



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
29 SEPTEMBER 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), D Brailsford, B W Keimach, C R Oxby and N H Pepper

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services) and Glen Garrod (Director of Adult Care)

District Council: Councillor District Councillor J Summers (District Councils Representative)

GP Commissioning Group: Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Peter Holmes (Lincolnshire East CCG)

Healthwatch Lincolnshire:

NHS England:

Officers In Attendance: : Alison Christie (Programme Manager Health and Wellbeing), Mandy Clarkson (Public Health), Katrina Cope (Team Leader Democratic and Civic Services), Sally Savage (Chief Commissioning Officer), Gary Thompson (South Lincolnshire CCG), Chris Weston (Consultant in Public Health, Health Intelligence), Andy Fisher, Phil Perry, Kathryn Sperring, Katy Thomas and Councillor S Woodliffe

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors C N Worth (Executive Councillor Libraries, Heritage and Culture) and S M Tweedale, Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), Councillor Mrs M Brighton OBE (District Councils representative) and Jim Heys (NHS England).

It was reported that Councillor J Summers (District Council representative) and Chris Weston (Public Health Consultant – Public Health Intelligence and Health Improvement) had replaced Councillor Mrs M Brighton OBE (District Council representative) and Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) respectively, for this meeting only.

12 DECLARATIONS OF MEMBERS' INTEREST

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

13 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 9 JUNE 2015

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board held on 9 June 2015, be confirmed and signed by the Chairman as a correct record.

14 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

15 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Board that since the despatch of the agenda, the following items had come forward (An additional update sheet was circulated at the meeting):-

- That notification had been received from Sarah Fletcher, Chief Executive from Healthwatch Lincolnshire that Malcolm Swinburn had resigned from his position as Chairman of Healthwatch Lincolnshire. The Chairman on behalf of the Board extended her thanks to Malcolm for all his support and contributions to the Health and Wellbeing Board. It was agreed that the Chairman would send a letter of thanks to Malcolm on behalf of the Board;
- The Board was advised that the Lincolnshire's Joint Ambulance Conveyance Project, which was a partnership project between Lincolnshire Fire and Rescue, East Midlands Ambulance Service and Lincolnshire Integrated Voluntary Emergency Service (LIVES) had been recognised at the Health Service Journal Value in Healthcare Awards. The Partnership had been named the winner in the Acute Service Redesign category; and
- It was reported that a Greater Lincolnshire expression of interest had been made to the NHS Diabetes Prevention Programme. The bid had been made on behalf of Lincolnshire East, South and South West CCGs along with North and North East Lincs. It was noted that West Lincolnshire CCG was involved in an East Midlands bid. The Chairman reported that her support had been given to both applications.

RESOLVED

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

16 DECISION/AUTHORISATION ITEMS

16a Annual Assurance Report

Consideration was given to a report from Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, which provided the Board with details of the Board's self – assessment exercise, and the Joint Health and Wellbeing Strategy Theme Dashboards. It was reported that at the June 2015 meeting, the Board had agreed the Assurance Framework, this had set out how the Board would assess the progress it made to deliver the outcomes detailed in the Joint Health and Wellbeing Strategy.

Appendix A to the report provided the Board with a Health and Wellbeing Self - Assessment Action Plan 2014, which provided information on the progress made with regard to the 23 improvement activities. It was highlighted that seventeen of the activities had been fully achieved, four had been partially completed; and two were still yet to start.

Appendix B to the report provided the Board with evidence on how the Lincolnshire's Health and Wellbeing Board was meeting the five local challenges for action posed by the Local Government Association (LGA) and NHS Clinical Commissioners (NHSCC) benchmarked against the key components for an effective health and wellbeing board.

Appendix C provided the Board with the Joint Health and Wellbeing Strategy Scorecard showing the leading measures being used to monitor progress benchmarked against the regional and national averages. Appendices D – H provided the Board with five Theme Position Statements; these were detailed on pages 35 - 46 of the report presented.

During discussion, reference was made to the following issues:-

- Appendix A – Activity 3 - The establishment of a communication network – not started yet. The Board were advised that options were being explored such as a newsletter that could be circulated to a wider audience;
- Appendix A – timescale for completion for the two activities depicted as being 'Not yet started' (Activity 3, and Activity 23). The Board were reassured that these would be completed as soon as possible, once links and relationships supporting Lincolnshire Health and Care (LHAC) had been agreed, this would be considered further as part of the review;
- Page 25 - One member highlighted that there was a need for a Board discussion with regard to winter resilience, to ensure that the Board was fully aware of plans by organisations to work together to combat the pressure that winter brings. It was felt that Gary James (Chairman of the Resilience Group) from the Lincolnshire East CCG should be invited to the Board in December to present the proposed plan;
- Page 28 – It was highlighted that there needed to be closer relationships at a local level, to see what was already in place, and to have the opportunity to engage more; and
- Appendix C – The Board was advised that the data from the 34 measures had showed that 13 of the outcomes had an improving local trend; 8 outcomes had

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neither improved nor declined; 12 outcomes had a declining local trend and 1 outcome had missing data.

The Board received a short presentation from each of the five theme sponsors, from which the following issues were raised:-

Theme 1 – Promoting Healthier Lifestyles

Dr Sunil Hindocha (Lincolnshire West CCG) advised the Board that the figure for Premature Mortality for Respiratory and Cardiovascular Diseases was falling. However, there was still a need to keep focused on prevention measures relating to smoking cessation; obesity and drug and alcohol abuse. It was further noted that more needed to be done to improve health inequalities across the County. Details of the Theme Position Statement were shown on pages 35 – 37 of the report presented.

Members of the Board made particular reference to the need to work more closely with district and town councils to get them working with the County Council with regard to the prevention and inequality agenda.

Theme 2 – Improve the Health and Wellbeing of Older People

Dr Kevin Hill (South Lincolnshire CCG) advised the Board that things were working well, and evidence to substantiate this was detailed on page 39 of the report. It was highlighted that it was essential to communicate best practice across the County.

A request was made for the last sub heading '*I want to end my life with dignity*' to be amended.

Theme 3 – Delivering high quality systematic care for major causes of ill health and disability

Dr Peter Holmes (Lincolnshire East CCG) advised the Board that despite there being a decline in mortality from some priority areas in this Theme, there was still a challenge to reduce the causes in areas where specific communities were affected. It was highlighted that the provision of Neighbourhood Teams would assist in help keeping communities healthy.

It was agreed that members of the Board had a role in helping point people in the right direction.

It was also highlighted that the impact of current financial challenges could have an impact on the short term prevention agenda and on the prevalence of long term conditions and longer term mortality targets.

Some discussion was held regarding encouraging people to walk more and some members of the Board were advised to speak to colleagues from Boston Borough Council (who had an item later on in the agenda) for guidance. Reference was also made to a national prevention sponsorship for Diabetes. It was highlighted that Public Health England were leading on the prevention strategy, and it was suggested

that this provided an opportunity for Lincolnshire to build on a national campaign over the next 3 - 5 years.

Theme 4 – Improve health and social outcomes for children and reduce inequalities

Dr Vindi Bhandal (South West Lincolnshire CCG) introduced the Theme 4, update, making particular reference to the need to ensure that children had the best start in life, by improving education attainment, improving parental confidence; reducing childhood obesity; and by ensuring that children and young people felt safe from harm, and made good choices about their lives.

It was reported that good mental health for children remained a priority, and that work was currently underway to develop pathways from lower levels of support to all families through to targeted more specialist support.

During discussion, reference was made to the performance target for unintentional injury hospital admissions and to what the data was actually saying. It was agreed that the data from A & E could be provided for the Board to look at.

The Board was also advised that from 1 October 2015, the Council was commissioning Health Visitor Services.

Theme 5 – Tackling the Social Determinants of health

Mandy Clarkson (Public Health Consultant – Wider Determinants & Children), advised that a lot of good work was going on locally with regard to housing and welfare. In particular, a lot of work was being done to tackle the rise in homelessness across the County, the impact of bedroom tax and; to individuals caught in the fuel poverty trap.

Future challenges for the Theme were household budget pressures and that these pressures would ultimately result in people being unable to adequately heat their home even in newer build, or thermally efficient properties.

One question was asked as to what representation the Board had on the Greater Lincolnshire Local Enterprise Health and Social Care Board. It was highlighted that Dr Tony Hill was a Board member. The Public Health Consultant – Wider Determinants & Children agreed find out the makeup of the above said Board and report back to members.

RESOLVED

1. That the outcome of the Board's Self-Assessment be noted and that the improvement plan detailed at Appendix B be agreed.
2. That the JHWS Scorecard and Theme Dashboards as shown in Appendices C – H be noted.

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3. That the issues raised as detailed above be noted.
4. That reassurance be given that progress is being made to deliver the outcomes of the JHWS.

16b Lincolnshire Health and Wellbeing Board Engagement Framework

Consideration was given to a report from Alison Christie, Programme Manager Health and Wellbeing, which provided the Board with an overview of the proposed Health and Wellbeing Board Engagement Framework for 2015 - 18, which detailed the approach the Health and Wellbeing Board would be taking to engage partners, stakeholders and the public in the work of the Board.

Detailed at Appendix A to the report was a copy of the Lincolnshire Health and Wellbeing Board Engagement Framework 2015 - 2018 for consideration by the Board.

It was reported that the Board had a statutory duty to involve partners, stakeholders and the local community in the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The Board were therefore asked to commit to the principles underpinning stakeholder engagement and to approve the proposed as detailed in the Framework.

RESOLVED

1. That commitment be given to the principles underpinning the Health and Wellbeing Board Engagement Framework.
2. That approval be given to the Health and Wellbeing Board Engagement Framework and the proposed approach to stakeholder engagement.

16c Transforming Child and Adolescent Mental Health Services

Consideration was given to a report from Debbie Barnes, Executive Director of Children's Services, which advised the Board that there was a national requirement that in each local area, that all CCGs work closely with Health and Wellbeing Boards and partners from across the NHS, Public Health, Local Authority, Youth Justice and Education sectors to develop a Local Transformation Plan to support improvements in children and young people's mental health and wellbeing.

Detailed at Appendix A to the report was a copy of the 'Lincolnshire Local Transformation Plan for Children and Young People's Mental Health and Wellbeing', which set out the intentions for improvement, continuous development and ongoing multiagency engagement to support Lincolnshire's young people. The Executive summary provided the Board with the background behind the Plan; the key actions taken to date and advised that the plan, collaboratively developed with CCG's would be reviewed and shared with NHS Specialist Commissioning and other key agencies annually. Key measures were explained on page 5 of Plan presented; Strategic

milestones to support the implementation of the Lincolnshire Transformation Plan were detailed on pages 5 to 14 of the Appendix presented.

One concern raised was what had happened to those individuals outside of the boundaries of the service who did not meet the criteria for accepting referral. One member felt that access needed to be based on needs, rather than to a specific group. Other members highlighted that Looked After Children were a key vulnerable group. It was highlighted further that guidance had said to target the most vulnerable of groups. The Board noted that £1.4m would enhance services for children with eating disorders, with some allocation used to do other things to improve the Children and Adolescent Mental Health Services.

Some concern was also expressed with regard to funding, and that it should be directed more specifically for example to Tier 3 - Out of Hours for CAMHs; and that there needed to be more clarity regarding funding to eating disorders to see ultimately what the provision would look like. It was agreed that there would be a further discussion outside of the meeting to clarify the issues raised with regard to the £1.4m and any other funding including the BCF, and the parity of esteem funding.

Following a short discussion, the Board agreed in principle to the Transformation Plan and agreed that delegation should be granted to the Chairman of the Lincolnshire Health and Wellbeing Board to look into the issues raised, prior to sign off.

RESOLVED

That final approval of the Lincolnshire Plan on behalf of partners across the areas covered by South Lincolnshire CCG, Lincolnshire West CCG, South West Lincolnshire CCG and Lincolnshire East CCG be delegated to the Chairman of the Lincolnshire Health and Wellbeing Board, Councillor Mrs S Woolley to sign off, prior to its submission for assurance by NHS England on 14 October 2015.

17 DISCUSSION ITEM

17a Joint Strategic Needs Assessment (JSNA) Review Update and Engagement Plan

Consideration was given to a report from Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, which provided the Board with an update on the review of content, processes and methodologies underpinning the Joint Strategic Needs Assessment (JSNA) for Lincolnshire.

Katy Thomas, Programme Manager – Health Intelligence, presented the report, which advised the Board of the key features of the JSNA; the objectives of the review; and the planned activity and actions to date.

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It was reported that the JSNA was a statutory responsibility of the Board as it directly informed the development of the Joint Health and Wellbeing Strategy. The current phase of the review was the Stakeholder Engagement phase, which was taking place until the end of December 2015.

A copy of the Engagement Plan – Joint Strategic Needs Assessment (JSNA) Review 2015 – 2017) was attached at Appendix A to the report for the Board's consideration. This provided the methodology for consulting and communicating on the review and implementation of the JSNA.

The Board was advised that the Health Scrutiny Committee for Lincolnshire had considered the JSNA at its meeting on 16 September 2015, and had raised the following comments.

- Concern had been raised with regard to district representation on the Steering Group. It was noted that the appointment of the representative had been made at the Lincolnshire Leaders and Chief Executives' Meeting;
- Concern had also been raised with regard to the lack of engagement with district colleagues and it had been felt that each full council meeting should be engaged; and
- That certain professions had been excluded from the exercise, these had included: dentistry, optometrists, podiatry and physiotherapists.

It was also highlighted that the Health Scrutiny Committee for Lincolnshire would be establishing a working group to feed into the review.

The Board were advised that a report of the findings from the review would be presented for their consideration at the 22 March 2016 meeting.

RESOLVED

That the report and attached Engagement Plan be noted.

17b Lincolnshire Health and Care

A verbal update was received from Gary Thompson, the Transformation Director of the Lincolnshire Health and Care Programme, which provided the Board with an update on the current situation with regard to Lincolnshire Health and Care.

The Board were advised that Gary was leaving South Lincolnshire CCG and a vote of thanks was expressed by the Chairman on behalf of the Board to Gary, for all his hard work, and all best wishes were extended to him for the future.

The Board were advised that the Joint Commissioning Board had agreed the Model for the Strategic Outline Case, at its meeting in September 2015. This was then going to be submitted to NHS England. However, officers were advised by NHS England that the case did not qualify, and needed further work with regard to further engagement with hard to reach sectors. As a result of the extra work (which will take eight to twelve weeks), which would take up to the end of the year, it was

then hoped to take the case through the NHS Gateway early January 2016 and then out for consultation during February 2016.

During debate, the following points were raised:-

- That the extra consultation would take up to twelve weeks to complete the additional required engagement;
- The need for a media statement before the consultation process commenced;
- Disappointment was expressed by some members at the short notice given (four days before the end of the 18 month process) that the extra engagement information was required, when 12,000 pieces of engagement evidence submitted had not included enough evidence with regard to hard to reach groups; and
- Further concern was expressed at the lack of representation from NHS England attending Board meetings since December 2014. It was also highlighted, that NHS England had been involved at every stage, and it had been very disappointing not to receive any prior warning until four days before the deadline. It was felt that it was a great shame that NHS England were not prepared to help health and social care in Lincolnshire.

RESOLVED

That the verbal update be noted.

17c Better Care Fund Update

Consideration was given to a report from Glen Garrod, Director of Adult Social Services, which provided the Board with details of both local and national developments since March 2015, and the second quarter performance report (April to June 2015). This had been submitted to NHS England on 28 August 2015, following sign off by Councillor Mrs S Woolley, Chairman of the Lincolnshire Health and Wellbeing Board.

In guiding the Board through the report, particular reference was made to the financial risks (Full details were contained within the report presented), performance data (Full details were shown at Appendix A to the report), Better Care Fund (National commentary). It was noted that the 3.5% reduction in admissions had not been met in the last quarter and as a result the financial penalty attributable to non delivery within the quarter was £930k. This amount was of course fully provided for as part of the £5.35m reserve.

Appendix B to the report provided the Board with a copy of the Better Care Fund Submission Template from August 2015 for their consideration.

It was highlighted that in relation to the Adult Care pay for performance element, there were ten measures agreed between the Council and the four CCGs, five were ahead of target, and five were below target. Each of the ten targets had an allocation of £100,000. It was noted that stretch targets had been agreed with CCGs, and that

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financial penalties incurred were on a sliding scale depending on the deviation from the target.

The Board were advised that what was going to happen concerning the BCF in 2016/17 was still unsure, as no national announcement had yet been made.

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

- The Board were advised that the proportion of delayed discharges attributable to social care had increased from 14% to 17% from April to June 2015. This increase, whilst still the minority element had put additional pressure on acute care; and
- That there were fewer beds in acute care and that Adult Social Care delays were as a result of having to deal with some very complex cases.

RESOLVED

That the report be noted.

18 INFORMATION ITEMS**18a District/Locality Updates - Boston Health and Wellbeing Strategy and Action Plan**

The Board received a report from Chris Weston, Consultant, Public Health Intelligence and Health Improvement, which introduced a presentation from Boston Borough Council relating to the Boston Health and Wellbeing Strategy and associated Action Plan.

It was reported that there were substantial and persistent inequalities in the health needs of those living in Boston compared to the rest of Lincolnshire and the rest of the Country.

Four representatives from Boston Borough Council attended the meeting, to present Boston's Health and Wellbeing Strategy they were Andy Fisher, Head of Housing, Health and Community Services; Phil Perry, Sport, Play and Leisure Facilities Manager; Kathryn Sperring, Programme Officer Locality Lead (Boston and South Holland) and Councillor S Woodliffe, Portfolio Holder covering Health and Wellbeing.

The Board was advised that the three strategic priorities, promoting healthier lifestyles in Boston; improving the health and wellbeing of old people in Boston; and addressing the housing and financial capability issues that most effect the health and wellbeing of people living in Boston. Full details of the Action Plan to support the Strategic priorities were detailed on page 104 of the report presented. It was noted that implementation of the Action Plan was heavily dependent on collaboration and securing external funding, and that the Council would welcome any practical support that could be provided by the Board.

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The presentation provided Matrix information which supported that the work going on was aligned to County and District and priorities.

The presentation also outlined some of the key actions that had already been taken to address certain areas. These included:-

- Publication of the Staying Healthy booklet;
- Cascading Dementia Friends awareness sessions and the organisation of a stakeholder event;
- Opening of the Boston Body Hub, which incorporated a health café'
- Rogue Landlord Project;
- Public Space Protection Order;
- Pre-diabetes Education Programme;
- Path network enhancement and expansion of outdoor gyms;
- Major investment in children's play areas, including smoke free zones; and
- Workplace health initiatives.

The presentation also made reference to some future developments, which included some of the following: - Improvements to the Princess Royal Sports Arena; Expansion of Boston Woods; Exploring Weight Management programmes; and further developing Affordable Housing Schemes.

During discussion, particular reference was made as to how to best address the diet issue. The Board were advised that healthy eating schemes, improving gardening skills and encouraging healthy cooking skills initiatives were already ongoing to help the community.

With regard to pre-diabetes, working was ongoing to increase exercise. The use of health champions had helped promote the message within the community. Encouraging people to take up walking had proven to be a good social activity, as this promoted companionship. Where people walked was not as important as people being in a group and getting out there and doing it.

It was noted that having assistance from Public Health had helped Boston with their Strategy.

The Board thanked representatives from Boston Borough Council for all the good work going on and for attending the meeting to present their Strategy.

The Board were advised that Boston's success had been as a result of the Council having a team of dedicated officers who were always prepared to take on the tasks needed.

RESOLVED

That the report and presentation be noted.

18b An Action Log of Previous Decisions

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RESOLVED

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

18c Lincolnshire Health and Wellbeing Board - Forward Plan

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

Two further items were put forward for inclusion at the next meeting; these were CCG Commissioning Plans and Winter Pressures.

RESOLVED

That the Forward Plan presented for formal and informal meetings be received subject to the inclusion of the two items listed above.

The meeting closed at 4.15 pm