



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
7 JUNE 2016**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors D Brailsford, B W Keimach and N H Pepper.

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Social Services), Mary Meredith (Head of Children's Service Manager, Inclusion) and Liz Morgan (Consultant in Public Health, Health Protection).

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 Andy Rix (Lincolnshire East CCG).

Healthwatch Lincolnshire: Sarah Fletcher.

NHS England: Hayley Jackson.

Officers In Attendance: Katrina Cope (Senior Democratic Services Officer), Alison Christie (Programme Manager, Health and Wellbeing Board), Allan Kitt (Chief Officer South West Lincolnshire CCG) and David Stacey (Programme Manager, Public Health).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2016/17.

COUNCILLOR MRS SUE WOOLLEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2016/17.

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3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), C N Worth (Executive Councillor Culture and Emergency Services), C R Oxby, and Debbie Barnes (Executive Director Children's Services), Dr Tony Hill (Executive Director of Public Health), Councillor Mrs M Brighton OBE, (District Council Representative), Dr Peter Holmes, Lincolnshire East CCG) and Mr Jim Heys (NHS England).

It was reported that Mary Meredith (Head of Children's Service Manager, Inclusion), Liz Morgan (Public Health Consultant, Health Protection), Councillor J Summers (District Council representative), Andy Rix (Lincolnshire East CCG) and Hayley Jackson (NHS England) had replaced Debbie Barnes (Executive Director Children's Services), Dr Tony Hill (Executive Director of Public Health), Councillor Mrs M Brighton OBE (District representative), Dr Peter Holmes (Lincolnshire East CCG), and Mr Jim Heys (NHS England) respectively, for this meeting only.

4 DECLARATIONS OF MEMBERS' INTEREST

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

5 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 22 MARCH 2016

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting, held on 22 March 2016, be confirmed and signed by the Chairman as a correct record.

6 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

7 CHAIRMAN'S ANNOUNCEMENT

The Board was advised that Cllr Stuart Tweedale had stepped down from the Committee due to other commitments. The Chairman extended thanks on behalf of Board to Councillor Tweedale for all his support.

The Chairman thanked members for attending the informal session, and invited the Board them to come forward with any suggestions to encourage others to attend informal meetings.

8 DECISION/AUTHORISATION ITEMS**8a** Terms of Reference, Procedural Rules, Board Members Roles and Responsibilities

The Board gave consideration to a report from Alison Christie, Programme Manager Health and Wellbeing, which asked the Board to review and re-affirm the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities, as there were no significant changes.

A copy of the Lincolnshire Health and Wellbeing Board Terms of Reference and Procedure Rules was detailed as Appendix A to the report presented for the Board's consideration.

Concerns were expressed from Councillor G Summers (District Council representative) concerning whether the amount of Disabled Facility Grant received by the Districts for 2016/17 was correct, and that the Districts felt that they should decide where to spend it. The District representative also expressed concerns as to whether the Lincolnshire Health and Wellbeing Board in signing off the BCF was in breach of national grant conditions. Officers advised that an explanation would be given under item 9a on the agenda.

A further concern was expressed by the District representative to the membership of the Board; as it was felt that there were too many top tier members, and it was felt that the Districts needed more members to fully express their needs with regard to housing, devolution and DFG's.

The Chairman reiterated that she had been disappointed with District Council attendance at the informal meeting, when all had been invited. The evidence to date had clearly shown that when invitations were religiously sent to all, hardly any District representatives attended.

Clarification was sought by the District representative as to how Councillor M Brighton OBE had been appointed to the Board in the first instance. The Board was advised that the appointment had been made through the Chief Executive's and Leaders meeting. The Chairman agreed to look into the Board make-up, and advised that the formal meeting of the Board was open to the public; and as such all Districts' could send either an officer or elected member to observe.

A further comment made was that with the Lincolnshire Aspiration for Devolution, there would need to be a more balanced approach on the Board with the NHS and other members this would then encourage positive dialogue, and a more balance approach, which would be fit for purpose as developments moved forward.

The District representative requested clarification with regard to the decision making process relating to the BCF. The Executive Director of Adult Social Services agreed to respond to the District's with regard to the BCF process.

RESOLVED

That the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities be re-affirmed.

8b Proposal for the development of the Joint Health and Wellbeing Strategy

Consideration was given to a report from David Stacey, Programme Manager, Strategy and Performance, which asked the Board to consider the approach to be taken for the development of the next Joint Health and Wellbeing Strategy. It was noted that it would have a specific focus on the framework and principles on how evidence from the Joint Strategic Needs Assessment would be synthesised and prioritised into the themes and priorities for the next Joint Health and Wellbeing Strategy through adopting a systematic methodology.

It was highlighted that a statutory duty under the Health and Social Care Act 2012 required the Local Authority and its partner clinical commissioning groups to produce a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA). The Board noted that the current JHWS was due to end in 2018, and that the review of the JSNA which was being undertaken would be expected to form the basis upon which a new JHWS would be developed.

The Board were advised that evidence had suggested that a prioritisation framework should be developed and should ideally contain five principle elements, which were:-

- Stakeholder engagement;
- A clear and transparent process;
- Decisions based on clear value choices (underpinned by a sound evidence base); and
- Selection of an agreed prioritisation methodology that takes into account the ranking/scoring of a range of factors, or criteria.

It was reported that there was a range of prioritisation tools available across the health and care sector. It was noted that for the purpose of this exercise it was proposed that a variation on the multi-criteria decision analysis (MCDA) would be used. The Board was advised that an initial nine proposed criteria had been drafted to potentially be taken into account in developing a prioritisation framework for Lincolnshire. The nine criteria were as follows:-

- Strategic fit with national and/or local policy and outcome framework;
- Potential to reduce or improve health inequalities/equity;
- Strength of evidence demonstrating better outcomes or being receptive to change;
- Consideration of any economic evaluations undertaken to ensure value for money;
- Likely magnitude of benefit relating to improved clinical and social outcomes;
- Scale of impact in terms of the number of people benefiting;

- Public acceptability based on wider recognition of the priority by the population;
- Unintended consequences based on risk of not investing/prioritising; and
- Impact and likelihood to delay and prevent need through supporting prevention.

It was reported that statutory guidance published by the Department of Health set out who 'must' be involved and who 'should' be involved in the development of the JSNA and JHWS. The report proposed that the following stakeholder should be involved in the initial prioritisation work which would inform the proposed priorities for the JHWS, which were:-

- Member organisations of the HWB; and
- Stakeholders who are invited to informal sessions of the HWB; and
- Any other stakeholders identified in the engagement plan as having a high degree of interest and/or influence over the JSNA.

Some discussion was had with regard to how prioritisation would happen. The Board was advised that this would be discussed further at the Informal Health and Wellbeing Board schedule for 12 July 2016, and it would then be formally agreed by the Board at its September meeting.

RESOLVED

That the following proposals be agreed:-

- That the prioritisation framework the HWBB adopted to develop the JHWS is rooted in the topics included within its JSNA;
- The HWBB adopts the five core principles as detailed above, and set out in the report within which the development of the JHWS will be undertaken;
- The HWBB adopts the nine criteria as detailed above are worked up into a formal prioritisation framework that can be used for the purposes of developing the JHWS for Lincolnshire;
- The proposed stakeholders identified as being involved in the initial engagement on the prioritisation framework; and
- The HWBB agrees the final prioritisation framework in September 2016 with a view to completing the prioritisation work by March 2017.

9 DISCUSSION ITEM(S)

9a Joint Commissioning Board - Update

Better Care Fund – Update

The Board received a verbal update from Glen Garrod, Executive Director, Adult Social Services on the progress of the Better Care Fund (BCF).

It was reported that from the Comprehensive Spending review announcements in November 2015, the BCF had become a longer term national programme leading to anticipated integration between health and social care by 2020. It was noted integration plans would come into place from April 2017.

Guidance to support BCF submissions for 2016/17 had not made available until February 2016. It was noted that the guidance had identified a number of requirements but did not now include a pay for performance element. It was noted further that a number of requirements related to continuing to protect adult social care, securing services for carers and those needing advocacy, re-ablement services and ongoing support. Guidance also made reference to Disabled Facilities Grants (DFG); and a higher profile to Non-Elective Admissions and Delayed Transfer of Care (DTC).

The figures from the Department for Communities and Local Government for Lincolnshire had shown the DFG allocation as £4.884m. The National BCF Programme Team response had been that it was down to local areas to agree how to commit the resource, and that the money did not have to be used exclusively on DFGs, the resource could be used for other capital improvements to meeting the needs for housing, health and social care in localities. Subsequent clarifications posted by the Local Government Association had then confirmed the extra flexibility; and subsequent national guidance made it clear that DFG would be allocated through the BCF.

On 16 February a letter was sent to all seven districts Chief Executive explaining the situation pertaining to DFG's; and asking for support for a unified approach to the arrangements for the DFG. Subsequent meetings with District/City senior officers and Chief Executives had indicated support to working towards a preventative housing strategy to be in place for 2017/18.

The final BCF submission for Lincolnshire was required to get agreement from the five statutory partners: the four CCG's and LCC. The five key elements of the proposals for 2016/17 were:-

- Agree the continuation of Section 75 Agreements;
- Agree the level of protection for Adult Care in 2016/17;
- The consolidation of a number of schemes supported by the BCF programme;
- A renewed focus on Delayed Transfers of Care led by the System Resilience Group; and
- A joint approach between the four CCGs and the County Council to the seven districts in pursuit of a Lincolnshire preventative housing strategy.

The Health and Wellbeing Board had considered and approved the Lincolnshire Better Care Fund Submission for 2016/17 at its meeting on 22 March 2016, prior to its submission on 20 April 2016.

Sustainability and Transformation Plan for Lincolnshire

Allan Kitt, Leading Chief Officer for the Sustainability and Transformation Plan updated the Board on the progress of Sustainability and Transformation Plan for Lincolnshire.

The Board was advised that NHS organisations in Lincolnshire had produced individual operational plans for 2016/17, which would form year one of the emerging Sustainability and Transformation Plan and align to Lincolnshire Health and Care. It was noted that NHSE England and NHS Improvements had asked that every health and care system should work together to produce a five year Sustainability and Transformation Plan for 2016/17 - 2020/21, showing how local services would evolve and become clinically and financially sustainable over the next five years; and have a clear understanding of the health and wellbeing, care and finance and efficiency gaps.

It was reported that the proposals that had been developed through Lincolnshire Health and Care (LHAC) would form an important part of Lincolnshire's STP, and make a substantial contribution to both the quality improvements demanded by Government and the plans needed to bring things back in to line.

It was highlighted that the STP was critical and needed to be owned and delivered by the whole system, all commissioners and all providers. The STP submission would only be a draft document and would not need to be signed off by the Boards of all CCGs and three providers, formally, but it was expected that all partners were signed up to the plan. It was noted that completion was planned for the end of June, and then the document would be submitted to NHS England for validation and approval.

RESOLVED

That the verbal updates relating to the BCF and the STP be noted.

9b Lincolnshire Health and Care - Verbal Update

The Board received a verbal update from Allan Kitt, Leading Chief Officer, Lincolnshire Health and Care on the Lincolnshire Health and Care Programme.

The Board noted that the current model of care was based on treating episodes of illness, being reactive in dealing with the crisis rather than preventing one.

It was reported that LHAC new model was built on local and national evidence and best practise; and was based on the experience of professionals, patients, service-users and carers. The new model will be more proactive and preventative and care would be provided more in the local community with the help of a remodelled hospital system.

The first phase of the LHAC had been signed off by all stakeholders in late 2013; and since then, the programme had been working toward finalising more detailed

recommendations for change. The key areas where public consultation for Lincolnshire would be around service reconfiguration, in particular where there would be a reduced or different requirement for hospital based care. The Board noted that during the autumn of 2016, once the STP had been approved there would be a full public consultation.

It was highlighted that there would be lots of concern regarding change, but what had to be remembered was the existing model was not sustainable. And following the consultation, NHS England would still have to sign off the final model.

Some concern was raised regarding the current financial deficit in the NHS and the problems encountered in trying to recruit health professionals to Lincolnshire.

The Healthwatch representative also reassured that steps would be taken to ensure that any transformation plans were in plain English and fully explained what was required, or what was going to be delivered.

RESOLVED

That the verbal update be noted.

9c Health and Wellbeing Grant Fund - Update Report

Consideration was given to a report from the Programme Manager, Health and Wellbeing, which provided the Board with a half yearly update on the Health and Wellbeing Grant Fund Projects. Appendix A to the report provided details of each of the projects. It was noted that the Health and Wellbeing Board Grant Fund Sub-Group at its April meeting had made a decision to cease the Prince's Trust project 'Get Started and Get into Healthy Lives', following concerns being raised by Children's Services concerning project compliance with new requirements relating to Raising the Participation Age. Also, the project had failed to engage the anticipated number of young people and did not offer sufficient value for money.

RESOLVED

That the update report on the Health and Wellbeing Grant Fund Projects be noted.

9d 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.

9e Joint Health and Wellbeing Strategy Theme Updates

Dr Kevin Hill, one of the Board Sponsors for Theme 2 advised that an update for Theme 2 had been circulated to member of the Board via email following the last meeting held on 22 March 2016.

The Board noted that that as Lincolnshire had an ageing population with increasingly complex health and social needs; and that it was very important area to be considered, as the strategy moved forward.

RESOLVED

That the update be received.

10 INFORMATION ITEMS

10a An Action Log of Previous Decisions

RESOLVED

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

10b Lincolnshire Health and Wellbeing Board - Forward Plan

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

The Board was advised that an Update on the Sustainability and Transformation Plan would be added to the agenda for the meeting on 27 September 2016.

The Board were invited to put forward items for consideration. No items were received at the meeting.

RESOLVED

That the Forward Plan for formal and informal meetings of the Lincolnshire Health and Wellbeing Board presented be received, subject to an Update on the Sustainability and Transformation Plan being added to the agenda for the meeting on 27 September 2016.

10c Future Scheduled Meeting Dates

RESOLVED

That the following scheduled meeting dates for the remainder of 2016 and for 2017 be noted.

27 September 2016
6 December 2016
28 March 2017
26 September 2017
5 December 2017

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD
7 JUNE 2016

(All the above meetings to commence at 2.00 p.m.)

The meeting closed at 3.30 p.m.