



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
9 JUNE 2015**

PRESENT:

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), B W Keimach, C R Oxby, N H Pepper 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 Peter Holmes (Lincolnshire East CCG).

Officers In Attendance: Alison Christie (Health and Wellbeing Board Business Manager), Katrina Cope (Team Leader Democratic and Civic Services), Tony McGinty, Dr Kakoli Choudhury (Public Health), Mandy Clarkson (Public Health) and Nigel Gooding (Head of Portfolio & Programme Management Office, Lincolnshire Health and Care).

1 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2015/16.

2 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2015/16.

Councillor Mrs Sue Woolley in the Chair

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

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Apologies for absence were received from Councillor D Brailsford, Malcolm Swinburn (Healthwatch), and Jim Heys (NHS England).

4 DECLARATIONS OF MEMBERS' INTEREST

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

5 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 24 MARCH 2015

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board held on 24 March 2015, be confirmed and signed by the Chairman as a correct record.

6 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

7 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Board that since the despatch of the agenda the following items had come forward:-

- That the 2015 Health Profiles had been published by Public Health England on 2 June 2015, and if any member wanted to raise any issues they wanted to discuss they should email the Programme Manager Health and Wellbeing;
- The financial position of ULHT had been reported that there was going to be a deficit of £40m which was a significant difference to the original figure quoted;
- Primary Care Co-Commissioning that 3 of the CCG's continued to work together with guidance from NHS, with one having to make a single decision;
- The potential removing of £200m from the Public Health Mid-term budget. The Executive Director confirmed that at the moment this had not been confirmed, and that this would probably not be confirmed until after 8 July 2015;
- That the Chairman would be attending the Local Government Wellbeing Board meeting on 10 June 2015. The Board were invited to forward any comments on to the Chairman; and
- That there had been a statement from LPFT concerning the temporary closure of Long Leys Court.

RESOLVED

That the announcements as detailed be noted.

8 DECISION/AUTHORISATION ITEMS**8a** Terms of Reference Procedural Rules, Roles and Responsibilities of Core Board Members and Assurance Framework

Consideration was given to a report from the Programme Manager Health and Wellbeing, which asked the Board to reaffirm its Terms of Reference, Procedure Rules and Board Members Roles and Responsibilities. The Board were also required to formally adopt the Assurance Framework as detailed at Appendix D to the report, which set out how the Board would assess the impact of the Joint Health and Wellbeing Strategy and provide assurance that progress was being made to achieve the required outcomes.

The following Appendices accompanied the report:-

- Appendix A – Terms of Reference;
- Appendix B – Board Member's Roles and Responsibilities;
- Appendix C – The Lincolnshire Health and Wellbeing Board Agenda Process; and
- Appendix D – The Lincolnshire Health and Wellbeing Board Assurance Framework.

RESOLVED

1. That the Terms of Reference, Procedure Rules and Member's Roles and Responsibilities as detailed at Appendices A, B and C be re-affirmed.
2. That the Assurance Framework as detailed at Appendix D be formally adopted.

8b Joint Health and Wellbeing Strategy Board Sponsors

The Board gave consideration to a report from the Programme Manager Health and Wellbeing, which asked the Board to agree to the revised list of Board Sponsors and role descriptions as detailed in Appendix A.

It was reported that in September 2013, the Board had agreed to allocate a councillor and clinical lead for each theme of the Joint Health and Wellbeing Strategy to act as Sponsors and work in conjunction with the Theme Lead to take forward the outcomes in the Joint Health and Wellbeing Strategy. Since agreeing these roles there have been a number of changes to Board membership and it was therefore necessary to identify new sponsors for Themes Three and Five.

The report identified that Councillor Nigel Pepper and Dr Peter Holmes would now be Board Sponsors for Theme Three – Delivering high quality systematic care for major causes of ill health and disability; and Malcolm Swinburn would join Councillor Mrs Marion Brighton OBE as Board Sponsor on Theme Five – Tackling the wider

determinants of health. A table showing details of the new allocation was shown at Paragraph 1 of the report presented.

Appendix A to the report provided Role Descriptions for both the Theme Sponsor and the Theme Lead.

RESOLVED

1. That the revised list of Board Sponsors as shown at Paragraph 1 of the report be agreed.
2. That the Theme Sponsor and Theme Lead – Role Descriptions detailed at Appendix A be agreed.

8c Mid Term Review of the Joint Health and Wellbeing Strategy

A report by the Executive Director of Community Wellbeing and Public Health provided the Board with a 'mid-term review' of the Joint Health and Wellbeing Strategy (JHWS) to ensure the strategy continued to remain current.

The Board received verbal updates from each of the Theme Leads:

Theme One – Promoting healthier lifestyles - Dr Sunil Hindocha advised that there was very little to add to the details shown in Appendix A to the report except that if we were to lose £200m, this would be a loss, and as a result difficult choices would have to be made. It was highlighted that it was important to have focus on prevention and the self-care agenda.

Some concern was expressed as to how we know that we are making progress, and seeing that this was a mid-term review where was the evidence to support the progress. It was noted that a lot of the measures were long term measures and as a result it would be a while before some of the benefits of work currently going on would become apparent.

Another member highlighted the increase in the number of young people with anorexia nervosa and how it affected them; and whether it needed to be part of the system like obesity. Reassurance was given that priorities were reviewed regularly every year and that there was no reason why further consideration could be given to this area.

Theme Two – Improve the health and wellbeing of older people – Dr Tony Hill advised that the priorities would remain unchanged. It was noted that a lot was going on which was not dependent on statutory agencies, and that there was a responsibility to help communities to help themselves.

It was reported that the indicators shown in Appendix B to the report were outcomes from Public Health, the NHS and social care.

Theme Three – Delivering high quality systematic care for major causes of ill health and disability – Dr Kakoli Choudhury advised that there was no change to the detail provided in Appendix C.

It was noted that some of the specific actions were to take forward the LHAC programme – the neighbourhood team model and the work from the four design groups; and in the commissioning of services.

Theme Four – Improve health and social outcomes for children and reduce inequalities – Tony McGinty advised the Board that there would be no change to the priorities. It was noted that there would be a move away from a child only poverty strategy; focus would now be on a more general poverty strategy.

Reference was also made to the Leading and Secondary Measures; and that the primary delivery and assurance mechanism for this Strategic Theme would be the Women and Children's Commissioning Board with structured annual input around an AGM of this group from wider stakeholders.

Theme Five – Tackling the social determinants of health - Mandy Clarkson reported that there would be no changes to the priorities.

Members were guided through Appendix E, and particular reference was made to the fact that some of the performance information was only available yearly.

RESOLVED

That the mid-term Review of the Joint Health and Wellbeing Strategy as detailed in Appendices A to E presented be agreed.

9 DISCUSSION ITEM

9a Meeting the Prevention Challenge in Lincolnshire

Consideration was given to a report from the Executive Director Community Wellbeing and Public Health, which highlighted to the Board the importance of primary care engagements in the delivery of brief advice, and referral/signposting to commissioned interventions/services in reducing the potential year of life (PYLL) lost due to unhealthy lifestyle behaviours in Lincolnshire.

The report provided information about projects and schemes commissioned across the County which were aimed at preventing diseases caused by unhealthy lifestyles and reducing the associated total economic costs. The paper also highlighted which schemes GP's referred into well, and which ones needed more promotion and engagement across the County.

The Executive Director referred to the Public Health Annual Report 2014, which highlighted the vast amount of PYLL caused by unhealthy lifestyles.

The Board were asked to consider the report and put forward any comments as to how engagement with prevention services and the delivery of brief advice could be further increased and sustained.

Detailed at Appendix A was a document which provided an outline of the major services linked to the prevention theme that had been commissioned by Lincolnshire County Council. It was highlighted that a lot of work was going on; and that commissioning was being done from a variety of services. It was highlighted further that some services were mandatory and that these had to be commissioned as part of the ring fenced public health grant.

In conclusion, it was reported that partners had an important role to play in supporting the population to make positive lifestyle choices, through better engagement of prevention services and in the delivery of primary advice.

During discussion, reference was made to the significant reduction in referrals from Primary Care with regard to tobacco control; the Executive Director felt that CCG's needed to work with the Council to encourage patients to take up initiative to stop smoking. The Board were reassured that CCG's did offer advice but it was harder to engage people especially when the service was not being offered within the practice the patient attended. It was suggested that part of the commissioning arrangements, consideration needed to be given to how to reach people, i.e. flexible arrangements for services weekends and early evenings.

It was noted that since the smoking cessation programme had been introduced it had been recorded that there had been 35,000 fewer children suffering from chest complaints.

It was agreed that further consultation needed to be made with each CCG and make comparisons to see what action was required regarding the smoking service.

The Board noted that the next item on the agenda was the Public Health Plan to a Page.

RESOLVED

That the report be noted.

9b Public Health Plan on a Page

Pursuant to Minute number 42 from the meeting held on 24 March 2015, the Board gave consideration to a report from the Executive Director Community Wellbeing and Public Health, which provided details of the Public Health Commissioning Strategies and Functions, on a Plan to a Page which was detailed at Appendix A to the report.

It was reported that there were a series of mandatory (these were depicted in bold within the body of the main report) and discretionary priorities, and these were detailed on page 78 of the agenda. The background to the compilation of the Plan to

a Page was detailed with the background information presented; and it was confirmed that the plan captured most of the national and local priorities.

During discussion, particular reference was made to e-cigarettes and it was highlighted that Wales was proposing to apply the same restrictions to them as to tobacco smoking.

RESOLVED

That the Public Health Plan to a Page be noted.

9c Lincolnshire Health and Care

The Board received a joint presentation from the Executive Director of Community Wellbeing and Public Health and the Head of Portfolio and Programme Management Office, Lincolnshire Health and Care relating to progress and planned activity for the Lincolnshire Health and Care Programme.

The presentation made reference to the following items:-

- The planned activities for 2015, which were the speeded up delivery of existing integrated Health Care Services i.e. Neighbour Hood Team, Self Care and the delivery of range of options ready for public consultation in the Autumn of 2015;
- The options being considered for Urgent, Elective and Women's and Children's Care. It was noted that there were 19 possible options for services at each hospital site, including the option of providing no service. The Board were advised of the 19 options for change the 'Long List' (details of which were show in the presentation). The Board were advised further that each of the three main sites at Lincoln County, Boston and Grantham could be any of the hospital types 1 -19; and that Louth, Gainsborough, Spalding and Skegness could also be any of types 1 – 19, but that major building works would be needed to be done to incorporate hospital types 1 - 9. It was also noted that any site could also have a stand-alone or collocated midwife-led maternity unit and that all configurations could be established at a new site;
- The emerging options for Proactive Care; Urgent Care; Elective Care and Women and Children;
- The process to go through to decide on the options and the criteria. Full details for the stage two evaluation processes were detailed in the presentation;
- It was highlighted that the LHAC programme and its work stream boards were on track to arrive at a short list of proposals for NHS assurance from October 2015, with formal public consultation from November 2015 following governance sign-off; and
- Details of the milestones and timelines required to achieve the assurance process were detailed as follows.

Options Appraisals & Commissioner Required Services – June 2015

Completion of Service Model development for the Strategic Outline Case – July 2015

Development of services that do not need consultation – August 2015

Agreement of Final Strategic Outline Case – September 2015

Lincolnshire Health Scrutiny Committee – 16 September 2015

Health & Wellbeing Board 29 September 2015; and

LCC Executive 6 October 2015.

- The Board noted that early group of implementer Neighbourhood Teams had been set up in 2014; and the outcomes from these were being reviewed and the lessons learnt would then be input in to the next stage of developing a full complement of teams by September 2015, with a view to commissioning from January 2016. The Board were advised that there were eight multi-disciplinary teams in place and these were situated in Skegness, East Lindsey Coastal, Sleaford, Grantham Town and Grantham Rural; Stamford, Long Sutton/Sutton Bridge; Lincoln City South and Lincoln North. It was highlighted a project group had been set up in April 2015 to support the development of Neighbourhood Teams; and that a detailed project plan was being compiled; and
- The issues that were already progressing with regard to Urgent Care.

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

- How effective had the Neighbourhood Teams been; The Board was advised that some changes would be made before further Neighbourhood Teams were rolled out. Some discussion was had as to whether the criteria for setting up a Neighbourhood should be based on population. The Board were assured that there was no evidence to show that larger/smaller teams were less effective. Some teams were bigger than 50 thousand;
- The progressing of urgent care single point of contact;
- Whether all providers were signed up as everyone needed to be to enable more to be done for the residents of Lincolnshire. Some reference was made to ULHT and whether they were committed in their approach. The Board were advised that this was a delicate process and sometimes things were not always as they were portrayed. However it was fair to say that not everyone had the same prospective on each of the elements; and
- Whether the timelines as presented were achievable, Officers felt confident with the information provided.

RESOLVED

That the presentation be received.

9d Better Care Fund

Consideration was given to a report from the Director of Adult Social Services, which provided the Board with an update as to the position of the Better Care Fund (BCF).

A revised copy of the report was circulated to members at the meeting, particular reference was made to the fact that Lincolnshire was on track to deliver the required 6 BCF metrics and would therefore avoid having to use the £3.75m held in reserve. It was reported that 5 out of the 6 measures were ahead of target and 1 measure was yet to be populated from the results of the GP survey. The six performance measures along with comments were detailed in Appendix A to the report presented.

During discussion, reference was made to preventable admissions as a target, as there are some things you are unable to control. It was felt that on occasions some people were admitted to hospital, when they could have been looked after within the community.

RESOLVED

1. That the report presented be noted.
2. That a further update on the Better Care Fund be received at the next meeting of the Lincolnshire Health and Wellbeing Board.

9e District/Locality Updates

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

10 INFORMATION ITEMS

10a An Action Log of Previous Decisions

RESOLVED

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

10b Lincolnshire Health and Wellbeing Board - Forward Plan

The Programme Manager Health and Wellbeing presented to the Board the current Forward Plan for consideration.

The Board were advised that LHAC, the Annual Assurance Report and the Better Care Fund would be considered at the meeting on 29 September 2015.

RESOLVED

That the Forward Plan presented for formal and informal meeting presented be received.

10c Future Scheduled Meeting Dates

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RESOLVED

That the following scheduled meeting dates for the remainder of 2015 and for 2016 be noted.

29 September 2015

8 December 2015

22 March 2016

7 June 2016

27 September 2016

6 December 2016

(All the above meetings to commence at 2.00 pm).

The meeting closed at 3.57 pm