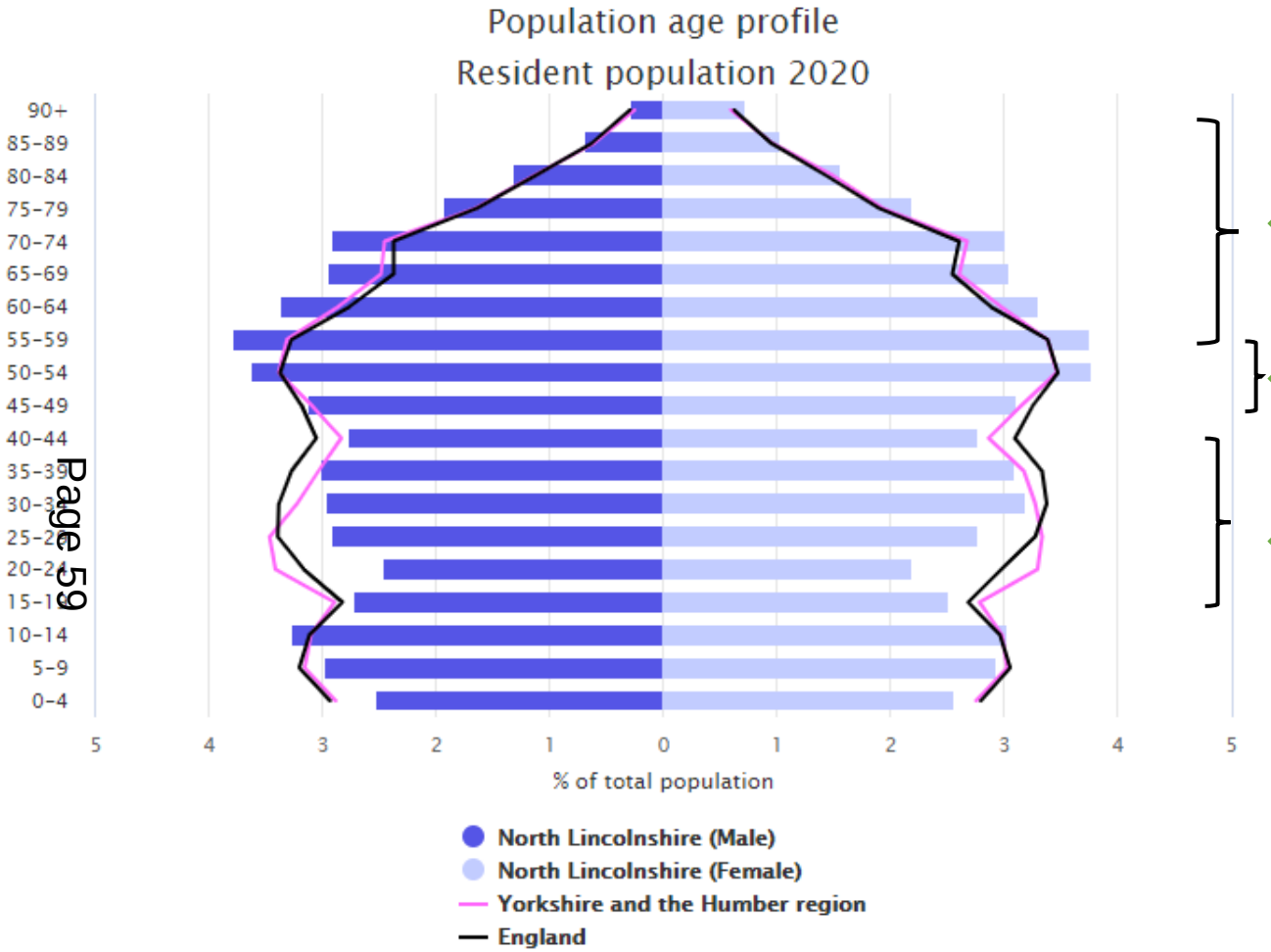
JSNA supporting information

September 2021

Questions to consider

- What do changing demographics mean for North Lincolnshire?
- What are the biggest causes of death and ill health in North Lincolnshire?
- How do disparities in health and wellbeing affect us?
- What evidence is behind the JHWS strategic themes?
- What are risk factors associated with early death and disability?
- What are the economic case for prevention?

What will changing demographics mean for North Lincolnshire?

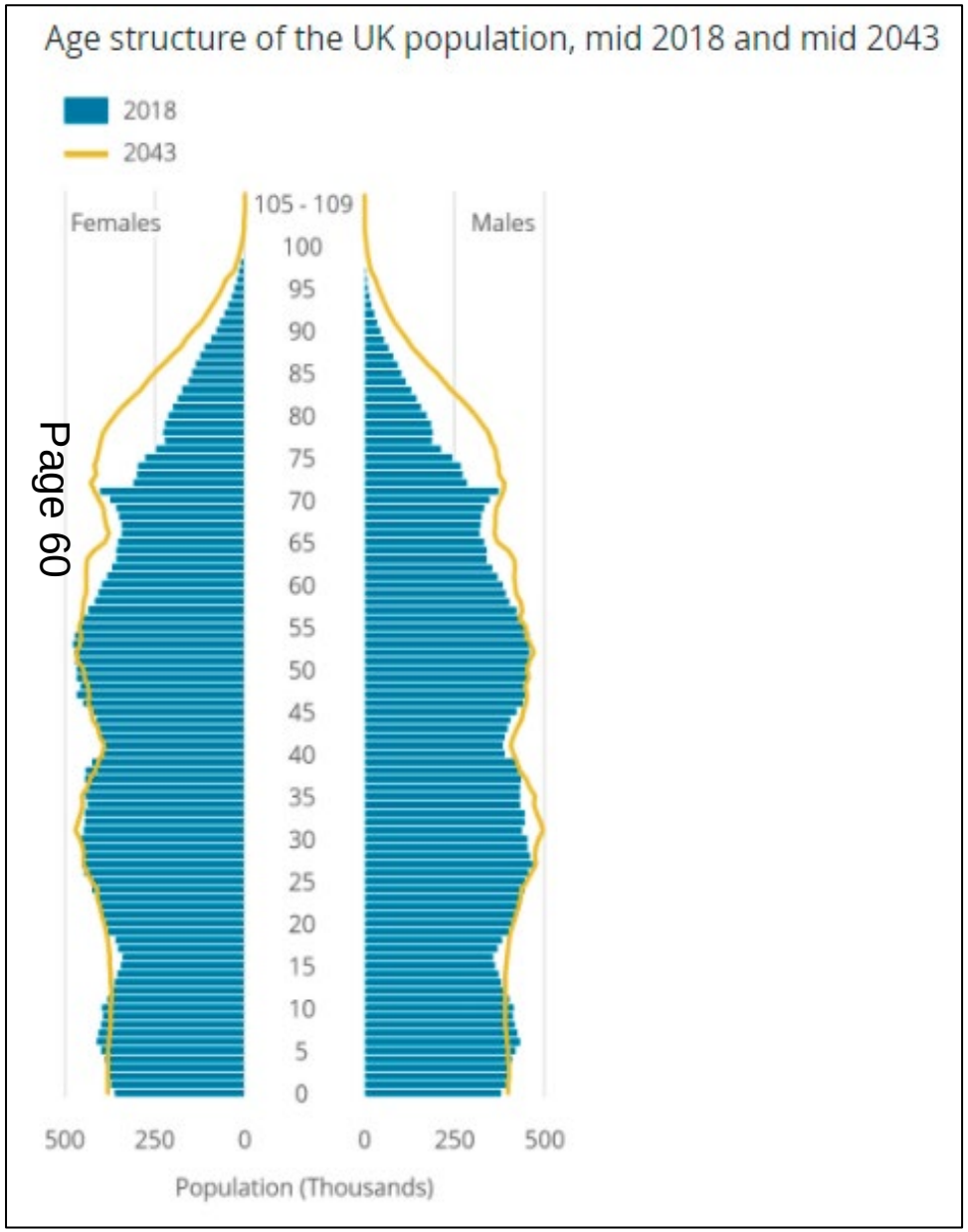


Compared with Eng & Humber averages, NL has a greater number of people over the age of 60

Over the next 10 years, the trend will continue as the 50-59 age group gets older

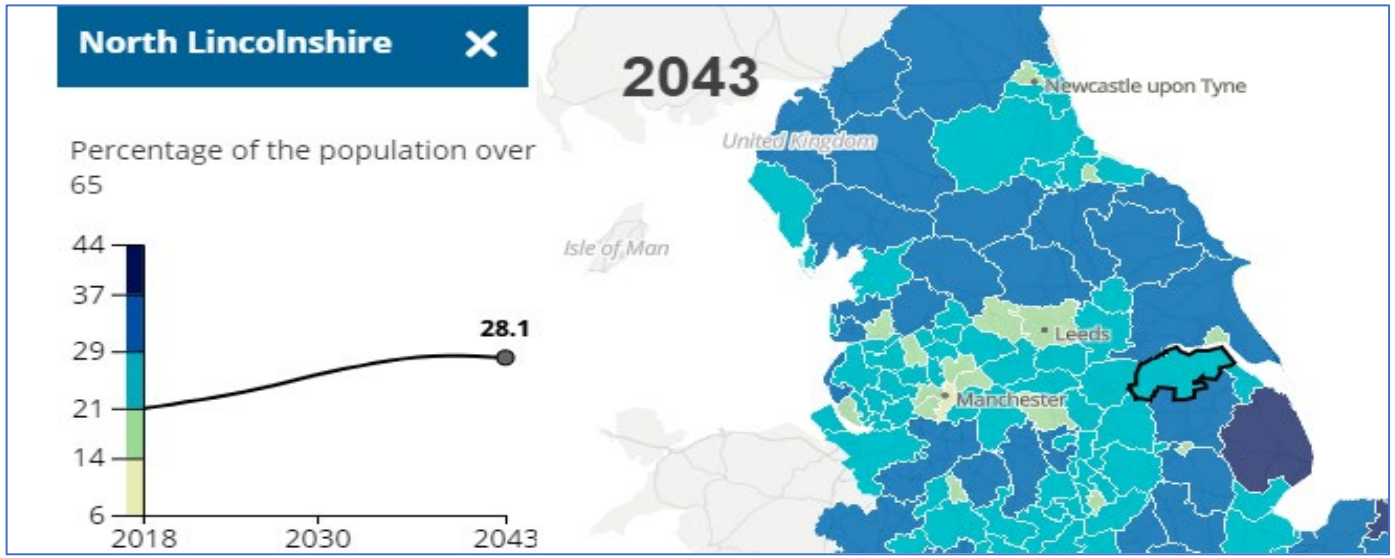
Fewer people in the working age population, will this be a workforce issue?

What will changing demographics mean for North Lincolnshire?



ONS Projections:

In mid 2043, there are projected to be many more people at older ages. This partly reflects the 1960s baby boomers now being aged around 80 years but also general increases in life expectancy. In mid 2018, there were 1.6 million people aged 85 years and over; by mid 2043, this is projected to nearly double to 3.0 million



ONS Projections North Lincolsnhire :

60+ age groups are expected to increase from 21.1% in 2018 to 28.1 by 2043. and LA areas within the HCV boundary are expected to have highe percentages.

What will changing demographics mean for North Lincolnshire?

Some implications of an aging population

- We are living longer, but with more years in poorer health. Increases in healthy life expectancy (HLE) measured at 65 and 85 are not keeping pace with improvements in overall LE. This suggests that real health improvements are being experienced by younger people and that people over 65 are spending more time in ill-health.
- Changing dependency ratios will mean that while the need for care and support increases, the UK will have proportionately fewer people to provide it
- Demographic change will greatly increase demand for housing that enables independence and quality of life for older people.
- The enablers to connectivity, particularly technologies, transport systems and the built environment, will all need to adapt to demographic changes

What are the biggest cause of mortality and morbidity in North Lincolnshire?

Illness	Rank by cause of Mortality	Rank by causes of Morbidity	Difference In rank
Neoplasms (cancer)	1	1	0
CVD	2	2	0
Chronic respiratory (COPD)	3	4	1
Neurological disorders	4	6	2
Respiratory infections & TB	5	12	7
Digestive diseases	6	9	3
Diabetes and CKD	7	8	1
Other Non communicable	8	7	1
Unintentional injuries	9	10	1
Self harm & violence	10	-	-
Transport injuries	11	17	6
Substance use	12	13	1
MSK	13	3	10
Skin disease	14	14	0
Enteric infections	15	19	1
Maternal & neonatal	16	16	0
Other infections	17	20	3
HIV/AIDS and STIs	18	-	-
Nutritional deficiencies	19	18	1
NTD and malaria	20	-	-

Source: GBD 2019

This table provides a comparison between the illnesses that cause morbidity or illhealth and the illnesses that cause death or mortality.

Using a simple analysis of ranking the causes of mortality and morbidity we can see that, that the morbidities often translate into mortality. This suggests that if we look to prevent the onset of a number of key illnesses that cause morbidity, this will also delay premature death.

For example, we can see clearly that factors such as cancer, CVD, COPD, digestive disorders, diabetes and chronic kidney conditions cause morbidity which can lead to mortality

About 15 million people in England have a long-term condition . Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension

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What are the biggest cause of mortality by age in North Lincolnshire (2018/20)?

Rank	AGE (Years)						
	0-4	5-19	20-34	35-49	50-64	65-79	80+
1	Perinatal (9)		Intentional (13)	Heart disease (27)	Heart disease (101)	Heart disease (314)	Heart disease (555)
2			Accidental poisoning (8)	Accidental poisoning (24)	Upper gastrointestinal cancer (81)	Lung cancer (235)	Dementia (540)
3				Intentional (16)	Lung cancer (66)	Upper gastrointestinal cancer (217)	Stroke (234)
4				Lung cancer (13)	Chronic lower respiratory disease (47)	Chronic lower respiratory disease (174)	Influenza and pneumonia (216)
5				Liver disease (12)	Liver disease (42)	Stroke (94)	Chronic lower respiratory disease (198)
6				Upper gastrointestinal cancer (11)	Breast cancer (27)	Urological cancer (92)	Upper gastrointestinal cancer (179)
7				Chronic lower respiratory disease (10)	Other cancer (27)	Dementia (90)	Covid-19 (147)
8					Stroke (26)	Covid-19 (72)	Urological cancer (127)
9					Neurological (21)	Other cancer (68)	Lung cancer (119)
10					Haematological cancer (19)	Haematological cancer (66)	Digestive disease (95)

- Heart disease is the leading cause of death for 35+yrs, particularly between 65-79 years and alongside dementia for 80+ years affecting about 330 people per year
- Stroke is also a leading cause of death amongst 80+yrs affecting 80 per year
- Self-harm and accidental poisoning are the predominant causes of death for young adults under 35 years and 35-49 year olds behind heart disease, although numbers are low amounting to about 20 per year
- Lung cancer and upper gastrointestinal cancer are the predominant causes of death for 50-79 year olds behind heart disease, accounting for about 100 deaths each every year and also impact on the oldest, also with 100 per year
- Chronic lower respiratory disease (mainly COPD) accounts for 140 deaths per year, starting as early as 35 and peaking amongst the oldest
- Deaths from influenza and pneumonia impact the oldest with about 70 per year and over 200 deaths from Covid-19 during 2020

Cancer
Cardiovascular
Digestive
Endocrine and
External
Haematological
Infant
Infections
Mental health
Neurological
Perinatal
Respiratory
Other

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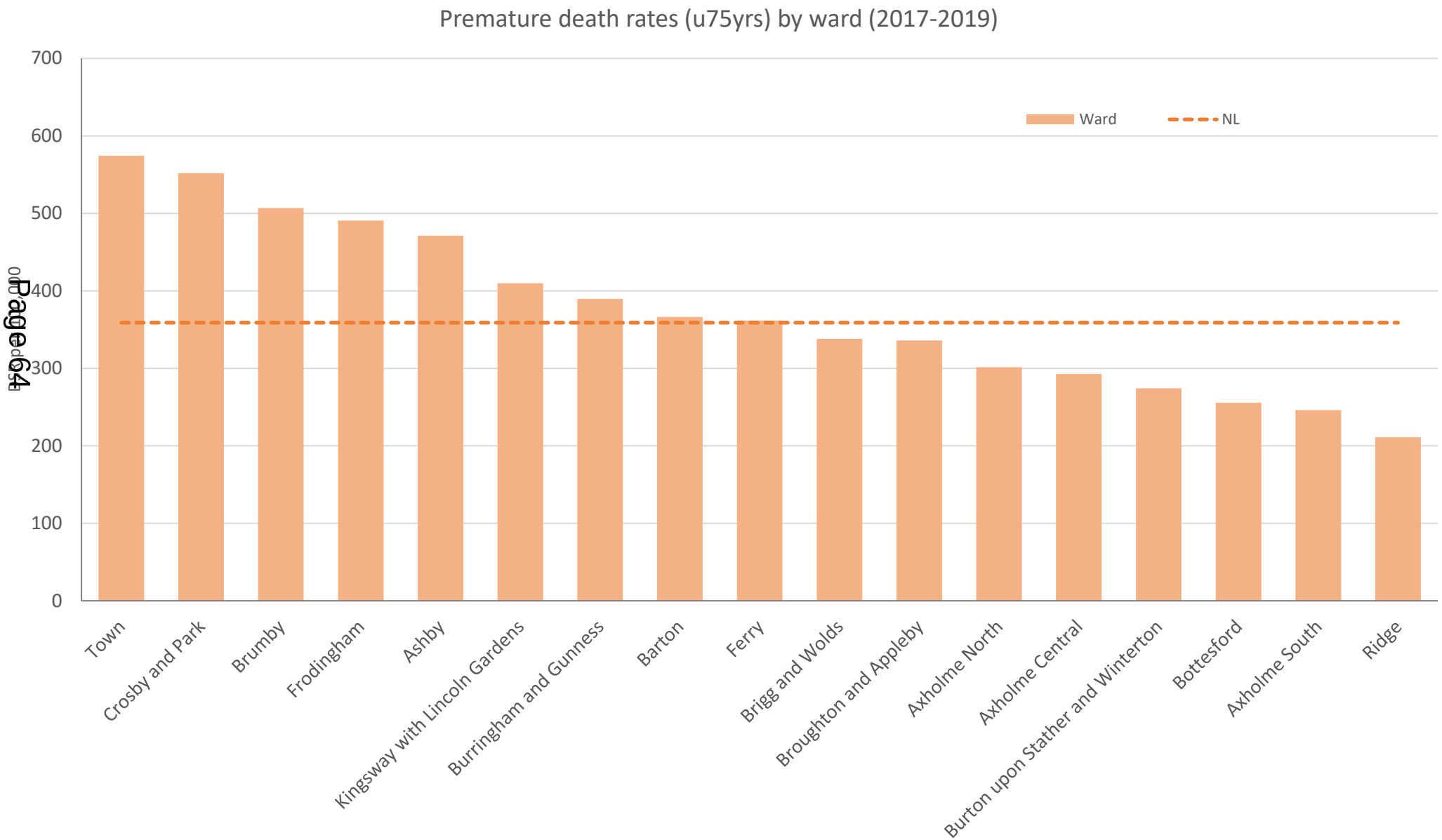
Early deaths by ward in North Lincolnshire



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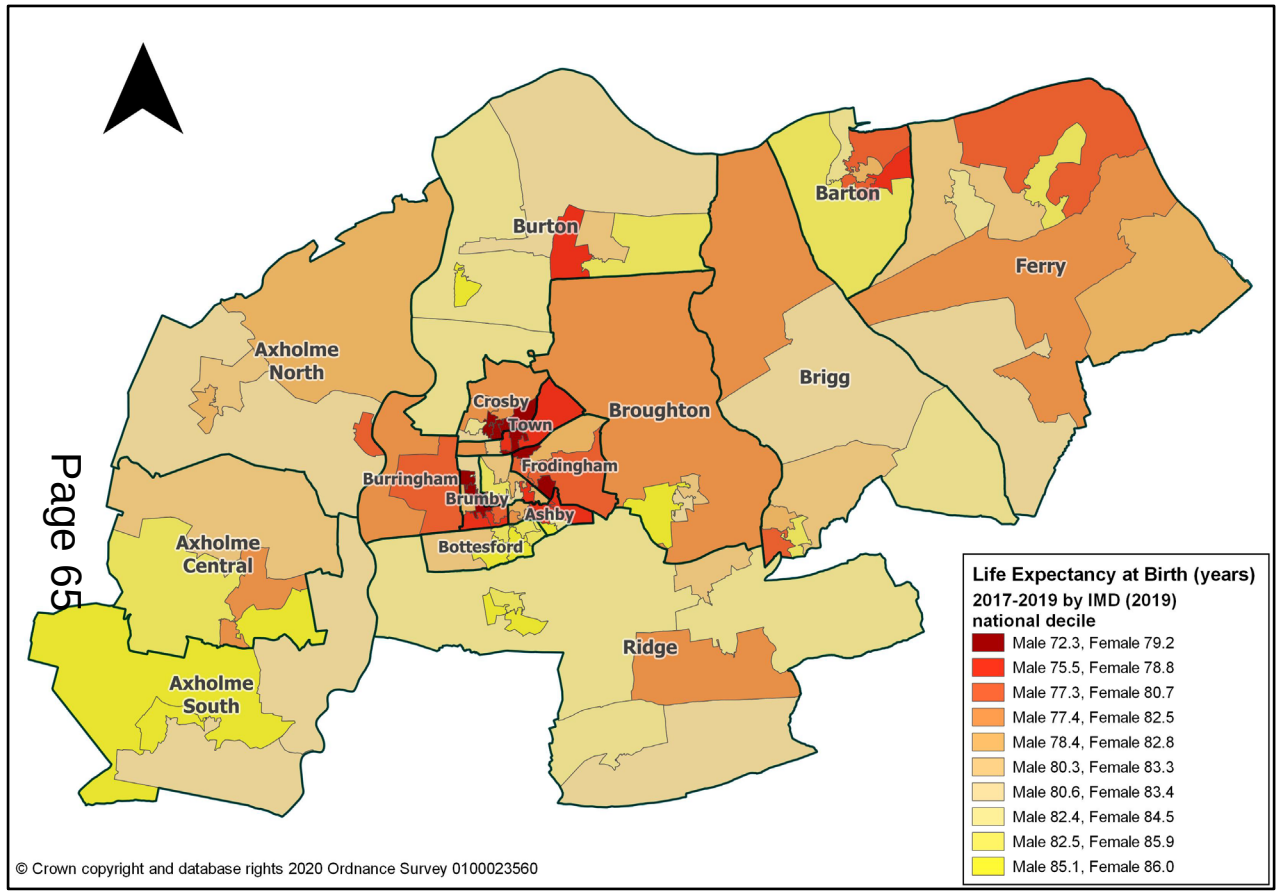
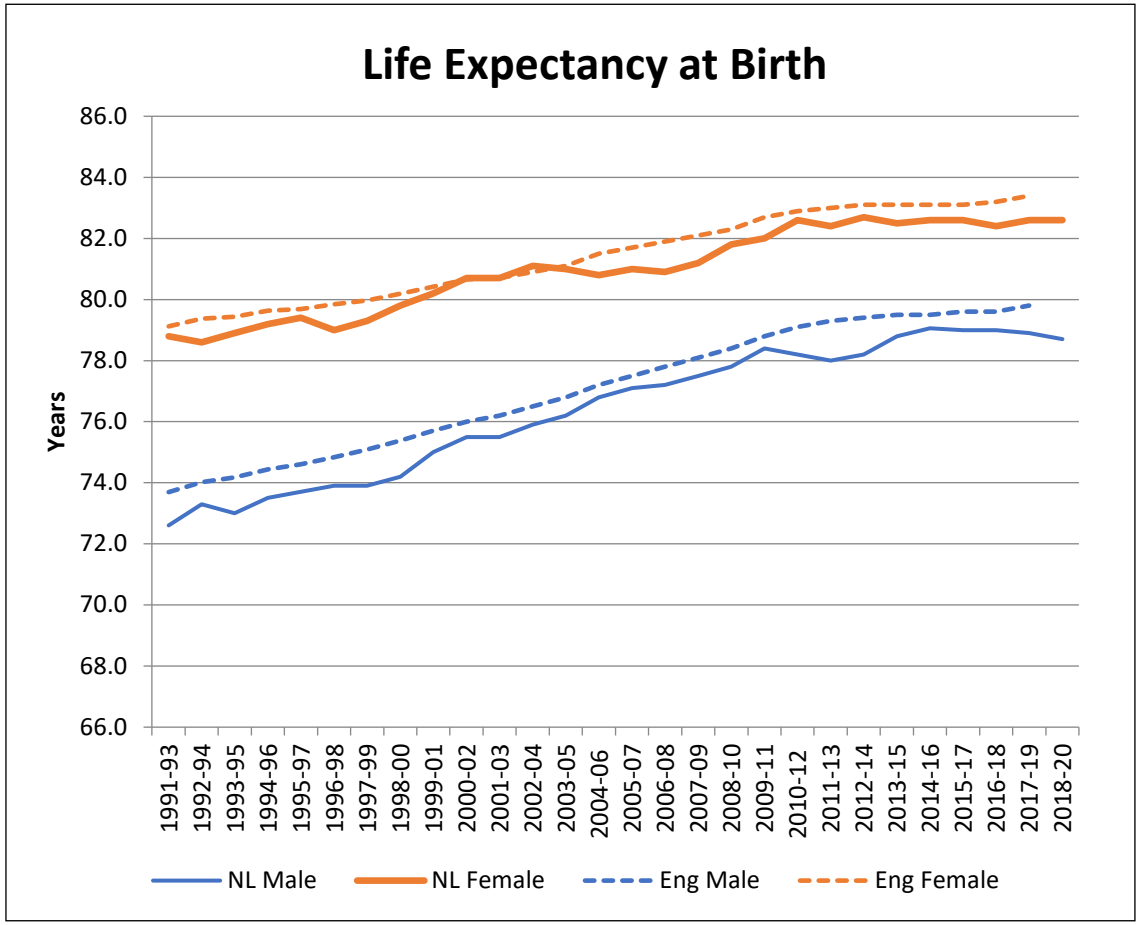
HEALTH AND WELLBEING
Integrated Working For Better Outcomes

How do health inequalities affect our communities?





- Health inequalities are *avoidable and unfair differences in health status between groups of people or communities*.
- In North Lincolnshire life expectancy is 9.7 years lower for men and 9.1 years lower for women in the most deprived areas of North Lincolnshire than in the least deprived areas.

NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD

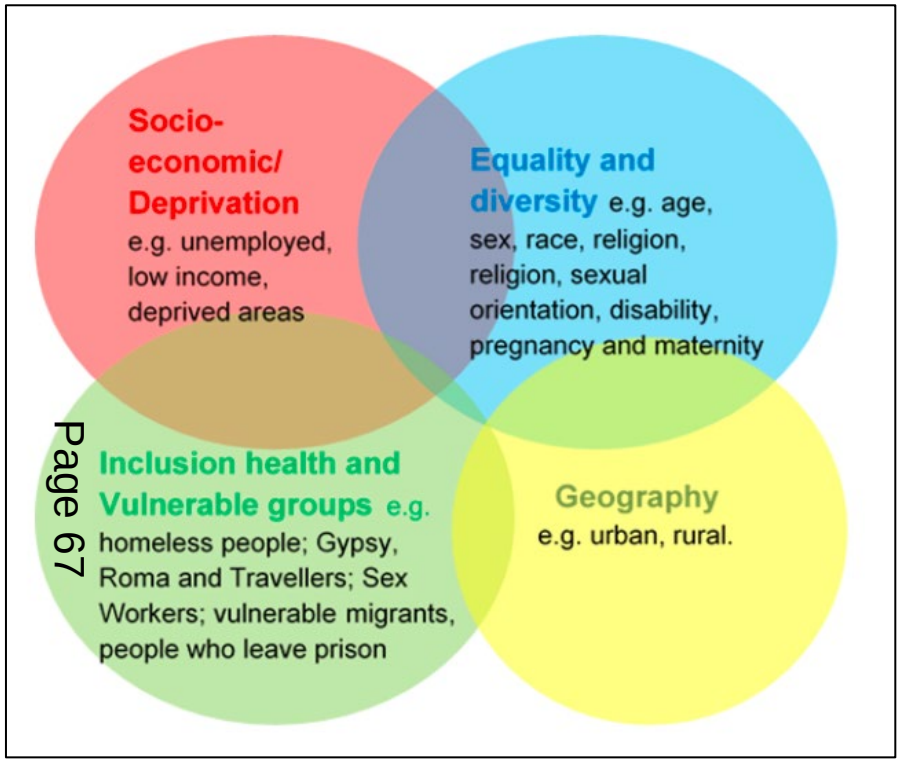
Integrated Working For Better Outcomes

Theme 1: Keep North Lincolnshire **safe and well**.

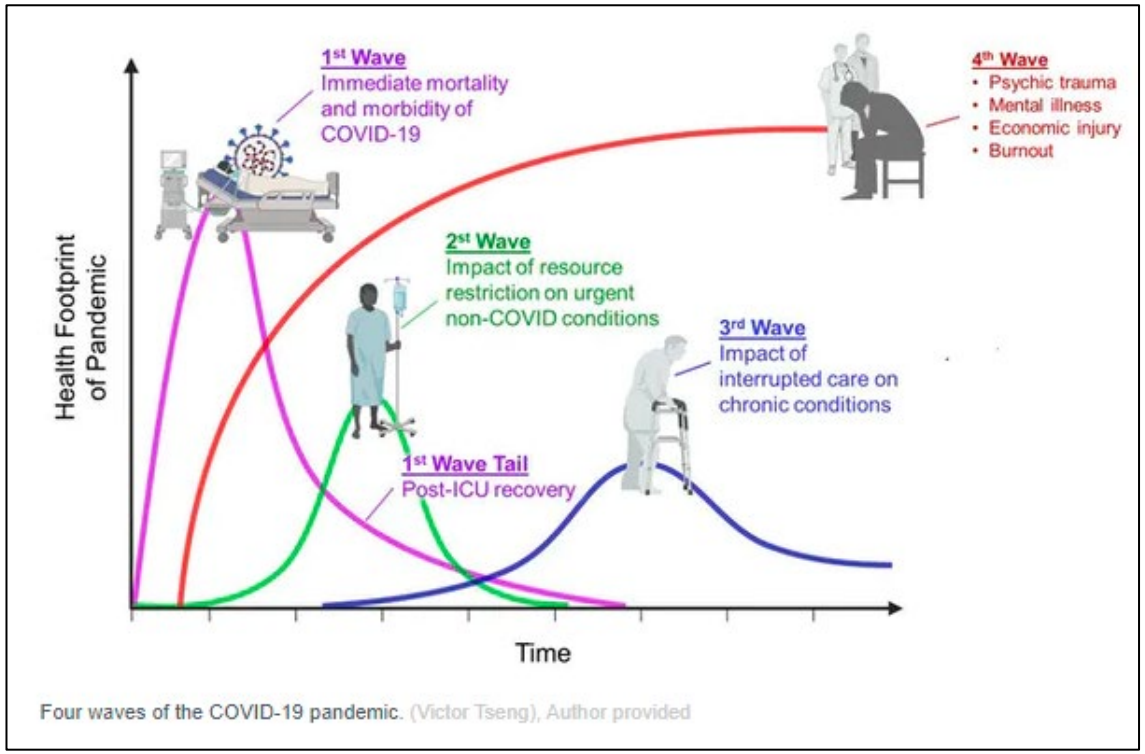
JSNA Intelligence

Theme 1: Impact of COVID

COVID impacts on society



COVID impacts on people's health and the health system



Four waves of the COVID-19 pandemic. (Victor Tseng), Author provided

Health Protection and managing outbreaks

Plan

- Prevention and Outbreak Framework in the Humber
- COVID 19 Local Outbreak Management Plan

Do

- Partners delivering on the plan objectives

Review

- Weekly HPOM Meetings

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Theme 2: Babies, infants and young people to have the best start in life.

JSNA Intelligence

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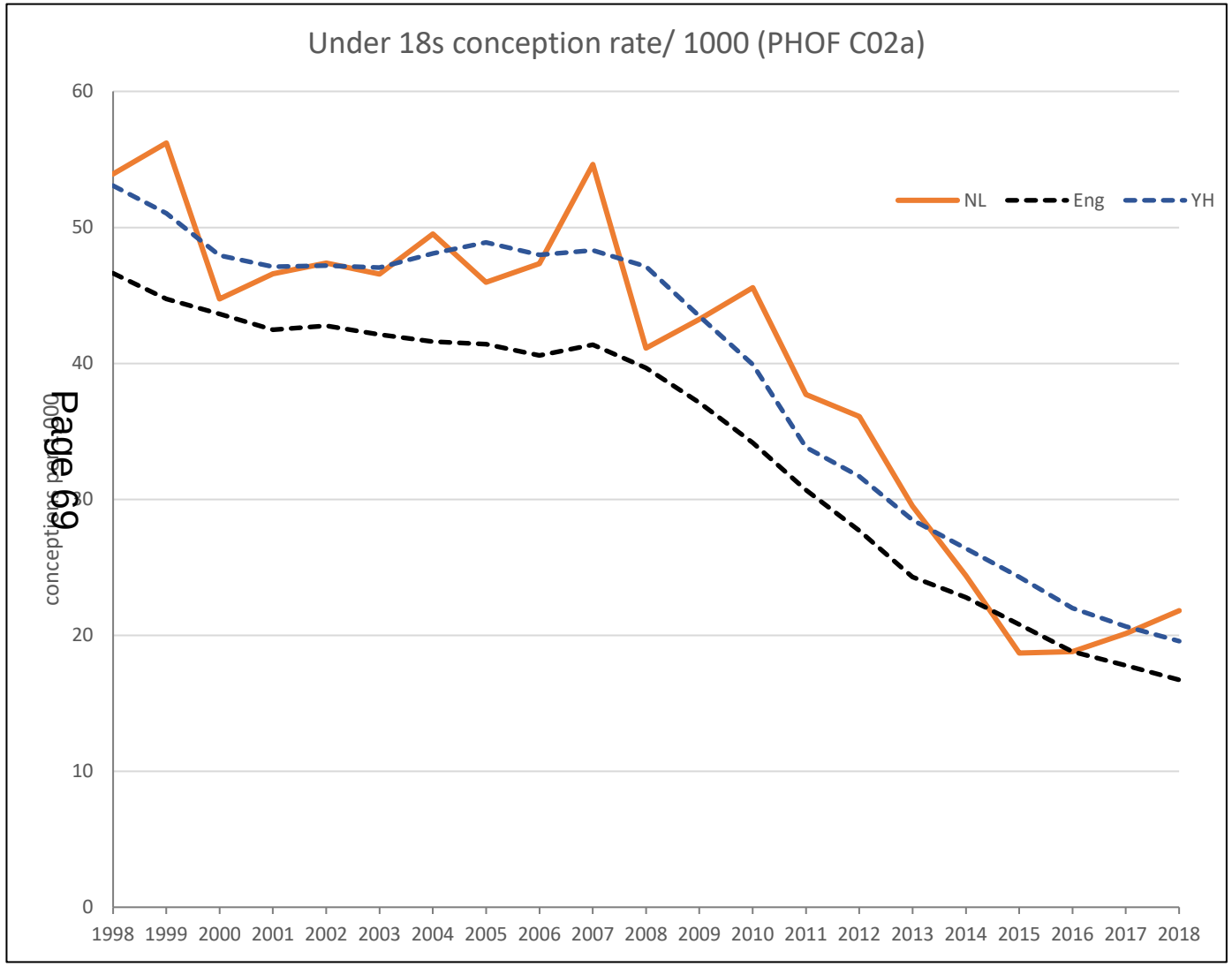
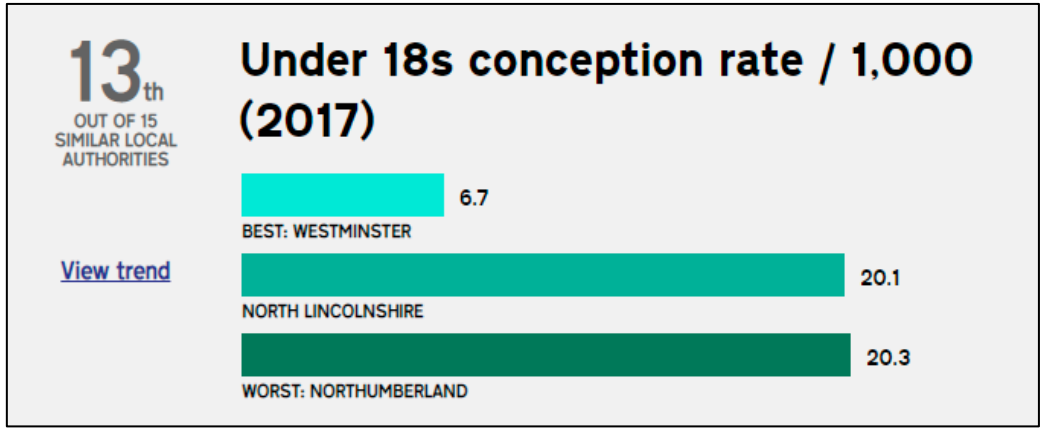
Under 18 Conceptions

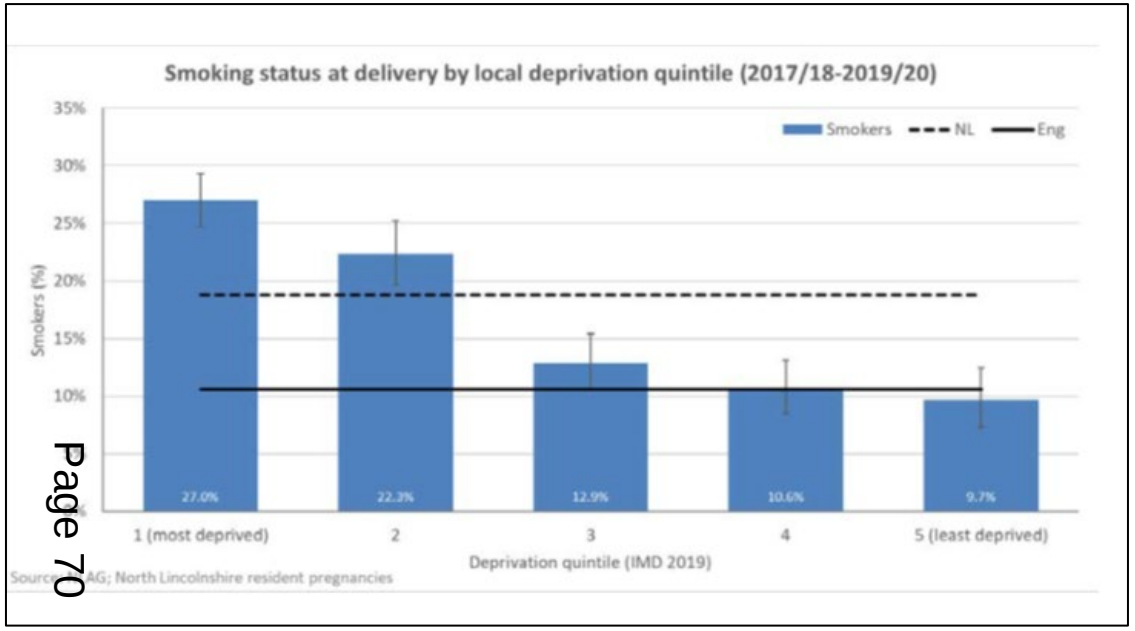


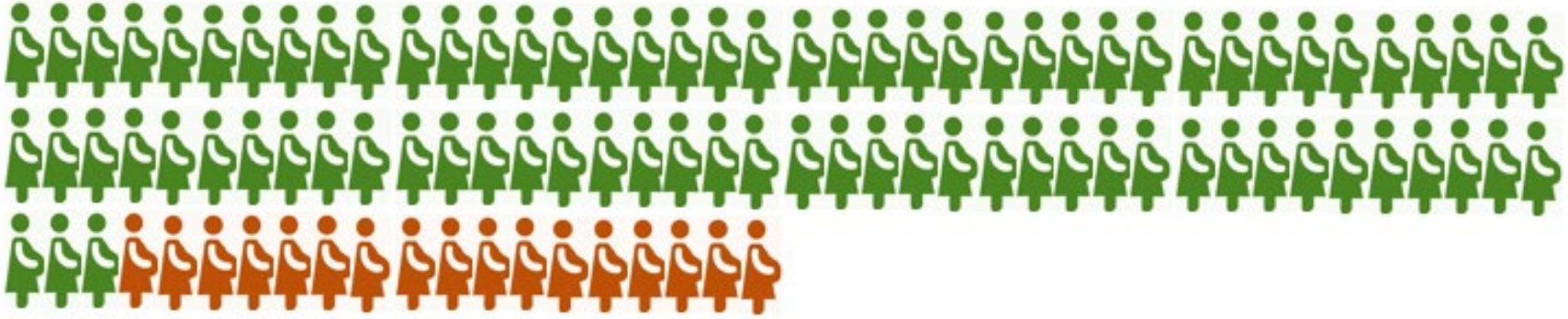
Research has shown that teenage pregnancy is associated with poorer life chances and health outcomes for both parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty, and have a higher risk of mental health problems than older mothers. **Infant mortality** rates are 60% higher for babies born to teenage mothers. As children they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems.

https://www.nuffieldtrust.org.uk/resource/teenage-pregnancy



Maternal smoking at the time of birth





260 (16.9 %)women smoking at the time of pregnancy 2020-21 NHS Digital

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Healthy weight in children

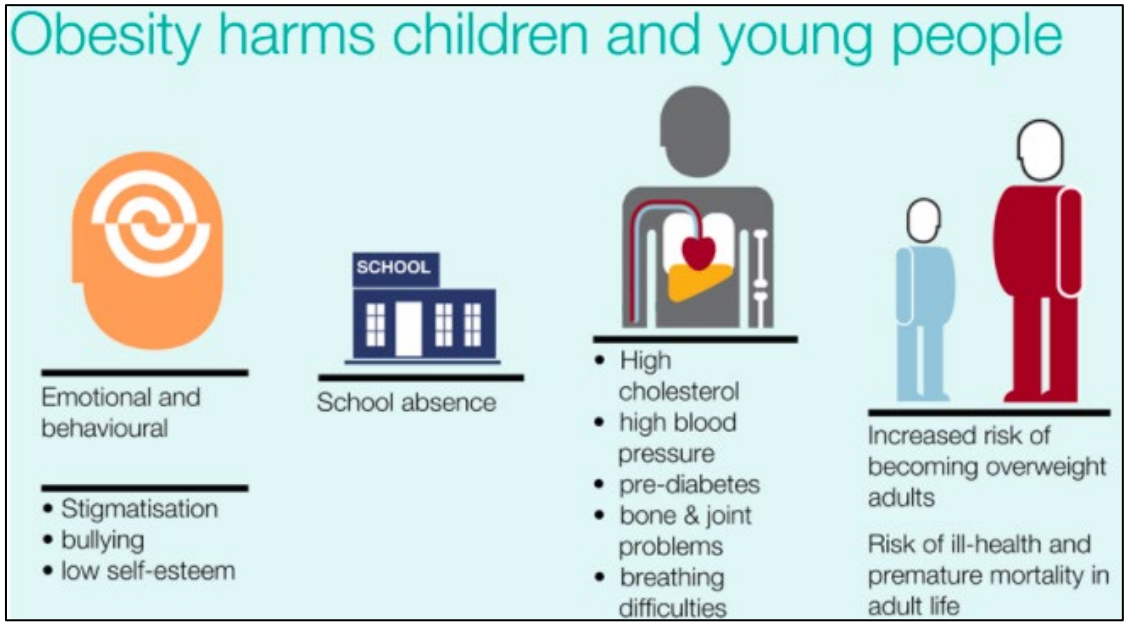
Compared with England ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Year 6: Prevalence of overweight (including obesity) 2019/20

Area	Recent Trend	Count	Value
England	↑	172,831	35.2
Yorkshire and the Humber region	↑	16,465	35.8
Bradford	↑	1,165	40.8*
Doncaster	↑	1,370	38.3
Rotherham	→	840	37.9*
Kingston upon Hull	→	1,170	37.6
North East Lincolnshire	→	680	37.0
Wakefield	→	1,285	36.4
Kirklees	→	1,390	36.3*
North Lincolnshire	→	695	35.8
Sheffield	→	1,675	35.7
Calderdale	→	780	35.0
Leeds	→	2,295	34.7
York	→	245	33.8*
Barnsley	→	525	33.4*
North Yorkshire	→	1,625	32.5
East Riding of Yorkshire	→	725	31.8*

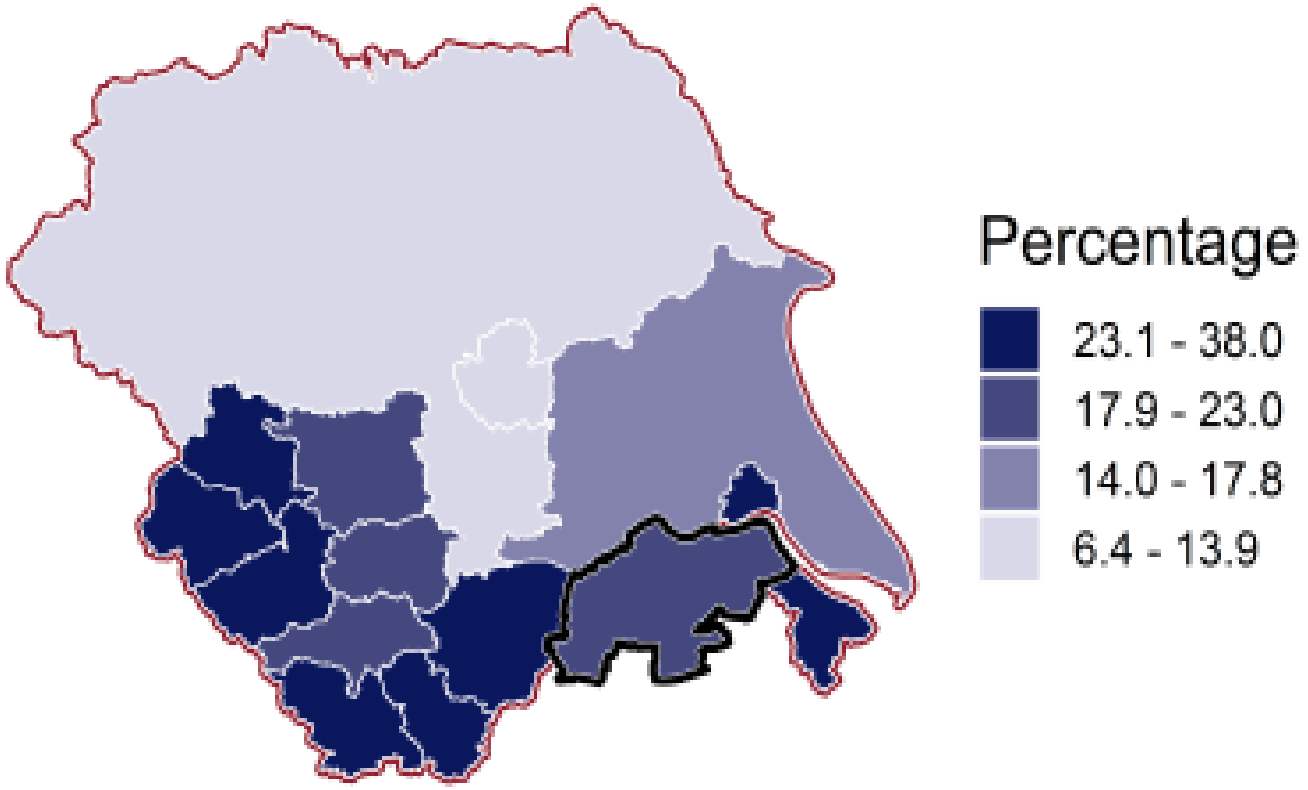
695 (35.8%) Y6 Pupils are overweight

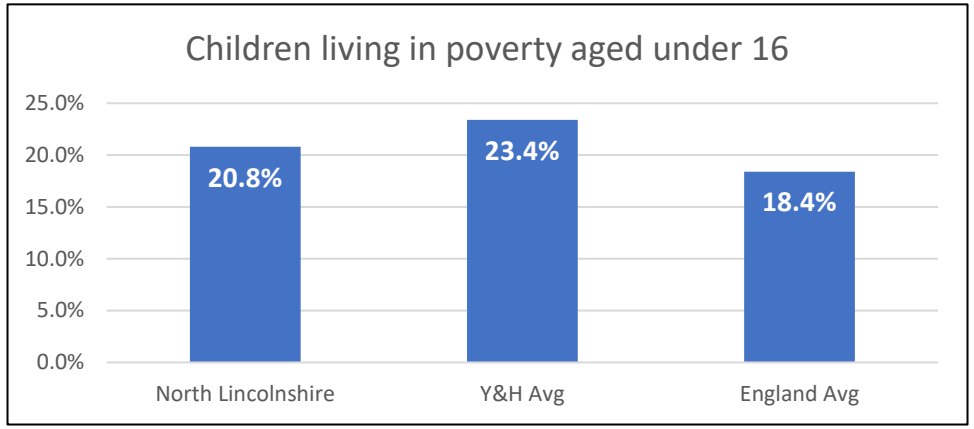


Childhood poverty

Children living in poverty

Map of Yorkshire and The Humber with North Lincolnshire outlined, showing the relative levels of children living in poverty





Poorer health and wellbeing

There are several ways in which living in poverty can lead to poorer health outcomes in children, as well as into adulthood.

Being exposed to some or all of the key factors below, as well as the accumulation of exposure over time, can adversely impact on child development and health outcomes.

- Limited money for everyday resources - including good quality housing.
- Stress of living in poverty.
- Unhealthy lifestyles.
- Poorer education and employment opportunities.

Children's experience of poverty can also lead to bullying, or feelings of exclusion, as they may have fewer friends and less access to the social activities of their peers.

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Theme 3: People live well to enjoy healthy lives

JSNA Data & Intelligence

NORTH LINCOLNSHIRE BOARD

5 Ways to Wellbeing

CONNECT

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

BE ACTIVE

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

TAKE NOTICE

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

KEEP LEARNING

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

GIVE

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Why is this important? Loneliness example

A survey conducted by the charity Campaign to End Loneliness found that over nine million people in the UK say they are always or often lonely. That's a fifth of the population. Two thirds of the population said they wouldn't feel comfortable admitting it if they were.

COVID-19 has exacerbated feelings of loneliness by physically isolating us from the people and things that bring us comfort.

Feeling lonely can also have a negative impact on your mental health, especially if these feelings have lasted a long time. Some research suggests that loneliness is associated with an increased risk of certain mental health problems, including depression, anxiety, low self-esteem, sleep problems and increased stress.

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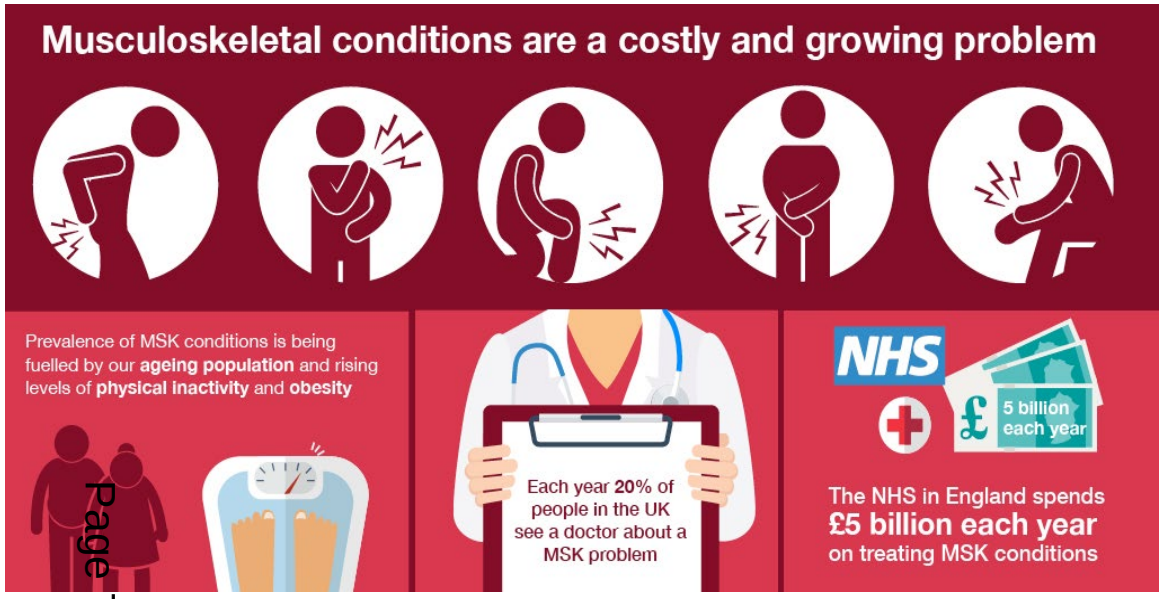
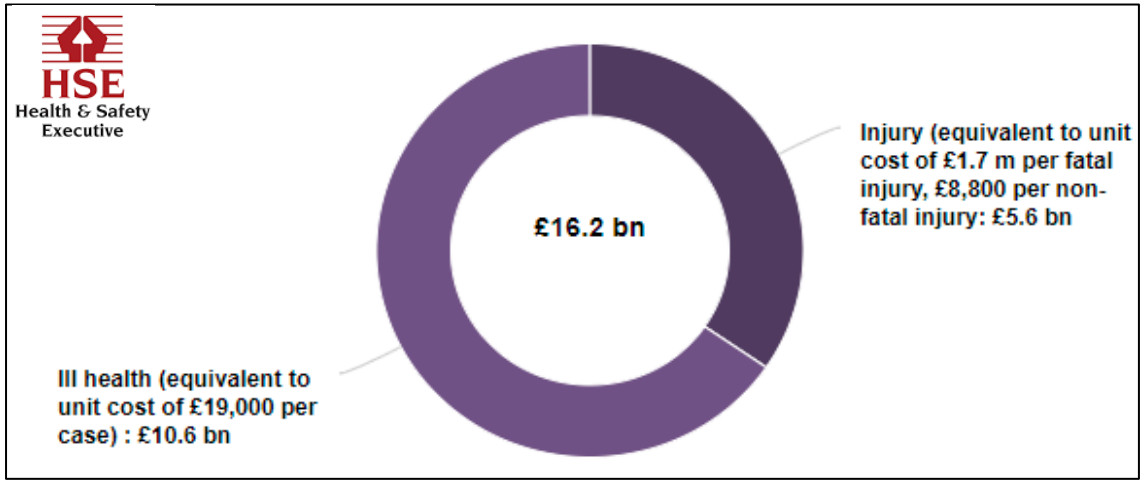
Embedding healthy living in the workplace

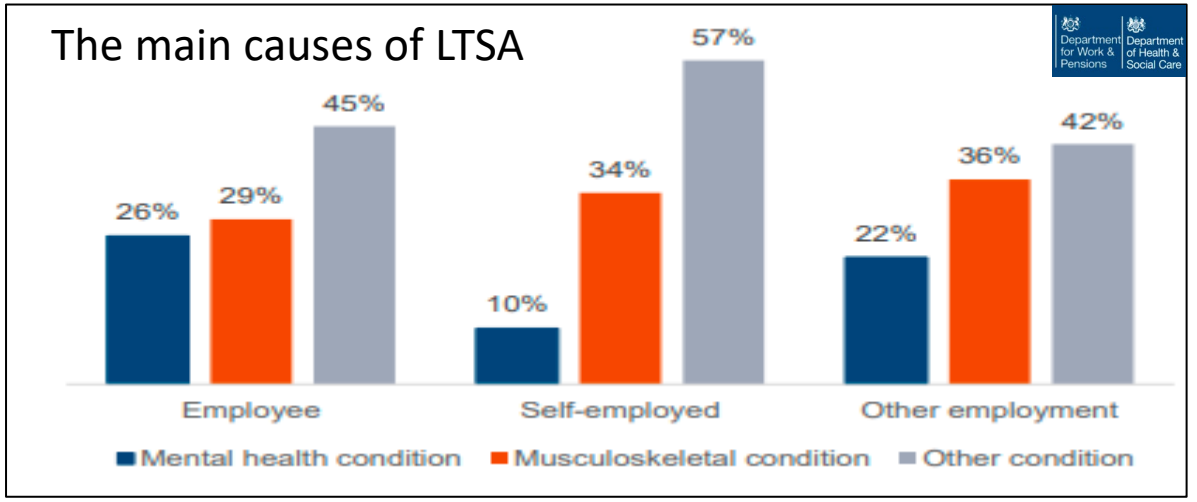


Lower back and neck pain remain the biggest cause of ill health overall and across the age groups. There are 9.11 million people living with long-term back pain in England alone, and over 8.75 million people aged 45 and over have sought treatment for osteoarthritis.

One reason why MSK conditions are the biggest contributor to morbidity is that they are generally not fatal, meaning people can live with them for many years.

MSK one of the most common reasons for sickness absence in the NHS.





Embedding healthy living in the workplace

Wellbeing at Work – Engagement on the Scheme

23 workplaces are currently progressing through the award levels

Wellbeing at Work – Reach of Programme

How many employees does this cover?

	Approximate number
British Steel	4,000
North Lincolnshire Council	4,000
North Lindsey College	200
Rotherham Doncaster and South Humber NHS	3,000
HWRA	5

	Approximate number
ongo	200
NHS Northern Lincolnshire and Goole	100
Humberside Fire & Rescue Service	2,000
2 sisters Food Group	2,000
Home Valley Primary School	50

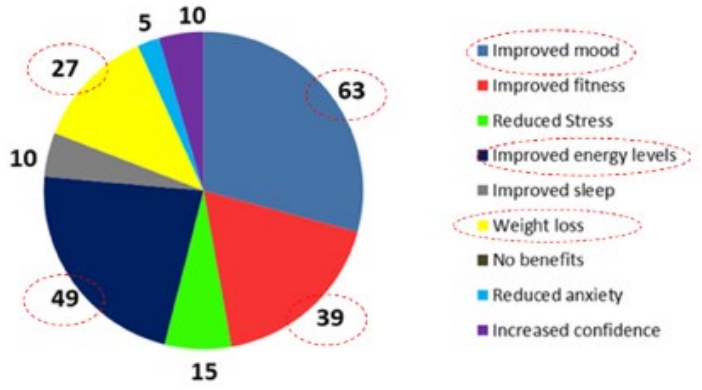
Better than 1 in 10 adults in North Lincolnshire are covered by the scheme

Add to this family members/others who the employees influence

Wellbeing at Work – The Support We Give

- Health Champion training and coordination
- Health Checks
- Advice and guidance
- Health awareness campaigns
- Healthy lifestyle support groups and local services
- Public health training opportunities
- Coordinating inter-workplace health activity

6. Did you notice any health or wellbeing benefits from taking part in the pedometer challenge?



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Theme 4: People experience equity of access to support their health and wellbeing

JSNA Data & Intelligence

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HEALTH AND WELLBEING
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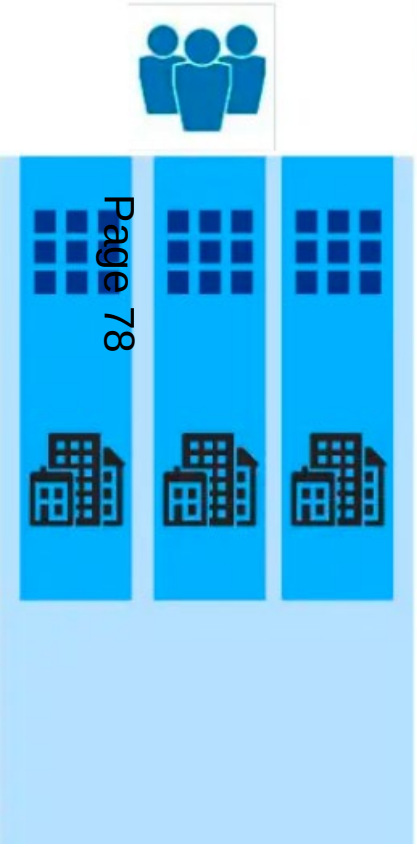
Population Health management

All tiers of a system undertake PHM

More timely **joined up data flows** and **automated analyses** will offer insight to enable more **responsive anticipatory care**, but it will be crucial that systems look to release and **streamline capacity and capability** to more effectively support care coordination and delivery.



Individual	• Individual having access to and being able to amend their own care record **enabling self care**. • Health and care professionals across settings having access to an individual's care record to support **personalised care**, PHBs and targeted prevention.
Neighbourhood ~50k	• Multi-disciplinary teams using real-time **risk stratification** to flag interventions for populations and individuals. • Using person level data for **case identification and management** and to optimise how people are directed through their pathway of care.
Place ~250-500k	• In-depth **segmentation, risk stratification, and actuarial analysis** to identify **opportunities** to redesign care and develop proactive **interventions** to prevent illness and reduce hospitalisation. • Integrated Care Providers building capability to track people and combine real-time **workforce, bed capacity and activity data** to identify productivity opportunities
System 1+m	• **Population Health Strategy** based on whole population health and care needs assessment and gap analysis to identify overall priorities. • Whole population **profiling and system modelling** to understand likely future health outcomes and where system wide action may be effective. • Commissioning of **outcome based care**.

PHM and the NHS Long Term Plan

- NHS and our partners will be moving to create Integrated Care Systems (ICS) everywhere by April 2021.
- ICSs will deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.
- ICSs will help deliver these programmes as the NHS continues to move from reactive care towards a model embodying active Population Health Management.
- PHM solutions will be deployed to support ICSs to understand areas of greatest health need and match NHS services to meet them.
- These PHM solutions will become increasingly more sophisticated...

Population Health Management…

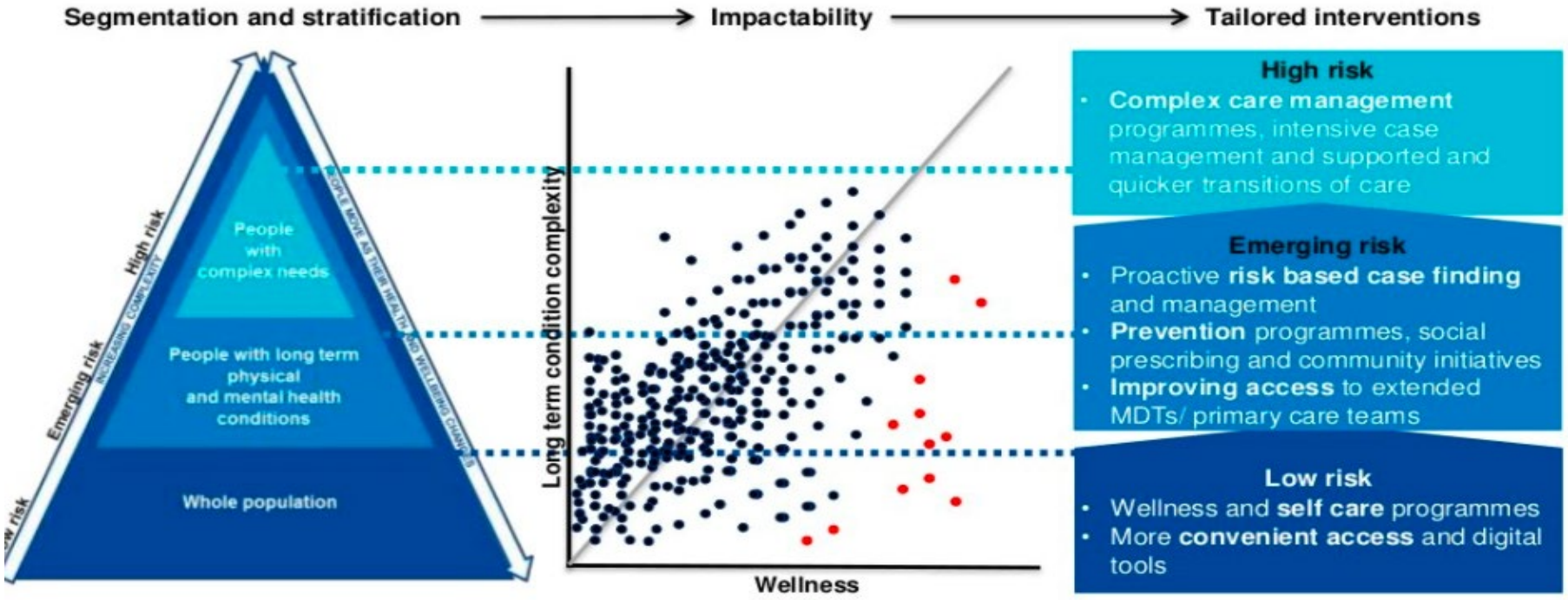
…improves population health by **data driven planning and delivery of proactive care to achieve maximum impact**.

It includes segmentation, stratification and impactabilty modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

Advanced ways to target and tailor clinical and non clinical interventions

NHS

Segmentation and stratification approaches supplemented with data on the **wider determinants of health** to find patients who are less well in comparison to peers with similar conditions and who might have **better experience and improved outcomes** through a tailored combination of personalised interventions



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Theme 5: Communities are enabled to be healthy and resilient.

JSNA Data & Intelligence

Green space and health in all policies

We know that the environment we live in has a huge impact on our health. But did you know the WHO estimates that 23% of global deaths are due to modifiable environmental factors?

The considerate design of spaces and places can help to promote good health; access to goods and services; and alleviate, or in some cases even prevent, poor health thereby having a positive impact on reducing health inequalities.

Improve quality of housing: there is evidence to suggest that living in a warm and energy efficient property can improve general health outcomes, reduce respiratory conditions, improve mental health and reduce mortality

Research indicates that increased access to healthy, affordable food for the general population (e.g., food in schools, neighbourhood retail provision) is associated with improved attitudes towards healthy eating and healthier food purchasing behaviour

There is a wealth of high quality evidence to show that investing in infrastructure to support walking can increase physical activity levels and improve mobility among children, adults and older adults

What are the key changes which would benefit individuals health?

	Diseases and conditions, in rank order, that have the greatest impact on quality of life. (Measured by DALY)								
	1	2	3	4	5	6	7	8	9
I risk factors associated with these diseases.	Cancer (neoplasms)	CVD	MSK	Chronic respiratory	Mental disorder	Neurological disorders	Other non-communicable	Diabetes / Chronic kidney disease	Digestive
Smoking and tobacco	✓	✓	✓	✓	✓	✓		✓	✓
Drug and alcohol misuse	✓	✓			✓	✓		✓	✓
Physical Activity (Inactivity)	✓	✓	✓	✓		✓		✓	✓
Obesity and weight	✓	✓	✓		✓	✓		✓	✓
Diet and healthy eating	✓	✓	✓		✓	✓		✓	✓
Workplace activities / environment			✓	✓	✓				
Loneliness / isolation	✓	✓			✓	✓			
Lack of supportive social networks / mental trauma / social disadvantage					✓				
Slips & Trips & physical trauma			✓			✓			
Stress									✓
Environmental / socio economic factors	✓	✓		✓	✓				✓

Caveats: this analysis does not provide any weighting in relation to the 'risk factors associated with the disease and' and the diseases and conditions identified. Moreover, it is stating that there is a body of research that identifies that finds a causal relationship between the behaviour and diseases. A more detail appraisal of each disease would be needed in order to fully understand the impact of risk factors. This analysis does not take into account comorbidities

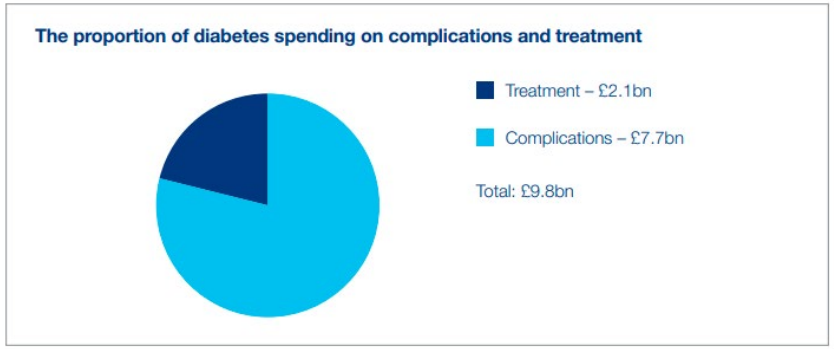
cost benefits of prevention

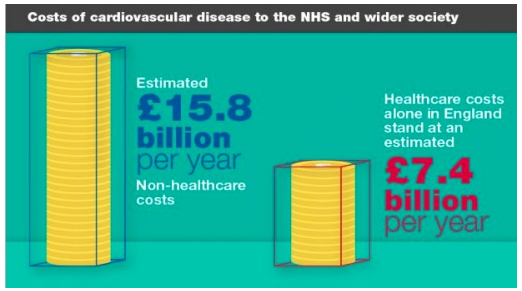
People living in the most deprived fifth of neighbourhoods have **72% more emergency** hospital admissions and **20% more planned admissions** than people living in the most affluent fifth of neighbourhoods

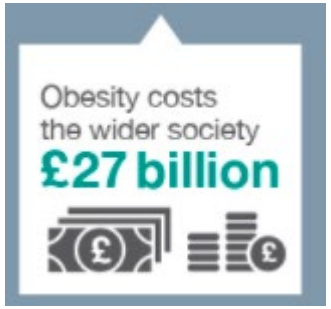
Average hospital costs for the poorest people are almost **50% higher** than those for the richest,

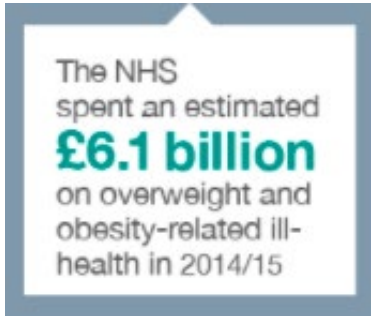
NHS spends **£5billion** a year treating MSK conditions – and they account for the biggest part of the workload of the **NHS, 40%** of which is due to potentially preventable risk factors.,

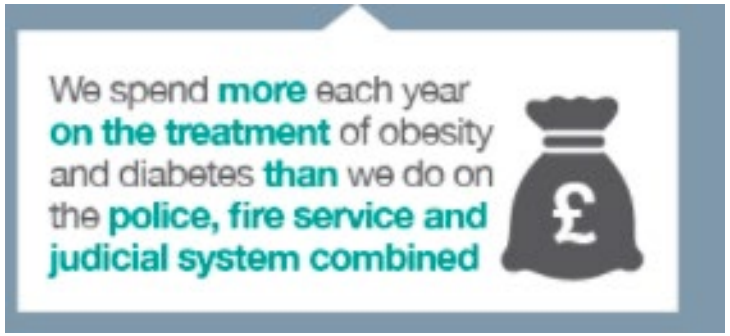
Potential savings from investing in tobacco-control interventions











Celebrating our strengths

A few examples of local strengths

- Vaccination of 2 years olds
- Children in cart immunisations
- Low numbers of NEET
- Low risk of households with children homeless
- Very few babies with low term rate
- Low number of A&E attendance (0-4 yer olds)
- Low number of A&E admissions for self harm, (10-24)
- Good rates of diabetes diagnosis
- Low rates of hospital admissions for violent crime
- Good STI diagnosis rates
- Good level of development at age 5
- Good level of development at age 5 (for FSM)
- Adults with a learning disability who live in stable and appropriate accommodation
- Gap in the employment rate between those with a learning disability and the overall employment rate

Community developments to look out for include:

Health and Wellbeing Board

DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To update the HWB on issues influencing the future design of the JSNA.

1.2 To seek HWB sponsorship and support for development plans.

2. BACKGROUND INFORMATION

2.1 A JSNA is a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities.

2.2 The JSNA is a statutory duty of the Health and Wellbeing Board. (2007 Local Government and Public Involvement in Health Act, 2012 Health and Social Care Act). The duty is to:

- Produce a JSNA.
- Ensure local authorities (LAs), Clinical Commissioning Groups (CCGs) and NHS England commissioners take the JSNA into account for planning and designing health and care services.

2.3 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process[i].

2.4 The timing, frequency and format of JSNAs is not stipulated However, the expectation is that HWB boards are able to assure themselves that their evidence-based priorities are up to date to inform local plans. To be transparent and enable wide participation, boards should be clear with their partners and the community what to expect and when outputs will be published. North Lincolnshire's JSNA has been in document form, produced in 2018.

2.3 Joint Strategic Needs Assessments (JSNAs) help identify key local health and wellbeing priorities. There are clear links to the prevention agenda to prevent ill health and reduce health inequalities.

2.4 Whilst statutory guidance on producing a JSNA has not been updated since 2013, there have been many developments in the context of health and social care, which

will influence the form and publication of the JSNA and how it is co-produced. These factors include:

- The development of Integrated Care Systems (ICS)[ii] and the focus on Place.
- The NHS Long Term Plan requiring more NHS action on prevention[iii] and health inequalities[iv]
- Aligning with population health management (PHM[1]) principles[ii] to drive service design and delivery based on data and intelligence.
- Increased need for health inequality assessments to be undertaken, especially in relation to the impact of COVID-19
- Need for complex systems approach taking into account multiple factors that influence health across population groups.
- Using new technologies to help improve the way information is collected, analysed and disseminated.
- Improved data access and sharing.

2.7 Our JSNA was published in 2018 and needs updating. Local covid epidemiology work has necessitated diverting health intelligence resources during the pandemic. Much of the Covid work remains but is becoming more systematised.

2.8 The ultimate aim of all needs assessment and health intelligence work is to aid evidence-based decision making. A key risk with our current approach is that the JSNA is quickly out of date once it is published which limits its utility to aid programme design.

2.9 Although Covid has diverted analytical capacity, the response has been an excellent exemplar of daily evidence-based decision making using data and intelligence to focus our interventions.

2.10 There are many cross overs between the JSNA and population health management, the evidence based decision making programme across the NHS. It makes sense for the programmes to be complimentary in nature.

2.11 Other LAs have taken a varied approach to evolving their JSNAs. Some, like us, produce an overarching document on a regular basis, others have a live JSNA with several elements, such as an observatory and library of reports and profiles produced to inform strategic and design decisions. Finding a sustainable model that meets the needs of decision makers is an important consideration for our JSNA.

2.12 Many social determinants of health—including poverty, physical environment (eg, smoke exposure, homelessness), and race or ethnicity—have a considerable effect on COVID-19 outcomes.[v] and inequalities are becoming more apparent as the pandemic progresses. Therefore, it is timely that consideration is given to a joint strategic needs assessment that incorporates the impact of COVID-19 and aids decision making around recovery and response.

[1] *Population Health Management is an emerging technique for local health and care partnerships to use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources. This could be by stopping people becoming unwell in the first place, or, where this isn't possible, improving the way the system works together to support them*

3. Options:

3.1 To develop a sustainable and relevant JSNA through a new HWB sponsored JSNA steering group. The remit is:

- Review the current JSNA
- Design new sustainable and relevant model for our JSNA
- Create plan for delivery

3.1.1 Keep HWB informed of progress and risks.

3.1.2 The project steering group to be co-chaired by nominated representatives from North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group.

3.2 Option 2: To defer starting the publication of the next JSNA

ANALYSIS OF OPTIONS

4.1 Option 1:

4.1.1 The current JSNA is now 3 years old. Our current model means that the JSNA may be out of date soon after it is published. This option allows for a more agile model to be developed to better inform decision making.

4.2 Option 2:

4.2.1 Deferring writing the next version of the JSNA, will potentially miss opportunities to influence decisions.

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

5.1 **Staffing:** Reviewing the current JSNA and scoping the new JSNA, can be undertaken within existing resources.

5.2 **IT:** This will be an opportunity to further develop IT system alignment with other partners to support population health management principles. This will also provide an opportunity to improve the way that data are a made available through web-based technologies.

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

7.2 Key partners would be involved in option 1. One of the outputs from the project plan will will be proposals for wider consultation and engagement.

8. **RECOMMENDATIONS**

8.1 To approve option 1.

DIRECTOR OF PUBLIC HEATH

Church Square House
30-40 High Street East
SCUNTHORPE
North Lincolnshire
DN15 6NL

Author: Steve Piper
Date: 09 September 2021

Background Papers used in the preparation of this report

[i] DoH (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

[ii] https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf

[iii] https://www.longtermplan.nhs.uk/areas-of-work/prevention/

[iv] https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/

[v] Abrams E. M., Szefler., (2020) COVID-19 and the impact of social determinants of heal. www.thelancet.com/respiratory Vol 8 July 2020. pp659 – 660.

Report of the Chief Operating Officer, NLCCG & the Director: Adults and Community Wellbeing

Agenda item 12
Meeting 27 September 2021

NORTH LINCOLNSHIRE COUNCIL

Health and Well-being Board

Better Care Fund Update Report
Update report in relation to the delivery of the Better Care Fund

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 This report provides 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.

2. BACKGROUND INFORMATION

2.1 The Better Care Fund (BCF) requires local authorities and Clinical Commissioning Groups to agree a joint plan for delivering integrated health and care services across each Health and Wellbeing Board (HWB). These plans are signed off locally by HWBs and then assured jointly by health and social care partners at NHS Regional level, before being approved nationally.

The last Better Care Fund Plan assured by the national BCF team (NHS England/ADASS was the 2019/20 plan, with assurance received in December 2019. Due to the Covid pandemic, there was no national requirement to submit a BCF plan for 2020/21, with the only requirement to submit an end of year finance return. Systems were required to continue to meet the national conditions and North Lincolnshire has continued to monitor performance against the national BCF metrics. The current national metrics are;

- reducing delayed transfers of care,
- reducing non-elective admissions to hospital,
- improving re-ablement outcomes and
- reducing long term admissions to residential and nursing care

2.2 Update on the North Lincolnshire BCF plan

Throughout 2020/21, North Lincolnshire has continued to meet the national conditions, has maintained its investment plans and continued to deliver against the components of the national High Impact Change Model.

The Better Care Fund is used to target one or more of the BCF metrics. Whilst some schemes will support delivery of a number of metrics, they have been described below in terms of which metrics they are expected to have greatest impact on. There is significant synergy between rehabilitation and reablement outcomes and reducing residential care placements.

2.2.1 Reducing Delayed Transfers of Care

There has been a range of schemes aimed at reducing the number and duration of delayed transfers. However, during 2020/21 the focus shifted to deliver the Covid 19 Hospital Discharge Service Requirements Guidance (March 2020). This set out the requirements of health and care partners to support the discharge of people from hospital, as soon as they are fit for discharge, with assessments being undertaken within the home or community setting.

Additional non-recurrent funding associated with the Discharge from Hospital Guidance has further supported discharge into community care home beds where the needs of people have required this. However, the impact of Covid on the health and care workforce has negatively impacted on capacity in intermediate care, care homes and domiciliary care.

NHS England paused the collection and publication of this data during 2020/21 due to the covid pandemic, however length of stay has continued to be monitored locally with system partners working together to facilitate rapid discharge once people become fit for discharge. Local performance has remained good and the local system is consistently one of the better performers.

2.2.2 Reducing non-elective hospital admissions

These schemes support people who are acutely unwell but can be managed without a hospital admission. These services include community Emergency Care Practitioners to manage people at home, and services providing urgent and non-urgent frailty services including older people's mental health. Throughout 202/21, the capacity of these teams has continued to be fully utilised to avoid admissions to hospital, supported by additional non-BCF funding to include senior GP capacity in the team to support management of people in the community.

In terms of performance, targets are based on the definition; total non-elective admissions to hospital (general & acute), all-ages.

The target for 2020/21 was 22,550. Actual year-end position was 18,429 which was significantly lower than the target (better), however this is a reflection in the significant reduction in non-elective presentations for many conditions except Covid 19.

2.2.3 Improving reablement outcomes

The main schemes supporting this target have increased investment into Home First homecare and Sir John Mason House to increase reablement capacity. Throughout the Covid pandemic, the complexity of people admitted to hospital and those requiring rehabilitation and reablement has increased, whilst the capacity in teams has reduced due to the impact of staff sickness and isolation.

In terms of performance, the target is based on the following definition; ASCOF 2B Part 1. Outcome Measure from the Adult Social Care Outcomes Framework (ASCOF): Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

The local target for 20/21 was set at 96.0%. The provisional outturn for 20/21 is 85.5%, therefore performance was below the target. Due to outbreaks of Covid 19 within care settings, there was a significant reduction in capacity within rehabilitation and reablement services. Alongside this, due to the nature of Covid 19, the needs of people hospitalised with Covid were more complex and people required longer to recover, impacting of outcomes.

2.2.4 Reducing residential care placements

There are three schemes targeted at reducing long term residential placement. These schemes support short-term placements with the aim of returning people to their own home, however, due to the complexity of people's needs on discharge from hospital, the pace at which they are able to return to a level of independence has been reduced.

In terms of performance, the target is based on the following definition; ASCOF2A Part 2. Outcome Measure from the Adult Social Care Outcomes Framework (ASCOF): Long-term support needs for people aged 65+, met by admission to residential and nursing care homes, per 100,000 population.

The target for 20/21 was set at 596.3 people per 100,000 population. This relates to approximately 215 new admissions (an average of 17 per month) between 1 April 2020 and 31 March 2021. The provisional outturn for 20/21 is 542.9 people per 100,000 population or 199 new admissions, therefore achieving the target.

2.2.5 Guidance for 2021/22

BCF Planning Requirements for 2021/22 are expected to be published on 17th September along with the NHS H2 planning guidance for the second half of 21/22. It is expected that this guidance will include the following;

- The BCF Policy Framework will set out the Government's overall vision for the BCF in 21/22, which is broadly in line with previous years: a jointly agreed LA and NHS plan to maintain investment in social care, invest in NHS-commissioned out of hospital services and to improve discharge. National Condition 4: plan for improving outcomes for people being discharged from

hospital - performance on discharge will be on a HWB footprint and monitored using data collected from hospital systems. Plans will be required to describe improvements in a) reducing length of stay in hospital, measured through the percentage of people who have been in hospital for longer than 14 and 21 days, and b) improving the proportion of people discharged home using data on discharge to their usual place of residence.

- Change in metrics – Non-elective admissions will be replaced with avoidable admissions to hospital (rate of emergency admissions for ambulatory sensitive conditions)

- Draft timescales for plan submission: draft BCF plans are to be submitted before the end of Oct followed by formal submission of BCF plans on 11th Nov. Assurance of plans by the Y&H Regional Panel is to be completed by end of December 2021.

The CCG and North Lincolnshire Council propose to use the 2021/22 guidance and plan submission as an opportunity to realign the plan to better reflect the current and future service models to deliver the High Impact Changes and metrics, recognising that the current plan reflects the early BCF service developments which have matured over time.

3. OPTIONS FOR CONSIDERATION

3.1 To note the progress against the 2020/21 BCF Plan, including the impact of Covid 19 on performance.

4. ANALYSIS OF OPTIONS

4.1 Not applicable

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

5.1 The CCG meets its requirements in relation to the minimum CCG investment requirement.

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

6.1 This paper does not propose any new schemes within the Better Care Fund. Where a new scheme or a change to a scheme is proposed, this will be subject to an integrated impact assessment, covering quality, equality and sustainability.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 None

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 None

9. RECOMMENDATIONS

9.1 The Health and Well-being Board are asked to note the content of this report.

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