



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
26 MARCH 2019**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell OBE (Executive Councillor Adult Care, Health and Children's Services), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes, C E H Marfleet, C R Oxby and N H Pepper

Lincolnshire County Council Officers: Professor Derek Ward (Director of Public Health)

District Council: Councillor Donald Nannestad (District Council)

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

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

Police and Crime Commissioner: Marc Jones

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Councillor Dr Michael Ernest Thompson, John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership) and Rachel Wilson (Democratic Services Officer) (Democratic Services)

27 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Debbie Barnes OBE (Head of Paid Service), Glen Garrod (Executive Director of Adult Social Care), Dr Sunil Hindocha (Lincolnshire West CCG) and Elaine Baylis (Lincolnshire Co-ordinating Board).

28 DECLARATIONS OF MEMBERS' INTEREST

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

**29 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 11 DECEMBER 2018**

RESOLVED

That the minutes of the meeting held on 11 December 2018 be signed by the Chairman as a correct record.

30 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

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

31 CHAIRMAN'S ANNOUNCEMENTS

An additional Chairman's announcement in relation to suicide prevention was circulated. The Chairman also advised that she had visited a number of districts with the Director of Public Health presenting the refreshed Joint Health and Wellbeing Strategy for Lincolnshire, and had recently visited Boston. The Strategy was being well received.

It was also reported that the methadone substitute, Buprenorphine, used to treat substance misuse, had recently seen an up to 700% increase in price, and Public Health was responsible for the delivery of the drug and alcohol services. This price increase would eat into the budgets. The County Council had no say on what the market value of this drug was. The NICE guidelines stated that this drug had to be provided in the right circumstances. It was emphasised that the authority was doing the right thing in terms of providing treatment, but that there was no control over the prices. It was highlighted that this increase was not exclusive to Lincolnshire, and it was a nationwide issue. The CCG's, health representatives and the PCC were all urged to push back and challenge this price increase where possible.

The Chairman also advised that she had been made aware of an issue in relation to the provision of continence pads to residential care homes, which should be provided by the NHS. It had been reported that this was not happening in a timely manner in some places. It was unclear whether this was an ordering or delivery issue. It was requested, if anyone on the Board had any influence in this matter, could they please look into it. John Turner advised that he would pick this up.

32 DISCUSSION ITEMS

33 NHS HEALTHY CONVERSATION 2019

34 NHS LONG TERM PLAN AND LINCOLNSHIRE'S PLANNING/INTENTIONS FOR 2019/20

It was suggested that the NHS Healthy Conversation 2019 and NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20 items were considered as one as there would be overlapping information.

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John Turner, Chief Officer, South and South West Lincolnshire Clinical Commissioning Group, presented reports to the Board and provided updates in relation to the NHS Healthy Conversation 2019 and NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20.

It was reported that in the three to four months leading up to 5 March 2019 (launch of the Healthy Conversation 2019) a number of conversations had been held with the Health Scrutiny Committee for Lincolnshire, this Board, County and District Council colleagues as well as other partners. The NHS had been preparing to start an open conversation in very broad terms on the direction for the county. Work had been taking place on this for a significant amount of time. In early January 2019, the NHS Long Term Plan was launched. Planning discussions had been taking place over the past year or so. The Healthy Conversation 2019 had now started and was an open engagement exercise which was running across the county. The approach being put forward included things that a lot of partners were already doing and it was highlighting a lot of good examples of changes.

Board members were encouraged to look at the website which had been set up as there was a large amount of information available which was presented in a user friendly way.

Health colleagues were starting to think about what the next stage of the engagement activity would look like, as there was a lot of information coming in, and it was planned to deal with it according to area as there would be different issues for different localities. The Healthy Conversation 2019 was planned to run into the autumn.

It was expected that there would be more work around prevention and how to keep people as healthy as possible including work around self-care. There would be a stronger emphasis on developing integrated community care services. Acute hospital services should be there to provide specialised care that it was not possible to provide in the community. There would be a push towards system working as the NHS was very fragmented, both in the services it provided and the way it worked with partners. There would be work to move towards becoming an integrated care system and working more systematically with partners. Partnership and collaboration would be much stronger going forward.

Health colleagues were required by NHS England and NHS Improvement to produce a local version of the Long Term Plan for the County. This had to be informed by open discussions with people who used the services and partners and so it was timely that the Healthy Conversation had just commenced.

Members of the Board 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 points:

- Through collaboration between NHSE and Healthwatch England, there was a need to determine what was wanted by Lincolnshire from the Long Term Plan. Healthwatch had had the most input from survey responses, and would be

holding focus groups, as the general public did not yet know what they wanted. The Healthy Conversation was welcomed.

- In terms of urgent care centres, there were changes proposed to urgent treatment centres as opening times did not seem to be consistent and there was a need for uniformity across the county with opening and closing times. It was queried whether there was an expectation that people should call 111 when during times when the centres were closed. It was noted that the Health Scrutiny Committee for Lincolnshire had also expressed a wish to explore this issue with the CCG as well. It was highlighted that Urgent Care treatment was for those who needed care, but it was not an emergency or life threatening situation. There was national guidance on what services should be provided and that they should be open a minimum of 12 hours per day, 7 days per week. It was envisaged that there would be a 24 hour centre at Pilgrim and Lincoln County Hospital. Grantham was also expected to become an urgent care centre on a 24 hour basis, as well as Louth. Stamford minor injury unit was open Monday – Friday from 9am – 5pm and it was envisaged that this would become an urgent care centre, but on a 12 hour/7 days per week basis.
- Currently people were expected to call 111 during out of hours for urgent care centres, as this would enable people to get to the right place at the right time. However, it was noted that not all services would be available at all times of the day, for example x-ray services.
- It was noted that there was not a fixed position on whether these would be walk-in services or 111. Louth and Skegness did have the opportunity to be walk-in services.
- There was a need for clarity and a consistent message that could be promoted to residents.
- There had been a lot of questions about the ambulance and the 111 service.
- It was highlighted that a clear message was key and that having the conversation with the public was important in order to manage expectations. The Board was advised that in terms of the conversation, this would involve being realistic about what could be delivered.
- It was known that there was a struggle to recruit and retain staff, and accounted for 10% of the spend. It was hoped that the healthy conversation would be an honest one but there was a need to be ambitious for the future of the health service, and it was thought that most of the public understood this, and people should not be prevented from expressing what they wanted.
- It was noted that the events which had taken place had been well attended, and there was concern that the public were not hearing about some of the work which was already being done, such as neighbourhood working.
- In terms of timescales, it was expected that the Healthy Conversation would run until the autumn of 2019. It was acknowledged that this timescale was quite vague, but autumn was also referenced in the NHS Long Term Plan. Health colleagues advised that they would like the Healthy Conversation to run for as long as it needed to.
- Digitally enabled care, this depended on people being able to access it, rather than just age, and how it would work in different areas of the county. There would be an issue of digital infrastructure.

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- There was a lot of material on the website about the things which were working well, as well as information on the changes which had taken place in the last 12 months and those that were planned for the 12 months ahead.
- On the feedback forms, people were being asked if they would be prepared to receive care digitally, and how helpful it would be. It was noted that this was currently working well in other parts of the country and the world.
- It was acknowledged that the digital infrastructure was not as comprehensive as health colleagues would like it to be, but it was better that in some other parts of the country.
- In terms of the condition of the NHS estate, it was noted that a collaborative approach through partnership working would be required in order to improve it. It was highlighted that the blue light services were now under one roof at the new Headquarters building at South Park, Lincoln was a good example of how different services could work together.
- There were concerns about accessibility to health services for people taken into custody in places such as Grantham, as they would generally be transported to Lincoln. The Police and Crime Commissioner would like to work with NHS colleagues to tackle this. There was a responsibility to use the money available to its best effect, and health colleagues had been alerted to the issues around custody suites in Grantham, and would be happy to work with the PCC and his team on this.
- It was noted that there were over 10,000 calls to 111 each day. However, there were some concerns around how it worked. If a person had a concern and needed attention, they should call 111. There was confidence in the 111 service to enable people to use it.
- It was queried what was being done in terms of engaging with young people and it was reported that there was a group of young people who were engaged with as well as engagement events for those with protected characteristics.
- It was queried how health organisations were going to tackle the difficulty in retaining staff. It was acknowledged that NHS England had a workforce crisis. There were 100,000 vacant posts in England. 40,000 of these were nursing posts. The rest were a whole range of health care professionals. However, the issues were further exacerbated in Lincolnshire, particularly towards the east coast. There were 850 vacancies in Lincolnshire. It was noted that there was a huge amount of work taking place to try and tackle this, including a new medical school to be based in Lincoln, development of a health academy, and it was suggested that this work may be worthy of an independent discussion at a later date.
- In terms of the estate, it was noted that a lot of it was quite run down and it would take a lot of money to change this. It was acknowledged that the hospital estate left a lot to be desired, but a lot of the models that were hoped to take the service forward were those that brought health and social care partners together in one place. It was noted that some of the buildings within the estate had covenants on them so they could only be used as hospital buildings.

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Both reports were considered and discussed at the same time, however, each set of recommendations were considered separately as follows:

NHS Healthy Conversation 2019

RESOLVED

That the Board note the launch of the Healthy Conversation 2019 listening and engagement exercise on 5 March 2019 and that feedback would be incorporated into the local 5 year long term plan which was required to be developed by autumn 2019.

NHS Long Term Plan and Lincolnshire's Planning/Intentions for 2019/20

RESOLVED

That the Board note the detail in the report about the NHS Long Term Plan and the key priorities (system intentions) for 2019/20 as set out in the draft System Operating Plan.

35 NEIGHBOURHOOD WORKING

Consideration was given to a report by Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG, which provided the Board with an update on the development of neighbourhood working in Lincolnshire. It was reported that stakeholders across Lincolnshire had all agreed that the default location for providing care and treatment should be the community unless there is a clinical need for an economic case for it to be delivered in an acute hospital setting.

It was also reported that this approach was about preventing people from becoming unwell, and how health organisations could work with partners and other agencies to tackle some of the root causes of poor health. Another aspect which would be looked at would be the age up until people were living well (healthy life years), for example, in Gainsborough people were expected to be living with at least one long term condition by the age of 58.

There was a need to build resilient communities and it was queried how this could be done. It was noted that the neighbourhoods were built around a geographical framework and there were 12 neighbourhoods with 10 neighbourhood leads. The role of the Neighbourhood Lead was about bringing teams together to support the local population. The Multi-Disciplinary Team (MDT) was not just social care representatives, but also included the Police and the Fire Brigade. Social prescribing would look for opportunities to connect people with systems, and this could be a variety of services including voluntary organisations, for example breakfast clubs.

Arrangements for supporting people with complex needs were also being built, whilst this would be a relatively small number of patients, the impact it could have would be significant. There were a few examples highlighted in the report.

Social prescribing was a really important part of the approach going forward, however, it was noted that this was not a new concept, but it was not currently consistent throughout the county. It needed to be determined what the core things were which should exist in every community, and these core requirements should be signed off in the coming months.

The Board was advised that Stamford was a very good example of neighbourhood working, and work was currently taking place with colleagues in Public Health. There was a need for safeguards to be in place for information governance and sharing of records etc.

The Board was 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 relation to the Spalding Neighbourhood Team, it was noted that there had been some really good case studies.
- It was confirmed that there were information sharing agreements in place where appropriate. However, it was important to note that the information was not the GP's information. It was the patients information to share.
- It was highlighted that it had taken four years to get to this point. There was a greater need to get something up and running on the east coast sooner rather than later, as this was where a lot of older people lived and many had a number of health conditions. It was thought that this work could have lots of benefits.
- It was important for people to have a point of contact, a person who could support that individual. It was highlighted that someone with a single long term condition would have one professional to help and support them, however, once they had multiple conditions they would need a team.
- It was commented that the district councils were working well, but there was more that could be done to promote this work. It was suggested there was a need for greater use of community assets to support wider individual wellbeing and health colleagues advised that they had an open mind to using infrastructure that was already in place to support a patient's needs, for example using leisure centres for physiotherapy sessions.
- It was noted that the real concern to some extent was the increasing inequalities, as where it was working, it was working well, but there were some places where it needed to be in place such as on the coast.
- If there was to be a targeted approach one, of the first areas to be targeted would be the east coast. The development of this approach was linked to two things, the recruitment of neighbourhood leads, and two east coast leads had now been appointed, and over the coming few weeks there would be clarity over the criteria.
- In terms of performance indicators, it was really important to understand collectively what 'good' looked like for a neighbourhood team. What did it look like in terms of reductions, and what would it look like in 6/12/18 months? It was noted that initial reports were positive but more time was needed to understand the impact in terms of numbers. It was therefore important to start to articulate the 'wins'.

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- It was expected that it would have an impact in areas such as admissions, and it could be seen that it was having a significant impact on individuals, but it had not started to have an effect on the trend yet.
- There was a need for those core elements to be defined, and then there would be a critical mass to report against.
- It was acknowledged that this was still early stages.
- In relation to the care portal, it was noted that benefits were not yet being seen, and it would be really helpful to have some more information on this. Sarah Jane Mills advised that she would be happy to come back to the Board to talk about this at a later date.
- In terms of coastal issues, it was highlighted that Mablethorpe did not have a day care centre, and it was suggested that this may be because the community tended to look after itself.
- A number of different issues had been highlighted, and the high level of need, particularly on the east coast, was recognised. It was noted that it was easy to draw conclusions that the community was self sufficient, or it could be because they were isolated due to the geographical location. It was suggested that there was a need to make direct contact with those people described above to work out what support they required. However, it was important to remember that this was not always about statutory services. There was a need to look out how it could be ensured that the infrastructure was relevant to the population and that work took place with the community to ensure it was resilient and able to support itself.
- It was commented that one issue was the tendency to choose projects that were easy to pilot, and not all models would be easy to roll out in the east of the county.
- It was acknowledged that the numbers were not yet sufficient for performance reports, and counting the number of people helped would not really measure the impacts or improvements. It was also noted that people were not equal in terms of their needs.

The Chairman requested that Sarah-Jane Mills came back to the Board in six months to speak about performance indicators and the care portal.

RESOLVED

That the Board note the information within the report and the future plans to further develop neighbourhood working in Lincolnshire.

35a Implementing the NHS Long Term Plan - Proposals for possible changes to legislation

Consideration was given to a report by Alison Christie, Programme Manager, which advised the Board that on 28 February 2019, NHS England (NHSE) had launched a 'call for views' on potential proposals for changing current primary legislation relating to the NHS. The document stated that it was possible to implement the NHS Long Term Plan without primary legislation, but legislative change could make implementation easier and faster. The closing date for the submission of responses was 25 April 2019.

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It was queried whether the Board would like a response to be sent on its behalf and if so this would be put together by Alison Christie and Derek Ward. There was agreement by the Board that a response should be sent.

RESOLVED

That the Lincolnshire Health and Wellbeing Board respond to the 'call for views' and agreed that a response should be drafted by Alison Christie (Programme Manager) and Derek Ward (Director of Public Health).

36 INFORMATION ITEMS

37 BETTER CARE FUND UPDATE

Consideration was given to a report by Steve Houchin, Head of Finance - Adult Social Care, which provided an update to the Lincolnshire Health and Wellbeing Board on Lincolnshire's (Better Care Fund) BCF plan for 2017 – 2019. A finance and performance update showing the current position and an update in relation to 2019/20 BCF arrangements was also included within the report.

It was reported that 2019/20 would be the final year of the BCF in its current form. Officers were still waiting for clarity on what form it would take after this date. The estimate for the amount of funding that would be received for 2019/20 had been received and details were included within Appendix A of the report. This funding would be in the region of £246m compared to £232m for 2018/19. However, this was still subject to confirmation.

RESOLVED

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

38 AN ACTION LOG OF PREVIOUS DECISIONS

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

RESOLVED

That the report for information be received

39 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.

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The meeting closed at 4.00 pm