



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
11 DECEMBER 2018**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes and N H Pepper

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Social Services) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Donald Nannestad (District Council)

GP Commissioning Group: Dr Sunil Hindocha (Lincolnshire West CCG), Dr Kevin Hill (South Lincolnshire CCG) and Dr Stephen Baird (Lincolnshire East CCG)

Healthwatch Lincolnshire: John Bains

Police and Crime Commissioner: Marc Jones

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Philip Garner (Health Improvement Programme Manager), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Theo Jarratt (County Manager, Performance Quality and Development), Samantha Neal (Chief Commissioning Officer, Public Health), Kirsteen Redmile (Lead Change Manager, Integrated Care, STP System Delivery Unit), Councillor Dr Michael Ernest Thompson, John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership) and Rachel Wilson (Democratic Services Officer) (Democratic Services)

19 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for Absence were received from Councillors Mrs PA Bradwell OBE, C E H Marfleet and C R Oxby.

Apologies for absence were also received from Debbie Barnes OBE, Executive Director for Children's Services and Elaine Bayliss.

It was also noted that John Bains was attending from Healthwatch in place of Sarah Fletcher.

20 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of interest at this point in the meeting.

21 MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2018**RESOLVED**

That the minutes of the meeting held on 25 September 2018 be signed by the Chairman as a correct record subject to the following amendments:

- Page 8 – minute 17c – correction of 'car providers' to 'care providers'
- That Councillor D Nannestad be marked as being present
- That the attendees present be marked as belonging to the correct groups.

22 ACTION UPDATES FROM THE PREVIOUS MEETING**RESOLVED**

That the completed actions, as detailed in the report, be noted.

23 CHAIRMAN'S ANNOUNCEMENTS

An additional sheet of Chairman's Announcements was circulated, which included updates in relation to the Autism Self-Assessment Framework; Special Educational Needs and Disabilities – Inspection outcome; Staying Safe Online Campaign; and Joint Health and Wellbeing Strategy Network Event.

It was noted that rural health and care seemed to be higher up the national agenda and so every opportunity was being taken to highlight the issues. It was noted that the Rural Health and Care Centre in Lincolnshire had been launched which would be carrying out work for all areas of the Country. It was also noted that there were various pieces of work going on in Westminster in relation to rural health and care issues.

It was highlighted that one of the issues was that there seemed to be many different ways to define rurality, and just as many different formulas to use to calculate funding. There was a need for an acknowledgement that it cost more in rural areas to provide the same service. It was also noted that residential and care homes tended to be smaller in rural areas, and it was suggested that a change to the legislation to allow one nurse to cover 5 or 6 smaller homes would be useful.

In relation to the Ambulance summit, it was queried whether there would be any links into the Wellbeing Service, and it was confirmed that there would be, as well as links between EMAS and possibly LIVES being worked up. It was commented that it would be possible to increase the capacity of the Wellbeing Service, but there was a need to let the Service bed in over winter. A governance model was in place, and would be chaired by Councillor Mrs P A Bradwell.

RESOLVED

That the Chairman's announcements be noted.

24 JHWS PRIORITY DELIVERY GROUP UPDATE

24a Developing a Blueprint for a more active Lincolnshire

Consideration was given to a report presented by Jayne Mitchell, Phil Garner and Louise O'Reilly on behalf of the Lincolnshire Physical Activity Taskforce, which provided an update on developments to establish a Lincolnshire Physical Activity Taskforce (L-PAT) and an approach to producing a Blueprint for a More Active Lincolnshire.

It was reported that an L-PAT was established in summer 2018 and had begun to engage partners to develop Lincolnshire into a more active and healthy county. Key developments included:

- Governance and management structures for L-PAT agreed
- Establishment of an Executive group
- Vision, purpose, goals and high level objectives for 'A Blueprint for a More Active Lincolnshire' agreed;
- Employment of L-Pat Strategic Programme manager
- Public launch of L-PAT – 18 October 2018
- Engagement with local authorities and partner agencies
- Agreement to have a district based approach.

Members were provided with an opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- Officers were congratulated for getting to this point.
- For those districts that were struggling to get beyond 30% activity, there would be a big challenge.
- It was queried whether the survey results were from Sport England, and officers advised that they would be looking to use a number of data sets including those from Sport England and Public Health England.
- In relation to the survey data on page 47 of the agenda pack, it was queried what the definitions of each category were. Members were advised that inactive referred to less than 30 minutes of exercise per week, fairly active was between 30 – 150 minutes of moderate activity per week and active was over 150 minutes of moderate to vigorous activity per week.
- In relation to Fitbit's, it was noted that many people wore them, and it was queried whether it would be possible to access that data. It was commented that the technology did exist, but there would be other issues to resolve before this would be possible.
- In relation to work to tackle alcohol abuse, it was queried whether this also included foetal alcohol syndrome, as this could also impact on those children who were adopted. It was noted that no data on this had been seen and it was not thought that it was in the public health outcomes any more, however, there was a maternal health topic within the JSNA and it may be touched upon under that.

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- Members were pleased to see this report, and noted that there was a lot of good work taking place already. This was an opportunity to make a real difference and it was reported that there had been a meeting of the delivery group the previous week.
- It was suggested that there was a need for more integration between groups and for them to work together. It was noted that members of each group would attend other groups.
- There was a need to get employers more involved in promoting physical activity as they controlled a lot of a person's time during the day. It was noted that the police were doing a lot of good work, and that the districts and county council could probably do more in this area.
- A meeting was held on 26 November 2018 which brought together the delivery group leads and they started mapping out where the strong overlaps of agenda's and also where there were potential gaps. For example, how physical activity and housing could be linked together by working with key decision makers in planning to find ways to integrate opportunities for physical activity, such as cycle paths. It was noted that this would take some co-ordination and prioritisation, but physical activity had a place in each of the other groups.
- The report was welcomed and it was commented that it had been well put together. It was noted that the positive impacts on health could not be minimised and GPs were trying to work in the lifestyle agenda. The issue would be how to link GPs as well as CCG's into this work as the potential benefits were huge. It was noted that this was a gap that it was hoped could be closed, and an approach had been made to clinical colleagues and other representatives. However, some had been a little reluctant in stepping forward.
- It was noted that one of the links was the use of physical activity to improve mental wellbeing. A lot of work was ongoing with the Police to ensure that the workforce was physically fit. Work was also underway on how physical activity could be used to reduce offending by using the social bonds of sport to reduce reoffending, as social isolation was one of the key factors that led people to reoffend.
- It was commented that it was nice to see that a broad brush approach was being taken, and getting the bulk of the population to be a little more active would be more productive than encouraging a small group to do a lot more exercise.
- The L-PAT was looking around the country at best practice and it was reported that walking and cycling came out as the most common activities in the active lives survey. One of the things that was talked about was how to start to change behaviour, and it was thought this was best through a bottom up approach.
- It was queried whether there were lessons to be learned from North Yorkshire as they had a high proportion of active people than the majority of other counties.
- It was highlighted that cycling was an important way for people to increase their activity, but a lot of people felt it was too dangerous to cycle on the roads. To encourage more people to cycle, it was important that they felt safe on the

roads. It was noted that this was the essence of a whole system approach, making people that did not normally see the impact of the decisions they made aware of these sorts of issues, such as did planning decisions make it easier to be active, were there places to cycle or walk in housing developments.

- It was acknowledged that some changes would take a long time to implement, but officers were working with different projects on this.

RESOLVED

That the progress made with establishing a Lincolnshire Physical Activity Taskforce and developments to produce a Blueprint for a More Active Lincolnshire be noted.

25 DISCUSSION ITEMS

25a NHS Planning - Update

The Lincolnshire Health and Wellbeing Board received an update from John Turner, the Executive Lead for Lincolnshire for the STP, which provided an overview of what was going on in the NHS both nationally and locally.

It was thought that national NHS long term plan would have been published by now, however it seemed to have been caught up in the ambiguity around the current national picture.

It had been recently announced that there would be a 3.4% uplift of the NHS budget for the next five years, and CCG's would be expecting to receive their five year allocations over the coming few weeks. It was reported that the Secretary of State had identified three priorities which were expected to be picked up in the long term plan and were as follows:

- Prevention
- Workforce – it was acknowledged that there issues with NHS workforce across the country as there were 100,000 vacancies
- Use of IMT and digital technology

It was also noted that a number of clinical priorities would follow, and were expected to be around cancer, mental health, cardiovascular and respiratory disease and diabetes.

It was expected that an integrated care system would be developed as part of the STP, with some features being relatively new but some would be a return to a common sense approach to working together in a joined up way.

There was an expectation of stronger and more effective partnership working between the NHS and local authorities across the country. It was noted that a letter had been sent to all chairs of Health and Wellbeing Boards in relation to the long term plan.

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There would be a requirement to have an open discussion with the public and their representatives and staff about the issues and how they were going to be addressed locally. There was a need for certainty in order to be able to start moving forward.

It was noted that the Board would be aware that the current regime in the health service was that CCG's were accountable to NHS England, who was then accountable to NHS Improvement. It had been suggested that this needed serious attention. New regional directors had been announced and this information was now in the public domain.

Locally, planning for 2019/2020 was underway, and a lot of planning guidance had been received, and it was expected that 'system integration' would be the key term to expect.

Districts and CCG's were working together in an open book way, and had an intention for a shared system. The issue would be how would the systems be maintained and developed for the populations they serve. There was a need to reach a point of clarity by 14 January 2019. It was about ensuring that as much care as possible could be provided in the home so a person's requirement to attend hospital would be minimised.

CCG's would be required to make savings by 2021, and many of these would be in the back office and administration areas.

It was acknowledged that there would be a challenge and significant issues around quality workforce and funding. There was a need to integrate community care and local services. In terms of population health management, work was underway to proactively manage the health of the population, mainly around diabetes and frailty.

The Health and Wellbeing Board would be aware that an acute services review was being undertaken and it was noted that a lot of work had been circulated internally. An assurance process was being undertaken on NHS England. This would be a full and open public consultation process and should be taking place in early summer 2019.

Members were provided with the opportunity to ask questions to the officers present in relation to the update provided and some of the points raised during discussion included the following:

- It was reported that problems had been experienced in getting representatives from the NHS to attend meetings of the Health and Housing Delivery Group. It was noted that numerous people had been invited. Members were advised that this information would be taken back to NHS colleagues.
- It was commented that housing was fundamental, and there was a need for new houses to be built and for the infrastructure to accompany it.
- The news of the senior management teams at CCG's combining was welcomed.
- It was queried what progress had been made with neighbourhood teams, and it was noted that work had continued quietly. There had been a huge amount of development on the ground and a lot of work had taken place. There were

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3-4 teams which were well developed and were making significant changes and having an impact on the population they served. The Spalding neighbourhood team was an example of a difference could be made to people leaving hospital. It was also noted that the Lincoln South team had done some impressive work supporting people in care homes.

- It was queried whether an invitation would be open for Councillor Worth to meet with the team with in Spalding, and it was confirmed that this would be welcomed. It was suggested that it may be useful for the Board to have a report on this in the future.

RESOLVED

That the update be noted.

25b Neighbourhood Working - The Social Prescribing Project

Consideration was given to a report presented by Kirsteen Redmile, Lead Change Manager STP System Delivery Unit, and David Fannin, Chief Executive Lincolnshire CVS, which updated the Health and Wellbeing Board on the progress being made in implementing a social prescribing model into Lincolnshire which had been part funded by the Health and Wellbeing Grant Fund.

It was reported that Social prescribing project was being run as a 'proof of concept' and was an integral part of the Neighbourhood Working programme. It was also closely linked to the NHS England Personalised Care Demonstrator sites of which Lincolnshire was one of three across the Country.

The report set out how the project had been expanded from its initial conception in Gainsborough to rolling out across the County from September 2018, the progress to date, some of the early findings and the actions that were needed to be able to demonstrate to the system the value and importance of social prescribing to the health and care community.

The Board was guided through the report and provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- In each of the CCG areas, delivery was carried out face to face.
- It was noted that most of the referrals came from GP's, but not exclusively.
- People who were referred into this programme would be worked with for around 12 weeks.
- In relation to one of the case studies set out in the report, it was commented that it had been interesting to note that it had been discovered that the partner of the person referred was in need of additional support.
- It was suggested that there was a need to find a way to measure how much money had been saved through this project.

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- There was a need for a joint strategic asset model. There was a need to understand what assets existed so that a start could be made to bring them together at a Lincolnshire level.
- It was noted that there was not a need for every area to be consistently on the same level. If there was something that worked well in one area it should be allowed to continue. It would be important to find those things which were working well.
- It was reported that it was quickly identified in Gainsborough that there was little support for low level prevention of diabetes. Since then, a diabetes café had been established which was well attended.
- It was about identifying people's needs and matching them to the help that was available. It was suggested that this would become a way of working and 'social prescribing' as a term would disappear.
- It was noted that some districts were unsure of the referral route. Members were advised that this would be picked up outside of the meeting.
- It was queried who set the strategic direction, and it was noted that this was an opportunity to look at how the Health and Wellbeing Board could contribute to neighbourhood working and pull everything together.
- It was noted that promotional material was being worked on which would provide people with very clear contact points.
- In relation to the vacant posts highlighted on page 61 of the agenda pack, it was confirmed that these posts had been recruited to.

RESOLVED

1. That the content of the report be noted.
2. That the current progress and key actions be noted.
3. That the Health and Wellbeing Board support the development of a strategic approach for social prescribing in Lincolnshire.

25c Connect to Support Lincolnshire

Consideration was given to a report presented by Theo Jarratt, County Manager – Performance Quality and Development, which updated the Board on the development and launch of the partnership information and advice service. It was reported that the service consisted of an online directory of services and information called Connect to Support Lincolnshire and for those who were not as confident online, there was also a telephone and live chat support service provided by Lincs2Advice.

It was reported that the aim of the service was to guide people to access the most appropriate care for their needs. Through self-service, people would be able to find and select the services that would help them to keep them healthy, independent and safe. Those people with relevant needs could then be directed, as appropriate, to social care and health services for further assistance.

The Board was advised that the service was 'live' at the start of December 2018. Further work was planned to develop the service along the following lines:

- Phased addition of directory and page content

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- Work with a user panel to shape use and future developments
- Expansion of the service to include an e-marketplace
- Introduction of a customer portal and integration with case management system MOSAIC

The Board received a short demonstration of the online service and were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was noted that this had been an integrated piece of work which had been jointly funded, and the contract would run for the next five years. There were around 650 records of services both registered and unregistered on the system.
- The content was being built to be more comprehensive.
- It was queried whether it would be possible to share data with the Police so they could have a list of vulnerable people. The Board was advised that this would not be possible as it was a directory of services and would provide signposting and awareness for particular services. It would not store personal information.
- There was a forward plan to extend this into development of an e-marketplace, which would be useful for those receiving direct payments as they would be able to purchase services without any money changing hands.
- It was also noted that an artificial intelligence (AI) system was being developed which would learn from searches that people made and would start to suggest alternatives and the most appropriate care for people.
- It was queried how people would know that the site was health related, and it was noted that the LCC and NHS logos were located at the bottom of the page.
- It was noted that in relation to the name of the site, it was a well-known name across the sector. The live chat and telephone support would be provided by Lincs2advice.
- The aim was for people to use the site for themselves, as well as social workers, staff and family members.
- It was highlighted that one of the great flaws of a directory of services was that they would usually be out of date as soon as they were published, so members were pleased to see that this one would be updated regularly and it be ensured that it would be locally relevant.
- There would be a search facility so that people could search for services in their area, and it was noted that the smallest search range would be within a five mile radius of the post code.
- Organisations would need to specify what areas they would provide services to.
- It was queried whether there could be a joined up approach to the victim support directory so that they were not competing with each other.
- It was noted that a governance group would be set up.

RESOLVED

1. That the Board noted the launch of the Connect to Support service
2. That the Board members would publicise the service
3. That Board members would advise the author and presenters of potential content and uses for the service

25d A memorandum of understanding to support joint action in Lincolnshire on improving health through housing

Consideration was given to a report presented by Sem Neal on behalf of the Housing, Health and Care Delivery Group which advised that the role of housing in achieving and maintaining good health, and the need to connect housing services with health and social care agencies, was well recognised nationally and locally. Lincolnshire's Health and Wellbeing Board had included housing as one of seven priorities in its Joint Health and Wellbeing Strategy (JHWS) and established the Housing, Health and Care Delivery Group (HHCDG) to oversee the Housing Delivery Plan.

The HHCDG identified the need to agree a strategic vision with principles and core values for a Lincolnshire approach to working across the housing, health and care sectors. The memorandum of understanding attached to the report articulated the benefits of collaborative working and created an opportunity for better understanding the preventative role that housing could play in achieving good health outcomes and sustaining independence.

The Board was provided with the opportunity to ask questions to the officers present in relation to the information contained in the report and some of the points raised during discussion included the following:

- It was noted that all districts had agreed to support this and it was hopeful that this would lead onto bigger things.
- It was highlighted that out of 151 Health and Wellbeing Boards around the country, only 14 had identified housing as a priority in their JSNA (including Lincolnshire)
- It was noted that all partner agencies had provided feedback, and it had been updated to ensure it was Lincolnshire focused.
- The action plan and priority delivery plan had been included in the memorandum of understanding, and it was noted that this was vital to everything that the Group did.
- The action plan would be updated early in the new year, as almost all of the actions were in progress or were now complete.
- Districts would be working together to take this forward. If Board members were aware of anything which needed to go into action plan, which was not already there, officers would be pleased to hear this.
- It was noted that this had been through the CCG's Boards.
- It was highlighted that some districts were still taking it through their governance processes, so it may be a while before this was complete, but they had all agreed to sign up to it.

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- There was a need to ensure that the MoU was fit for purpose, and the Board was reassured that it would be refreshed and renewed as necessary.

RESOLVED

That the Lincolnshire Health and Wellbeing Board:

1. Support and work towards achieving the aims and ambitions in the Memorandum of Understanding
2. Be the conduit for gaining formal signatures from all relevant stakeholders.
3. Agreed to promote this MoU, its aims and ambitions, at every opportunity within individual organisations and relevant partnerships.

25e Better Care Fund Scheme Review

Consideration was given to a report presented by Steve Houchin, Head of Finance - Adult Care and Community Wellbeing, which provided the Lincolnshire Health and Wellbeing Board (HWB) with an update on Lincolnshire's Better Care Fund (BCF) Plan for 2018/19 including proposed revisions to allocations made in the original plan and a description of the next steps required in implementing those changes.

It was reported that the plans were originally presented by the Joint Executive Team earlier in the summer with approval of the plan given by the relevant senior officer of the Lincolnshire CCG's in November 2018.

The Board was guided through the report and provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised included the following:

- The changes which had been made were relatively minor.
- It was accepted that it was a technical and financial document but it was suggested that it would be helpful to have an executive summary or something which described how the BCF had been spent.
- It was noted that it could be suggested that a glossary of terms could be provided, as well as a summary of what schemes were.
- There were a lot of schemes that had been in existence and had been packaged together.

RESOLVED

That the proposed changes be noted and that the Health and Wellbeing Board recommend that the changes be approved at the next available Health and Wellbeing Board.

26 INFORMATION ITEMS

26a Better Care Fund

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Consideration was given to a report which provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plan for 2017-2019. There was also a finance and performance update showing the current position contained within the report.

It was noted that in relation to the extra funding, it was suggested that if it could not be spent in the allocated time, it should be asked whether it could be added to the general fund.

RESOLVED

That the Lincolnshire Health and Wellbeing Board note the BCF report update.

26b An action log of previous decisions

The Board received a report which noted the decisions taken since September 2018

RESOLVED

That the report for information be received.

26c Lincolnshire Health and Wellbeing Board Forward Plan

The Board received and considered a copy of its Forward Plan.

RESOLVED

That the report for information be received.

The meeting closed at 4.40 pm