



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
9 DECEMBER 2014**

PRESENT: COUNCILLOR MRS S 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, B W Keimach, C R Oxby and S M Tweedale.

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

District Council: Councillor Marion Brighton OBE (District Council).

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 England: Mr Jim Heys (NHS England).

Officers in Attendance: Alison Christie (Health and Wellbeing Board Business Manager), Katrina Cope (Team Leader, Democratic and Civic Services), Justin Hackney (Chief Commissioning Officer, Joint Commissioning and Specialist Services), Annette Lumb (Head of Planning and Governance, Lincolnshire West CCG), Elaine Baylis, QPM (Independent Chairman, Lincolnshire Safeguarding Adults Board), Dave Culy (Lincolnshire Safeguarding Adults Board Business Manager), Sharon Jeffreys (Head of Commissioning for Autism and Learning Disabilities) and David Stacey (Programme Manager, Public Health).

22 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor Mrs J P Churchill.

23 DECLARATIONS OF MEMBERS' INTEREST

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

24 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 30 SEPTEMBER 2014

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RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board held on 30 September 2014, be confirmed and signed by the Chairman as a correct record.

25 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

26 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting Jim Heys, as the NHS England representative.

Further to the announcements circulated with the agenda, the Chairman advised the Board that a letter had been received from the Department of Health and NHS England concerning Clinical Commissioning Group progress on dementia diagnosis rates in Lincolnshire. The Board were advised that a copy of the letter would be forwarded onto them after the meeting.

The Chairman advised further that a copy of The Dalton Review – Examining new options and opportunities for providers of NHS care published on 5 December 2014, had been received. It was agreed that a copy of the full and summary reports from the Dalton Review document would be forwarded on to members of the Board after the meeting.

27 DECISION/AUTHORISATION ITEMS(a) Protocol between Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Adults Board

Pursuant to Minute number 19(d) from the meeting held on 30 September 2014, consideration was given to a report from the Health and Wellbeing Board Business Manager, which asked the Board to approve the draft Protocol between the Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguard Adults Board which was appended as Appendix A to the report presented.

It was highlighted that from April 2015, new statutory requirements were due to come in to force as a result of the Care Act 2014. The Act formally set out the local authority's responsibility for adult safeguarding for the first time in primary legislation. Whilst the guidance did not formalise a relationship between the two Boards, there was an expectation that the Boards would work together to ensure effective adult safeguarding arrangements were in place.

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The Protocol proposed a framework to ensure effective joint working between the two Boards. It also set out their distinct roles and responsibilities and provided a mechanism to ensure effective safeguarding arrangements were in place.

It was reported that the Protocol had been prepared by officers supporting the Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Adult's Board and had been shared with the Chairman of the Lincolnshire Safeguarding Adult's Board.

It was noted that the Protocol would be reviewed in a year's time, and then bi-annually thereafter, or in response to any new national guidance issued in relation to Health and Wellbeing Boards or Local Safeguarding Boards.

It was highlighted to the Board that there was an error on page 29, seventh bullet point, should read '*Provide a formal response to the LSAB's Annual Report*' rather than LSCB's Annual Report.

RESOLVED

1. That the draft Protocol shown at Appendix A be approved.
2. That authority be delegated to the Health and Wellbeing Business Manager, in consultation with the Chairman, to make any necessary alterations following consideration by Lincolnshire Safeguarding Adults Board that do not fundamentally affect the intentions of the Protocol.

(b) Health and Wellbeing Grant Fund

The Board gave consideration to a report from the Executive Director of Community Wellbeing and Public Health, which advised that a decision had been taken in June 2014, to disband the Health and Wellbeing Fund Board and transfer the responsibility for the remaining money (£1.3m) to the Lincolnshire Health and Wellbeing Board. Following this decision, a revised Section 245 Agreement had been signed between Lincolnshire County Council and the four Clinical Commissioning Groups. The new agreement detailed at Appendix A now reflected the change in governance and updated the funding criteria to take into account the Joint Health and Wellbeing Strategy (JHWS).

The report provided a summary guide detailing the criteria and process for making an application for funding, and also asked the Board to establish a Sub Group to review and endorse formal project proposals ahead of final sign off by the Board. Detailed at Appendix A was a copy of the Section 256 Agreement, and Appendix B provided a copy of the Health and Wellbeing Grant Project Summary Guidance and Application Process document for the Boards consideration.

Page 32 of the report provided key points on how to apply for funding, and provided a summary of the application process.

RESOLVED

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1. That the new Section 256 Agreement be noted.
2. That agreement be given to the application process shown in Section 7 and the roles and responsibilities shown in Section 8 of Appendix B.
3. That agreement be given to the establishment of a Sub Group to review and endorse the formal project proposal ahead of final sign off by the Board.

28 DISCUSSION/DEBATE ITEMS

(a) Lincolnshire Health and Care

The Executive Director of Community Wellbeing and Public Health provided a verbal update to the Board with regard to the Lincolnshire Health and Care (LHAC) proposals.

The Board were advised that LHAC were currently looking at governance arrangements going forward to implementation.

It was noted that the Programme Board had been retained as a Stakeholder Board to help make arrangements work.

Work was also being finished with regard to the Clinical Model; pieces of work were being finalised and actions agreed in readiness for the consultation document for consultation in June 2015.

The Board were advised that there were now eight early implementer Neighbourhood Teams. Four further Neighbourhood Teams had been set up around the county since the last meeting these were at Long Sutton, Grantham, Lincoln North and Louth and Mablethorpe.

One Board member enquired as to how long it would be before Neighbourhood Teams were established across the county. It was reported that originally it was thought that the Neighbourhood Teams would be established across the county by April 2015. It was thought that at the moment, establishment of the teams would be April 2015 or just after.

(b) Better Care Fund

Consideration was given to a report from the Director of Adult Social Services, which provided an update to the Board concerning the three strand of work relating to the Lincolnshire Better Care Fund (BCF), these were:-

- Detailed work to produce a re-submission document required to be returned to NHS England on 9 January 2015;

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- Development of the Section 75 Legal Agreement; this would incorporate all the pooled budgets ambition across Health Care in 2015/16, which equates to £197m; and
- Details of the work to agree funding for schemes and the protection of Adult Care supported by the BCF in 2015/16.

Full details of the background to the BCF were shown within the report presented.

Appended to the report were the following documents for consideration by the Board:-

- Appendix A – BCF Resubmission – Section Updated and Action Tracker;
- Appendix B – BCF Task Group Terms of Reference;
- Appendix C – Report to JCB – Pooled Fund Update; and
- Appendix D – List of Schemes funded by the BCF in 2015/16.

The Director guided the Board through the report and responded to questions raised, which included:-

- Whether any revisions in the document affected Disabled Facility Grants. The Board were advised that there were no amendments pertaining to DFG's, however the BCF for 2016/17 was uncertain and dependent upon the government post 7 May 2015. It was also highlighted that the allocation for 2015/16 was not guaranteed until the governments final settlement allowance was announced later in December;
- Contingency plans if the BCF application was not approved. It was reported that there was no guidance should the final submission be rejected, but it was felt that rejection would be dealt in the same manner as had been done in the earlier round where five areas BCF submission had been rejected. Reassurance was given that in cases where the BCF had not been accepted the local authority and the CCG's had not agreed, this was not the case in Lincolnshire. It was highlighted that in some other areas there was closer working with the Acute Trust, this was something that needed to improve in Lincolnshire.

RESOLVED

1. That the work to date and the timeline for re-submission of the BCF and the production of the Section 75 be noted.
2. That agreement be given for the BCF re-submission as detailed in the accompanying papers, be delegated to the Chairman of the Lincolnshire Health and Wellbeing Board to sign off, subject to there being no material change to the BCF affecting performance of finances and subject to agreement by the four CCG's and the Director of Adult Social Services (Appendix A).

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3. That the BCF task Group Terms of Reference detailed at Appendix B be noted.
4. That agreement be given to the schemes detailed in Appendix D.
5. That agreement be given to receiving subsequent report to each of the next four Lincolnshire Health and Wellbeing Board formal meeting throughout 2015.

(c) Lincolnshire's All-Age Autism Strategy 2015 - 2018

A report from the Director of Adult Social Services was received, which presented to the Board the draft All-Age Autism Strategy for Lincolnshire. The purpose of the Strategy was to set out the strategic direction to ensure that people with autism in Lincolnshire were able to live fulfilling and rewarding lives within autism-friendly communities that understand their needs and make reasonable adjustments, so that there was access to and support from mainstream public services. The Board were asked to review and comment on the document as part of the consultation being conducted with key stakeholders.

It was reported that an action plan had been developed, which incorporated four key strategic programmes to deliver the Autism Strategy, and that this was underpinned by measurable objectives which were:-

- Awareness raising and training;
- Involvement and collaboration with people with lived experience and carers at every stage;
- Data systems and information gathering; and
- Service provision.

A copy of the Lincolnshire's All-Age Autism Strategy – Initial Action Plan was detailed on pages 69/70.

Work was also being undertaken to develop and strengthen the Autism Partnership Board, including a review of the membership, to ensure that it was fit for purpose.

It was reported that consultation on the draft Lincolnshire All-Age Autism Strategy had commenced with key stakeholders and would be open for the public to respond on the proposed eight strategic principles and building blocks for action.

A copy of the draft Lincolnshire All-Age Autism Strategy 2015/18 was detailed at Appendix A to the report presented.

During discussion, the following issues were raised:-

- That the Action Plan needed to be very robust and tie in to meet the needs of young people through in to adulthood;

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- The need for commitment to a multi-agency approach. It was also highlighted that there needed to be the same approach with regard to diagnosis between schools and GP's; and
- Concern was raised that District Councils had not been involved in the Strategy. Officers advised that there was to be a re-launch of the Strategy at the end of January 2015, to which each District Council would be able to send a representative. It was agreed that the details would be emailed out to the district after the meeting.

RESOLVED

That the draft All-Age Autism Strategy for Lincolnshire be received and that Panel members be invited to provide feedback on the content of the document.

(d) Lincolnshire Safeguarding Adults Board Business Plan

The Board gave consideration to a report from Elaine Baylis, QPM, Independent Chairman for the Lincolnshire Safeguarding Adults Board, which asked the Board to consider the Lincolnshire Safeguarding Adults Board (LSAB) Business Plan.

It was reported that Schedule 2 of the Care Act 2014 which comes in to effect on 1 April 2015 states that a Safeguarding Adults Board must publish a Strategic Plan and Annual report (full details of the requirements were shown on pages 86/87 of the report presented). It was noted that it was the intention of the LSAB to publish its first strategy by April 2015 ensuring, wherever possible, alignment with the Joint Health and Wellbeing Strategy for Lincolnshire. The Board were advised that the first Annual Report was expected to be published in the summer of 2016, and that this would be shared with the Lincolnshire Health and Wellbeing Board.

A copy of the LSAB Business Plan was appended to the report presented.

Reassurance was given to the Board, that the LSAB would be producing the required documents as defined in the Care Act 2014.

RESOLVED

1. That the current Lincolnshire Adults Board (LSAB) Business Plan presented be noted.
2. That a copy of the LSAB 2015/16 Strategic Plan would be available to be presented to the Board after April 2015.
3. That a copy of the LSAB 2015/16 Annual Report would be available to be presented to the Board during the summer of 2016.

(e) Draft Lincolnshire Unit of Planning 5 Year Strategic Plan

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Consideration was given to a report from the four Lincolnshire Clinical Commissioning Groups, which provided the Board with a copy of the Draft Lincolnshire Unit of Planning 5 Year Strategic Plan 2014/15 to 2018/19.

It was reported that the Lincolnshire Health and Social Care (LHAC) was in essence the five year strategic plan, with the addition of two further major work streams i.e. Primary Care and Mental Health Learning Disabilities and Autism.

The plan included interventions that could be developed and implemented locally through routine consultation as part of the annual commissioning cycle and a number of high level options, some of which would have a significant impact on the service delivery landscape across Lincolnshire that would require further development and formal consultation before the preferred options were identified in 2015.

The purpose of the Strategic Plan was to improve the quality of services through six major work streams (proactive care, urgent care, elective care, services for women and children, primary care and mental health learning disability and autism). The plan outlined the LHAC (high level options where further work and consultation was planned for 2015) the revised financial plan which was only provisional, the strategic approach to developing primary care, mental health, learning disability and autism. It was noted that the plan was the key document which aligned LHAC, CCG Operational Plans and the Lincolnshire Unit of Planning 5 year Strategy.

A discussion ensued from which the following issues were raised:-

- The absence of information relating to resource in the future and how that would be overcome. The Board were advised that allocation of monies to CCG's was based on population figures and that work was ongoing with planners with regard to housing development at a local level and with Lincolnshire County Council. District Councils felt that there needed to be closer working with them. The Board were advised that spatial planning and housing growth was a national issue and that there was a gap in resource, and that work was ongoing locally to try and close the gap;
- Timeframe for the consultation process. The Board were advised that as the proposed consultation was a major consultation, residents of Lincolnshire would have the opportunity to air their views in June 2015;
- Financial deficit – The Board were advised that there was a gap in funding, but that this would be partly resolved by the reconfiguration of services and some by efficiencies within the services provided;
- Concerns were raised with regard to the huge training deficit, and how it was anticipated getting professionals to deliver the newly configured services. The Board were advised that one of the drivers for reviewing service provision was problems with recruitment. Some discussion was had with regard to Lincolnshire having the right workforce, but just in the wrong place. It was stressed that retention of staff was a problem in Lincolnshire and that this must be a priority for LHAC. It was noted that Health Education East Midlands actually funded people to go to university, and that there were people that wanted to train; and

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- Involvement of Lincolnshire Primary Foundation Trust (LPFT) on the Board. The Board were advised that representatives from LPFT had been involved through LHAC. It was felt that at present there was not a need to include LPFT on the Board. It was highlighted that LPFT was being involved as part of integrated team working.

RESOLVED

That the Lincolnshire Health and Wellbeing Board notes:

- The current status of the strategic plan and that there would be a final draft of the strategic plan for December 2014;
- That the financial modelling was only provisionally at this stage;
- That the LHAC Programme Board was considering the integration of the NHS England '5 Year Forward View' and detailed LHAC implementation timelines and resource requirements at its meeting on 25 November 2014 (this would inform the final draft of the strategic plan).

29 DISTRICT/LOCALITY UPDATE

The Health and Wellbeing Board Business Manager advised that no issues from District/Locality partnerships on issues which might impact of the delivery of the Joint Health and Wellbeing Strategy had been received.

30 JOINT HEALTH AND WELLBEING STRATEGY THEME UPDATE

The Health and Wellbeing Board Business Manager advised that no updates had been received from Theme Sponsors or Leads on issues that might impact on the delivery of the Joint Health and Wellbeing Strategy.

31 INFORMATION ITEMS

(a) Updated Joint Strategic Needs Assessment (JSNA) Overview Report 2013/14

The Board gave consideration to a report from the Strategy and Performance Team, which advised on the key changes within the Joint Strategic Needs Assessment (JSNA) evidence base over the last 12 months.

It was reported by the Programme Manager, Public Health that this year the overview report had been produced slightly different to previous years, the executive summaries from all the JSNA topic commentaries that had been updated through 2013/14 had been extracted and used to make up the body of the document. It was also noted that a full review of the JSNA processes and working arrangements was currently underway and that this would be the subject of a future board report.

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The purpose of the report was to establish what had changed within the JSNA over the course of the year and what impact this would have on the future direction of the JSNA in terms of new topics to be added or amendments to existing topics.

It was highlighted that as in previous years an 'easy read' version of the JSNA overview report had also been produced and was available on the JSNA area of the Lincolnshire Research Observatory.

Detailed at Appendix A was a copy of the 2013/14 JSNA Annual Report.

A short discussion ensued from which the following issues were raised:

- The inclusion of dementia and autism into the JSNA. It was reported that dementia was already included and that the future full review would pick up issues around any new topics required; and
- That if the JSNA was amended then the Joint Health and Wellbeing Strategy needed to be refreshed. It was noted that following the review of the JSNA the priorities emerging from this would form the basis of a review of the Joint Health and Wellbeing Strategy (JHWS).

RESOLVED

That the updated JSNA Overview Report 2013/14 be noted.

(b) An Action Log of Previous Decisions**RESOLVED**

That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.

(c) Lincolnshire Health and Wellbeing Board - Forward Plan

The Health and Wellbeing Board Business Manager presented the Boards current Forward Plan for consideration.

The Business Manager invited members to put forward items for inclusion on the forward plan. No items were received at the meeting.

RESOLVED

That the forward plan for formal and informal meetings as presented, be received.

The meeting closed at 3.45 am