



## **LINCOLNSHIRE HEALTH AND WELLBEING BOARD 25 SEPTEMBER 2018**

### **PRESENT: COUNCILLOR MRS SUSAN WOOLLEY (CHAIRMAN)**

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

**Lincolnshire County Council Officers:** Glen Garrod (Executive Director of Adult Social Services) and Professor Derek Ward (Director of Public Health)

**District Councillor:** Councillors Sunil Hindocha (Lincolnshire West CCG) (Vice-Chairman), Kevin Hill (South Lincolnshire CCG) and Stephen Baird (Lincolnshire East CCG)

**GP Commissioning Group:** Elaine Baylis (Lincolnshire Coordination Board)

**Healthwatch Lincolnshire:** Nicola Tallent (Partnership and Engagement Manager)

**Officers In Attendance:** Alison Christie (Programme Manager), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Carolyn Nice (Assistant Director Long Term Conditions and Adult Frailty), Gina Thompson (Interim Commissioning Manager, Adult Frailty & Long Term Conditions) and Rachel Wilson (Democratic Services)

### **11     APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillor C N Worth (Executive Councillor Culture and Emergency Services), Debbie Barnes OBE (Executive Director Children's Services) and Jim Heys (NHS England)

Apologies for absence Sarah Fletcher (Healthwatch) who was replaced by Nicola Tallent (Partnership and Engagement Manager) and Marc Jones (Police and Crime Commissioner) was replaced by Stuart Tweedale (Deputy Police and Crime Commissioner).

### **12     DECLARATIONS OF MEMBERS' INTEREST**

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

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13 MINUTES OF THE MEETING OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD HELD ON 5 JUNE 2018

RESOLVED

That the minutes of the meeting held on 5 June 2018 be signed by the Chairman and confirmed as a correct record.

14 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

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

15 CHAIRMAN'S ANNOUNCEMENTS

In addition to the announcements, as circulated with the agenda pack, the Chairman provided an update on the Virgin Pulse Global Challenge of which County Council officers had taken part. It was highlighted that this was an international event with teams from many different organisations and countries throughout the world taking part. This event had now finished and the Board was informed that Lincolnshire County Council had received a special award for selling out of all the team slots in record time. It was noted that all slots had been filled within 30 minutes. However, more funding was found to be able to offer a further 6 or 7 team slots.

It was also commented that the City of Lincoln Council had taken part and had had 28 teams, which covered a high percentage of the workforce. This was a positive event to be involved in as it encourage people to go out and be more active.

It was queried whether the award had been publicised as it was a good news story and people should be made aware of it, particularly with the focus around health and wellbeing work which was taking place. The Board was advised that this event had been about promoting physical activity, and the next campaign in relation to health and wellbeing would be about staying healthy during the flu season.

Queries were raised regarding the tackling obesity programme, and what provision there was for those people who were successful but then had a problem of excess skin as a result of significant weight loss as this would require surgical intervention. Members were informed that this procedure could be commissioned through the CCG's, but it was noted that there were entry criteria and would need prior approval rather than being a routine procedure. However, it was highlighted that there was a bigger conversation needed about how all the different aspects of the obesity pathway fitted together so that surgical intervention was not required.

The Chairman also highlighted that the Chief Executive of LPFT Dr John Brewin, was due to leave to take up a position elsewhere in the country. On behalf of the Lincolnshire Health and Wellbeing Board, the Chairman wished him well in his new role, and added that she would be sorry to see him leave Lincolnshire.

RESOLVED

That the Chairman's announcements be noted.

16      DECISION/AUTHORISATION ITEMS

16a      Better Care Fund

Consideration was given to a report which provided the Health and Wellbeing Board with an update on Lincolnshire's Better Care Fund plan for 2017 – 2019.

The Board was guided through the report, and members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, and some of the points raised during discussion included the following:

- In relation to the table on page 26, it was highlighted that the percentages did not add up, and it was noted that this would be due to the figures being either rounded up or down.
- It was queried whether the hot summer had had an impact in terms of hospitals and care, similarly to how a cold winter could also have an impact. It was noted that the non-elected admissions had not hit the target, and it was suggested whether there was a need to start looking at what could be done better within the community. It was queried whether plans were addressing the pressures in the community system.
- It was noted that it was the acute sector that was highly dependent on the ability to support people in the community. Part of the NHS ambition was to enhance nursing provision in the community.
- It was noted that Lincolnshire's plan of preparedness had 5 or 6 years of experience behind it.
- It was acknowledged that the hot summer had had an impact on capacity within the NHS and the ability to cope with a bad winter may be impaired. There was a need to encourage things such as inoculations so people do not get sick, but also to ensure that there were sufficient staff available to work at key times. It was noted that a lot of effort had gone into ensuring that the health and care system was in a good place for the forthcoming winter, but it was emphasised, there were no guarantees.
- Concerns were raised regarding whether there would be a need to do things differently, if the plans were not different to the previous year. It was queried whether there was enough capacity in the system. Members were assured that officers learned from what had been done before and would replicate the good but not the bad.
- It was commented that according to a report by the ONS, life expectancy had dropped in the UK, as opposed to the rest of the world where things were improving.
- It was noted that the ability of health and social care, and housing to support the changing population was a challenge in this country as well as all other western countries. Members were advised that there were two critical

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documents that the government were due to publish in November 2018, which were the NHS five year plan and the green paper for adult social care.

- It was noted that there were a number of new initiatives taking place in Lincolnshire, some of them had been done before and would be useful to repeat, for example in relation to workforce. It was suggested that it should be considered whether current pay rates were enough to secure the quality and volume of care that was needed.

**RESOLVED**

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

**16b     Lincolnshire Joint Strategy for Dementia 2018 - 2021**

It was reported that the Joint Strategy for Dementia 2018-2021 was a refresh of the existing Joint Strategy for Dementia Care 2014 – 2017 and had been developed and co-produced with the Council's strategic partners including CCG's, people who lived with Dementia, their families and carers to provide a strategic framework around Dementia for the next three years.

The Board was informed that the Strategy refresh set out the Council's vision and details the achievements since the implementation of the Lincolnshire Joint Strategy for Dementia 2014-2017. It was noted that an event was being planned for early in the new year to launch the refreshed Strategy. It was intended that this would be an interactive event for professionals, people living with Dementia, their families and carers.

It was also reported that this Strategy aligned with the Health and Wellbeing Board's priorities in relation to Dementia, and would be part of the action plan and would be governed by the Dementia Officer Group which it was hoped to reform into a sub-group of the Health and Wellbeing Board.

Officers advised that if the Strategy was signed off by the Board, it would then go to the Adults and Community Wellbeing Scrutiny Committee. It would then be developed into a final draft and a summary version in plain English would also be produced.

The Board was provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- The importance of health checks for people with learning disabilities was highlighted as a factor in the prevention of vascular dementia.
- It was commented that if performance was to be progress towards government targets there would be a need for a more radical approach to how signs of dementia would be picked up.
- It was suggested whether when anyone approached social care services for support, a dementia check could be built in. It was noted that the adult frailty strategy was due for renewal in April 2019.

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- It was commented that early diagnosis of dementia would not resolve it, however, it could be an opportunity to encourage people to move home before the condition worsened and when it did, it was often not possible to adapt quick enough in that situation.
- The biggest issue to deal with in terms of dementia was the rurality of Lincolnshire, as those people who lived more rurally would have fewer opportunities to attend specialist groups without significant amounts of travel.
- Having back up for carers could be a key part of this.
- It was highlighted that not everyone would go to social services for help, some people were more likely to go to their doctors for help.
- It was queried what the mechanism for district councils to feed into this would be, and it was confirmed that it was through this Health and Wellbeing Board, through neighbourhood teams and directly to the Assistant Director Adult Frailty and Long Term Conditions. It was highlighted that a district council representative on the dementia sub-group would be welcomed.
- It was noted that there was a need for respite care for carers, particularly as many carers were elderly and dealing with situations that were not within their experience. It was noted that there was a Carers Strategy in place, and the Council worked with Carers First. The Board was advised that there were a lot of programmes in place, but there was a need to join them up.
- It was commented that this was a really good strategy, and incorporated a lot of what had been spoken about during this meeting. The priorities within the Strategy were around raising awareness and prevention. Dementia was not inevitable, and research suggested that around 35% of dementia cases could be preventable. Stimulation of cognitive function, reducing blood pressure and increasing physical activity were all thought to have a positive impact. It was commented that being under the Health and Wellbeing Board was the right place for all the different aspects to be brought together.
- It was queried whether there was anything specific to alcohol consumption, and it was noted that this would be included under blood pressure management.
- In terms of cognitive function stimulation it was commented that attending adult education course may help, but the opportunity for evening classes seemed to have diminished.
- It was queried whether there was a need for more clinical pathways as there was variation across the country. It was suggested that a countywide pathway was needed as sometimes the diagnosis was not quick enough.
- In terms of blood pressure, it was highlighted that the number of people in Lincolnshire diagnosed with high blood pressure was higher than the national average. However, it was noted that Lincolnshire tended to 'import' an unhealthy population from elsewhere in the East Midlands, due to the desirability of the county as the retirement destination.
- It was noted that a high diagnosis rate was not necessarily a bad thing. The Director of Public Health advised that the real risk was the proportion of the population with undiagnosed high blood pressure, as it was a risk factor across a whole range of conditions.
- It was queried whether there was any connection between dementia and the amount of water that someone drank. The Board was advised that there was

a need to ensure that people with dementia stayed hydrated in order to prevent hospital admissions. It was noted that this was something that could have a quick impact on avoidable admissions.

## RESOLVED

1. That the Health and Wellbeing Board approve the draft Joint Strategy for Dementia as shown in Appendix A of the report.
2. That a summary document for the Strategy be developed.
3. That the Health and Wellbeing Board note that the Strategy will also be presented to the Adult Care and Community Wellbeing Scrutiny Committee.

## 17 DISCUSSION ITEMS

### 17a Multiagency Review of Mental Health Crisis Services

Consideration was given to a report by the Multiagency Review Steering Group in relation to the Multiagency Review of Mental Health Services in Lincolnshire which was completed in May 2018 and outlined ten key recommendations to be implemented in order to improve mental health and maximise the provision of mental health crisis services for the local population.

*(NOTE: as this report and the next report were similar in subject it was agreed that the officers would introduce each report and the Board would then discuss both reports together)*

### 17b Working Together to Create Safe, Well Communities - Policing and Mental Health Development Plan

Consideration was given to a report by the Office of the Police and Crime Commissioner which was commissioned to establish opportunities for collaboration between mental health and policing. It highlighted opportunities for effective use of system resources; collegiate decision making and sustainable effective actions to reduce the demand on policing from mental health as well as benefits for the entire health and social care system.

It was noted that all actions with the report had been considered against system impact, inclusive of public health and policing outcome measures. It was also noted that the report was produced prior to the crisis care concordat multi-agency review, and highlighted that they were mutually supportive.

The Health and Wellbeing Board was provided with the opportunity to ask questions to the officers present in relation to the information contained in the two reports and some of the points raised during discussion included the following:

- It was noted that it had not yet been agreed what funding was available to implement the recommendations.
- It was agreed that high level oversight was needed.

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- It was commented that there was a need for a commitment from the CCG's on what they would be funding.
- It was noted that in Lincolnshire, health and policing were not currently considered at the same time.
- It was clarified that the report on the Multi-Agency Review had not yet been to the CCG's Board and so it had not been signed off yet. It was noted that a development session had been held two weeks previously where issues for alignment had been discussed. There was a need to link together the various strategies. In terms of support from commissioning, it would be queried where money was being spent, was it in the right place and was it helping the right people.
- In terms of the Crisis services team, it was noted that this was not for those people with severe mental health problems, but for those where something may trigger someone into a situation where their mental health was sub-optimal. It was highlighted that there was not a system that recognised when a person was in crisis. This was not about just giving a prescription for the right drug there was a need for a joint body between health and social care, employment, housing and training.
- It was noted that the Lincolnshire Safeguarding Adults Board was in the process of developing a prevent strategy which incorporated targeting scamming.
- It was noted a number of elements of mental health services were already integrated, but it was acknowledged that this could go further.
- In terms of governance, it was highlighted that there were clear groups already in existence, and there were two mental health priorities under the Health and Wellbeing Board. It would need to be considered how these aspects of governance could be dovetailed. It was suggested that some reporting mechanisms should be worked up.
- It was commented that it had been highlighted at the LPFT AGM that the amount of out of area treatment had reduced.
- In relation to scams, it was noted that anyone could be a victim of one, and it was suggested whether solicitors and banks should play more of a role in tackling scams. It was suggested whether when banks received a request for a large transaction, if the money could be held for a number of days before being released. The Board was advised that any money that was paid as part of a scam could be recovered if it was sent to a UK bank and the banks were notified within 48 hours.

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

Multiagency Review of Mental Health Crisis Services in Lincolnshire:

#### RESOLVED

That the Health and Wellbeing Board note the recommendations of the review and oversee the implementation of those recommendations agreed by lead commissioners.

Working Together to Create Safe, Well Communities – Policing and mental Health Development Plan:

**RESOLVED**

That further work be carried out to identify how this would link with current strategies.

**17c     Consultation on the Contracting arrangements for Integrated Care Providers (ICPs)**

The Lincolnshire Health and Wellbeing Board were advised that on 3 August 2018, NHS England launched a 12 week consultation on the contracting arrangements for Integrated Car Providers (ICPs). The consultation documentation detailed how the proposed ICP contract would underpin integration between services, how it differed from existing NHS contracts and how ICPs would fit into the broader commissioning system and which organisations would be able to hold an ICP contract. It was noted that the deadline for submitting responses to the consultation was 26 October 2018.

The report presented provided a brief overview of the key proposals and potential implications for Lincolnshire. Members were advised that this consultation gave a quite clear vision of what the health and social care system may look like in the future. It was noted that integration within the system had been discussed for a long time, and there were currently eight pilot areas which were already looking at how these services could bne integrated.

The Board was guided through the main points of the report and were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised included the following:

- It was confirmed that the principle was to provide all the care for the population through the one contract in order to prevent silo working and to remove transactional inefficiencies.
- It was noted that GP's could be employed through this contract, and it was highlighted that the West Midlands had employed 10 GP's.
- It was commented that 10 years was a long time for a contract, and during that time a population could increase or decrease as well as movement throughout the county, and it was queried whether there would be anything built into the contracts to protect against changes in population. The Board was advised that money would be able to move around the system as necessary. In relation to the contract length, it was noted that this was in order to provide motivation for those organisations to invest in preventative care and remove costs further down the line.
- There was support for the paper, but it was commented that it was important to not allow thinking to be fettered by the way the system was currently set up.
- It was commented that the consultation questions were not the interesting part, but everything that was in between, and it was suggested that the



questions should be answered in a way which gave a more strategic view and influence.

- It was suggested that Alison Christie and Derek Ward work up a response to the consultation on behalf of the Board, and it was also commented that it would be useful if this response could be circulated electronically for members of the Board to provide their views. It would be useful if points of view from different organisations could be provided.

## RESOLVED

1. That the implications of the ICP consultation be noted;
2. That a response to the consultation be produced on behalf of the Board by the Director of Public Health and the Programme Manager and circulated to members for comment.

### 17d Social Housing Green Paper Consultation

The Board was advised that the government published its vision for social housing in the Social Housing Green Paper on 14 August 2018. The consultation outlined the government's proposals for addressing some of the issues raised by social housing tenants during a series of reviews after the Grenfell Tower tragedy.

The Board was advised that the report briefly set out the key consultation points, and sought to raise awareness of the Green paper and asked the Board to consider whether the Housing, Health and Care Delivery group (HHCDG) should be tasked with drafting a response to the consultation on behalf of the Board. It was reported that the next meeting of the HHCDG was on 16 October and the deadline for responses was 6 November 2018.

The Board was provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- The District Housing Network was looking at how they could drive forward housing across Lincolnshire.
- It was noted that this group reported into the housing infrastructure group and was an officer group. There was a need to join up the economic infrastructure housing elements across the county, and the feedback reported to the district councils.
- It was reported that the green paper had been published the previous month, and had come out partly in response to the Grenfell Tower tragedy.
- It was noted that spending the housing budget was not just about increasing the social housing.
- As the HHCDG was a sub-group of the HWB, members could be assured that the health side of housing would be included in the response.
- It was commented that the green paper offered very little, and some of the contributions to date had been tempered as it was expected that the green paper for adult care would include what this one did not, for example those that required health and social care support.

- It was noted that the districts would be putting in their own responses, as they would see this from a different perspective with different issues being faced by district councils, as some had social housing, whilst others did not. However, it was acknowledged that health and housing were linked and it would be positive for a response to come from the HHCDG.
- It was queried whether the government was trying to ask where authorities would put any displaced families in an emergency. The Board was advised that there was a Lincolnshire Resilience Forum and networks within that which would be able to respond in these situations. The Board was assured that emergency plans were in place.
- It was highlighted that there was an impact to adult social care with badly built or inaccessible housing.

**RESOLVED**

It was agreed that a response on behalf of the Lincolnshire Health and Wellbeing Board would be drafted by the Housing Health and Care Delivery Group.

**18      INFORMATION ITEMS****18a      An Action Log of Previous Decisions**

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

**RESOLVED**

That the report for information be received.

**18b      Lincolnshire Health and Wellbeing Board Forward Plan**

The Board received and considered a copy of its Forward Plan.

**RESOLVED**

That the report for information be received.

The meeting closed at 4.03 pm