



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
24 MARCH 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, N H Pepper and S M Tweedale.

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services) and Dr Tony Hill (Executive Director of Community Wellbeing and Public Health).

District Council: Councillor Jeff Summers.

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:

NHS England:

Officers In Attendance: Alison Christie (Health and Wellbeing Board Business Manager), Katrina Cope (Team Leader Democratic and Civic Services), Gary James, (Accountable Officer Lincolnshire East CCG) Allan Kitt (Chief Officer South West Lincolnshire CCG), David Laws (Finance and Public Protection) and Chris Weston (Consultant in Public Health, Health Intelligence).

32 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M Brighton OBE (District Council representative), Glen Garrod (Director of Adult Social Services), Mr Jim Heys (NHS England representative) and Mr Malcolm Swinburn (Healthwatch representative).

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

The Chairman welcomed to the meeting two new members, Dr Peter Holmes the Lincolnshire East Clinical Commissioning Group representative and Councillor N Pepper, as one of Lincolnshire County Councils representatives.

33 DECLARATIONS OF MEMBERS' INTEREST

All four Clinical Commissioning Group representatives wished it to be noted that in relation to agenda item 6a, Lincolnshire Pharmaceutical Needs Assessment each of them worked for a practice involved in dispensing and that reference was made to dispensing in each of the four Clinical Commissioning Groups Operational Plans.

34 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 9 DECEMBER 2014

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board held on 9 December 2014, be confirmed and signed by the Chairman as a correct record.

35 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

36 CHAIRMAN'S ANNOUNCEMENTS

RESOLVED

That the announcements as detailed be noted.

37 DECISION/AUTHORISATION ITEMS

37a Lincolnshire Pharmaceutical Needs Assessment (PNA)

Consideration was given to a report from the Consultant in Public Health, which presented to the Board the final draft of the Pharmaceutical Needs Assessment (PNA), which was detailed in Appendix A to the report presented.

It was reported that in line with regulations the PNA included full details of the consultation process. It was noted that the consultation period had been opened on 6 October 2014 for a period of 60 days. An online survey had also been created and this had been published on the Health and Wellbeing Board web page. Also, 250 formal letters had been sent out to those identified in the regulations. It was reported that the volume of responses received had been low, however the content of the responses received had proven to be very detailed. Details of the consultation responses were shown on page 25 of the agenda; further details of the responses received were shown in Appendix B to the report presented.

The Board were guided through the 'Conclusions and Recommendations' as detailed on page 37 of the report presented. It was noted that as the PNA was a living document it would be regularly updated and monitored.

During discussion, some concern was raised pertaining to the lack of chemist provision in rural areas, particularly in the eastern part of the County. The Board were advised that this was something that would be raised with NHS England. A further comment was raised with regard to provision in Holbeach on pages 70 and 74 of the report presented. The Consultant for Public Health agreed to look at this issue outside of the meeting with the member concerned.

The Chairman agreed to write to NHS England to reflect the views of the Board.

RESOLVED

1. That the content of the report presented be noted.
2. That the conclusion/recommendations as set out in the final Pharmaceutical Needs Assessment be endorsed.
3. That agreement be given to the publishing of the Pharmaceutical Needs Assessment.

37b CCG Operational Plans

The Board gave consideration to the Commissioning Plans from the four Clinical Commissioning Groups.

Lincolnshire East Clinical Commissioning Group (CCG) 'Plan to a Page'

Dr Peter Holmes the Lincolnshire East CCG representative presented to the Board the Lincolnshire East Clinical Commissioning Group 2015/16 Plan to a Page.

It was reported that the three key areas of focus for the 2015/16 operational plan was quality and safety, working together in partnership; and empowering patients and members of the public to take part in planning sustainable services for the people of Lincolnshire. It was noted that local services to be integrated would have a clear focus on prevention and self-management.

The plan presented at Appendix A covered:

- Access - Meeting the NHS Constitution standards and mandate commitments;
- Outcomes – Delivery across the five domains and seven outcomes measures;
- Quality of Service which involved patient experience; patient safety; compassion in practice; safeguarding; staff satisfaction etc. and;
- Transformation programmes, reconfiguration plans and reprocurement.

Agreement was given by the Board to the Lincolnshire East Clinical Commissioning Group Operational Plan

South Lincolnshire Clinical Commissioning Group (CCG) 'Plan to a Page'

Dr Kevin Hill the South Lincolnshire representative presented to the Board the South Lincolnshire Clinical Commissioning Group (CCG) Operational Plan for 2014/16.

It was reported that patient safety, patient experience and value for money for the tax payer was the basis on which all services were to be commissioned. The CCG would also be proactive in the move towards Lincolnshire Health and Care (LHAC), to constantly improve services, building on current initiatives, such as Neighbourhood Teams.

The following documentation was attached to the report:

- Appendix A – Fundamental Elements of the Operational Plan, which built on actions and focussed on plans to deliver the fundamental elements of the operational plan;
- Appendix B – One year review of Commissioning Plans, which detailed the progress of plans and delivered services and actions put in place to address poor performance;
- Appendix C – Health and Wellbeing Board services planned and commissioned this provided the Health and Wellbeing Board Plans and the Two Year Operational Plan; and
- Appendix D – South Lincolnshire CCG Plan to a Page.

The Board advised that although the information supplied was very impressive, for the future a Plan to a Page was all that was required.

It was reported that the co-responder at long Sutton was working well and had just completed their 100th ambulance conveyance.

Agreement was given to the South Lincolnshire Clinical Commissioning Group Operational Plan.

South West Lincolnshire Clinical Commissioning Group 'Plan to a Page'

A presentation was received from Allan Kitt, the South West Lincolnshire representative, which provided a summary Plan on a Page, which was part of the refresh of the Two Year Operational Plan produced by the CCG and reviewed by the Health and Wellbeing Board in the previous year.

It was noted that South West Lincolnshire CCG covered a population of approximately 129,000 with 19 practices and approximately 80 GPs. It was noted that the South West Lincolnshire CCG was centred on the market towns of Grantham and Sleaford and surrounding area.

The South West Lincolnshire CCG Plan on a Page as detailed at Appendix A reflected the current priorities and reflected the work around Lincolnshire Health and Care currently being implemented around neighbourhood teams.

Full details on how South West Lincolnshire was meeting the NHS Constitution Standards and Mandate Commitments; delivery across the five domains and the seven outcome measures; quality; delivering value for money and transformation programmes, reconfiguration plans and procurement were all explained further within the Plan to a Page document detailed at Appendix A to the report.

Agreement was given to the South West Lincolnshire Clinical Commissioning Group Operational Plan.

Lincolnshire West Clinical Commissioning Group 2015/16 'Plan to a Page'

Consideration was given to the Lincolnshire West Clinical Commissioning Group (LWCCG) 'Plan to a Page'.

It was reported that the LWCCG Operational Plan for 2014/15 and 2015/16 had been presented to the Lincolnshire Health and Wellbeing Board on 25 March 2014 and approved. Additionally the draft 5 Year Strategic Plan had been presented and discussed at the Health and Wellbeing Board meeting held on 9 December 2014. As part of the planning round, CCG's had been asked to refresh their operational plans for 2015/16. The Plan to a Page detailed at Appendix A summarised key priorities, programmes of work and key performance indicator information.

Full details as to the background to the Plan to a Page were detailed with the main body of the report.

During discussion, the issue of the early identification of dementia was highlighted and the Board were advised that this was an area where further work was needed to be done and that there was a drive nationally to improve this. It was also highlighted that once diagnosis had been reached there needed to be further concentration on what was required to meet the needs of a newly diagnosed dementia patient.

Agreement was given to the Lincolnshire West Clinical Commissioning Group Operational Plan.

37c Better Care Fund Section 75 Agreement(s)

Consideration was given to a report from the Director of Adult Social Services. The Board were advised that the Better Care Fund (BCF) submission had been approved at the 9 December 2014 meeting and was then submitted to the Government on 9 January 2015. In February 2015 the Council had been notified that the submission had been approved. It was reported that the delivery vehicle for the transfer of the national funding to Lincolnshire was by way of a Section 75 Agreement, and that this needed to be signed off by the six signatories on 31 March 2015. The six signatories required were the four Clinical Commissioning Groups (CCGs), the County Council and the Chairman of the Lincolnshire Health and Wellbeing Board.

It was reported that the Section 75 Agreement documentation attached to the report at Appendix A had been considered by Adults Scrutiny Committee as a pre-decision

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item and had then been presented to the Executive of the County Council on 3 March 2015 for final approval. It was noted that any final amendments had been delegated to the Executive Councillors and the Director of Adult Social Services.

It was highlighted to the Board that there had been an enormous amount of work done during the last six months and a vote of thanks was extended to everyone who had been involved in the process.

The Board noted that BCF represented a significant step on the journey towards closer integration between health and social care in Lincolnshire. And that the BCF was for 2015/16 only, and did not represent any new money.

RESOLVED

1. That the report be noted.
2. That the Section 75 arrangements as detailed at Appendix A be agreed.
3. That delegation be given to the Chairman of the Lincolnshire Health and Wellbeing Board to make any final iterations to the document prior to its submission on 31 March 2015.

37d Health and Wellbeing Grant Fund

Pursuant to Minute number 27b from the meeting held on 9 December 2014, the Board had agreed the application process for allocating the remaining money in the Health and Wellbeing Grant Fund (a total of £1,328,661.00), and the establishment of a Sub Group to review Project Proposals and then make recommendations to the Board on which projects to fund.

It was noted that the Health and Wellbeing Fund for Lincolnshire (The fund) had originally been established in 2008 under a Section 256 agreement between Lincolnshire County Council and NHS Lincolnshire to support projects and initiatives to improve the health and wellbeing of the people of Lincolnshire. In November 2014, a revised Section 256 Agreement had been signed between the County Council and the four Clinical Commissioning Groups, and responsibility for the fund had been transferred to the Lincolnshire Health and Wellbeing Board.

The Health and Wellbeing Board Fund Group comprised of Cllr Mrs S Woolley (LCC representative) and Gary James (CCG representative). The Sub Group reviewed 20 Project Proposals at their meeting held on 25 February 2015, and endorsed ten Project Proposals totalling £1,306,234,00, which left £12,427.00 being unallocated and held in reserve. Appendix A on page 273 of the agenda provided the Board with details of the final ten Project Proposals selected. The Board were advised that the organisation for the 'Get Started and Get into Healthy Lives' organisation needed to be amended to read the 'Princes Trust'.

During consideration of the Proposed Projects, it was felt that the Board should monitor the progress of the outcomes of the Projects. The Board agreed that an update on the outcomes from the project would appear as a future agenda item.

Other issues raised included sustainability of the projects once the funding had been used; whether when looking at the projects any consideration had been made to mental health projects. The Board were advised that the Sub Group could only look at the Proposals that had been received, none of which were solely mental health orientated; however, some did have a mental health component.

One member inquired as to the whether the age requirement for the 'Step Forward Project' as detailed on page 273 could be reduced from 18 to 16, to help young people. It was agreed that this could be amended.

RESOLVED

That the funding recommendation put forward by the Health and Wellbeing Fund Sub Group as detailed in Appendix A to the report presented be agreed.

38 DISCUSSION/DEBATE ITEMS

38a Lincolnshire Health and Care

The Executive Director of Community and Wellbeing and Public Health provided a verbal update to the Board with regard to the Lincolnshire Health and Care (LHAC) proposals.

The Board were advised that some good progress had been made with regard with the Joint Commissioning Board.

A lot of work was also ongoing within the expert reference groups and the enablers to ensure that the ultimate model was ready for consultation.

38b Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014

The Board gave consideration to the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014. A copy of the said report was attached at Appendix A.

It was reported that the report was not an annual account of the work of the Public Health Team, but an independent professional view of the state of the health of the people of Lincolnshire, along with a series of recommendations on the actions needed by a range of organisations and partnerships to make things happen. The Health and Wellbeing Board were asked to receive and consider the recommendations included in each chapter.

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The Director of Public Health when guiding the Board through the report made reference to:

- Page 282 - Premature Mortality in Lincolnshire Figure 1.1 detailed the causes of mortality in the under 75s in Lincolnshire;
- Page 286 – Cancer – It was noted that cancer was a key public health priority as it affected one in three people at some point in their lives. Although cancer was most common in older people, it was also the leading cause of premature mortality in Lincolnshire for those under 75 years of age. Page 289 identified how premature mortality from cancer was being addressed;
- Page 292 – Circulatory Disease, trends were detailed on page 295;
- Page 299 – Suicide and Mortality from undetermined causes. Page 300 provided analysis information by district area;
- Page 305 – Respiratory Disease. Page 309 provided information in a by district basis, with Lincolnshire East CCG coming out with the highest rates;
- Page 312 – Accidents and unintentional injuries – Page 313 provided information in a by district basis, with Lincolnshire East coming out with the highest rates. Page 314, fig 6.2 provided information as to the number of people seriously injured or killed on Lincolnshire's road from 1994 - 2013;
- Page 318 – Chronic Liver disease – It was noted that in Lincolnshire, in a three year period from 2010 to 2012, more than 200 people under the age of 75 years died specifically from chronic liver disease, accounting for nearly 3% of all premature deaths, with men being twice as likely as women to die prematurely from the disease;
- Page 324 – Recommendations to help address the health of the people of Lincolnshire;

During discussion, particular reference was made to:

- Whether there were any influencing factors with regard to the rise in cancer in the under 75s. The Board noted that during the last 50 years many cancers had not been diagnosed; now lifestyle and environmental factors had changed. It was in part down to the life style that people adopted;
- Concern was expressed to the picture painted across all areas in relation to the East Lindsey area. A question was asked as to whether East Lindsey needed to be prioritised more, as it had come out worse across all areas. Following a lengthy discussion it was agreed that discussion needed to take place with Lincolnshire East Health and Wellbeing locality groups and Public Health representatives to come up with a prioritised plan to tackle the issues highlighted within the report;
- Suicide in young people. It was reported that work was being developed in the County to help young people; and
- The Board also requested a copy of a Plan to a Page for Public Health for the next meeting.

RESOLVED

That the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014 be noted.

39 DISTRICT/LOCALITY UPDATES

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

40 JOINT HEALTH AND WELLBEING STRATEGY THEME UPDATE

The Health and Wellbeing Board Business Manager advised 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.

41 INFORMATION ITEMS

41a Joint Commissioning Arrangements in Lincolnshire

A joint report from the Chief Operating Officer Lincolnshire South Clinical Commissioning Group and the Director of Adult Social Services was presented, which described the organisational structure and reporting lines which support commissioning arrangements in Lincolnshire between health and social care partners.

RESOLVED

That the report be noted.

41b Review of Processes for Lincolnshire's Joint Strategic Needs Assessment (JSNA)

Consideration was given to a report from the Executive Director of Community Wellbeing and Public Health, which provided the Board with an overview of the upcoming review of content, processes and methodologies underpinning the Joint Strategic Needs Assessment.

RESOLVED

That the report be noted.

41c Mental Health Crisis Care Concordat

Consideration was given to report from Specialised Adult Services, which outlined to the Board the national context for the development of the Lincolnshire Mental Crisis Concordat. Information was provided as to what had taken place, the partners involved and the next steps to be taken to develop an action plan to support delivery of the Crisis Care Concordat in Lincolnshire.

Detailed at Appendix A to the report was a copy of the Lincolnshire Mental Health Crisis Concordat Declaration 2014 and Appendix B provided a Lincolnshire Mental Health Crisis Concordat Action Plan for 2015 – 2018.

RESOLVED

That the report be noted.

41d An Action Log of Previous Decisions

RESOLVED

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

42 LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN

The Health and Wellbeing Board Business Manager presented the Boards current Forward Plan for consideration.

The Board were advised that the Review of the Joint Health and Wellbeing Strategy and the Public Health Plan to a Page would be considered at the 9 June 2015 meeting.

It was also agreed that a progress report concerning the outcomes relating to the selected Projects in receipt of money from the Health and Wellbeing Grant Fund would be reported to a future meeting.

A suggestion was also made to receive an item on what was being commissioned in each of the CCG areas so that the Board had an overview of all commissioning.

RESOLVED

1. That the forward plan for formal meetings be received subject to the inclusion of the items mentioned above.
2. That the forward plan for informal meetings presented be received.

The meeting closed at 4.17 pm.