



**LINCOLNSHIRE HEALTH AND  
WELLBEING BOARD  
10 DECEMBER 2013**

**PRESENT: COUNCILLOR MRS SUSAN WOOLLEY (CHAIRMAN)**

**Lincolnshire County Council:** Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services), C N Worth (Executive Councillor for Libraries, Heritage, Culture), D Brailsford, J P Churchill, B W Keimach and C R Oxby

**Lincolnshire County Council Officers:** Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Director of Adult Social Services) and Dr Tony Hill (Executive Director of Public Health)

**District Councillors:** Councillors Jeff Summers (District Councils)

**GP Commissioning Group:** Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Simon Lowe (Lincolnshire East CCG)

**Healthwatch Lincolnshire:** Mr Malcolm Swinburn (Healthwatch Lincolnshire)

**NHS Commissioning Board:** Mr Andy Leary (Leicestershire & Lincolnshire Area Team)

**Officers In Attendance:** : Katrina Cope (Team Leader Democratic and Civic Services), Martin Wilson (Health and Wellbeing Board Advisor), Annette Laban (Lincolnshire Sustainable Services Review Programme Director), Rose Taylor (PricewaterhouseCoopers), Colin Warren (Head of Commissioning, Mental Health NHS South West Lincolnshire) and May Mengyui-Li (PricewaterhouseCoopers)

30     APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M Brighton OBE (District Council representative) and Mr David Sharp (NHS England Area Team).

It was noted that Councillor Jeff Summers (District Council representative) and Mr Andrew Leary (Leicestershire & Lincolnshire Area Team) had replaced Councillor Mrs M Brighton OBE (District Council representative) and Mr David Sharp (NHS England Area Team) for this meeting only.

31     DECLARATIONS OF MEMBERS' INTERESTS

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

**32     MINUTES OF THE MEETING HELD ON 10 SEPTEMBER 2013**

RESOLVED

That the minutes of the meeting held on 10 September 2013 be confirmed and signed by the Chairman as a correct record.

**33     ACTION UPDATES FROM THE PREVIOUS MEETING**

RESOLVED

That the completed actions as detailed be noted.

**34     CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised the Board that an announcement sheet had been tabled which made reference to:-

- That photographs of all Board members had been published on the website [www.lincolnshire.gov.uk/hwb](http://www.lincolnshire.gov.uk/hwb);
- Informal Meeting dates had been identified for the rest of the year;
- That any members of the Board who had not already provided substitute information should email the generic email address (as detailed above);
- Members were provided with an easy read version of the JSNA Overview Update Report 2013; and
- That the Chairman had attended a Public Health England East Midlands Event – 'Working Together to protect and improve health and reduce health inequalities across the East Midlands' at which the Chairman had been asked to provide closing remarks to system leaders from across the East Midlands which had included to agree PHE East Midland's priorities and local prospectus; identify opportunities to further support and develop system leadership; and develop and agree formal governance arrangements for the new public health system.

**DECISION/AUTHORISATION ITEMS****35     LINCOLNSHIRE SUSTAINABLE SERVICES REVIEW**

A joint presentation from the Lincolnshire Sustainable Review Programme Board Chairman, Dr Tony Hill, Annette Laban, Lincolnshire Sustainable Review Programme Director and Rose Taylor from PricewaterhouseCoopers provided the Board with a high level blueprint document which had been developed over the last several months. The blueprint considered radical change and best practice and focussed on the challenges that had been raised across Lincolnshire. In order to develop the document the board had created four Care Design Groups which had been divided into core delivery areas, these groups had then been tasked with agreeing an overall

vision and then developing a series of interventions, that if implemented would make the vision achievable.

It was noted that the four Care Design Groups were:-

- Proactive ideas;
- Urgent Care (reactive);
- Elective Care; and
- Women and Children's.

These interventions were then tested at the recent Care Summit which had been attended by in excess of 200 delegates from across Lincolnshire to showcase "Lincolnshire's Brave Ideas" and future model of care. A vote taken at the summit confirmed that the blueprint options being put forward had been accepted to progress further to design planning, subject to executive and Health and Wellbeing Board approval.

The Board were advised that representatives from all providers and commissioner organisations; the Local Area Team; designated patient representatives; carers; Healthwatch; the voluntary sector and District council colleagues had all been involved in care design; and the development of the blueprint.

It was highlighted that the quality of services; workforce issues and financial issues had all been reasons for the review. Particular reference was made to the fact that if nothing was done under the current system there was already a system deficit of £20.8 million; this figure would rise to £105 million in five years if current services were to continue.

The review would provide for a person centred approach to services provided within the four identified categories as detailed on slide four of the presentation. What was proposed was a radical reconfiguration of services being delivered by neighbourhood teams using local resources such as community hospitals.

It was highlighted that approval had been received from all the respective executive boards, prior to being considered by the Health and Wellbeing Board at its meeting today. During December the procurement process for Phase two had commenced and supplier interviews would be taking place on 10 January 2014. Then, from January to April detailed planning for Phase two would commence, and the Phase one blueprint would be evaluated and some pilot schemes would be commencing, some preparation work would also be done around implementation planning and preparing materials for the consultation. The consultation process would then follow during May to July 2014. During August to October 2014 updates would then be made to the detailed plans and implementation planning would then follow the consultation. Phase three 'Implementation' to deliver the changes would then commence in October 2014.

During discussion, the following points were raised:-

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- Working with neighbouring authorities – reassurance was given that the review was about the people of Lincolnshire and that a model of care included working across boundaries;
- To ensure that the review encompassed the requirements of the GP contracts;
- The need to ensure that there was plenty of time for engagement with the general public;
- The need to ensure that neurological services were included. Reassurance was given that although there was nothing specific in the blueprint, neurological conditions would be included as part of the work of the neighbourhood teams;
- The need to ensure that the terminology contained within the consultation document was plain English, as it was very important to get the public involved;
- Success of the radical changes would depend on the implementation, commissioning and contracting of service providers. It was noted that there were proposals for joint commissioning across the county;
- It was highlighted that presenting the information to the public had and would continue to be done through different mediums, so that information was readily available to the general public;
- Members agreed that this was a very exciting time for Lincolnshire, having the opportunity to tailor health and social care needs for the people of Lincolnshire; and
- It was agreed that theme leads currently working on projects should continue their work on these, as this would ensure that some momentum was maintained and with some tweaking, the projects could then be included in the overall plan. It was highlighted that there were lots of pockets of good work and practise being undertaken in Lincolnshire and therefore any one working on a project should be encouraged to continue to do so.

**RESOLVED**

That approval be given to the blueprint document presented and that further reports during phase two of the programme be received by the Board.

**36 INTEGRATED TRANSFORMATION FUND AND PROPOSALS TO DEVELOP A STRUCTURE TO SUPPORT JOINT COMMISSIONING**

Pursuant to Minute no 27 (3) of the meeting held on 10 September 2013, consideration was given to a report from the Director of Adult Social Services, which provided the Board with an update as to the use of the Integrated Transformation Fund (ITF) in 2013/14; and to advise the Board how plans were developing to meet the national requirements for the use of funds in 2014/15 and 2015/16. The report also highlighted proposed joint governance arrangements which would govern how the Council and Lincolnshire Clinical Commissioning Groups (CCG's) would work together to improve the health and social care outcomes for Lincolnshire communities.

Appended to the report were the following:-

- Appendix A provided information on the Integrated Transition Funding for 2013/14;
- Appendix B provided information about the Section 256 funding transfer from NHS England to social care 2013/14;
- Appendix C provided the Board with a copy of the Section 256 Agreement between NHS England to Lincolnshire County Council;
- Appendix D provided a proposed joint commissioning structure, further information was detailed on pages 185 to 187 of the report; and
- Appendix E provided information relating to the Integrated Transformation Fund LCC/Health.

It was highlighted that four CCG's and the Corporate Management Team of Lincolnshire County Council had been involved in the production of the report. A condition of the ITF two year plan submission was that Providers (health and social care) were engaged and that this would be a matter of priority for social care providers given early the involvement of the three NHS providers in Lincolnshire.

Page 183 of the report outlined the proposed priorities (from the Task Group) for investment as 'early implementers' these were as follows:-

- Development of neighbourhood teams;
- Development of an Intermediate Care Layer and consequential pooled budget;
- Seven-day Hospital working, which was a requirement in guidance as to the use of ITF;
- Prevention, this would incorporate a number of short term projects currently funded by the ITF; and
- Enablers such as estates, organisational development and IT.

In conclusion, the Board were requested to agree a range of activities that included the priorities and the joint commissioning structures which would begin to underpin the longer term ambitions of the Lincolnshire Sustainable Services Review and at the same time satisfy the requirements of the two year detailed plan in the use of the Integration Transformation Fund.

A discussion ensued, from which the following items were raised:-

- The amount of the Integrated Transformation fund for 2013/14. The Board were advised that Appendix A to the report provided a breakdown of the funding. Members received clarity that this was not all new money, the whole principle was that through working together with providers and CCG's would ensure that the funding was utilised better;
- Seven day working – The Board were advised that this required careful consideration and might require additional resources in some areas; and
- Reassurance was given that the Integrated Transformation Fund fitted into the Lincolnshire Sustainable Services Review.

## RESOLVED

1. That the content of the report and Appendices be noted.
2. That the agreement previously reached in March 2013, on the use of allocated funds in 2013/14 be noted, in order that money can be transferred from the Area Team to Lincolnshire (Appendices A, B and C).
3. That the 'special. Meeting of the Health and Wellbeing Board meeting on 5 February 2014 to formally agree the two year plan to spend the Integration Transformation Fund in 2104/15 and 2105/16 be noted.
4. That the five 'early implementers' priorities be agreed.
5. That the outline structure for joint commissioning arrangements as detailed at Appendix D be agreed.

**DISCUSSION/DEBATE ITEMS**37     THE LINCOLNSHIRE CHILDREN AND YOUNG PEOPLE'S PLAN

The Executive Director of Children's Services presented a report which asked the Board to consider and note the Lincolnshire Children & Young People's Plan, which was a strategic plan for services which supported children and young people in Lincolnshire.

The plan demonstrated how the local authority and its partners would work collaboratively and in partnership to improve the wellbeing of every child, young person and family in Lincolnshire over the next three years.

It was highlighted that the statutory duty to produce a Children and Young Peoples Plan had been revoked in October 2010 and; that local areas were now no longer required to produce a plan. Local Partnerships were now free to publish their own strategic plan as they saw fit. It was highlighted that the plan circulated had been as a result of consultation undertaken and development days with partners.

A copy of the Lincolnshire Children and Young People's Plan was tabled at the meeting. An Executive Summary of the Plan was detailed at Appendix A to the report presented.

## RESOLVED

- That the Children and Young People's Plan 2013 – 2016 be noted.

38     LINCOLNSHIRE JOINT COMMISSIONING STRATEGY FOR DEMENTIA  
          CARE 2014 - 2017 : THE WAY FORWARD

Consideration was given to a report from the Director of Adult Social Services, which provided the Board with an update on the plans to improve the 'Dementia Journey'.

It was reported that over 750,000 people in the UK were affected by dementia, with an estimated 10,500 people in Lincolnshire. Dementia is primarily a disease that comes on in later life, but there were at least 15,000 people in the UK under 65 who had been reported as having the illness.

A major feature of the new Dementia Strategy was to move away from high cost maintenance services and to look at investment in prevention, early intervention (including higher rates of diagnosis) and support mechanisms within the community.

Appended to the report were the following:-

- Appendix A - the Consultation and Evaluation Report;
- Appendix B - the Lincolnshire Joint Commissioning Strategy for Dementia Care – 2014 – 2017 – The Way Forward; and
- Appendix C – Initial Action Plan.

During discussion the following points were raised:-

- The importance of the piece of work;
- Use of Dementia champions in the community;
- The good work done by LCC around the welfare of carers
- The importance of providing dementia training;
- Page 234, why not all District Councils were listed, members were advised that the group listed were those who had participated in the consultation and had offered their views;
- Page 241 the inclusion of Phase 2; and
- Page 254 typographical error, the date in the first paragraph should read 2010 -2014.

**RESOLVED**

1. That the Consultation Evaluation Report detailed at Appendix A be endorsed and that agreement be given to its publication.
2. That the draft Joint Commissioning Strategy 2014 – 2017 be endorsed; and that the planned timetable for further County Council sign-off through the Adult Scrutiny Committee on 29 January 2014; and the Executive on 4 February 2014 (Appendix B); and Health sign-off via Mental health Lead Officer, Allan Kitt through the four CCG Governing Bodies in December and January, following endorsement by the Board be agreed.
3. That the draft Initial Action Plan (Appendix C) be noted.

4. That the proposed approach to manage strategy delivery via the Joint Dementia Core Group be endorsed.

**INFORMATION ITEMS**39 HEALTHWATCH LINCOLNSHIRE

Consideration was given to a report from The Healthwatch representative, which provided the Board with a summary update on the Healthwatch Lincolnshire activities.

The report detailed the current, medium and long term plans for Healthwatch along with informational relating to organisational development; Engagement Activities; and Board and company status.

Members were advised that since the report had been produced, Healthwatch had become a charity which was a first for Lincolnshire. Members were advised further that Healthwatch was in the process of moving into new offices in Swineshead, Boston. It was noted that once the move was completed, interviews would be taking place to recruit additional staff needed to cover the County.

**RESOLVED**

That the report be noted.

40 AN ACTION LOG OF PREVIOUS DECISIONS**RESOLVED**

That the Action Log of previous decisions of the Board be noted.

41 LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN

The Health and Wellbeing Advisor presented the Boards current forward plan.

It was highlighted to the Board that the meeting scheduled for the 5 February 2014 would be an additional meeting of the Board to consider the Integrated Transformation Fund item. It was noted that this meeting would be taking place at the Johnson Community Hospital, Pinchbeck Road, Spalding at 12:15 pm.

Members were also reminded that some informal workshops dates had been arranged for the Board the first one being on 28 January 2014, which would be looking at Commissioning Plans, the next one being on 25 February 2014, which would be dedicated to the Health and Wellbeing Strategy.



RESOLVED

That the forward plan for formal meetings and informal workshop sessions as presented be accepted.

The meeting closed at 3.45 pm