

**LINCOLNSHIRE HEALTH AND
 WELLBEING BOARD
 11 JUNE 2013**

PRESENT:

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services), Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement), C N Worth (Executive Councillor for Libraries, Heritage, Culture), J P Churchill, B W Keimach and Mrs A M Newton

Lincolnshire County Council Officers: Glen Garrod (Director of Adult Social Services) and Dr Tony Hill (Executive Director of Public Health) and Sheridan Dodsworth (Head of Service Children with Disabilities).

GP Commissioning Group: Dr Vindi Bhandal (South West Lincolnshire CCG) and Dr Kevin Hill (South Lincolnshire CCG) and Mr Rob Croot (Chief Finance Officer- Lincolnshire West CCG).

NHS Commissioning Board: Mr Andrew Leary (Leicester and Lincolnshire Area Team).

Officers In Attendance: Katrina Cope (Team Leader Democratic and Civic Services) and Martin Wilson (Health and Wellbeing Board Advisor).

1 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2013/2014.

2 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as Chairman of the Lincolnshire Health and Wellbeing Board for 2013/2014.

COUNCILLOR MRS S WOOLLEY IN THE CHAIR

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3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors D Brailsford and C R Oxby, Debbie Barnes (Executive Director of Children's Services), Mr Preston Keeling (Healthwatch), Dr Sunil Hindocha (Lincolnshire West CCG) and Mr David Sharp (NHS England Area Team).

It was noted that Sheridan Dodsworth (Head of Service for Children with Disabilities) and Mr Andrew Leary (Leicestershire & Lincolnshire Area Team) and Mr Rob Croot (Chief Finance Officer – Lincolnshire West CCG) had replaced Debbie Barnes (Executive Director Children's Services), Mr David Sharp (NHS England Area Team) and Dr Sunil Hindocha (Lincolnshire West CCG) respectively, for this meeting only.

4 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of members' interests declared at this stage of the meeting.

5 MINUTES OF THE MEETING HELD ON 13 MARCH 2013

RESOLVED

That the minutes of the meeting held on 13 March 2013 be confirmed and signed by the Chairman as a correct record.

6 ACTION UPDATES FROM PREVIOUS MEETING

There were no actions reported from the previous meeting.

7 CHAIRMAN'S ANNOUNCEMENTS

On behalf of the Chairman, Dr Tony Hill (Executive Director of Public Health) advised the Board of the following issues:-

Letter from Norman Lamb MP Minister of State for Care and Support – Delivery of the Winterbourne View Concordat and review commitments

It was reported that work was underway to move forward with a joint strategic plan to commission a range of local health, housing and care support services to meet the needs of children, young people and adults within Lincolnshire. Members were advised that all parties had been involved in the process and that a response would be sent on behalf of the Lincolnshire Health and Wellbeing Board.

Amended Appendix B to Agenda Item 9.1

An updated version of Appendix B to Agenda item 9.1 was circulated at the meeting for members' consideration.

DECISION/AUTHORISATION ITEMS

8 HEALTH AND WELLBEING BOARDS TERMS OF REFERENCE (TOR)
AND OPERATING PROCEDURES

Consideration was given to a report concerning the operating processes for the Lincolnshire Health and Wellbeing Board.

Whilst considering the terms of Reference and Procedure Rules attached at Appendix A to the report, members made the following comments:-

- Page 2 - Paragraph 1.2 a space needs to be inserted after 194 and 2012 needs to be inserted after the word Act;
- Page 3 – Second part of Paragraph 4.6 the Appendix needs to be amended to Appendix C;
- Page 4 – Paragraph 5.5 the NHS title needs amending to read NHS England via the Area Team;
- Page 4 – Paragraph 6.1 being amended to reflect their portfolio areas and other core members titles
*Executive Councillor Adult Care and Health Services, Children's Services
Executive Councillor NHS Liaison, Community Engagement
Executive Councillor Libraries, Heritage, Culture
One Designated NHS England (Area Team) representative
A designated representative from Healthwatch;*
- Page 6 – Second sentence of Paragraph 11.2 being amended to read '*Associate members and the Public are entitled to speak if pre- arranged with the Chairman before the meeting.*'
- Page 7 – Paragraph 13.4 a space being removed from *The*;
- Appendix C – Page 1, first bullet point being amended to 'Agreement of CCG Commissioning plans;
- Appendix C – Page 1 fourth bullet point – *Healthwatch* being amended to one word;
- Appendix C – Page 3 The Executive Members heading being amended to *Lincolnshire County Council Executive members*;
- Appendix C – Page 4 '*feed into the JSNA* being included in the sections relating to Lincolnshire Healthwatch representative, District Council representative and Area Team representative;
- Appendix C – Page 4, last bullet point being amended to read NHS *England*;

The Executive Director of Public Health on behalf of the District Councils raised the issue of District Council representation on the Board and advised that the District were of the opinion that there should be more than one representative. It was highlighted that the matter would be discussed further at the next Chief Executives and Leaders meeting.

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The Board were also asked to comment on whether it was felt appropriate for the Police and Crime Commissioner to become a member of the Board.

During discussion, the Board agreed that they could not see any problem inviting District Councils and the Police and Crime Commissioner to informal meetings, but felt that the core membership of the Board should not be increased. It was also highlighted that as some of the Core members were dual hatters this would assist the Board sending to, and receiving information from district councils.

It was agreed that the Health and Wellbeing Board Advisor would speak to other Councils concerning Health and Wellbeing Board membership and report back to the Board at the next meeting.

RESOLVED

1. That the terms of reference as detailed at Appendix A be amended to incorporate the amendments listed above and any other typographical errors.
2. That the Health and Wellbeing Board Advisor be requested to present membership information of other Health and Wellbeing Boards to the next meeting of the Board.

9 DISABLED CHILDREN'S CHARTER

The Board gave consideration to a report from the Executive Director of Children's Services, which asked the Lincolnshire Health and Wellbeing Board to sign up to the Disabled Children's Charter, which had been developed by the organisation 'Every Disabled Child Matters'. It was noted that the County Council had in previous years agreed to sign up to the Charter and work to its principles. The Charter showed the Councils commitment to disabled children, young people and their families.

It was highlighted that the previous Chairman Dr Tony Hill had received dozens of emails encouraging the Health and Wellbeing Board to sign up to the Charter.

One member expressed some concern as to the wording of the Charter, particular reference was made to 'directly with' as it was not the intention to invite representatives to have direct communication with the Board. It was therefore felt that the wording should be amended to read 'engaged with'.

A copy of the Charter was detailed at Appendix A to the report. Appendix B provided information as to why the Health and Wellbeing Board should sign the Disabled Children's Charter.

RESOLVED

That the Health and Wellbeing Board agreed to sign up to the Disabled Children's Charter for Health and Wellbeing Boards, subject to the wording of the Charter being amended to read 'engaged with'.

DISCUSSION/DEBATE ITEMS

10 HEALTH AND WELLBEING BOARD - DEVELOPMENT TOOL

Consideration was given to a report from the Health and Wellbeing Board Advisor, which invited the Board to look at its current position to assess its strengths and opportunities to improve its effectiveness. The development/assessment tool was one way the Board could show how well it had achieved against its agreed aims and objectives, and also identify areas that needed to be improved.

A copy of the amended Appendix B 'A new development tool for Health and Wellbeing Boards' was circulated to members at the meeting.

In a short presentation, the Board Advisor guided members through the development tool, which highlighted the progress of the Board against identified areas. This information was also detailed at Appendix A to the report. Comments on where the Board was at present, and the actions needed to be taken were as follows:-

Strategy, Purpose and Vision for the Health and Wellbeing Board:

- Point 1 – It was felt that the position of the Board was that it had agreed a realistic set of priorities on which to focus its efforts and that improvement would be monitored by the Health and Wellbeing Board;
- Point 2 – The Board agreed that the JSNA and JHWS had been formally agreed and that individual commissioning plans of CCG's and the LA aligned with them and that these would be monitored by the Health and Wellbeing Board; and
- Point 3 – The Board agreed that it had a compelling narrative of its purpose and ambitions for its local community and that to work towards making a difference an action plan would need to be devised to take the Board forward linked to the five themes.

Leadership, Values, Relationships, Ways of Working

- Point 4 – The Board agreed that it had an understanding of the concept of shared leadership and communicated effectively and respectfully, but more trust and continuous learning was required by everyone to take the Board forward;
- Point 5 – The Board agreed that it had a code of conduct which was explicit about the expectations, behaviour and values to which Board members were to aspire to. The board models appropriate behaviours and has an agreement about the minimum attendance at meetings. The Board were happy with monitoring attendance and taking appropriate action where necessary; and
- Point 6 – Members agreed that they had effective working relationships and were beginning to influence each other's organisations.

- Point 7 – The board had empowered the local Healthwatch member to act as an independent and effective voice for users and the public. It was agreed that the Health and Wellbeing need to keep an eye on this to ensure that the views of local people had been acted upon;
- Point 8 – The Board could demonstrate that it promoted equality in all its actions including consultation, priority setting, service improvement and undertaking equality impact assessments on its plans. It was felt that by the end of the year with the compilation of an action plan, the Board could achieve beacon of excellence.

Governance

- Point 9 – The Board agreed that it was clear on accountability for decisions and action and that it had a scheme of delegation. That the Communication plan would be reviewed at the September meeting;
- Point 10 – That the Board had governance arrangements which aligned to those of the LA and the CCGs. It was highlighted that structural plans were being developed;
- Point 11 – The Board felt that the relationship between the HWB and the LA scrutiny function was clear but more was needed to be developed through structural plans. It was agreed that a copy of a document showing the differences between the HWB and the scrutiny committee would be emailed to members after the meeting; and
- Point 12 – The Board felt that there was some agreement with the regard to the pooling of resources where appropriate.

Roles and Contributions

- Point 13 – It was agreed that the Board needed to expand its knowledge regarding the knowledge and skills that each individual members could contribute. It was felt that some of the informal meetings would give members the opportunity to get to know other Board members better; and
- Point 14 – It was felt that the Board knew about its existing partnership working, but work was still to be done for more proactive working arrangement which would lead to a 360 degree survey with partners.

Measures and Accountabilities

- Point 15 – The Board agreed that it needed to balance improvements in service provision with improvements in population health and wellbeing;
- Point 16 – The Board agreed that it needed to review its current position with regard to service integration, population health and use of resources; and
- Point 17 – It was agreed that the Board's progress against its peer group would be reviewed nationally.

It was agreed that the Health and Wellbeing Board Advisor would have a discussion with Andrew Leary regarding functions discharged at a local level, and how these could be incorporated to ensure that that the Board was in charge of its

own destiny. This information would then be presented to the next meeting of the Board.

RESOLVED

1. That the Boards current position within the assessment tool be noted and that the Boards progress be review in March 2014 to inform the 2013/14 Annual Report.
2. That the Health and Wellbeing Board Advisor was to have a discussion with Andrew Leary concerning functions discharged at a local level and that this information should be presented to the next meeting of the Board.

11 LINCOLNSHIRE PUBLIC HEALTH ANNUAL REPORT 2012

Consideration was given to a report from the Executive Director of Public Health, which provided the Board with a copy of the Director's Annual report. It was noted that this was the last the Director of Public Health would be making to the Board of Lincolnshire Primary Care Trust, as Lincolnshire County Council had now taken on its new public health responsibilities with effect from 1 April 2013.

A copy of the Lincolnshire Public Health Annual Report for 2012 was attached at Appendix A.

In guiding members of the Board through the report the Executive Director made reference to some of the following points:-

- The challenges ahead for the Council and partner organisations with their new roles and responsibilities;
- Progress made on the fourteen recommendations from the 2011 Annual Public Health Report;
- Learning Disability Health Needs Assessment – the recommendations detailed on page 11 provided some of the most significant recommendations relating Learning Disability Health needs;
- The NHS Health Checks; their importance in identifying illnesses at an earlier stage; preventing the development of illnesses; sustaining life expectancy and reducing premature mortality; helping with health inequalities and reducing the number of secondary care admissions;
- Childhood Obesity – information gathered by the National Child Measurement programme had advised that the number of overweight children in both reception and year 6 had increased slightly over the last twelve months. The report in its conclusion highlighted the need to reverse the childhood obesity crisis in Lincolnshire by supporting families to make healthier choices;
- Public Health support to Clinical Commissioning Groups, it was highlighted that it was important for Public Health staff to support CCG's; and
- Health Protection, the importance of all NHS organisations working together and the importance of a Health Protection Group being established to assist the Director of Public Health.

During discussion, Members made reference to the following issues:-

- That contributions from Children's and Adults had made the report a richer document; and
- The need to work with families to tackle childhood obesity. It was stressed that there needed to be a consistent message overall to tackle the issue. It was highlighted further that this area would be picked up as part of Theme Four.

RESOLVED

That the Lincolnshire Public Health Annual Report 2012 be received.

INFORMATION ITEMS

12 DEMENTIA STRATEGY UPDATE

The Board gave consideration to a report from the Director of Adult Social Services, which provided an update on the launch of the Dementia Strategy on 20 May 2013. A copy of the consultation questionnaire was attached at Appendix A for members' information. Appendix B provided an overview of the Lincolnshire Dementia Partnership Discussion Paper.

In a short presentation, the Director highlighted to the Board the following issues:-

- Principles for the Dementia Strategy;
- The Dementia Journey/pathway; and
- The outcomes and actions arising as a result of the new proposals.

It was highlighted that it was important to involve as many organisations as possible across the county, to ensure a county-wide approach. Members were encouraged to feed in their comments on the discussion document through the website.

RESOLVED

1. That the launch of the consultation for the Lincolnshire Joint Strategy for Dementia be noted.
2. That Board members be encourage to comment on the discussion document through the website.
3. That the approach for partnership working be agreed.

13 LETTER INVITING EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'

The Executive Director of Public Health provided the Board with a verbal update concerning a recent letter inviting expressions of interest for Health and Social Care Integration 'Pioneers'

The purpose of the letter was to encourage local areas to become integration 'pioneers' and develop plans to link into the government's vision of making person-centred coordinated care and support the norm across the health and social system in England over the coming years.

Any areas selected as pioneers would receive tailored support in return of the areas being at the forefront of disseminating and promoting lesson learnt for wider adoption across the country.

All expressions of interest had to be received by 28 June 2013. It was noted that this was the first call for expressions of interest and that further calls would be made in future years as momentum increased and progress was made across England.

The Executive Director requested the support of the Board in the making of an expression of interest. The Executive Director advised further that further details would be presented to the Board once agreed, but it was hoped to get organisations across the county to get involved to ensure a county wide approach.

RESOLVED

That Lincolnshire Health and Wellbeing Board offered their support to the making of an expression of interest for Health and Social Care Integration Pioneers on behalf of Lincolnshire.

14 LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN ITEMS

The Health and Wellbeing Board Advisor presented the Boards current work programme.

During discussion, it was agreed that informal meeting dates would be arranged in between scheduled meeting dates and that these would take into consideration all members commitments.

It was agreed that the Carers Strategy and Healthwatch should be included as items for inclusion on the agenda for 10 December 2013.

It was also highlighted that the 10 September 2013 meeting might be dedicated to a single item to allow the Board to consider the item 'Expression of Interest for Health and Social Care Integration Pioneers'.

RESOLVED

That the items raised at minute numbers 8 and 10, and those detailed above be included on the work programme for the Lincolnshire Health and Wellbeing Board.

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15 AN ACTION LOG OF PREVIOUS DECISIONS

No action log of previous decisions was considered, as this was the first meeting of the Board.

16 FUTURE SCHEDULED MEETING DATES

RESOLVED

That the following scheduled meeting dates be noted:-

Tuesday 10 September 2013
Tuesday 10 December 2013
Tuesday 25 March 2014
Tuesday 10 June 2014
Tuesday 30 September 2014
Tuesday 9 December 2014

The meeting closed at 3.55 am