

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

18 NOVEMBER 2022, 2PM

CONFERENCE ROOM F01e, CHURCH SQUARE HOUSE, 30-40 HIGH STREET,
SCUNTHORPE, NORTH LINCOLNSHIRE

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 26 September 2022 (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 - CONTACT DEMOCRATIC SERVICES TO ACCESS LINKS OR EMBEDDED DOCUMENTS

Integrated Working - Adults.

7. Update on ICS and North Lincolnshire Place Partnership - Report by the North Lincolnshire NHS Place Director (Pages 7 - 10)
8. Health and Care Workforce - Report by the Director: Adults and Health (Pages 11 - 18)
9. Seasonal Vaccination Programme - Report by the Director of Public Health and the NHS Place Director (Pages 19 - 24)
10. Winter Preparations - report by the NHS Place Director (Pages 25 - 30)

Integrated Working - Children

11. Integrated Children's Trust - Report by the Director: Children & Families. (Pages 31 - 36)

Any statutory documents, strategies etc. required to be considered or signed off by the Board

12. CMARS Annual Report 2020 - 21 - Report by the Director: Children & Families (Pages 37 - 40)

Any non-statutory business from any partner

13. Joint Strategic Needs Assessment (JSNA) Update - Report by the Director of Public Health (Pages 41 - 46)
14. UK Covid-19 Inquiry - Verbal update by the Deputy Chief Executive
15. Date and time of next meeting - 16 January 2023, 2pm
16. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

Public Document Pack Agenda Item 4

NORTH LINCOLNSHIRE COUNCIL HEALTH AND WELLBEING BOARD

26 September 2022

Cllr R Waltham (Chairman), J Allen, D Chaplin, H Davis, M Fuller, Cllr R Hannigan, C Harvey, V Lawrence, K Pavey, Cllr J Reed, A Seale, P Thorpe, and D Ward

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

454 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

455 **SUBSTITUTIONS**

Darren Chaplin substituted for Ann-Marie Matson.

456 **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.

457 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 27 JUNE 2022**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 27 June 2022, be approved as a correct record.

458 **ACTIONS FROM PREVIOUS MEETINGS**

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

459 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

460 **PLACE PARTNERSHIP UPDATE AND STRATEGIC INTENT - REPORT BY THE NORTH LINCOLNSHIRE NHS PLACE DIRECTOR**

The North Lincolnshire NHS Place Director submitted a report updating the

HEALTH AND WELLBEING BOARD
26 September 2022

Health and Wellbeing Board on the current progress on the development of the Integrated Care System (ICS) and Place based partnership and requesting to sign off by the Health and Wellbeing Board of the North Lincolnshire Place Strategic Intent.

It was confirmed that the ICS had chosen to exercise its functions through six Place Partnerships, of which North Lincolnshire was one, and five sector collaboratives (community, primary care, acute, mental health learning disabilities and autism and the voluntary and community sector). Places would be key to driving forward the local ambitions and priorities for the six geographies covered by the Places and will receive delegated resources to enable this, including delegated responsibilities from the Integrated Care Board (ICB) Executive to the Place NHS Director and other senior ICB staff within the Place.

The NHS Place Director stated that the North Lincolnshire Place Partnership had agreed its core values, principles, and priority areas of focus and had created a Strategic Intent for North Lincolnshire to feed into the Humber and North Yorkshire ICP Strategy. Details of the Strategic Intent were included in the report.

The Board discussed the report, highlighting the need to ensure that a wider, partnership-based model, was a key element of the Strategic Intent.

Resolved – (a) That the Health and Wellbeing Board note the progress on the Place Partnership and update on the development of the Humber & North Yorkshire Integrated Care System, (b) that the Health and Wellbeing Board approve the North Lincolnshire Place Strategic Intent, whilst ensuring that a wider, more holistic model of service delivery is built into the local approach.

461 **SEND STRATEGY - REPORT BY THE DIRECTOR: CHILDREN AND FAMILIES**

The Director: Children and Families submitted a report summarising the work undertaken during 2020/21 to implement the North Lincolnshire Special Educational Needs and/or Disabilities (SEND) and Inclusion Plan 2021-24.

The report set out local expectations for the lived experience for children and young people with SEND in North Lincolnshire and provided case studies which illustrated the difference that support had made to children and young people's lives. The report also described the local response to the Covid-19 pandemic and how services quickly adapted to new ways of working and progressed into the ensuing period of recovery and renewal.

The Board discussed the report and related issues, highlighting the need to continue to support parents and families, to ensure services were responsive and flexible, and that workforce should be structured optimally.

Resolved – (a) That the Health and Well-Being Board note the progress

HEALTH AND WELLBEING BOARD
26 September 2022

within the report in terms of the SEND and Inclusion Plan, and (b) that the Health & Well-Being Board support the ongoing work and priorities for the future as outlined in the SEND and Inclusion Plan.

462 **NORTH LINCOLNSHIRE AUTISM STRATEGY 2022 - 2026 - REPORT BY THE ASSISTANT DIRECTOR - ADULT SOCIAL SERVICES (DEPUTY DASS)**

The Assistant Director - Adult Social Services (Deputy DASS) presented a report demonstrating the aims and objectives of the North Lincolnshire Autism Strategy 2022 – 2026, and requesting that the Health and Wellbeing Board support the ambition, key priorities, and areas for further development as set out in the plan, enabling good outcomes for autistic people.

The report stated that in 2021 the Government had published the new National Strategy for autistic people, setting out a vision for what the Government wanted autistic people and their families' lives to be like in 2026.

The Assistant Director stated that, in response to the new national Autism Strategy, the North Lincolnshire Autism Plan has been refreshed in collaboration with autistic children, young people and adults and their carers. A Multi-agency Working Group had been established, which led the co-development of the plan, which focussed on the six priority areas included in the national strategy.

It was acknowledged during the subsequent discussion that, whilst many people with autism didn't need contact with services or support, but that there were opportunities to ensure equality of access and increase understanding of the condition.

Resolved – (a) That the Health and Wellbeing Board support the ambition of the North Lincolnshire Autism Plan 2022-26 to enable good outcomes for autistic people in North Lincolnshire, and (b) That the Health and Wellbeing Board support the publication of the North Lincolnshire Autism Plan 2022-2026.

463 **PHARMACEUTICAL NEEDS ASSESSMENT - REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report seeking the Health and Wellbeing Board's approval to publish North Lincolnshire's pharmaceutical needs assessment (PNA). The report stated that the Board had a statutory duty to publish the PNA by 1 October 2022.

The Director explained that the draft PNA had been subject to statutory consultation with positive feedback, and that analysis had not identified gaps, providing assurance that overall access to pharmaceutical services in North Lincolnshire is good.

**HEALTH AND WELLBEING BOARD
26 September 2022**

The Board discussed the report, highlighting the potential for greater use of community pharmacies as health services evolve. Pharmacies could be utilised as a first point of contact for people, and practices such as medication reviews could also be moved from GP practices to community pharmacies.

Resolved – (a) That the Health and Wellbeing Board approve and publish the Pharmaceutical Needs Assessment, and (b) that local partners continue to evolve the offer from community pharmacies, ensuring accessibility, freeing up GP time, and enabling people to be able to receive appropriate services.

464 **BETTER CARE FUND (BCF) 2022-23 PLAN SUBMISSION - REPORT BY THE DIRECTOR: ADULTS AND HEALTH AND THE NORTH LINCOLNSHIRE NHS DIRECTOR OF PLACE**

The Director: Adults and Health and the NHS Place Director submitted a joint report requesting that the Health and Wellbeing Board formally agree and sign off the North Lincolnshire Better Care Fund Plan 2022-23.

The report contained information about the collaborative plan, highlighting how services continued to deliver for local people on the national conditions, and describing how local work was also focussed on issues such as reducing pressure on the NHS, meeting adult social care needs, ensuring effective discharge from acute care, and supporting the social care provider market.

Resolved – That the Health and Wellbeing Board formally agree and sign off the 2022-23 Better Care Fund Plan.

465 **NORTH LINCOLNSHIRE POPULATION HEALTH AND PREVENTION PARTNERSHIP - PROGRESS REPORT - REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report to update the Health and Wellbeing Board on progress of North Lincolnshire's Population Health and Prevention Partnership's approach to reduce health disparities by using a population health management approach.

The Director confirmed that the Population Health and Prevention Partnership was now well established and was meeting regularly to continue work on ensuring equality and other identified priorities. A summary of key workstreams were set out in the report.

Resolved – That the Health and Wellbeing Board note the progress being made by the North Lincolnshire's Population Health and Prevention Partnership.

**HEALTH AND WELLBEING BOARD
26 September 2022**

**466 HEALTHWATCH ANNUAL REPORT - REPORT BY THE MANAGER,
HEALTHWATCH NORTH LINCOLNSHIRE**

The Manager, Healthwatch North Lincolnshire, submitted a report and Annual Report, highlighting the ways in which Healthwatch North Lincolnshire had made a difference to local people, services and processes from April 2021-March 2022. This included case studies on their main projects as well as examples as to how they have acted upon feedback trends highlighted to us by members of the public.

The report also showcased the work undertaken by their dedicated volunteers and the difference that this had made to local people, for example, interacting with local communities to promote and encourage the use of the NHS App as well as supporting people to feel less isolated and lonely during the pandemic through their Telephone Buddy Service.

The Board discussed the Annual Report, asking questions on matters such as GP and A&E access, the Welcome Home Service, and the Every Voice Matters Group.

Resolved – That the Health and Wellbeing Board note the Healthwatch North Lincolnshire Annual Report.

**467 HEALTH AND WELLBEING BOARD FORWARD PLAN - UPDATE BY THE
DIRECTOR OF PUBLIC HEALTH.**

The Director of Public Health updated the Board on the development of a Forward Plan for the Board.

Resolved – That Board members pass items for inclusion in the Forward Plan to the Board's secretariat.

468 DATE AND TIME OF NEXT MEETING. 18 NOVEMBER 2022

The Director of Governance and Communities confirmed that the next meeting of the Board would be at 2pm on 18 November 2022.

**469 ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY
REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED.**

There was no urgent or additional business.

This page is intentionally left blank

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

UPDATE ON INTEGRATED CARE SYSTEM AND NORTH LINCOLNSHIRE PLACE PARTNERSHIP

1 OBJECTIVE AND KEY POINTS IN THIS REPORT

- 1.1 To update the Health and Wellbeing Board on the current progress on the development of the Integrated Care System (ICS) and Place based partnership arrangements.

2 INTRODUCTION

- 2.1 This update builds on previous briefings to the Health and Wellbeing Board on the progress of the development of the Humber and North Yorkshire Integrated Care System and the North Lincolnshire NHS Place Partnership.
- 2.2 Following the transition of statutory functions from CCGs to the NHS Humber and North Yorkshire Integrated Care System (ICS) on 1st July 22, work has continued to develop the operating arrangements for the ICS including the Collaborative and Place arrangements.
- 2.3 The Integrated Care Board of the ICS has received a paper on the plans to develop and mature the current operating arrangements over the course of 2022/23. Places will be undertaking further work to develop their operating arrangements and ambition for delegation readiness for the 2023/24 operating year.
- 2.4 For 2022/23 eleven transitional operational agreements have been developed, one for each of the six Place Health and Care Partnerships and five Sector Collaboratives. These are based on the NHS England Memorandum of Understanding developed with ICBs (draft at Sept 2022). These are not legally binding agreements but describe how each Place and Collaborative will work with the ICB on system priorities, performance improvement, governance, and ICS development, to deliver outcomes for the local population, and the wider NHS. The transitional operational agreements form a key part of the ICB operating model in 2022/23 and align with the ICB's system oversight arrangements from NHS England.
- 2.5 The agreements are transitional and reflect that integrated care systems and relationships between partners are at a formative stage. Agreements will be updated to reflect NHS England statutory guidance, published 28 September 2022, outlining options for delegation or joint working arrangements under the Health and Care Act 2022 from 1 April 2023
- 2.6 The ICB is in the process of finalising a process for consultation with on staffing structures across the ICS. A Place level team will continue to operate at a North Lincolnshire level which will ensure Page 7 the capacity and capability to deliver our collective ambitions for integrated working with partners.

2.7 The Humber and North Yorkshire Integrated Care Partnership is responsible for developing an integrated care strategy to set out how the wider health and wellbeing needs of local populations will be met and reflect the core aims of the ICS: improving population's health; addressing inequalities; and contributing to the wider socioeconomic challenges such as unemployment and securing inward investment. The inaugural meeting of the HNY ICP was held on the 26th October at which the HNY Integrated Care Strategy was discussed. The Strategy will follow the life course - start well, live well, age well and end life well. The Strategy will aim to create the conditions to foster integration and will provide a framework to support plans for integration at Place and across the ICS. Work on the development of the ICS Strategy is progressing at pace, with significant engagement occurring with stakeholders across the ICS. The work and priorities in the Place Partnership will therefore be a strong driver in the development of the Strategy.

2.8 Locally, the North Lincolnshire Place Partnership has been operating in shadow form since January 2022 continues to have a high level of engagement from all partners in the Place. The Place Partnership has been focusing on a number of areas including winter planning arrangements, partner sign up to the Experts Together Pledge, the Better Care Fund, maturity assessment and development of the Place Partnership, development of Place Integration Plan and the VCSE community first approach.

The Place Partnership also received and considered the Transitional Agreement from the ICB at its October 2022 meeting.

2.9 At the last meeting of the Health and Wellbeing Board the North Lincolnshire Place Strategic Intent was considered and signed off. Work is now underway to develop proposals for further integration and this will be discussed at the next Partnership meeting on the 17th November 2022. This will build on a number of workstreams that are already contributing to the delivery of integrated health and care across North Lincolnshire. These work programmes are overseen by a number of partnership groups; Integrated Adults Partnership, Integrated Children's Trust, Population Health Management and Prevention Partnership and the Care and Health Workforce.

3 OPTIONS FOR CONSIDERATION/ANALYSIS OF OPTIONS

3.1 The Humber and North Yorkshire ICS arrangements recognise the importance of Place through its structures and delegations. The North Lincolnshire Place Partnership through its shadow form has had good engagement from all Place partners.

3.2 Assurance will be sought through the formal role of the Health and Wellbeing Board and scrutiny of the health system arrangements sits with the Health Scrutiny Panel.

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

4.1 NHS resources and responsibilities are allocated to the ICB and then will be delegated from the ICB Executive through the NHS Place Directors. There is work underway to develop a scheme of delegation to Place Partnerships.

4.2 The Place Partnership will also have oversight of the Section 75 arrangements that exist between the ICB and North Lincolnshire Council and the Health and Wellbeing Board will also receive reports on collective use of resources such as the Better Care Fund.

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

- 5.1 The ICB Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation were taken to the first meeting of the ICB on the 1st July 2022.

6 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 6.1 The ICB has developed an Integrated Impact Assessment Tool (IIA). As part of the due diligence in the establishment of the ICB a review of all current policies has been undertaken to establish differences between the policies across the Places. A risk assessment has been undertaken to establish if there are any significant differences and work is underway look at any issues that need to be addressed in terms of policy alignment.

7 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 7.1 The arrangements for the ICS and ICB have been subject to relevant NHS consultation processes and local stakeholders have informed the development North Lincolnshire Place Partnership.
- 7.2 There are no conflicts of interest declared.

8 RECOMMENDATIONS

- 8.1 The Health and Wellbeing Board are asked to note the progress on the Place Partnership and update on the development of the HNY Integrated Care System.

North Lincolnshire NHS Place Director

Health Place
Brigg
North Lincolnshire
DN20 8GS
Author: Alex Seale
Date: 8.11.22

This page is intentionally left blank

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Health and Care Workforce

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To facilitate a discussion with the Health and Well Being Board partners on workforce and consider a framework moving forward to enable the workforce to be highly skilled, compassionate and caring, a workforce who feel engaged understood and valued for their work and the vital impact that they have on people's lives.
- 1.2 To ensure workforce planning is inclusive of all future care and health needs.

2. BACKGROUND INFORMATION

- 2.1 Improving the integration of health and social care systems is of particular emphasis within the Health & Care Act and Integration White Papers (Health and social care integration: joining up care for people, places and populations and working together to improve health and social care for all).
- 2.2 A collective challenge across health and social care is making the best use of resources to ensure there is enough workforce with the right skills and values in the right place to meet people's health and care needs.
- 2.3 Drivers for Change include:-
 - **Demographics and ill health** including population size, age structure, diversity, life expectancy, migration, birth rates, long term conditions, morbidity, workforce demographics.
 - **Public, people who need care and support, patient and carer expectations** including shared decision making, digital and health literacy, quality and safety of care, access to, and availability of care.
 - **Staff and student/trainee expectations** including working life and careers, training, equality, diversity and inclusion, culture, widening participation, generational preferences.
 - **Socio-economic and environmental factors** including health inequalities, economy & public finances, social determinants of health, labour market, climate change.
 - **Service models and pandemic recovery** including tackling the elective backlog, current and future service models, integration, personalised care, prevention and health promotion.

- **Science, digital, data and technology** including artificial intelligence, automation, wearables, robotics, big data, data security, digital literacy genomics and personalised medicine.
- **System shocks and external threats** including wars, pandemics, impacts of climate change, antimicrobial resistance etc.

2.4 The Health and Wellbeing Board has an opportunity to optimise the recent changes in the NHS and the plan for further integration to consider the leadership challenge to tie together care, work and education that people want, to purposefully shape and transform the future workforce.

How health and care can be good to work in

Establish a whole system learning culture where development and learning is supported by a single strong infrastructure. People want an equitable and empowering social care and health system that is more focused on wellness, health creation and prevention, driven by values that put people and their lived experiences and assets at the heart of a holistic, personal and joined up care system that is timely and responsive, enabling people to live their best lives as articulated in the Strategic intent (appendix 2).

Promote agile working

People want more time to care, more time to learn, teach, innovate and crucially, more time to live. Agile working has become normal and people want more flexibility in the hours that they work and the ability to move between role and responsibilities more fluidly as their interests broaden or change, a greater sense of belonging in the teams in which they work and more parity of esteem between health and social care. With more shared training and education opportunities to facilitate mutual learning and a multi-disciplinary mindset, with more person-centred work enabling them to provide more personal, preventative and productive care.

Progressive education

Moving towards a model of learn as you earn away from a system where academic achievement is heavily front loaded and singular roles based. A more progressive model of life long, allowing for flexible, adaptive and multi organisational as well as multi-disciplinary learning in virtual, global/local and physical spaces as part of wider investment in human capital within a global labour market.

Shape of workforce into the future

What we value and recruit, how we train and treat/employ people who reflect communities. How we can proactively shape the future rather than roll forward the past including better supporting our workforce.

2.5 **Elements needed to shape the future workforce**

People Plan - There should be a people plan for North Lincs - covering the wide range of strategic skills development to meet the wide-ranging needs of NL including the care and health sector, taking a longer term look and establishing the strong infrastructure needed to ensure there are the right people in place at the right time.

Workforce strategy for a specific sector workforce feeding data to the people planning process and focussing on the here and now elements across recruitment retention, career pathways, learning and development, workforce wellbeing and leadership. Developing a shared approach for a given sector or population.

Organisational development plans - across a system this would be deployed when there is system change to ensure the workforce issues are appropriately addressed but would also be essential in enabling multiple roles to work together in harmony to deliver specific interventions likely to be managed by multiple organisations.

- 2.6 Within North Lincs specifically there are the skills board and care and health workforce partnership together with the social work teaching partnership, roles of which are as follows:

Skills development and employability

Driving forward skills and employment in North Lincolnshire is a key priority. The North Lincolnshire Skills Transformation Board drive economic regeneration and economic inclusion focusing on quality and sufficiency of skills, access to employment, a more highly skilled workforce and higher paid jobs etc. Social care is a major employer, contributing £40.5 billion annually to the national economy, making it a key driving force for reform and transformation. A key focus area is supporting adults with a disability to access training, volunteering, and employment.

North Lincolnshire Care & Health Workforce Partnership

Established to understand how we all work with vulnerable people and the future demands being placed on the workforce, to be enabled to work to their fullest capability and potential. The partnership includes voluntary and public sector employers, educators and workforce regulators. Vulnerable people are clear on how they wish to live their lives and the public sector has a responsibility to ensure the workforce understand what is required and how to respond to the needs of individuals whilst maintaining a healthy workforce (see Appendix 1-strategy on a page).

Social work teaching partnership

An example of working across a wider area for the good of growing our own registered social workforce, ensuring a learning culture exists within services, placements and students are managed and supported

3. OPTIONS FOR CONSIDERATION

- 3.1 Option 1 - The Skills Board should have the responsibility for the North Lincolnshire people plan as described by the skills demand and supply study and ensure it continues to forward plan and continues to consider health and care (see Appendix 3-Local Skills Framework).

The Care and Health Workforce Partnership should continue to focus on the needs of vulnerable people and establish the framework for how to ensure the workforce understand their needs and wishes. The care and health workforce partnership should take on the integration agenda and coproduce across organisations an organisational development framework to be utilised across all future integration and change agendas.

- 3.2 Option 2 - Create an alternative structure on which to deliver a better workforce offer for North Lincolnshire.

4. ANALYSIS OF OPTIONS

- 4.1 Option 1 – preferred. There is a need to do the following across existing partnerships:-

- Retain our workforce, with a relentless focus and improved work offer.
- Develop them further, fully utilise and invest in the skills and talents of the current workforce to enable them to do more throughout their careers, which also enables the above.
- Significantly grow the generalist workforce, expand at scale roles and skills that can be deployed across all sectors and settings as a low-risk/high benefit investment.
- Create new routes into local careers in caring to create faster, more flexible routes in for a local sustainable workforce.
- Develop shared solutions to shared problems, working with health and other partners to develop shared solutions, so that spend on the workforce is treated as an investment that contributes to wider economic health and benefits the local population.
- Develop a comprehensive communication and engagement plan for residents, in partnership. The 'system needs to own the whole demand issues and take collective action.
- Continue to increase the productivity of the workforce, including exploring the role of digital and technology. If the operating model does not change, the system will require untold new staff in ever changing roles.
- Engage colleagues in IT and Digital to ensure right systems will be in place. Do IT once do IT together develop technological solutions to reduce the need for workforce.
- Continue to develop an open, two-way dialogue with care providers. Providers are calling to be engaged early in a longer-term discussion about their viability and the overall make-up and stability of the market.

4.2 Option 2 - requires a redesign of the two existing groups and some additional capacity.

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

5.1 **Social work teaching partnership-social workers**

An example of good practise for the growing and developing social worker roles is the Humber teaching Partnership for Registered Social workers it conducts workforce planning providing strategic direction to succession planning and talent management activities to ensure the right number of people, with the right skills, in the right place at the right time to ensure provision of high quality care and support services.

From experience people develop well using this model and we plan to build on this good work and develop an infrastructure to support a wider 'grow your own' model to ensure retention of workforce into the future.

5.2 The ICS has multiple workforce groups but nothing in 'place'.

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

6.1 Potential risk of not full addressing workforce challenges includes provider failure, NHS and social care, negative impact on vulnerable people and reduced quality of care and increased safeguarding issues.

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

7.1 Not applicable at this stage.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 The current partnerships do include all partners either educator and or employers responsible for health and care in the area. They have had opportunity to engage and have influenced the two current strategies.

8.2 There are no perceived conflicts of interest associated with this report.

9. RECOMMENDATIONS

9.1 For the Board partners to support the recommended framework through the Care and Health Workforce Partnership to provide a better integrated workforce offer for those working with vulnerable people.

DIRECTOR OF ADULTS & HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Author: Karen Pavey
Date: September 2022

Background Papers used in the preparation of this report –

- Appendix 1 – North Lincolnshire Care & Health Workforce Strategy 2022-25 - plan on a page.



- Appendix 2 - Draft Strategic intent

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing



People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.



Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs E1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



The integrated practise model will be person centred

Mental health and wellbeing will thread through all that we do across all age

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire



People with long term conditions such as lung and heart disease, will improve experience proportionately good health

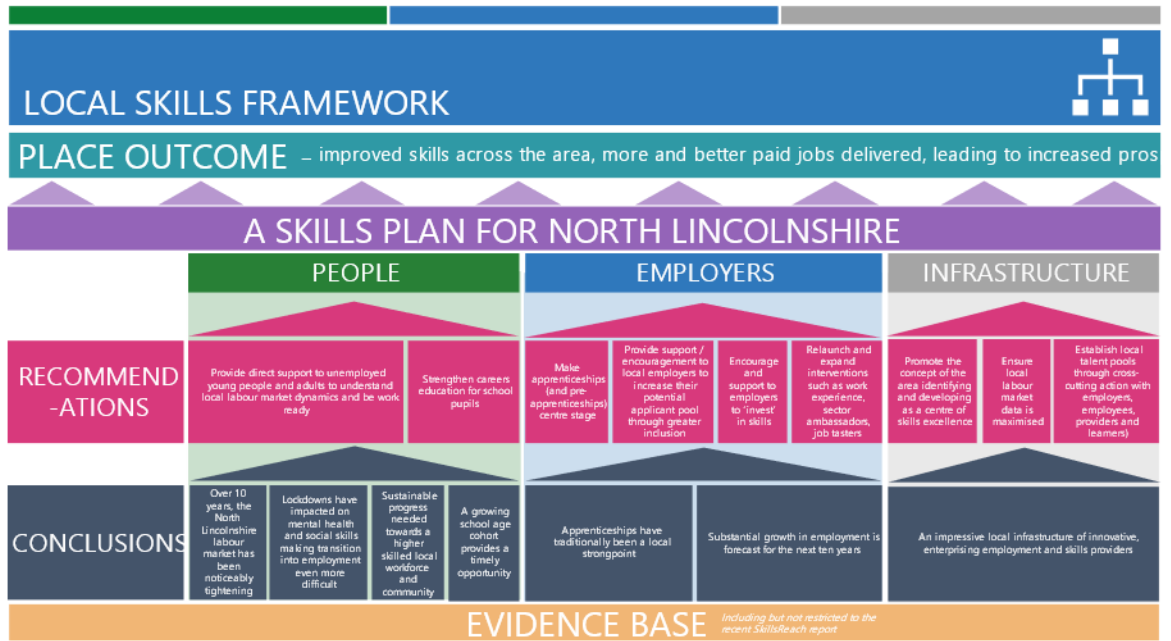
Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

- Appendix 3 – Local Skills Framework



This page is intentionally left blank

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

SEASONAL VACCINATION PROGRAMME

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The objective of this report is to update Health and Wellbeing Board (HWB) members on measures which are being undertaken to help maintain our residents' health and wellbeing over the winter season. In particular this report covers:

- COVID-19 seasonal booster (autumn booster) programme.
- Winter influenza (flu) programme and update on Respiratory Syncytial Virus.
- Measure which are being undertaken to support residents keeping warm over winter.

2.0 BACKGROUND INFORMATION

2.1 Winter 2022/23 is anticipated to place significant challenges on health and care systems, particularly across urgent and emergency care, through a combination of increased demand, workforce challenges, and high prevalence of respiratory illnesses.

2.2 NHS England has issued [guidance](#) to ICBs, who must provide assurance that plans are in place to respond to these challenges and seasonal pressures. The recent formation of the Northern Lincolnshire Health Protection Board provides additional strategic oversight and integration across health protection teams working in the locality. Working with system partners, the local health protection team within Greater Lincolnshire Public Health has set out the health protection arrangements in place to help offset winter pressures on local health and care services; such measures include:

- the local arrangements in place to support wider health and care systems prior to and during periods of operational pressure.
- Operational arrangements to be instigated in response to outbreaks of seasonal respiratory illnesses.

- System assurance on engagement and prevention measures to help minimise pressures on local services.
- Surge and escalation options to respond to the emergence of a dangerous new variant of COVID-19, or to a significant resurgence in COVID-19, especially with a concurrent flu wave, placing significant pressure on the NHS.

2.3 This paper provides the HWB with an update on three key areas which are essential to help support North Lincolnshire residents stay well over the winter period and reduce the impacts on the health and social care system – these areas include:

- COVID-19 seasonal booster (autumn booster) programme.
- Winter influenza (flu) programme and update on Respiratory Syncytial Virus.
- Measure which are being undertaken to support residents keeping warm over winter.

3.0 WINTER PROGRAMME UPDATES

3.1 COVID-19 seasonal booster (autumn booster) programme.

3.1.1 One way to understand the estimated prevalence of Covid-19 is to use the ONS infection survey. The survey estimates the percentage of people testing positive for coronavirus (COVID-19) in private residential households. The latest [survey published](#) on 4 November 2022 estimated that in the week ending 24 October 2022, the percentage of people testing positive for coronavirus (COVID-19) decreased in the North East, the North West, Yorkshire and The Humber, the West Midlands, and the East of England.

3.1.2 People aged 50 years and over, those in care homes, and those aged 5 years and over in clinical risk groups are being offered an autumn booster of COVID-19 vaccine due to being of greater risk. In addition, the autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been vaccinated for a few months. As the number of COVID-19 infections increases over the winter, this autumn booster should help people reduce their risk of developing severe infection and being admitted to hospital with complications related to COVID-19.

3.1.3 Locally, the [Autumn Booster Programme](#) went live through local booking systems in the middle of September, with the care home roll out beginning the first week of September.

3.1.4 All PCNs met the deadline to vaccinate all care homes by end of October deadline, albeit some residents have still not been vaccinated due to consent issues. Care home staff are being offered a vaccine alongside residents, where supply allows.

3.1.5 The current position regarding the autumn booster programme, as of the 7th November are as follows:

- The latest data can be accessed via - [Vaccinations in North Lincolnshire | Coronavirus in the UK \(data.gov.uk\)](#)

- It should be noted though that the over 50 have only had access to the autumn booster for the last 2 weeks, so numbers will be much lower than those who had access since the start of September.

3.1.6 The following table shows achievement by Cohort:

CCG Cluster = North and North East Lincolnshire CCG = NHS NORTH LINCOLNSHIRE CCG PCN = (All)		HUMBER AND NORTH YORKSHIRE HEALTH AND CARE PARTNERSHIP COVID VACCINATION PROGRAMME AS AT 07/11/2022												
Cohort	Population	Actual Activity						Cumulative Assessment - From the Total Population						
		First	Second	Booster	Booster 2	Booster 3	Seasonal	Cumulative Uptake						
		First	Second	Booster	Booster 2	Booster 3	Seasonal	First	Second	Booster	Booster 2	Booster 3	Seasonal	
01) Care Home Residents & Residential Care W	856	840	834	781	573	1	678	98.1%	97.4%	91.2%	66.9%	0.1%	79.2%	
02) 80+ & Health and Social Care workers	21,931	21,563	21,350	19,733	7,855	27	13,068	98.3%	97.4%	90.0%	35.8%	0.1%	59.6%	
03) 75-79	8,410	8,215	8,190	8,028	6,458	15	6,851	97.7%	97.4%	95.5%	76.8%	0.2%	81.5%	
04) 70-74	9,700	9,411	9,354	9,111	559	3	7,678	97.0%	96.4%	93.9%	5.8%	0.0%	79.2%	
05) 65-69	10,040	9,589	9,524	9,179	387	2	7,334	95.5%	94.9%	91.4%	3.9%	0.0%	73.0%	
06) At Risk	27,053	24,217	23,513	19,938	934	8	10,298	89.5%	86.9%	73.7%	3.5%	0.0%	38.1%	
07) 60-64	6,228	5,739	5,683	5,366	23	0	3,018	92.1%	91.2%	86.2%	0.4%	0.0%	48.5%	
08) 55-59	7,496	6,727	6,642	6,036	11	0	2,797	89.7%	88.6%	80.5%	0.1%	0.0%	37.3%	
09) 50-54	7,571	6,594	6,483	5,751	13	0	1,784	87.1%	85.6%	76.0%	0.2%	0.0%	23.6%	
10) 40-49	13,932	10,920	10,559	8,288	16	0	269	78.4%	75.8%	59.5%				
11) 30-39	17,108	11,867	11,183	7,071	4	0	235	69.4%	65.4%	41.3%				
12) 18-29	17,873	12,499	11,329	6,248	1	0	203	69.9%	63.4%	35.0%				
13) 12-15 At Risk	403	268	198	44	0	0	38	66.5%	49.1%	10.9%				
14) 12-17 House hold contacts of immunosuppre	305	183	132	15	0	0	2	60.0%	43.3%	4.9%				
15) 16-17	3,807	2,596	1,998	469	0	0	68	68.2%	52.5%	12.3%				
16) 12-15	8,131	4,429	3,306	8	0	0	9	54.5%	40.7%					
17) 5-11 At Risk	775	145	103	0	0	0	22	18.7%	13.3%					
18) 05-11	13,835	1,318	813	0	0	0	2	9.5%	5.9%					
Grand Total	175,454	137,120	131,194	106,066	16,834	56	54,354	78.2%	74.8%	69.4%	21.5%	0.1%	53.9%	

3.1.7 Plans for an outreach model have been developed to focus on those areas of lowest uptake, inequalities and specific community groups in North Lincolnshire. Dates have been confirmed during November to attend the Isle of Axholme, Brigg and Barton to increase uptake in those areas and plans to utilise a dedicated bus to support patients attending the Vaccination Centre have been put in place.

3.2 Winter influenza (flu) programme and Respiratory Syncytial Virus (RSV)

3.2.1 Winter influenza (flu) programme

3.2.2 Flu can be caught all year round, but it is especially common in winter, which is why it is also known as seasonal flu. Seasonal flu affects many people in the UK each year, although many do not suffer serious adverse impacts it can have drastic impacts, including death for those who are particularly vulnerable. Each year a vaccine is produced to reduce the impact of seasonal flu. People with certain risk factors are encouraged to have flu vaccinations. Getting protected will be particularly important this year, given the likelihood of co-infection, where both COVID-19 and flu may be circulating through our communities at the same time.

3.2.3 The flu vaccine is given freely on the NHS for adults who are more at risk of the impact of flu. However, it is recognised that the impact of flu on lower risk groups can still be extremely unpleasant and can have a further impact on workforce capacity and business continuity. Therefore, to help protect staff's health and improve workforce resilience, North Lincolnshire Council and the NHS partners will be offering a fully funded flu vaccination to all council staff who are not eligible for an NHS vaccination. Additionally, there will be an extensive promotion campaign to increase uptake and arrangements will be developed with local pharmacies to make obtaining vaccination as accessible as possible.

3.2.4 Currently Influenza activity remains low in the Midlands, Yorkshire and Humber and nationally, however due to decreased exposure to the virus in previous seasons a seasonal influenza epidemic could be more likely in the coming months

3.2.5 Across Greater Lincolnshire (which includes North Lincolnshire) a support model has now been approved for flu vaccinations that will see those not eligible under the NHS criteria, but who are front line staff, still being offered a free flu vaccine which will be funded by the local authority.

3.2.6 Respiratory Syncytial Virus

3.2.6 RSV is one of the common viruses that cause coughs and colds in winter. RSV occurs regularly each year. Epidemics generally start in October and last for 4 to 5 months, peaking in December. RSV is the most common cause of bronchiolitis in infants. Over 60% of children have been infected by their first birthday, and over 80% by 2 years of age. Only a minority of adult infections are diagnosed, as RSV is not widely recognised as a cause of respiratory infections in adults.

3.2.7 RSV levels are currently low but are also expected to rise. Historic data suggests these would usually peak prior to a peak in influenza. Recently published data has shown an increase in detections of Influenza in the European region this season compared to last season, though numbers remain lower than the pre-covid season in 2019-2020 (19% reduction compared to 2019-2020).

3.2.8 Recognising the impact that respiratory illnesses may have on local demand for healthcare systems, targeted public communications to educate families about how to manage these illnesses at home and if required, when to access A&E. As part of this work, comms and educational materials have been developed to support Local authority, teachers and parents training, change policies and practices, so that a supportive environment can be developed in schools to manage the risk of transmission.

3.3 Warm housing

3.3.1 The impact of global events has impacted on the cost of fuel, increasing the risk of fuel shortages over the coming winter months. This will lead to more people being in fuel poverty which means households have to spend a high proportion of their household income to keep their home at a reasonable temperature. Fuel poverty is mainly influenced by three key factors being household income; fuel costs and energy consumption, which is dependent on a house's energy efficiency.

3.3.2 Many health conditions, including respiratory diseases such as asthma, can be caused or worsened by cold weather. The impact of fuel poverty is far reaching and includes and the effects of living in a cold home for children may include:

- Poorer physical development
- Exacerbation of ill health for children with asthma
- Poorer diet, as money is spent on fuel

- Poorer mental health

3.3.3 Living in a cold home also presents a number of physical health risks for older people including increased blood pressure and blood coagulation which can lead to a number of respiratory and circulatory conditions, including an increased risk of heart attacks and strokes. Other health risks include respiratory disease, influenza, hypothermia, heart attack and depression.

3.3.4 Work is being undertaken withing the council and with partners to offer support and advice for people and families who are likely to experience the impact of increased fuel costs. Currently, work is mainly focused around 'signposting' and ensuring that people have the best advice. The council has launched a ['Keep well this winter'](#) web page, which provided advice and guidance on:

- Keeping warm
- Looking out for yourself and others
- Staying connected
- Money matters
- Money saving tips
- Being prepared
- Staying safe

3.3.5 In addition, to help support this initiative, briefing pack has been written describing in more detail the possible impacts of fuel poverty.



4.0 OPTIONS FOR CONSIDERATION

4.1 **Option 1:** To note the work being undertaken which will help to support winter preparations with the aim of maintaining the health and wellbeing of the residents of North Lincolnshire.

5.0 ANALYSIS OF OPTIONS

5.1 The council is part of the Northern Lincolnshire Health Protection Board which provides additional strategic oversight and integration across health protection teams working in the locality. This ensures that locally, we have access to the resources and workforce capacity to help respond to outbreaks. The public health intelligence teams continue to undertake surveillance around COVID-19.

5.2 The council and partners are working proactively to look at ways to maximise uptake of vaccinations, which is seen as having one of the biggest impacts on reducing the impact of seasonal flu and Covid-19.

5.3 It is recognised that people will be concerned about the rise in fuel costs and how that will impact on their day to day living. The council is working proactively to provide advice and guidance to people who may be struggling with fuel costs this winter

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

6.1 Costs of providing flu vaccinations for council staff will be met from existing budgets

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

7.1 None

8.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

8.1 Not relevant for this report

9.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

9.1 Not relevant for this report

10 RECOMMENDATIONS

10.1 That the HWB note the work being which is being undertaken to help maintain our residents' health and wellbeing over the winter season

DIRECTOR OF PUBLIC HEALTH

Church Square House SCUNTHORPE
North Lincolnshire
DN15 6NR

Authors: Natalie Liddle - Head of Service – Health Protection
Steve Piper - Senior Public Health Manager

Date: 09 November 2022

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Winter Preparations

1 Objective & Key Points

The aim of this report is to provide an update on the actions taken by the North Lincolnshire system ahead of Winter 2022.

2 Introduction

The acute hospitals within Northern Lincolnshire are consistently operating at full capacity resulting in significant pressures within Accident and Emergency departments (ED), ambulance response time and pressure on hospital beds. This is attributable to a high number of A&E attendances and urgent ambulance call outs alongside managing elective recovery and continued COVID-19 pressures.

A similar level of pressure has been experienced by other parts of the system, including demand and bed occupancy pressures in mental health, demand in primary care and the community and pressure on social care and the domiciliary care market

In response to this there have been a number of National and Integrated Care Board level expectations set out in order to ensure systems are prepared to meet the demands during Winter 2022 / 23.

3 National Expectations for Winter Preparations

There have been a number of expectations set by NHS England (NHSE) to ensure system resilience and quality of service during winter. These are set out in the following documents: -

- National expectations for Winter¹ (letter 12th Aug 2022)
- Going further for our winter resilience plans². (letter 18th Aug 2022)

NHSE also set out expectations for ICB Boards and acute Trusts in its letter on national expectations for Winter which recognised the improvements in elective activity but also highlighted the urgent and emergency care pressures over the summer and the need to ensure resilience going into the winter period. All Integrated Care Boards are required to meet the following objectives alongside the elective recovery plan.

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers

- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

4.0 Humber and North Yorkshire Emergency Care Summit

A Humber and North Yorkshire (HNY) Emergency Care Summit, held on 11th August was attended by system leaders, resulting in the development of several key actions to ensure resilience within the system.

The summit was attended by leaders across the ICB system identified a number of recommendations for adoption across the ICB footprint to support management of demand over winter, with a focus on ensuring adequate patient flow through services to reduce ambulance handover delays and over-crowding of Emergency Departments.

The recommendations, along with North Lincolnshire actions to address these are detailed below.

1. Integrated coordinated care that supports clinical risk taking and decisions with consistent signposting for primary care and others.
 - Development of single point of contact (SPA) to support diverting activity from the front door, including implementing and expanding same day and next day urgent primary care offer.
 - 2 hr urgent care community response (UCR) 24/7 service in place across NL.
 - Additional capacity for on the day appointments when patient's GP does not have capacity (this includes both remote and face to face).
 - Exploring SPA 'gatekeeping' for same day emergency care (SDEC) removing the need for GPs/EMAS having to communicate with SDEC
2. Integrated health and care (hub) community triage and patient management to optimise patients staying in their own home.
 - Transfer of Category 3 and Category 5 calls to the SPA
 - Exploring options for extended hours falls service supporting care homes
3. Discharge, – criteria led and estimated date of discharge, earlier ward rounds, dedicated discharge coordination, 7-day services for discharge and optimise patient transport options.
 - System wide Discharge Improvement plan developed.
 - Action plan developed to deliver 100-day challenge with priority actions identified.
4. Mental health emergency support access to minimise mental health pressures on acute providers
 - Working with RDASH and VCS colleagues to develop a local solution that will provide a first point of contact for people with mental health crisis and divert them away from A&E, utilising winter planning funds.
 - Short term funding to provide additional mental health bed capacity as been identified.
 - System wide work in place to improve discharge planning and pathways, with a planned accelerated discharge event early 2023.

5. Immediate, joint recruitment across health and social care for winter – emphasis on one workforce
 - Short term – recruitment of health care assistants to support the existing NL home first model, which commenced on 5th October 2022 utilising a phased approach to enable staff recruitment.
 - Working towards an Integrated health and social care staffing model.
6. Honest and realistic communications with the public on the position and signposting where to go for what services
 - There has been a significant number of communications at ICB and Place level to encourage the appropriate use of services using a number of different media

5.0 Funding and Schemes

Winter capacity funding has been made available in 2022/23 which is being targeted at delivery of initiatives which will support system resilience. Place partners have worked very well together to develop plans for the available funding to ensure plans reflect local need, integration opportunities and our community first strategic ambition. This means that wherever possible, plans focus on creating community capacity to avoid admission and facilitate hospital discharge.

The schemes are as follows: -

Admission Avoidance Schemes

- **Outpatient Parenteral Antimicrobial Therapy (OPAT)**
The aim of this scheme is to free up inpatient capacity to support the seasonal increase in patients presenting to hospital. Allows patients who are medically stable and whose only reason for inpatient stay is the requirement for Intravenous Antibiotics to be safely and effectively treated in the community
- **Equipment and Training to support fallers**
The aim is to reduce ambulance calls and conveyance with the purchase of equipment that is supported by a free "istumble" app and training to guide health and social care workers to safely lift people following a fall. This supports the prevention of "long lie" and helps identify when an ambulance is required. Initially purchased for frequent care home callers and potential to be utilised for urgent community resp

Early discharge

- **Home First**
Facilitate responsive discharge for patients who do not meet the criteria to reside in hospital by providing short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home. This reduces delayed discharges and improves patient flow
- **Community Rehab and Reablement (level 3-4)**
Facilitate responsive discharge of patients who do not meet the criteria to reside in hospital. Provides assessment, advice and rehabilitation support outside of acute hospital and that improves people's health and wellbeing and prevents exacerbation of long-term conditions that result in hospital admissions.

Discharge Support

- **Recruitment and retention of social care work staff.**
Single recruitment hub to recruit care workers across independent sector, supporting existing staff with childcare vouchers, wheels to work to aid staff retention and mobility across

In addition to the above, there are also a number of actions being undertaken to support the system during winter these include: -

- The place partners are working to progress the actions set out in the '100 day challenge' to ensure most timely discharge of people from hospital to the right care in the right place
- A system wide workshop which reviewed each organisations winter plan and the system surge and escalation framework plan to ensure appropriate plans were in place for times of increased pressure and also to be able to identify levels of risk across the system.
- Care home engagement plan which included full review of current provision to enable understanding of key issues and challenges, with particular focus on barriers to hospital discharges, and the enhanced help in care homes offer.
- Accelerated Home First Event, commenced on 7th November and will run for two weeks. The aim of the event is to run a system wide discharge and hospital avoidance event, to reduce admissions, free up beds, increase patient flow and ensure individuals receive safe, timely and appropriate care – in the right place, at the right time. The focus being to support people to remain in their own homes wherever possible. Our aim is to avoid admissions where we can and to support safe and timely discharges.

6.0 Assurance of plans

An Assurance Framework has been developed as a tool to support ICB's to support and hold the system to account on committed deliverables. Each ICB is being asked to identify what their trajectories should be against the key metrics identified in plan, which will be used to monitor progress and delivery. This will be monitored through and ICB wide Urgent Care Programme Board.

Locally, the A&E Delivery Board continues to operate across the North Lincolnshire footprint to ensure delivery of local plans and performance against plans.

OPTIONS FOR CONSIDERATION

7.0 Option 1: To note the work being undertaken which will help to support winter preparations with the aim of maintaining the health and wellbeing of the residents of North Lincolnshire and the mechanism in place to assure delivery of these plans

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

Resources have been identified in delivery plans and through additional winter capacity resource

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

9.1 None

10.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

10.1 Not relevant for this report

11.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

11.1 Not relevant for this report

12.0 Recommendation

The HWBB are asked to note the plans in place to support winter pressures and the positive work that has been done across the partnership to support this and how we collectively work together to support our local system through winter.

North Lincolnshire NHS Place Director
Health Place
Brigg
North Lincolnshire
DN20 8GS
Author: Alex Seale
Date:

References

1. Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter: [NHS England » Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter](#)
2. Going further for our winter resilience plans. <http://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/>

This page is intentionally left blank

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Integrated Children's Trust update

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The purpose of this report is to:

- reiterate the role and remit of the Integrated Children's Trust
- to articulate the progress made against the Children's Commissioning Strategy 2020/24 shine a light areas of focus
- to clarify the progress to date to refresh the Children's Commissioning Strategy in the context of the Place Partnership and the underpinning Health and Care Integration Plan

2.1 The Integrated Children's Trust (ICT) was established in January 2020, as the singular vehicle for developing our integrated approach and commissioning intent in relation to health, social care and education for children, young people and families. The scope of our commissioning intent is broad and refers to internal and external provision, commissioning, recommissioning and decommissioning as well as service review and redesign.

2.2 The ICT has a key role in the oversight, line of sight and development of all services for children, young people and families including those commissioned and or directly provided. This reflects the breadth of the children's system, including participation, prevention and protection and reinforces the importance of schools, colleges, other agencies and communities as part of our integration agenda.

2.3 The ICT terms of reference was refreshed in May 2022 to re-articulate the governance, membership, role and remit of the partnership which is set in the context of the associated strategic framework including the Health and Care Integration Plan and the Children's Commissioning Strategy. The ICT is accountable to the North Lincolnshire Place Partnership (sub committee of the Humber and North Yorkshire Integrated Care Board) and has a relationship with the Integrated Adults Partnership and the North Lincolnshire Population Health Management and Prevention Collaborative, which are also accountable to the Place Partnership. The ICT also has regard to and a line of sight on the work an impact of other key children/person centric and place based boards and partnerships to consider the widest of issues to inform our commissioning intent, including but not exhaustive, the Health and Wellbeing Board.

2.4 Following a period of consultation, engagement and needs analysis, the Children's Commissioning Strategy 2020/24 was endorsed in September 2020 via partnership and democratic governance arrangements. The strategy articulates our One Family Approach to create a system that works for all children, young people and families to contribute to our ambition for children to remain in their families, in their schools and in their communities. The strategy identifies five initial 'shine a light' areas of focus for partnership action, as follows:

- One Family Approach
- Emotional Wellbeing and Mental Health
- Early Years
- SEND Support
- Children's Challenge

2.5 Through identified leads and partnership delivery groups, the ICT has had oversight of activity, impact and outcomes pertaining the 'shine a light' areas of focus, which has been demonstrated through routine reporting into quarterly meetings. At the meeting in April 2022, as part of our commitment for a mid-term review, a composite progress review was presented to the ICT, examples of headline progress, impact and outcomes include:

One Family Approach

- The One Family Approach (OFA) is now even further embedded as the framework for integrated leadership and commissioning across the partnership in North Lincolnshire
- The OFA practice model is increasingly understood across our partnership working, with evidence being seen in scrutiny and assurance activity under the auspices of the Children's MARS Board
- Progress is being made towards achieving the ambitions of the Supporting Families programme, and North Lincolnshire is more data-mature, with more partnership data being shared in order to identify families that have been helped to make and sustain changes
- The Partnership Integrated Triage (PIT STOP) is now well embedded as an example of OFA in action and the partnership is coming together to respond quickly at lowest point to children and families who may need early help
- The 0-2 pathway and Multi Agency Pre-birth Liaison and Consultation (MAPLAC) forum are further examples of the OFA in action, resulting in additional support to households with vulnerable babies and a more joined-up approach to identifying families needing extra help
- Following consultation with schools, settings, early help professionals, children and families, early help forms and associated guidance have been refreshed and there have been improvements in the functionality and reporting capacity of the early help assessment system

Emotional Wellbeing and Mental Health

- The digital offer to access emotional wellbeing and mental health support has been further developed i.e. through enhancements in RDASH's online offer including e-clinic and self-referrals
- Commissioned With Me In Mind Mental Health Support Teams in schools and working with young people to raise awareness

- Identified opportunities for senior leaders and managers to be trained in relation to trauma informed practice and wider workforce development pending
- Enhanced support regarding specialist eating disorders in place to respond to demand

Early Years

- Joint health, care and education briefings to introduce the revised Communication Counts offer
- The new Communication Counts triage and monitoring service and partnership working is having a direct impact on children and families including step down from specialist services
- A new series of early intervention groups 'family play' have been added to the menu of targeted groups which have received positive feedback
- Early years cluster groups established to bring together schools, academies and early years settings to provide opportunities for focussed discussions and support across the sector
- Agreed a definition of 'school readiness' which provides a common understanding, enabling parents and families to work together towards supporting their child to be school ready
- Ready for school partnership event(s) held with 'top tips' developed for families to support children's transition to school
- Ongoing focus on continuous professional development across early years professionals

SEND Support

- Supported additional resourced provision in school settings, which is positively impacting on suspension figures
- Worked collaboratively with head teachers and principals to review delivery approaches in relation to alternative learning provision for young people at key stages 3 and 4 to support quality inclusion
- Expanded the number of post 16/19 supported internships so that more young people with SEND can access learning and training opportunities in the workplace
- Targeted support for young people with SEND from year 9 onwards with a focus on preparation for adulthood

Children's Challenge

- Progress made against the challenges identified in the Children's Challenge with examples of positive impact on children, young people and families
- Ongoing commitment to engagement with children, young people and families at all levels through a range of mechanisms including planning processes, groups, networks and forums like the Children in Care Council, Positive Steps Working Group and the Children and Young People's Partnership
- Developed part time, casual Supported Families in Partnership Assistant posts for people with lived experiences of services to work with others to help listen, learn, review and adapt systems, process, support and services

- Held bespoke consultation activity with children, young people and families i.e. in relation to the family and community offer, positive activities, education and emotional well-being, and key headlines have been shared with key partnerships and governance arrangements, and with children, young people and families themselves

3. **OPTIONS FOR CONSIDERATION**

- 3.1 Work is underway on a mid-term refresh of the Children’s Challenge 2020/24 to better reflect current need, views and experiences, which will help to inform future commissioning intents.
- 3.2 In addition, work is underway on a mid-term refresh of the Children’s Commissioning Strategy 2020/24. This is taking into account the progress to date, and the outcomes of consultation and engagement activity with partners as well as children, young people and families, including the refresh of the Children’s Challenge. Emerging ‘shine a light’ areas of focus include:
- Emotional wellbeing and mental health
 - Best start in life
 - Adolescents and youth offer
 - Outcomes for children and young people with vulnerabilities
- 3.3 As part of this work, there is an amplified focus on aligning the Children’s Commissioning Strategy with the Place Partnership strategic intent and the associated Health and Care Integration Plan, which is in development. Conversations are ongoing to further develop the partnership action associated with the Children’s Commissioning Strategy ‘shine a light’ areas of focus and enablers; to ensure the children’s agenda is best represented in the integration plan; that it is reported into the Place Partnership; and that underpinning reporting through the ICT is aligned.

4. **ANALYSIS OF OPTIONS**

- 4.1 There is evidence of the strength of partnership working to respond to our Children’s Commissioning Strategy which is having a positive impact on the experiences of our children, young people and families.
- 4.2 There is an ongoing commitment to listen, learn, review and adapt and work is underway to refresh our Children’s Commissioning Strategy. There is a need to refresh our Children’s Commissioning Strategy in line with the development of the Health and Care Integration Plan. It is anticipated that this work will come to fruition in Q4 2022/23.

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

- 5.1 There are no specific resource implications associated with this report. The ‘shine a light’ areas of focus identified in the Children’s Commissioning Strategy for oversight and line of sight will subsequently impact on resources and the integrated children’s offer.

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

6.1 The Children's Commissioning Strategy contributes to the priorities and outcomes articulated within the council plan.

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

7.1 An Integrated Impact Assessment has been completed in relation to the original Children's Commissioning Strategy and will be revisited as required.

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

8.1 The outcomes of consultation and engagement have helped to shape and influence the content and refresh of the Children's Commissioning Strategy.

9. **RECOMMENDATIONS**

9.1 That the Health and Wellbeing Board notes the ICT progress and developments to date and acknowledges the direction of travel regarding the refresh of the Children's Commissioning Strategy in the context of the Health and Care Integration Plan.

DIRECTOR OF CHILDREN AND FAMILIES

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL

Author: Julie Poole, Service Manager Children's Strategy Assurance and Evaluation
Date: November 2022

Background Papers used in the preparation of this report: None

This page is intentionally left blank

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2021/22

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 Health and Wellbeing Board to note the publication of the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2021/22, and to consider the review in relation to planning, commissioning and budget setting.
- 1.2 The Annual Report demonstrates that the Children's Multi Agency Resilience and Safeguarding (MARS) Board:
- effectively meets its statutory obligations
 - benefits from strong and consistent leadership
 - has made good progress against its 'shine a light' areas of focus
 - listens to and takes account of the voices of children, young people and families

2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire is aspirational for children, young people and families in this area and there is a long history of working together to improve outcomes. As early adopters of multi-agency safeguarding arrangements, the North Lincolnshire Children's MARS Local Arrangements, were originally published on 31 October 2018. We have continued to listen, learn, review and adapt and our Local Arrangements have been reviewed on an annual basis thereafter.
- 2.2 As per Working Together to Safeguard Children 2018, there is a statutory requirement to publish an annual report, which sets out what has been done as a result of the Local Arrangements and how effective these arrangements have been in practice. The Annual Report of Local Arrangements to safeguarding and promote the welfare of children and young people 2021/22 has been endorsed by the Children's MARS Board on behalf of the three safeguarding partners from North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group (now the North Lincolnshire Health and Care Partnership) and Humberside Police. The Annual Report is then required to be distributed through relevant governance routes across the three safeguarding partner organisations and relevant partnership arrangements, to be considered in relation to planning, commissioning and budget setting.

- 2.3 In 2021/22, we have continued to fulfil all functions across our Local Arrangements, and we have responded to the needs of individuals and diverse communities, prioritising the most in need, to help and protect children, young people and families, while we support and develop our workforce. We have built on our outstanding partnerships and practice to ensure that everyone is able to recognise and fulfil their responsibilities. Through our One Family Approach, which aims to create a system that works for all children, young people and families, we have contributed to achieving our ambition for children to be in their families, in their schools and in their communities.
- 2.4 The Annual Report provides a review of activity and impacts in respect of the Children's MARS functions, including funding, performance, voice and stakeholder engagement, training, scrutiny and assurance (including independent scrutiny) and child safeguarding practice reviews.
- 2.5 The two 'shine a light' areas of focus for 2021/22 were to develop the multi-agency approach to risk outside the home; and to further develop the multi-agency approach to child sexual abuse in the family environment. The Annual Report outlines the significant partnership action pertaining these 'shine a light' areas of focus which has impacted positively on children, young people and families. Key headlines in relation to performance and populations, and progress against key developments also indicate that our system is working and making a difference to children, young people and families.
- 2.6 As part of our commitment to listen, learn, review and adapt and in response to an amplified government focus on safeguarding arrangements, we undertook an enhanced programme of independent scrutiny activity to seek assurance of the Children's MARS Local Arrangements. Overall, independent scrutiny officers found that multi agency safeguarding arrangements in North Lincolnshire are strong and that partnership working is valued at all levels.
- 2.7 In 2022/23, safeguarding partners will continue to listen, learn, review and adapt in order deliver the core functions, ensure that effective safeguarding arrangements are in place and continue to seek assurance that further work is progressing in relation to the 'shine a light' areas of focus identified in the Annual Report.

3. OPTIONS FOR CONSIDERATION

- 3.1 To receive the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2021/22.

4. ANALYSIS OF OPTIONS

- 4.1 None, for information only.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**
 - 5.1 None, for information only.
6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**
 - 6.1 None, for information only.
7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**
 - 7.1 Not applicable.
8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**
 - 8.1 There has been a range of consultation with safeguarding partners, relevant agencies and children, young people and families as part of the development and implementation of the Local Arrangements. There will be further engagement opportunities as we continue to listen, learn, adapt and review.
9. **RECOMMENDATIONS**
 - 9.1 To receive the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2021/22 and consider this where relevant in relation to planning, commissioning and budgets setting processes.

DIRECTOR OF CHILDREN AND FAMILIES

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

Author: Julie Poole, Service Manager Children's Strategy Assurance and Evaluation
Date: November 2022

Background Papers used in the preparation of this report: [Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2021/22](#)

This page is intentionally left blank

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME OF WORK

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 This report seeks to update the Health and Wellbeing Board members on recently completed joint strategic needs assessment products and to recommend a forward plan for new products.

2.0 BACKGROUND INFORMATION

- 2.1 A Joint Strategic Needs Assessments (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 Local authorities and clinical commissioning groups (now health and care partnerships) have equal and joint duties to prepare JSNAs, through the health and wellbeing board. The responsibility for the JSNA falls on the health and wellbeing board as a whole and so its success will depend upon all members working together throughout the process.
- 2.3 The JSNA helps identify key local health and wellbeing priorities. The work should presents clear links to ill health prevention and health inequalities.
- 2.4 The timing, frequency and format of JSNAs is not mandated. However, HWB boards will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans.
- 2.5 JSNAs have traditionally been a single standalone document which are refreshed every few years. The nature of this approach means that, by the time the document has been published, the content may have become dated. Therefore, the preferred approach for JSNAs is to be 'modular' and built-up from smaller focused products which are more relevant to commissioners and providers.

3.0 JSNA COMPLETED PRODUCTS AND FORTHCOMING PRODUCTS

3.1 Appendix A provides a précis of the four JSNA products that have recently been completed.

3.2 The following JSNA products are in their final stages of being written and should be available for the next HWB meeting.

- Children and young peoples healthy weight briefing
- Breastfeeding briefing
- Teenage conceptions
- Health inequalities profile

4.0 JSNA RECOMMENDED FORWARD PLAN

4.1 In order to develop a forward plan for the JSNA programme of work, key stakeholders were consulted on what JSNA products they would like delivering over the next three years. In total there were 51 unique products requested and, overall, 85 requests for products were received.

4.2 Feedback from the consultees were analysed to determine a list of overall priorities based on the following criteria.

- Criteria 1: Urgency for the product
- Criteria 2: Casual link between the product requested and the prevention of premature mortality
- Criteria 3: Causal link between the product requested and causes of years lived with disability
- Criteria 4: Strategic fit with the HWB's strategic priorities

4.3 After the data were analysed the following topics were identified as being a priority:

1. Emotional wellbeing and mental health (children & families)
2. Assessment of burden of disease / state of the borough
3. Deprivation profile
4. Vulnerable adults
5. *Lung cancer
6. * Suicide prevention
7. Vulnerable Children - Children with a social worker, EAL, free school meals, UASC
8. Long term conditions
9. Domestic abuse
10. Dementia
11. Substance and alcohol misuse
12. Carers

*The methodology described in 4.2 did not identify this product, as the scoring was not weighted. However, it has been included due to the significant impact which lung cancer has on our population
*This was not requested during the consultation, but has since become an issue which merits further work.

3.0 OPTIONS FOR CONSIDERATION

5.1 **Option 1:** To approve the recommended JSNA forward plan.

5.2 **Option 2:** Not to approve the JSNA forward plan.

4.0 ANALYSIS OF OPTIONS

6.1 **Option 1:** To approve the recommended JSNA forward plan

6.1.1 The forward plan provides a transparent and object way to confirm the HWB priorities for producing JSNA products.

6.1.2 At this stage, it is not possible to identify a timeline for each project as the scope for products will differ depending on the level of detail required and capacity of the public health intelligence team. It should be noted that sufficient capacity also needs be maintained in order to deliver unscheduled priority work requests.

6.1.3 The order in which the products will be scheduled will depend on emerging needs. Therefore, it is recommended that the consultant for public health will have the delegation to make operational decisions regarding the scheduling of the programme.

6.1.4 The programme can be reviewed by the HWB periodically so members can be assured about progress.

6.2 **Option 2:** Not to approve the recommended JSNA forward plan.

6.2.1 Without a forward plan, there will be less transparency about the prioritisation of JSNA products which means it will be harder for the HWB to monitor progress.

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

7.1 None

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

8.1 None

7.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

9.1 Not relevant for this report.

8 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

10.1 Key stakeholders from across North Lincolnshire Council, North Lincolnshire Health and Care Partnership and Healthwatch were consulted on the type of JSNA products which would support their work.

9 RECOMMENDATIONS

11.1 That the HWB approve option 1 to progress the forward plan as outlined in section 4.3. and delegate autonomy to the consultant for public health to make operational decisions about the scheduling of the forward plan, which may include reprioritisation based on emerging needs.


DIRECTOR OF PUBLIC HEALTH

Church Square House SCUNTHORPE
North Lincolnshire
DN15 6NR

Authors: Steve Piper – Senior Public Health Manager

Date:- 9 November 2022

Appendix 1 Summary of JSNA products recently completed

Product Title	Description	Purpose
Ward Profiles	A profile of each ward providing key statistical data on populations, life expectancy, crime, economic data, wellbeing, hospital admissions and life expectancy.	This is a key JSNA product that describes the makeup of North Lincolnshire's wards.
North Lincolnshire Population Profile	A detailed look at North Lincolnshire's overall population including analysis around: population size, ethnicity, population growth, housing stock, net migration, births, deaths and social gradient.	This provides easy access to key data sets that explain about North Lincolnshire population and can be used to help with service planning.
Impact of fuel poverty  Impacts of Fuel Poverty.pptx	Provides answers to the following questions What is fuel poverty? <ul style="list-style-type: none"> • What actions are people taking because of the rising cost of living? • What impacts does living in fuel poverty have upon vulnerable groups? • Who is likely to be affected by fuel poverty in North Lincolnshire? • In which areas of North Lincolnshire are residents most likely to be fuel poor 	To help the council and partners understand need, in order to support with mitigation against the rising fuel costs and the impact of cold homes.
Primary Lives Survey	The Children and Young People's lives survey – Primary, is designed to gather information on the perceptions, attitudes and lifestyle behaviours of a large representative sample of pupils in Years 5 and 6, attending our mainstream primary schools and academies	Used extensively by schools, academics and place partners to understand the needs of our children and young people. It is used for curriculum development, commissioning intentions and service planning.

This page is intentionally left blank