



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
22 MARCH 2016**

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), 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), Glen Garrod (Director of Adult Care) and Chris Weston (Consultant in Public Health, Health Intelligence)

District Councillor: 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: Sarah Fletcher (Healthwatch Lincolnshire)

NHS England: Not represented

Officers In Attendance: : Nick Borrill (Acting Chief Fire Officer), Andrea Brown (Democratic Services Officer), Alison Christie (Programme Manager Health and Wellbeing) and Allan Kitt (Chief Officer South West Lincolnshire CCG)

28 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor D Brailsford, Councillor Mrs M Brighton OBE (District Council representative), Dr Tony Hill (Executive Director of Public Health) and Jim Heys (NHS England).

It was reported that Councillor J Summers (District Council representative) had replaced Councillor Mrs M Brighton OBE (District Council representative) and Chris Weston (Consultant in Public Health) had replaced Dr Tony Hill (Executive Director of Public Health).

The Chairman expressed disappointment that the local area team for NHS England had not provided a replacement for Mr Heys.

29 DECLARATIONS OF MEMBERS' INTEREST

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

30 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 8 DECEMBER 2015

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting, held on 8 December 2015, be confirmed and signed by the Chairman as a correct record.

31 ACTION UPDATES FROM THE PREVIOUS MEETING

No comments were received on the action updates from the previous meeting.

32 CHAIRMAN'S ANNOUNCEMENTS

The Board were advised that the Chairman had been part of a peer review team for three unitary authorities in early March 2016. The Chairman thought that the Board would find the following points, highlighted during the review, of interest:-

- a. The length of the agendas in one authority was 400 pages which appeared to significantly hinder any progress;
- b. Each of the authorities under review had been unaware of the NHS Sustainability and Transformation Plans (STPs) until they were required;
- c. A number of agenda items considered by the Health & Wellbeing Boards under review were of interest but appeared to lack value to the work of the Board. The Chairman confirmed that Lincolnshire endeavoured to ensure that the consideration of any item was beneficial to the health and wellbeing of residents within the county.

33 DECISION/AUTHORISATION ITEMS**33a** Proposals on the future provision of Lincolnshire's Joint Strategic Needs
Assessment

Consideration was given to a report from Chris Weston, Chairman of the Joint Strategic Needs Assessment Steering Group, which provided recommendations arising from the review of the Joint Strategic Needs Assessment and asked for the agreement of the Board for those recommendations.

In addition to the programmes noted within the JSNA, the Board was advised that a new programme had been launched in relation to Diabetes Prevention. This programme was the first of its kind in the world and was wave one of the rollout. This was an exciting development for the county which would allow GPs to refer patients to the new service which provided tailored help for their diabetic requirements.

Since the last report was presented in December 2015, the Board were advised that 64 Stakeholder events had been held in addition to numerous stakeholder meetings which provided knowledge, opinions and thoughts in relation to the current JSNA. Feedback around the proposed JSNA had been good although one of the key

findings had been the concern that the document was perceived as a purely Public Health function as the shared responsibilities and ownership by statutory was not fully understood.

Current JSNA topics would form the basis of the fundamental review of the JSNA content during 2016/17 and the Board were advised that this review would be time limited to ensure that all topics had been considered.

During discussion, the Board raised the following issues:-

- The Chairman suggested that the Board give consideration to List 3 of Appendix B to the report and advise the Programme Manager, Health and Wellbeing, of their agreement, or otherwise, of the topics suggested for inclusion;
- Further to a recent meeting of the District Council's Health and Wellbeing Board, Councillor J Summers had been asked to provide comments on the document:-
 - There was concern regarding the level of the topics and the need for more promotions of the JSNA. There was general support of the JSNA as presented;
 - A suggestion was made that the District Council Housing Network could be the expert panel for housing and the Board were assured that wherever a natural partnership or group were available to take the lead they would be asked to do so. The proposal to use the District Council Housing Network was, therefore, fully supported to consider housing topics;
 - The need of veterans in the county was thought to be missing from the topics and that this should have a prominent role within the JSNA. The Board were advised that a considerable amount of work was ongoing in relation to the Military Covenant and the inclusion of support to veterans;
 - It had been agreed at the Lincolnshire District Council Network Health and Wellbeing meeting that Luisa McIntosh and Alison Christie would be conduits for information across the District Councils;
 - It was suggested that the issue of Female Genital Mutilation (FGM) should be included within the JSNA given the changing dynamic of populations across the country, despite this not being prevalent in Lincolnshire currently. The Executive Director Children's Services explained that this was considered by the Safeguarding Children's Board which was responsible for making all partners aware of mandatory reporting requirements. The inclusion of this area in to the JSNA would be considered should the demographic in the area change;
 - It was asked if the new definition of child poverty would be amalgamated within the JSNA and it was advised that there was not currently a topic specific to child poverty. National work was ongoing to review the performance information gathered to measure the impact of child poverty. It was stressed that all partners had a

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responsibility for child poverty but with different responsibilities attached. Linking together on this issue was key and all partners fed back into the Lincolnshire Child Poverty Strategy;

- Although the list of topics was considerable, the Board was assured that all Expert Panels would be time limited and where it was found that the work had been done previously, some would be shorter;
- Current JSNA topics had been grouped in to review cohorts with staggered start dates, noted at Appendix C to the report.

The Chairman asked Board Members to report back to their own organisations and requested that anyone with expert knowledge in topic areas be proposed for those Expert Panels.

RESOLVED

1. That the discussion and comments be noted;
2. That the recommendations for the future provision of Lincolnshire's JSNA, at Section 4 of Appendix A to the report, be agreed; and
3. That the comments of Board Members in relation to new JSNA Topics and those topics suggested by stakeholders noted on List 3 of Appendix B to the report be provided directly to the Programme Manager, Health and Wellbeing.

33b Clinical Commissioning Group Commissioning/Operational Plans

The Board received an update from each of the four Clinical Commissioning Groups on their commissioning intentions/operational plans for 2016/17 against the priorities in the Joint Health and Wellbeing Strategy.

South Lincolnshire Clinical Commissioning Group

Consideration was given to a report from Dr Kevin Hill on behalf of South Lincolnshire CCG which provided the Board with the 2016/17 Operational Plan for South Lincolnshire CCG.

The Board were advised that the Diabetes Prevention Plan had been a key focus for the CCG and confirmed that all six Clinical Commissioning Groups in Lincolnshire had signed up to the plan which targeted high risk patients.

The Board were advised that the CCG continued to focus on:-

- Mental Health;
- End of Life Care;
- Proactive Care;
- Neighbourhood Working;
- More Services at Local GP Practices;
- Care Closer to Home;
- Cancer Services; and
- Dementia Care

During discussion, the Board made reference to:-

- Page 34 of the agenda pack referred to commissioning of Home Start services for under 5's and the integration of partners working together and how successful this had been. It was confirmed that Health Visitors had reached the trajectory but there were no future plans to increase the numbers further;
- The Board requested a list of acronyms to assist members with their consideration of future reports;
- It was suggested that only one district council had been invited to complete an online survey which appeared to be a discrepancy in the level of engagement across the county. It was confirmed, however, that the intention was for all district councils to be invited to participate in the consultation process in relation to the Diabetes Prevention Plan and that these invitations were to have been issued by the respective CCGs. Dr Hill advised that he would contact his colleagues across the Clinical Commissioning Groups to ensure that the consultation information had been sent to all district councils as expected; and
- Commissioning Plans were currently in draft form awaiting approval from NHS England. It was acknowledged that the system was fluid which made the document difficult to follow on paper.

Lincolnshire West Clinical Commissioning Group

Consideration was given to a report from Dr Sunil Hindocha on behalf of Lincolnshire West CCG which provided the Board with the CCGs Plan on a Page 2016/17.

The Board were advised that there was an opportunity for better prescribing costs as noted on page 48 of the report. Page 53 of the report provided the Board with future models of the CCG which would become population based services rather than residents accessing a number of different organisations for care. It was also confirmed that district councils had formed a key part of the consultation process.

The Board were advised that the CCG continued to focus on:-

- Integrated Diabetes Care;
- Cardio Vascular Disease;
- Mental Health;
- Prescribing;
- Primary Care Strategy Implementation;
- Improved Cancer Standards;
- Childhood obesity; and
- Diabetes.

During discussion, the following point was noted:-

- Clarification was requested on page 53 of the report which made reference to Community Children's Services. It was explained that the whole community base would be reviewed to improve joint working and this would also include children's services and the links between health visitors, Surestart and other relevant organisations.

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Consideration was given to a report from Dr Peter Holmes on behalf of Lincolnshire East CCG which provided the Board with details of the Operational Plan for 2016/17.

The Board were advised that the CCG continued to focus on:-

- The progress made in dementia and the replication of this in frailty;
- Musculoskeletal services;
- Diabetes Prevention;
- Prescribing;
- Cardiology services; and
- Development of a portal which would link various data systems in order to present a temporary viewpoint of patient records in one place. This would give all service providers the ability to look at all information systems which was intended to streamline services and improve patient care.

South West Lincolnshire Clinical Commissioning Group

Consideration was given to a report from Allan Kitt on behalf of South West Lincolnshire CCG which provided the Board with the Draft 1 Operational Plan outlining the key priorities for 2016/17.

The Board were advised that countywide work continued. Closer working with Lincolnshire County Council in relation to learning difficulties was looking at the possibility of breaking the dependence on hospital places and providing services closer to home whilst delivering the basics and ensuring that access to services is not extensively delayed.

The Board were advised that the CCG continued to focus on:-

- Urgent Care;
- Primary Care;
- Cancer Services;
- Planned Care;
- Mental Health, Learning Disabilities;
- End of Life Care; and
- Proactive Care

During discussion, the following points were noted:-

- It was envisaged that a step change in the provision of community services would improve patient choice by enabling providers to work together with all CCGs to provide a range of community based services. As an example, within the dermatology service, was given whereby photographs could be taken on an ipad/ipod and sent electronically to a dermatologist who would then confirm if a referral was required;
- It was acknowledged that one of the main reasons why it was not possible for patients to be discharged from hospital was due to the lack of appropriate accommodation once discharged. It was stressed that this was a key area

which required joined up working with relevant partners to ensure that patients could be safely discharged from hospital.

The Chairman thanked the four CCGs for the updates.

RESOLVED

That the updates on the Clinical Commissioning Groups Commissioning/Operational Plans, as presented, be noted.

33c The Lincolnshire Better Care Fund (BCF) Submission 2016/17

Consideration was given to a report and presentation from Glen Garrod, Executive Director of Adult Social Services on behalf of the Better Care Fund (BCF) Task Group and Joint Commissioning Board. The Board were asked to approve the 2016/17 Better Care Fund submission.

The presentation given to the Board consisted of the following slides:-

- The Better Care Fund: A Recap on 2015/16;
- National Conditions;
- Integration Policy from 2016/17 (Comprehensive Spending Review November 2015; NHS England Mandate and Planning Guidance December 2015; and BCF Planning Guidance for 2016/17);
- Delayed Transfers of Care (DTC);
- Options for Targets (Schemes Impacting on DTC; and recommendation);
- Non-elective Admissions;
- Available Resources for 2016/17;
- The Contributions to Preventative Housing in Lincolnshire;
- Key Elements in a Preventative Housing Strategy; and
- Proposals for 2016/17;

The Chairman thanked the Executive Director of Adult Social Services for the presentation and invited the Board to ask questions.

During discussion, the following points were noted:-

- The Board agreed that integrated working of partners was key to the success of care provision in the future. It was suggested that where a few partners were working to provide a proportion of care in a particular service area that all the money from each partner be invested, in order to provide one jointly comprehensive service;
- Addressing acute care would be challenging within a community setting and, although some solutions would be relatively small, the difference made to services would result in a significant difference;
- It was thought that providers could then facilitate and reduce delays and have their own process to follow. Additionally, if providers had one assessor to build a relationship and develop a trust with this would also reduce times.
- It was reported that two areas of the country had trialled a non-means tested Disabled Facilities Grant (DFG);

- The Board expressed some impatience with the process and it was suggested that an update be presented to the Board in June which would also include the iteration of the STPs and the link between the two;
- The announcement made by the Chancellor in relation to the budget was not expected to make a significant impact on the BCF. However, the main concern remained regarding the content of the £1.5bn between 2017 and 2020. Should this not be 'new' money, it would present a new challenge and therefore the detail was required to ascertain where this funding would come from to support this level of investment.

RESOLVED

1. That the changes to the BCF national guidance and content for BCF submissions 2016/17 be noted;
2. That the creation of a contingency sum of £3m as part of the pooled fund arrangements to help manage NEA and DTOC be supported;
3. That a 'level of protection' for Adult Social Services for 2016/17 of £16.825m be supported;
4. That the priority attached to delivering improved NEA and DTOC in 2016/17 be noted; That a suitable forum for regular oversight of the performance against these two activities be identified by the Board;
5. That the proposal that allocation for DFGs for 2016/17 should reflect the allocation in 2015/16, i.e. no growth, be supported;
6. That the use of part of the DFG element of the BCF to support the development of a Preventative Housing Strategy be supported;
7. That a one-off investment from part of the DFG element of the BCF in the MOSAIC ICT platform, to ensure the Council's contribution towards meeting the National Conditions for both the BCF and integration are met, be supported;
8. That the provision from part of the DFG element of the BCF of a 'one-off' contribution to the contingency sum indicated in Resolution Number 2 (above) be supported;
9. That three Section 75 agreements (which would otherwise end) be updated to support the continuation of the BCF submission for 2016/17 (namely the 'Partnership Framework Agreement', 'Proactive Care' and 'Corporate') be agreed; and
10. That delegation to the Chair of the Health and Wellbeing Board any final decisions related to the BCF submission for 2016/17 that may be required in advance of a formal meeting of the Board, subject to any such request having been previously agreed by the five formal partners (four CCGs and Lincolnshire County Council) to the submission, be agreed.

The Chairman proposed that Agenda Item 8a be considered prior to Item 7. This was agreed by the Board.

34 INFORMATION ITEM**34a** Lincolnshire Joint Ambulance Conveyance Project

The Board gave consideration to a report from Nick Borrill, Acting Chief Fire Officer, which provided the Board with information relating to the Joint Ambulance Conveyancing Project, a joint project between Lincolnshire Fire & Rescue, East Midlands Ambulance Service (EMAS) and Lincolnshire Integrated Voluntary Emergency Service (LIVES)).

The presentation to the Board included the following items:-

- Why are we doing it?
- How does it work?
- The Pilot
- The Numbers
- The Benefits
- Recommendations

The Board were advised that the project built upon the existing fire co-responder scheme which meant the fire service were mobilised to medical emergencies, following which a paramedic would be mobilised in a Fast Response Vehicle (FRV) who would make a clinical assessment before the patient was transported to hospital in the 'fire' ambulance.

The pilot was conducted from fire stations in Long Sutton, Woodhall Spa and Stamford over a 12 month period. Clinical and driver training was delivered but it was emphasised that fire and rescue staff had to incorporate this training in to their full-time roles. The pilot also looked at how to refine operational procedures and how to collect relevant data.

Some concern had been that fire crews were too far from the station to cover any fire calls should they arise. No fire calls were missed during pilot although some other co-responder calls were not answered.

Benefits of the pilot included a reduction in patient transport time, improvement in the availability of DCAs, 95% good/excellent rating in a patient satisfaction survey and a cost effective method of meeting demand with minimal impact on fire cover. The pilot also uncovered the potential for further efficiencies.

It was recommended that the JACP continue at the three pilot stations with the remit of the three being expanded, on a trial basis, to attend RED1/RED2 calls. It was also suggested that the programme be extended to an additional five fire stations across the county with the FRV model reviewed to optimise project capacity. It was further recommended that funding be secured for 2016/17 to support this with a further review scheduled in 2017.

During discussion, the following points were noted:-

- The ambulances used by fire crews were the same as those used by EMAS and was the vehicle used to transport patients to hospital;
- Deployments were the same as the existing co-responder scheme whereby EMAS screened calls and made decisions about where the nearest available asset was to the incident;
- Within the project, the asset was able to return to Lincolnshire once cleared rather than being deployed to Nottinghamshire or Derbyshire as was the case with EMAS assets currently;
- Due to the requirement for additional training, calls to under 12s were not permitted although this restriction was under review.

RESOLVED

That the presentation and comments be noted.

35 DISCUSSION ITEMS

35a Joint Commissioning Board - Update Report

The Board gave consideration to a report from the Chairman of the Joint Commissioning Board which provided details of the Terms of Reference having been updated to reflect the reporting structure of the Lincolnshire Health and Care (LHAC) Programme by the newly formed Programme Board.

RESOLVED

That the report be noted.

35b Lincolnshire Health and Care - Update Report

The Board received a presentation from Allan Kitt, Leading Chief Officer, Lincolnshire Health and Care (LHAC) which provided an overview of the following areas:-

- The Challenges (Overview);
- Quality and Safety;
- Demand for services;
- Financial Pressures;
- Staff Shortages;
- Public Feedback;
- Vision;
- Neighbourhood Teams and their benefits;
- Self-care – embedded within the LHAC model;
- The Care Portal – technology enabling transformation;
- Women and Children's;
- Planned Care;
- Urgent and Emergency Care;
- Mental Health Services;
- Workforce Solutions; and

- What happens next?

The Board were advised that the requirements of the Sustainability and Transformation Plans (STPs) had resulted in a change in the timetable for LHAC.

Gary James, Accountable Officer for Lincolnshire East CCG, was leading on the development and implementation of the Care Portal which would provide the systems local health professionals had requested. Lincolnshire East CCG were also leading this initiative across England.

During discussion, the following points were noted:-

- The Board asked if agency staff were approached by the Trust, during placements, to suggest a transfer to the Trust on a permanent basis. It was explained that a number of nurses preferred the flexibility provided by agency work but many hospitals were now offering a Bank giving the same flexibility;
- A national framework agreement was also in place which limited the prices paid to nurses by agencies but it was suggested that this was not currently adhered to. Additionally, the current NHS pay framework did not allow staff to easily move through the pay scales which increased the attractiveness of agency work;
- Although there was a requirement for a robust recruitment plan, it was acknowledged that many staff leave the NHS due to the culture and to better manage work life balance.

RESOLVED

That the presentation and update be noted.

35c Annual Report of the Director of Public Health on the health of the people of Lincolnshire 2015

Consideration was given to a report from the Executive Director of Community Wellbeing and Public Health, which provided the Board with the Annual Report on the Health of the People in Lincolnshire in 2015, an independent statutory report to Lincolnshire County Council which raised issues of importance to the health of the population of Lincolnshire.

Chris Weston, Consultant in Public Health, introduced the report which focussed on liver disease, and gave a presentation to the Board.

The presentation covered the following items:-

- Statutory Responsibility;
- Director of Public Health Annual Report 2015 (progress against the 2014 annual report recommendations);
- What is Liver Disease?;
- National Context (trend in the UK death rates);
- Annual Report Example Content (facts and figures; causes of liver disease; current interventions and recommendations);

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- Liver Disease in Lincolnshire;
- Alcohol Facts and Figures;
- Alcohol Current Interventions;
- Obesity Facts and Figures;
- Obesity Public Health Action;
- Viral Hepatitis Facts and Figures;
- Viral Hepatitis Public Health Action; and
- Recommendations;

RESOLVED

That the report and presentation be noted.

35d District/Locality Updates

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

35e Joint Health and Wellbeing Strategy Theme Updates

The Programme Manager Health and Wellbeing advised the Board that an update had been received from the Board Sponsors for Theme 2 (Councillor Ron Oxby and Dr Kevin Hill).

Due to time constraints, the Chairman proposed that this update be circulated to the Board for after the meeting.

RESOLVED

That the update for Theme 2 of the Joint Health and Wellbeing Strategy Theme be circulated to Board via email following the meeting.

36 INFORMATION ITEMS36a An Action Log of Previous Decisions

RESOLVED

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

36b Lincolnshire Health and Wellbeing Board - Forward Plan

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

RESOLVED

That the Forward Plan, presented for formal and informal meetings, be received.

The meeting closed at 4.27 pm

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