



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
8 DECEMBER 2015**

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 N H Pepper.

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 C Leyland (District Council Representative).

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).

Healthwatch Lincolnshire: Sarah Fletcher (Healthwatch Lincolnshire).

NHS England:

Officers In Attendance: Alison Christie (Programme Manager Health and Wellbeing) Katrina Cope (Democratic Services), Mark Housley, Alison Christie (Programme Manager Health and Wellbeing), Gary James (Accountable Officer, Lincolnshire East CCG), Allan Kitt (Chief Officer South West Lincolnshire CCG).

Councillor P A Robinson Executive Councillor Fire & Rescue, Emergency Planning, Trading Standards, Equality and Diversity) and John Bains (Chairman of Healthwatch Lincolnshire) attended the meeting as observers.

19 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor S M Tweedale, Councillor Mrs M Brighton OBE (District Council representative) and Jim Heys (NHS England).

It was reported that Councillor C Leyland (District Council representative) had replaced Councillor Mrs M Brighton OBE (District Council representative) for this meeting only.

20 DECLARATIONS OF MEMBERS' INTEREST

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

21 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 29 SEPTEMBER 2015

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 September 2015, be confirmed and signed by the Chairman as a correct record.

22 DISCUSSION ITEM22a Lincolnshire System Resilience Group System Wide Winter Plan 2015/16

Consideration was given to a report from the Chairman of the Lincolnshire System Resilience Group, which outlined to the Board the key drivers, requirements and highlights of the Lincolnshire System Resilience Group System Wide Winter Plan for 2015/16. The plan outlined how collectively Lincolnshire Commissioners, providers and voluntary and community sectors would collectively prepare, respond and recover from Winter 2015/16.

It was reported that the winter plan was underpinned and organised according to the principles of integrated emergency management: Anticipate; Access, Prevent; Prepare; Respond and Recover. The plan also identified the shared risks across the health and care system and the joint mitigations in place to reduce risk levels. It was highlighted that the plan was a live working document, and as such would be updated up to the week before Christmas. It was noted that the Plan was guided by national frameworks and expectations such as the Public Health England Cold Weather Plan.

The Board were asked to note the highlights of the Plan, which were detailed on page six of the report presented.

A copy of the Lincolnshire System Resilience Group System Wide Winter Plan 2015/16 was attached at Appendix A to the report. In guiding the Board through the Plan, particular reference was made to:-

- Page 27 – That for the first time, the youngest primary school children would be eligible to receive the free nasal spray vaccine;
- Page 28 – That Lincolnshire County Council had funded flu vouchers for contracted domiciliary care workers in the County, and that any surplus from the flu vouchers procured would be offered to contracted residential care homes for their staff;

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- Page 29 – Paragraph 4.3 - Business Continuity Plans were seen locally as a key vehicle for ensuring quality and access to services was maintained through periods of system pressure;
- Page 29 - Paragraph 4.4 – The role of Neighbourhood Teams with the voluntary and community sector. It was highlighted that the TED initiative in East Lindsey to combat loneliness and isolation played a vital element in maintaining winter community resilience;
- Page 31 – It was highlighted that the Clinical Assessment Service was to be phased in from November 2015. The integrated services was provided by LCHS, Care UK, EMAS, LFPT and ULHT and provided enhanced clinical assessment with a view to decreasing the number of attendees at A & E departments;
- Page 31 – Additional Primary Care Capacity. It was noted that each practice was striving to improve access; that patients were educated about the importance of self – care, and were aware of the appropriate way for accessing care in different situations; extended hours of provision; assurance to NHS England on the quality of business continuity plans; reducing staff sickness through winter by maximising flu vaccinations;
- Page 33 – Acute Care Plans – It was highlighted that plans were in place to minimise hospital admissions; improve the flow of patients out of A & E into hospital, and through the hospital; and reducing delayed transfers of care to release hospital beds;
- Page 34 - Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams;
- Page 35 – Local Authority Plans – It was noted that the Local Authority had a critical role in ensuring that the system was able to cope through the winter, details of which were shown on page 35;
- Care UK – 111 – The Board noted that the Service Resilience Group Dashboard included performance data for 111; and through the contractual process commissioners would ensure that 111 escalation plans were clear in terms of their communication in to the system;
- Page 38 – Mental Health Support – Psychiatric Liaison Services for the County – The Board were advised that the new multi-disciplinary Mental Health Liaison Service would be based at Lincoln, Grantham, Boston and Peterborough acute hospitals and would take referrals from acute trust staff, and also case-finding to deliver rapid assessment of mental health needs;
- Page 39 – Excess winter deaths and wellbeing – It was noted that Public Health with Partners and Providers aimed to reduce excess winter deaths and improve well-being. Partner agencies would be working to support the implementation of the proposed NICE guidelines 'Excess winter deaths and morbidity and the health risks associated with a cold home', targeting vulnerable people; and
- Page 40 – This page provided a list of interventions being undertaken to increase an individual's resilience against the cold.

In conclusion, the Board were advised that the plan demonstrated a detailed and connected approach across health and care organisations to prepare, respond and recover to the presenting risks and challenges of the winter. The Board welcomed the report.

During discussion, the Board raised the following issues:-

- The inclusion of District Councils on the distribution list. It was also reported that Districts had a wealth of knowledge and data about their area and their vulnerable people;
- That the plan seemed like an NHS Plan, and as such did not tackle the big issue of the availability of Pharmacists across the County. The rurality of Lincolnshire and the reduced openings over the Christmas period made it difficult for people to access the service if required. It was noted that there was a problem with Pharmacists; however, anyone requiring the service was able to ring 111 and obtain information as to the nearest available Pharmacists to their location;
- The need to encourage staff to have a flu vaccines going forward. It was noted that organisations funded their own vaccines. Some discussion was had as to the effectiveness of a flu vaccine. It was highlighted that no vaccine was 100% effective, as the flu virus continually mutated, and it also took six months to produce a flu vaccine. On the whole, the flu vaccine was effective at preventing flu, but not a cold. It was highlighted that there was a need for a combined effort by all involved organisations to encourage staff to have a flu vaccine;
- The positive impact that Neighbourhood Teams would have in the winter planning process going forward;
- The need to include more reference to children and young people, children's paediatrics and the need to look into increased use of Children's Centres by Health Visitors; and
- To help alleviate discharge blockages, it was highlighted that there needed to be more work done on the flow process, as the biggest delays were caused by NHS delays, such as assessments, prescriptions. Eighteen out of twenty cases were simple, it was the cases that were more complex that were taking the time. The plan was to have the most acute patients in and out within seven days.

RESOLVED

That the report on the joint health and care system approach to winter planning be noted.

23 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

24 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Board that since the despatch of the agenda, one item had been brought to her attention and that was that the Joint Ambulance Project had

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won a National Award within the Fire and Rescue Arena. The Chairman extended congratulations on behalf of the Board to everyone involved in the Project.

The Board were advised further that since the publication of the papers for the agenda a further Pharmaceutical Needs Assessment had been received (Sixth application received). The Board noted that the application would be put on hold as NHS England had not taken on responsibility for this matter, and as a result, the Chairman would be writing to NHS England.

RESOLVED

That the announcements as detailed; and the verbal update provided be noted.

25 DECISION/AUTHORISATION ITEMS

25a Clinical Commissioning Group Commissioning/Operational Plans

The Board received a presentation from each of the four Clinical Commissioning Groups on their high level commissioning intentions for 2016/17.

Dr Peter Holmes presented the Commissioning Intentions & Plans 2016/17 for the Lincolnshire East Clinical Commissioning Group (CCG).

The Board were advised that the CCG would be focussing on:-

- The outcomes from the Lincolnshire Health and Care consultation;
- Stability across the whole system to deliver NHS Constitution Standards;
- Parity of Esteem;
- Primary Care – Out of Hospital Strategy;
- Estates Strategy link to the Primary Care Transformation Fund;
- Primary Care Co-Commissioning, particularly for quality, integration and future sustainability;
- Five-Year Forward Plan;
- Dementia Pathway review linked to Dementia Friendly Communities;
- Systematic approach to Frailty; and
- Clinical effective and cost efficient prescribing across the system.

The Board received a short verbal update from Dr Kevin Hill regarding the Commissioning Intentions Development for 2016/17 for the South Lincolnshire Clinical Commissioning Group.

The Board were advised that the CCG would be focussing on:-

- Mental Health;
- End of Life Care;
- Proactive Care;

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- Neighbourhood Working;
- More Services at Local GP Practices;
- Care Closer to Home;
- Cancer Services; and
- Dementia Care.

Allan Kitt, Chief Officer, presented the High Level Plan for 2016/17 for the South West Lincolnshire Clinical Commissioning Group.

In guiding the Board through the presentation, reference was made to the programmed areas of work for 2016/17, which included:-

- Urgent Care;
- Primary Care;
- Cancer Services;
- Planned Care;
- Mental Health, Learning Disabilities;
- End of Life Care; and
- Proactive Care.

The Board received a short presentation from Dr Sunil Hindocha concerning the emerging Commissioning Intentions/Priorities for 2016/17 for the Lincolnshire West Clinical Commissioning Group.

The Priorities for the CCG were as follows:-

- NHS Constitution – The priority was to improve the customer experience for patients suffering with cancer;
- Mental Health;
- Diabetes;
- Cardio Vascular Disease;
- Childhood obesity; and
- The implementation of the Primary Care Strategy.

During discussion, the Board made reference to:-

- The need to rationalise estates across the NHS;
- That Deprivation issues were included within Lincolnshire East CCG's Plans. Reference was made to the Director of Public Health's Annual report, which referred to preventable diseases, and early mortality for the under 75's within the East Lindsey area;
- Issues for concern going forward liver disease, hepatitis, alcohol abuse diabetes and obesity. It was noted that the Public Health report had identified Boston and East Lindsey as having issues in a number of areas;
- Educating parents to take responsibility for their children; and adults to take responsibility for themselves;

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- The need for more diabetic support groups throughout the County. Some members felt that it was important to tackle the issue early, through education, exercise and partnership working; and
- The need to tackle childhood obesity. The Board were advised that Healthwatch had conducted a survey in schools, the results of which would be available at the end of January 2016.

The Chairman extended thanks to the four CCG's for their plans and advised that the Board looked forward to receiving the final versions at its 22 March 2016 meeting.

RESOLVED

That the Clinical Commissioning Groups Commissioning/Operational Plans presented be noted.

26 DISCUSSION ITEMS - CONTINUED

26a New Psychoactive Drugs - Briefing

The Board gave consideration to a report from Mark Housley, County Officer - Public Protection, which provided information on the new Psychoactive Substances (NPS) and details of the current situation in Lincolnshire.

It was reported that Lincolnshire had over the last few years seen a considerable increase in the use of (NPS). However, in the last three years the Lincolnshire Community Safety Partnership had responded to the challenge by delivering a focussed approach with regard to education, engagement, intelligence sharing and increased enforcement. Appendix A to the report provided the Board with a more detailed briefing on the situation in Lincolnshire.

In conclusion, the Board were advised that there had been considerable success in closing down retailers, also over 5,000 young people had now engaged in programmes; and over 1,000 practitioners had participated in training. It was noted that intelligence was continuing to be developed to help resources to be maximised. Also, it was highlighted that enforcement continued with the use of Police and Trading Standards Legislation, and that at present all effort was being focussed on organised crime groups operating in Lincolnshire.

Particular reference was made to the FOI Results from Forces reporting incident relating to NPS, which was detailed on page 66 on the report presented. It was highlighted that critical to the success of the Lincolnshire approach was to encourage reporting and recording, which had enabled the County to be better informed to tackle the problem.

A suggestion was also made that officers should make representation to governors of schools to help get the message out to young people.

RESOLVED

That the report be noted.

26b Update on Activity - Lincolnshire Joint Commissioning Board (JCB)

The Board gave consideration to a report from the Chairman of the Joint Commissioning Board, which provided an update on the activities of the Lincolnshire Health and Care Programme, the Better Care Fund, and the Joint Commissioning Boards.

A short verbal presentation was received from Allan Kitt, Chief Officer, South West Lincolnshire CCG, which provided the Board with an update on progress made with the Lincolnshire Health and Care (LHAC) Programme.

It was reported that since the sign-off of the first phase of the LHAC by all stakeholder organisations over the winter of 2013, the programme had been working towards finalising the more detailed recommendations for change. The overarching vision for Lincolnshire Health and Care was the development of a system that prevented ill health, supported people as early on in their journey as possible, maintained their independence, and gave them choice and control at every stage of their journey.

The Board noted that in order for the case for change to be fully made and improved, a strategic outline case was required to be developed. It was noted further that the outline case needed to be assured by NHS England who had legal responsibility to ensure that any proposed reconfiguration met the key standards required. The strategic case also needed to be reviewed by the Clinical Senate who has regional wide responsibility for ensuring that proposed changes to services are both clinically evidenced, and reflect safe, high quality services.

The Board was advised that following feedback from the Clinical Senate and initial review by NHS England it had been identified that despite the strategic outline case being very strong, there was still a number of areas where further work needed to be undertaken. These were mainly around the detail surrounding the options for reconfiguration. To complete this, work was being done, which would then be reviewed by the LHAC Stakeholder Board and others, prior to going out to public consultation.

The Board was reassured that they would be kept updated as the strategic case was finalised and the assurance process with NHS England and the Clinical Senate was completed. It was also highlighted that the public consultation would be at the end of the winter, and that the programme remained in a very strong place and that work on the Neighbourhood Teams continued to be developed.

Glen Garrod, the Director of Adult Social Services, provided the Board with an update on the Better Care Fund (BCF).

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It was reported that progress had been reviewed on the progress of the £197.3m BCF pooled fund and that the BCF Task Group had recently agreed to move to fortnightly meetings to enable it to:-

- Review 2015/16 BCF schemes being invested in across Lincolnshire;
- To consider the challenges facing health and care over the next year, particularly £20m to protect Adult Care;
- Look at funding for 2016/17. It was highlighted that it was anticipated that the national requirement would be for an agreed position to have been reached by February 2016;
- The work being undertaken to complete Quarter 2 return was due to be submitted by 27 November 2015. It was noted that the target of achieving a 3.5% reduction in non-elective admissions was achieved in the first quarter of 2015 would not be achieved in the quarter ending June, and September, and that it was currently being viewed as being very doubtful for the quarter ending 31 December 2015;
- The establishment of a £1m Local Integration Support Fund with individual bids for a maximum of £50K being requested; and
- An update on the recently announced Comprehensive Spending Review on the effects upon health and social care and the BCF. It was noted the extra money from the Districts would add £500m by the end of the decade for Disabled Facility Grants on top of existing allocations.

During discussion, one member raised the issue that prior to the LHAC consultation exercise, consideration should be given to employing a Communications expert to ensure that the right message was being delivered. The Board were advised that a person had been engaged to ensure that key messages were delivered, and key personnel were briefed to ensure consistency of the message being delivered.

RESOLVED

That the report be noted.

26c Health and Wellbeing Board Grant Fund Projects - Update Report

Consideration was given to a report from Alison Christie, Programme Manager Health and Wellbeing Board, which provided the Board with an update on the ten projects that had been allocated £1,316,234.00 of the Health and Wellbeing Grant Fund at the meeting of the Health and Wellbeing Board held on 24 March 2015.

It was reported that since the March meeting one of the projects 'Getting Lincolnshire Active' had been withdrawn as a result of Lincolnshire's Sport's application to Sport England for match funding being unsuccessful. Full details relating to the withdrawal were contained within the report presented.

The Board were advised that taking account of the money that would have been allocated to Lincolnshire Sport, the amount of unallocated HWB Grant Fund was now £162,427.00.

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The Board were advised further that Grant Funding Agreements were now in place for eight of the remaining projects with the final agreement due for signing shortly.

The Board were advised that a number of projects had experienced some delays in setting up due to problems in recruiting staff and/or volunteers or prolonged procurement processes. Also the 'My Rural Life' project due to have been completed by the end of quarter two, was delayed due to issues with Agresso and the late payment of invoices. The Board was advised that the project was now due to be completed in December 2015.

Appendix A to the report provided the Board with an overview of Live Projects.

A short discussion ensued, from which the Board enquired whether the 'Get Started' project on page 77 was compliant from an educational prospective. Further comments were made with regard to the lack of progress made. The Board were advised that since September some money had been drawn down.

RESOLVED

1. That the project updates as detailed in Appendix A be noted.
2. That a half yearly update report on the Health and Wellbeing Grant Fund Projects be received at the 7 June 2016 meeting.

26d District/Locality Updates

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

26e Joint Health and Wellbeing Strategy Theme Updates

The Programme Manager Health and Wellbeing advised the Board 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.

27 INFORMATION ITEMS**27a Greater Lincolnshire proposals for devolved powers from Government**

Consideration was given to a report from Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, which provided the Board with an update on the Greater Lincolnshire proposals for devolved powers from Government.

The Board was advised that Greater Lincolnshire had submitted an expression of interest on 4 September 2015, a copy of which was appended as Appendix A to the report.

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The Board were advised further that the document had been signed by the Leaders of ten local authorities, along with other public sector organisations including six Clinical Commissioning Groups and the Chairman of the Greater Lincolnshire Enterprise Partnership. The submission set out the ambition for the area and focussed on the benefits of the approach which included:-

- Accelerating economic growth;
- Improving transport links regionally, nationally and internationally;
- Tailoring skills to the needs of local employers to boost employment opportunities in the County;
- Managing flood risk;
- Meeting the housing needs of all residents; and
- Joining up health and care services to improve people's health and wellbeing.

The Board noted that the Greater Lincolnshire expression provided genuine opportunity for the area to take on some responsibility from central government to make more decisions locally to improve the quality of life and prospects for greater prosperity in Greater Lincolnshire.

RESOLVED

That the report be noted.

27b An Action Log of Previous Decisions

RESOLVED

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

27c Lincolnshire Health and Wellbeing Board - Forward Plan

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

One member suggested having an informal session of all relevant organisations to look at strategic issues, and enable partners to review the 'whole' commissioning picture for Lincolnshire.

The Board welcomed Councillor Leyland's attendance as an observer at meetings going forward.

RESOLVED

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

The meeting closed at 3.50 p.m.