



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
7 MARCH 2017**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor for Adult Care, Health and Children's Services), D Brailsford (Executive Support Councillor Children's Services), C R Oxby and N H Pepper.

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

District Council: Councillor Donald Nannestad (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 Stephen Baird (GP Commissioning Group).

Healthwatch Lincolnshire: Sarah Fletcher.

NHS England: Jim Heys.

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Katrina Cope (Senior Democratic Services Officer), David Stacey (Programme Manager, Public Health), Councillor Sylvia Hughes (Chairman of Northamptonshire Health and Wellbeing Board) and Luisa McIntosh (North Kesteven District Council).

30 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors C N Worth (Executive Councillor Culture and Emergency Services), B W Keimach and Mrs M Brighton OBE (District Council representative).

The Committee was advised that Councillor D Nannestad (District Council representative) had replaced Councillor Mrs M Brighton, OBE (District Council representative) for this meeting only.

The Chairman welcomed to the meeting Councillor Sylvia Hughes, Chairman of Northamptonshire Health and Wellbeing Board.

31 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this stage of the proceedings.

32 MINUTES FROM THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 6 DECEMBER 2016

RESOLVED

That the minutes of the previous meeting of the Lincolnshire Health and Wellbeing Board meeting held on 6 December 2016, be confirmed and signed by the Chairman as a correct record.

33 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the Action Updates from the previous meeting be noted.

34 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Committee that there were no further amendments to those already circulated.

The Board was advised that the Sustainability and Transformation Plan (STP) had not been included as an item on the agenda, as there was nothing further to add at the moment. It was noted that the STP had been sent to NHS England and that it would be approximately 5/6 weeks before a response was received.

35 DECISION/AUTHORISATION ITEMS

35a Annual Report of the Director of Public Health on the health of the people of Lincolnshire 2016

Consideration was given to a report from Tony McGinty, Interim Director of Public Health, which provided the Board with the Director of Public Health's Annual report on the health of the people of Lincolnshire 2016, a copy of which was detailed at Appendix A to the report.

The Board were reminded that it was statutory duty of the Director of Public Health to produce an annual report on the health of the people of the areas he/she serves. The report was an independent professional view of the state of the health of the people of Lincolnshire, with recommendations on the action needed by a range of organisations and partnerships.

The Interim Director of Public Health in his short presentation advised that this was his first annual description of the state of the health of the people of Lincolnshire.

The Board was advised that the focus of this year's report was on mental health and mental illness profile of local people.

The report highlighted that mental health was fundamental to all, in enabling individuals to achieve their goals and potential in life; and to support their ability to make good choices through life. It was highlighted that many different things through life could challenge or support the mental health of individuals and communities. The annual report was therefore presented as a series of points along the average life-span, highlighting the risks and opportunities to mental health at each of the various stages of life, with each chapter describing more fully each of the stages. Then at the end of each chapter were a series of recommendations to ensure improvement.

The presentation highlighted the scale of mental ill-health in Lincolnshire. The Board noted that it was estimated that there was over 3,000 Lincolnshire women per year having mental health problems during pregnancy and after childbirth. That over 9% of Lincolnshire's children aged 5 to 16 were estimated to have a diagnosed condition; and that over 100,000 adults in Lincolnshire were estimated to have a diagnosed common mental health disorder; and that since 1999 there had been at least 60 deaths from suicide in Lincolnshire.

In conclusion, the Board was advised that there were seventeen recommendations within the report which were grouped into four key focus areas. These were:-

- Risk factors;
- Perinatal and maternal mental health conditions;
- Childhood and adolescent mental health conditions; and
- Adult & older adult mental health conditions.

It was highlighted that there were a number of organisations who had a role to play in delivering the recommendations, including the local authority, district councils, Clinical Commissioning Groups, health and social care providers, community and voluntary sector and the general population.

During discussion, the following issues were raised:-

- Some concern was expressed regarding the childhood and adolescent mental health slide, last bullet point which seemed to suggest that Looked After Children had a higher risk of mental ill health. It was highlighted that most LAC had issues prior to coming into the authority. Officers agreed to amend the slide accordingly;
- Some members extended their thanks to the Interim Director of Public Health for an excellent piece of work which would help inform the Joint Strategic Needs Assessment. A request was made for a work plan to be compiled so that an overall picture could be tracked as all organisations had a responsibility for mental health issues;
- That there needed to be more joined up thinking during the transition from children's to adults. The Board was advised that work was ongoing with children's services with regard to early intervention. Reference was also made for the need for better integration with CCGs and Child Adolescent Mental

Health Service (CAMHS) to provide more community based provision. Officers agreed to look at the activity and to be more proactive when pulling streams together;

- The Board was advised that there was not a significant difference between the figures pertaining to Lincolnshire and the East Midlands;
- The professional categorisation of mental health. Some members felt that Mental Health was under diagnosed, it was mainly support that was offered, as diagnosis was too sub-specialised; and
- Reference was made to the fact that mental health issues had not been identified as a separate priority in the current Joint Health and Wellbeing Strategy, as it was like a golden thread, affecting all ages from birth to death at different stages of an individual's life.

RESOLVED

That the Annual Report on the health of the people of Lincolnshire from the Interim Director of Public Health and the recommendations contained within each chapter be received.

35b Integration Self-Assessment - Next Steps

Consideration was given to a report from Tony McGinty, Interim Director of Public Health, which presented to the Board information relating to priority areas for improvement which had been identified by stakeholders; and to propose a series of next steps to promote further integration.

The Programme Manager Health and Wellbeing advised the Board of the progress that had taken place following the Integration Self-Assessment exercise. The Board was advised that five responses had been received; and that a summary of the feedback was contained in Appendix A to the report. The report proposed two priority areas for improvement.

During discussion, the following points were raised:-

- A request was made for the inclusion of children with disabilities and children with special educational needs; and
- That it was felt that as the Districts were responsible for housing; this particular area of work should be driven by the districts.

RESOLVED

1. That the feedback from partners as detailed in Appendix A be noted.
2. That the proposal to focus on:
 - Promoting closer integration between health, care and housing; and
 - Progressing the Proactive Care agenda to include children with disabilities and children with special needs.

3. That delegation be given to the Executive Director of Adult Care and Community Wellbeing and the Interim Director of Public Health the responsibility for progressing the Next Steps under Section 1a and 1b of the report presented.

35c Joint Health and Wellbeing Strategy - Engagement Plan

The Committee gave consideration to a report from David Stacey, Programme Manager, Health and Wellbeing, which reminded the Board of its statutory requirements to produce a Joint Health and Wellbeing Strategy (JHWS), which would set out how it would engage with people that live and work in Lincolnshire.

It was reported that a review of the Joint Strategic Needs Assessment for Lincolnshire had been undertaken and was due to be published in the spring. Also, it was noted that the Board had agreed an approach to developing the next JHWS, which would take evidence from the JSNA to prioritise the health needs and care in the community over the course of the next five years.

The report explained what stakeholder and community engagement would be undertaken; and a request was made that as part of the communication by the Board, that members of the Board agreed to report back to respective Boards and Management Teams, where appropriate, on the progress and approach being taken to develop the Strategy. The proposed principles of all Lincolnshire Health and Wellbeing Board (LHWP) communications with stakeholders were set out on page 59 of the report presented.

Details of the next steps required and timescales were shown at the bottom of page 59. The timescales advised that the JHWS for 2018/2023 would be finalised and signed off during January/March 2018.

In conclusion, it was noted that in undertaking engagement on the development of the JHWS, the LHWP would be able to demonstrate that it had taken account of the views of the people who lived and worked in Lincolnshire; and that the process had been undertaken in an open and transparent way.

During discussion, the following issues were raised:-

- The need for input from each organisation on the Board to help create the Joint Health and Wellbeing Strategy. An invitation was extended to one/two officers from each District to attend the workshops; and
- One member felt that more public consultation needed to be done; rather than just approaching selective groups. It was important to have an equal voice if the Strategy was going to be owned. A suggestion was made as to whether consultation could be undertaken on-line, as not everyone would be available to attend a meeting. Officers agreed that on-line consultation could be built in to the process. It was confirmed that there was currently 35 topics in the strategy, which were reported to the Board each year. It was felt that the prioritization framework would be used as a benchmark, and that each

representative organisation should nominate a lead officer to attend the prioritisation workshops.

RESOLVED

1. That the approach to engagement and development of the JHWS for Lincolnshire be agreed.
2. That a lead officer be nominated from each of the representative organisations on the LHWB to undertake the prioritisation of the Joint Strategic Needs Assessment (JSNA) evidence.
3. That all members agree to report back to respective Boards and Management Teams, where appropriate, on the progress and approach being taken to the development of the JHWS.

35d Better Care Fund (BCF) 2016/17 and Future Planning

Consideration was given to a report from Glen Garrod, Executive Director of Adult Care & Community Wellbeing on behalf of the Joint Commissioning Board, which provided the Board with an update on Lincolnshire's Plan for updating the Better Care Narrative Plan and Planning Template for 2017/18 and 2018/19. Documents appended to the report included:-

- Appendix A which provided the Board with an update on performance against the key BCF metrics for the first nine months of 2016/17;
- Appendix B provided a copy of the Lincolnshire County Council Internal Audit paper, which had reviewed BCF Performance reporting; and
- Appendix C which provided the Board with the latest version of the draft Graduation Plan.

The Executive Director of Adult Care & Community Wellbeing when guiding the Board through the report made particular reference to:-

- That the Better Care Fund guidance had still not been received;
- That in tier two areas there were additional challenges; and that all had a contribution to make;
- That the BCF was for two years, and that there was to be further changes in next 12 months;
- The Board was advised that it was expected that in the budget speech the Chancellor would be announcing there would be extra money for social care;
- That there was still a need for improvement for non-elective admissions (NEA); the local target was for a 2.7% reduction. It was noted that for the first six months a reduction of 1.6% had been achieved;
- That for permanent admissions to residential and nursing care there had been 105 more than planned for at this point in the year;
- That for Delayed Transfers of Care there had been a total of 9,503 delayed days for patients in Q3, this figure was 2,078 higher than the original target of

7,425 days. It was further highlighted that nationally performance was worsening in key targeted areas, notably non-elective admissions and Delayed Transfers of Care. Detailed information in relation to the two areas was detailed at the bottom of page 63 and the top of page 64 of the report presented. It was reported that a £3.6m Risk Contingency had been established to address the financial impact of not achieving the NEA target. The Board was reminded that the Council was currently assuming that there would be no Pay-for-Performance requirements in 2017/18;

- The extra complication with regard to Disabled Facility Grants. It was hoped that the BCF Planning Guidance would hopefully provide some clarity on the arrangements for DFGs; and
- The Board noted that a Graduation Submission had been prepared by Lincolnshire, a copy of which was detailed at Appendix D to the report.

During discussion, the following issues were raised:-

- Page 72 of Appendix A – Better Care Fund 2016/17 Performance Report – Quarter 3 – A suggestion was made that District Councils might be able to help with regard to housing issues. It was noted that the performance reflected the national template set by government;
- It was highlighted that any housing delays were discussed with Districts and the NHS. It was noted that relatively few delays were as a result of DFGs, or for the need of specialist equipment. Some Councils elsewhere in the Country did however apply a fastrack process; and
- It was reported that some patients had encountered some problems when leaving hospital, an example given was concerning a patient that had spent a year in a nursing home, as social care had no suitable care packages available. The Board was advised that the Council had a small number of patients in nursing homes, just so that the hospital system could be freed up. It was highlighted that the pressure on hospitals now was significant, as now all patients leave hospital as soon as possible. It was felt by some members that the 30 day turn around was just shifting the pressure on to another area.

RESOLVED

1. That the BCF performance as detailed at Appendix A for the first nine months of 2016/17 be noted.
2. That the performance achieved on Non-Elective Admissions in the first nine months of 2016/17 it is recommended by the Joint Commissioning Board that £3m Risk Contingency established for this financial year will be fully utilised by the CCGs in meeting the extra cost to ULHT be noted.
3. That the Internal Audit Report at Appendix B on performance reporting be noted.
4. That the updated draft Graduation Plan at Appendix C be noted.

36 DISCUSSION ITEMS36a Service Users with Learning Disabilities

The Board gave consideration to a report from Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which provide an update on a Regional Improvement programme in relation to support for people with Learning Disabilities and provided a position statement for Lincolnshire against the agreed regional baseline standards. The report also highlighted the additional work that was being taken forward to deliver further local, regional and National improvement.

In conclusion, it was reported that Lincolnshire continued to demonstrate a range of strengths in supporting people with Learning Disabilities to achieve improved outcomes.

Some members agreed that the report highlighted a good piece of work which had been collectively done; and represented a good example of integrated working.

Members of the Board expressed their thanks to officers for a job well done.

RESOLVED

That the report concerning Service Users with Disabilities be noted.

36b NHS Immunisation and Screening for patients in Lincolnshire

Consideration was given to a report from Healthwatch Lincolnshire, which provided the Board with the findings of a Healthwatch Lincolnshire countywide survey as to patient's experiences of NHS Immunisation and Screening.

As summary of the results of the survey were highlighted on page 121 of the report. Some of the concerns raised included:-

- That 1 in 4 families were choosing not to immunise children because of safety concerns;
- 42% of responding individuals had advised that they had not been invited to attend pneumococcal immunisation;
- That 14,000 woman were choosing not to attend cervical screening;
- That where a woman had missed her cervical appointment, data had suggested that they were three times more likely not to re-schedule their appointment;
- That 23% of adults had not been offered bowel screening;
- 13.7% of women had advised they had not been offered breast screening;
- 59% of male respondents had advised that they had not been offered AAA; and
- 43% of respondents had not been offered NHS Health checks.

In summary, it was felt that communication needed to be increased and be more clear and consistent; that attitudes needed to be more positive; to increase patient participation; and that a system needed to be put into place to improve patient screening.

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

- Some members found the information presented surprising; as screening was a national programme which people were invited to attend, but quite a few had chosen to forget. Some concern was expressed to the number of people that had not participated in screening programmes. The Board noted that cervical screening patients received 3 reminders;
- Some concern was expressed that the survey conclusions was from a small number of responders. It was felt that the results needed to be analysed further;
- It was felt that there was a misconception from a patient perspective as to what a health check comprised of; one member highlighted that part of the health visitor's role used to be to encourage patients to attend screening; and participate in immunisation programmes. It was highlighted that due to changes in provision, the GPs present felt that this no longer happened. It was highlighted that there was some confusion as to what was commissioned and by whom concerning immunisations, a responsibility that rested with Public Health England (PHE) for early years immunisations. It was agreed that a further report from the Health Protection Board concerning the performance of immunisation/screening programme would be reported to a future meeting of the Board; and
- Clarification was given that the Health Protection Board had a statutory responsibility to ensure delivery to local people.

The Board extended their thanks to Healthwatch Lincolnshire for an excellent piece of collective work.

RESOLVED

1. That the report concerning NHS immunisation and screening for patients in Lincolnshire be received.
2. That a report from the Health Protection Board concerning immunisation/screening programme performance be received at a future meeting of the Board.

36c District/Locality Update: North Kesteven's Health and Wellbeing Strategy

The Board gave consideration to a report from Councillor Mrs Marion Brighton OBE, Leader of North Kesteven District Council, which provided a brief overview of North Kesteven District Council's health and wellbeing strategy.

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Louisa McIntosh from North Kesteven District Council guided the Board through the strategy; and advised that the purpose of the strategy was to identify the key priorities for improving health and wellbeing; identify existing arrangements that supported residents to improve their health and wellbeing; identify a practical level as to what the Council was able to achieve to support good health and wellbeing; and to support the creation of a District wide action plan to support good health and wellbeing. A copy of the strategy attached as Appendix A to the report.

An action plan was detailed on page 169 of the Appendix which identified a series of objectives that had been identified for each of the priorities, which would be achieved by working in collaboration with other service providers across the District.

The Board was advised that North Kesteven had an existing performance management system which would be used to monitor the performance of actions defined in the strategy and that Partnership NK's Our Communities Action Group would be taking responsibility for the monitoring and evaluation of objectives outlined in the strategy.

It was highlighted that the Strategy was work in progress; and as such was updated on a regular basis.

The Chairman on behalf of the Board extended her thanks for the presentation; and for the compilation of a very readable document.

RESOLVED

That the North Kesteven's Health and Wellbeing Strategy, as presented be received.

37 INFORMATION ITEMS**37a 'ACTion Lincs' - Tackling Entrenched Rough Sleeping in Lincolnshire (Social Impact Bond Funding)**

Consideration was given to a report from ACTion Lincs Partnership, which provided the Board with an overview of the project of Tackling Entrenched Rough Sleeping in Lincolnshire.

It was noted that an action plan was to be developed which would be presented to a future meeting of the Board.

RESOLVED

That the report be noted; and that an Action/Deliver Plan relating to ACTion Lincs – Tackling Entrenched Rough Sleeping in Lincolnshire (Social Impact Bond) be received at a future meeting.

37b Government Proposals for the Future Funding of Supported Housing

Report received for information.

37c An Action Log of previous Decisions

Report received for information.

37d Lincolnshire Health and Wellbeing Board - Forward Plan

Report received for information.

The meeting closed at 4.25 p.m.