



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
11 JUNE 2019**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell OBE (Executive Councillor Adult Care, Health and Children's Services), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, 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 Council: Councillor Donald Nannestad (District Council)

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG and South West Lincolnshire CCG)

NHSE/I: Hayley Jackson

Police and Crime Commissioner: Malcolm Burch

Officers In Attendance: Charley Blyth (Director of Communications and Engagement, Lincolnshire STP), Alison Christie (Programme Manager, Health and Wellbeing Board), Philip Garner (LPAT Strategic Programme Manager), Tony McGinty (Consultant in Public Health), Jayne Mitchell (Chairman, Lincolnshire Physical Activity Taskforce (LPAT)), Heather Sandy (Interim Director of Education), John Turner (Accountable Officer, Lincolnshire Clinical Commissioning Group) and Rachel Wilson (Democratic Services Officer) (Democratic Services)

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as Chairman of the Lincolnshire Health and Wellbeing Board for 2019/20.

COUNCILLOR MRS S WOOLLEY IN THE CHAIR

2 ELECTION OF VICE CHAIRMAN

RESOLVED

That Dr Kevin Hill be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2019/20.

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It was noted that Dr Sunil Hindocha was stepping down from his role with the CCG and returning to his GP role. The Chairman advised that she had written to him on behalf of the Board thanking him for his contribution to the Board.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Elaine Baylis QPM (Lincolnshire Co-ordination Board), Sarah Fletcher (Healthwatch) and Marc Jones (Police and Crime Commissioner).

It was noted that Malcolm Burch, Chief Executive, Office of the Police and Crime Commissioner, was in attendance in place of Marc Jones (Police and Crime Commissioner), and Hayley Jackson, NHSE/I was in attendance in place of Jim Heys.

Heather Sandy (Interim Director of Education) was in attendance in place of Debbie Barnes OBE (Head of Paid Service)

4 DECLARATIONS OF MEMBERS' INTEREST

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

5 MINUTES OF THE MEETING HELD ON 26 MARCH 2019

RESOLVED

That the minutes of the meeting held on 26 March 2019 be signed by the Chairman as a correct record.

6 ACTION UPDATES

RESOLVED

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

7 CHAIRMAN'S ANNOUNCEMENTS

The Chairman highlighted the message of thanks to Dr Sunil Hindocha and also the appointment of Andrew Morgan as the new Chief Executive for ULHT. It was commented that this was a positive move as it would help with a closer working relationship between health services.

In relation to the visit by Duncan Selbie, Chief Executive of Public Health England, the Board was advised that Debbie Barnes, Head of Paid Service, would also be meeting with him. Board Members were advised that if there was anything that he should be made aware of regarding Lincolnshire, this should be passed onto the Director of Public Health.

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In response to a query, the Board was advised that the visit was directed by Duncan Selbie's office, and on this occasion would only involve members of Lincolnshire County Council. It was hoped that he would return for a second visit, and that would be a good opportunity for district councils to be more involved.

It was highlighted that Debbie Barnes, Glen Garrod and Councillors Mrs S Woolley and Mrs P A Bradwell OBE had recently visited North Yorkshire County Council, which had been very interesting from an Adults Services point of view, as there was a lot of extra care type housing and it was interesting to hear how that had been implemented, as health and adult social care services were being commissioned together.

It was reported that in the week prior to this meeting, the Secretary of State had ended speculation resulting from the publication of the NHS Long Term Plan that public health functions would move back to the NHS. A departmental review had concluded local government would 'continue to lead' public health. It was hoped that there would be an increase in joint commissioning in addition to sexual health services and school nurses which were already jointly commissioned.

The Board was advised that it had been officially announced that Ofsted had rated LCC Children's Services as outstanding. The Chairman thanked officers and partners for their work. It was noted that the report did highlight partnership working across Lincolnshire as one of the key strengths.

8 DECISION ITEMS

8a Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members

Consideration was given to a report by Alison Christie (Programme Manager, Health and Wellbeing) which invited the Board to re-affirm the Terms of Reference, Procedural Rules and Board Members Roles and Responsibilities.

The Board was advised that there had not been any changes to the regulations or guidance around Health and Wellbeing Boards. It was noted that John Turner would be speaking later in the meeting about the arrangements for CCG's, and there may be a need in the future to re-examine the terms of reference to reflect any changes.

The issue of items for information being included on the agenda was raised and it was queried whether this was necessary, however members were advised that there was the opportunity to discuss by exception anything included within these reports. It was also noted that there was a requirement to report on the Better Care Fund.

In relation to the membership of the Board, it was highlighted that district councils only had one representative, however, that member represented all the districts in their capacity on the Board. The Chairman also reminded the Board that a number of county councillors were also district councillors and so were aware of the issues affecting them. Councillor Mrs W Bowkett also advised that she sat on the Health

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and Housing Group, and would take any necessary issues back to the Group for discussion.

Paragraph 6.2 of the Terms of Reference made reference to the Board being able to approve individuals as Associate Members of the Board, and it was queried whether any were being actively sought. The Board was advised that this was currently not the case, and would be used as and when the opportunity arose or if the Board felt that it was missing a particular expertise.

RESOLVED

That the Terms of Reference, Procedural Rules and Board Member's Roles and Responsibilities be agreed.

9 DISCUSSION ITEMS**9a Health and Wellbeing Board Annual Report**

Consideration was given to a report by Alison Christie (Programme Manager, Health and Wellbeing) which presented the Health and Wellbeing Board Annual Report. This included an update on the delivery of the Joint Health and Wellbeing Strategy (JHWS) and an overview of the Joint Strategic Needs Assessment (JSNA). This formed part of the Board's arrangements to assure itself that progress was being made to improve health and wellbeing in Lincolnshire.

It was reported that this was the second annual report that the Board had produced and gave an overview of what had happened over the last year.

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:

- Priorities could not be looked at in isolation as there were some interdependencies.
- Some of the key feedback was that people wanted to be engaged in the delivery of the JHWS.
- There were some good examples of work that had been done, but it was suggested that more qualitative data was needed with feedback from the people involved as it was beneficial to understand the impact that the Strategy was having on people.
- It should be remembered that this was only year one in delivering the Strategy, but the Board was focused on the key strategies of the JHWS and the annual report reflected this.
- It was highlighted that the mixed wards in LPFT acute in-patient services were no longer appropriate, particularly for those suffering with mental health issues. There was a need for this to be improved.
- It was highlighted that Lincolnshire had been praised for its work with the disabled facilities grants process. Lisa Loy, Programme Manager (Housing for Independence) had been invited to speak at an event regarding how

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Lincolnshire had improved its process to include a single county-wide schedule of rates.

- In relation to objective, it was queried what "some progress" meant, and it was reported that this indicated that there was still some work to be completed in these areas, but it was underway.
- It was queried whether there was any further breakdown of data available, for example with the take up of Kooth, where were people logging in from. Officers advised that this data could be broken down by location and age.
- It was commented that this was really good example of a report. There was a good summary, and if there was something that readers wanted to know more about, that information could be found.
- It was highlighted that if there was anything contained within the report that Board Members would like to put on the forward plan, then they should contact Alison Christie, Programme Manager, who would arrange for it to be added.

RESOLVED

That the Board:

- Note the information provided in the annual report;
- Note comments made on the way the JHWS was reported;
- Note that the JHWS remained focused on the key health and wellbeing issues facing Lincolnshire.

9b Clinical Commissioning Groups - Developing Management Arrangements

Consideration was given to a report by John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups which enabled the Board to consider the developing management and staffing arrangements for the four clinical commissioning groups in Lincolnshire.

It was reported that there were currently four Clinical Commissioning Groups (CCG's) that served the County, and in autumn of the previous year, a decision had been taken to appoint an Accountable Officer to bring all four together. John Turner had commenced this role on 1 April 2019, with the aim of bringing the four CCG's into one. He had been tasked to try and make that happen as quickly as possible. Significant work was underway to establish whether the one CCG to serve the whole county could be created by 1 April 2020. It was noted that there was a range of practicalities to be addressed and the deadline to submit the application to become one CCG was 30 September 2019. A project team had been established and was meeting on a weekly basis. If it could not be done for 1 April 2020, it would definitely be ready for 1 April 2021.

The Accountable Officer was working with the executive teams of the four CCG's with the aim of combining them into one management team. However, there were challenges as staff were based across different sites.

It was felt that it was vitally important that the local focus was retained as Mablethorpe, Holbeach, Stamford and Gainsborough were all very different places.

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There would be clinical leadership in terms of how services were designed, and it was hoped that this would help to develop an integrated care system. It was required that a Lincolnshire Long Term Plan was developed by the autumn, and the one CCG working as a strategic partner would be of benefit for this task.

It was commented that this was welcomed and would be beneficial if it could be put in place by 1 April 2020. It was also expected that the Long Term Plan would bring benefits as well. It was hoped that this would use the information from the JSNA as a starting point for the services that were needed for the county.

It was welcomed that Healthwatch, the Health and Wellbeing Board and Public Health had been involved in these conversations.

RESOLVED

That the following be noted by the Health and Wellbeing Board:

- The initial and developing executive and staffing arrangements
- The emerging joint governing body arrangements
- The emerging joint governance committee arrangements
- The early consideration of the national NHS Long term Plan commitments to the development of integrated care systems, strategic commissioning and the future roles of CCGs; and
- The developing arrangements with the new NHS England/Improvement Midlands Regional Team

9c Lincolnshire NHS Healthy Conversation 2019 - General Update

The Board received a report by Charley Blyth, Director of Communications and Engagement, Lincolnshire STP which provided a summary of the Health Conversation 2019 campaign and detailed the activity to date, feedback and results and next steps in the campaign.

It was reported that the Healthy Conversation had launched on 5 March 2019 and would remain ongoing until the autumn. It was highlighted that there was a vast amount of information on the website, and the wave one, initial events were almost complete, with only the events in Spalding and Stamford still to take place. Plans were starting to be made on where the wave two events should be held. The JSNA needed to be the starting point for work on the health of the population.

Many people in Lincolnshire received care out of county and issues with borders should never be a barrier to people getting the right care. CCG's should be organising the care for their population.

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:

- It was noted that a couple of events had not been very well attended, and it was queried whether work was being done to get the message out further. It

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was acknowledged that there had been some quieter events, but also other events had been busier, which had been anticipated. Work was ongoing with social media and the press to get the message out about these events to the public.

- One member commented that they had tried to promote the events at various parish council meetings and forums, but found it difficult to engage with people who did not think they needed the health services yet and so officers and members should not be disappointed if levels of engagement could not be increased in some areas.
- There was a need to consider the location and venues where the events were held to ensure that it was as easy as possible for members of the public to attend.
- It was noted that there was significant media coverage for the launch of the events on 5 March 2019, and work was also taking place with third sector partners. Officers advised that they would be happy to visit district councils to discuss these events, and it was noted that John Turner had already visited East Lindsey District Council, and had received invites from a couple of others.
- Work was underway with the People's Partnership to target those people who found it harder to access this type of event and also to get the harder to reach groups involved. It was highlighted that the Council had contacts with a number of groups for young people.

RESOLVED

That the progress on the delivery of the Healthy Conversation 2019 campaign be noted.

9d Health Protection Board Assurance for 2018/19

Consideration was given to a report by Tony McGinty, Consultant in Public Health, which provided details of the Health Protection Board Assurance for 2018/19.

(NOTE: Councillor Mrs W Bowkett left the meeting at 3.10pm)

It was reported that the Health and Social Care Act (2012) mandated a role for the Directors for Public Health of upper tier local authorities to provide assurance that arrangements for protecting the health of local people were safe and effective.

Local mechanisms had been put in place to provide this assurance and bring together the various organisations with a role in commissioning or delivering this function. Two key parts of this assurance mechanism were the Local Health Resilience Partnership (LHRP) and the Health Protection Board (HPB).

The report sought to provide assurance to the Health and Wellbeing Board that these mechanisms were in place and that where there was a need for improvement in performance of the services which protected peoples health, that these were being managed appropriately.

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The report provided evidence that both main assurance boards were in place and effectively managing the services and programmes within their remits. It identified some challenges to delivery to local people for the HWB to note and look for progress on in future assurance reported. These challenges were summarised for 2018/19 as:

- The continued challenges with the uptake of immunisation programmes, especially those for children under 5 years;
- The challenge to cervical screening turnaround times during the preparation for transition to HPV first screening methodology;
- A range of 'slow burn' outbreaks of communicable diseases;
- Cyber resilience issues following attacks or accidental disruption of infrastructure within the NHS.

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:

- In terms of the vaccination programme, Lincolnshire was performing averagely, but in terms of the 0-5 age range a steady decline nationally in vaccinations was being seen. There was an aim to turn this around.
- Legionnaires disease was becoming more common, and there was no practical reason why this was the case.
- In relation to the two applications to serve Part 2A Orders highlighted in the report, it was clarified that to carry out these, the district council, on the advice of the Public Health Authority had to go to the Court to apply for the order so the person could be detained in hospital until they were considered to no longer to be a risk to the population. However, it was noted that this did not compel an individual to comply with treatment, but it did protect the population.
- A whole range of screening programmes were offered, but breast cancer screening and cervical screening remained problematic due to being subject to national level 'incidents', however a government review into this was now underway
- It was queried whether there was any significant differences in terms of immunisation take up between the different geographical areas in Lincolnshire. Members were advised that parts of the east of the county had the worst rates, and the City of Lincoln also had lower take up rates in areas. Rates did improve in the south of the county, but there were still differences within these areas. It was noted that there were multiple reasons why particular programmes performed worse than others. For example, with the 0-5 programme, there was a difficulty in terms of how many visits to the GP were required, as uptake seemed to get worse as the child got older. It was suggested this may be due to parents finding it harder to get the time off to attend appointments once they had returned to work.
- It was highlighted that deprivation was also a factor in low take-up and work was underway with health visitors to encourage parents to have their children immunised. This was important as some illnesses such as measles were now more prevalent than they were 10 years ago. It was suggested that there was a need to do more work with children's centres to engage parents.
- Work was taking place with the East Lincolnshire CCG on how to offer immunisations within children's centres. But it was a complicated situation.

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- It was noted that the county had strong and effective partnerships and governance in place to oversee and seek improvement in the health protection offer to the public. External scrutiny and validation had indicated that generally the county was in a good position. It was acknowledged that there were some areas that still posed a challenge, but overall Lincolnshire was in a good position, and it was important that that assurance was provided to the Health and Wellbeing Board.
- The Health and Wellbeing Board had a duty to promote health protection, particularly the 0-5 years programme.

RESOLVED

1. That the governance and assurance arrangements in place for the protection of the health of the people of Lincolnshire be noted;
2. That the challenges within the health protection programmes in Lincolnshire, and the plans to address them be noted;
3. That the plan to report to the Board twice yearly on this area of service be approved.

9e Lincolnshire Physical Activity Taskforce Launch of "A Blueprint for Creating a More Active Lincolnshire"

The Health and Wellbeing Board received a report from the Lincolnshire Physical Activity Taskforce, Phil Garner and Jayne Mitchell were in attendance. It was reported that on the 10 May 2019, the Lincolnshire Physical Activity Taskforce (L-PAT) published 'A Blueprint for creating a More Active Lincolnshire' (the Blueprint).

The Board was advised that there were numerous benefits to be found by being active. More than half of the children and adult populations in Lincolnshire were sufficiently active to take advantage of such benefits within their daily lives. However, nearly a third of the population undertook little or no activity and this level of inactivity was increasing.

Through the collaboration of local authorities, charities, the NHS and many partners, a commitment to work together utilising a 'whole systems approach' and a framework derived from the WHO Global Action for Physical Activity. The Blueprint provided an outline plan to improve people's lives through habitual physical activity.

The Board received a presentation which provided further information in relation to the following areas:

- Where are we now?
- Scale of inactivity challenge by locality
- Percentage of inactivity by demographic groups
- Current number of inactive people by demographic groups – Lincolnshire
- Physical activity behaviour compared to peers
- A whole system approach
- The Blueprint
- Progress to date

- A new beginning; a new identity

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

- It was noted that there were assets in local areas which should be promoted, such as woods.
- Concerns were raised that there was a risk of disengaging young people with sports, if there was not a variety of sports available to watch on TV. It was also commented that there was not as much physical exercise in schools, and there was more reliance on cars and public transport to get to school sporting events.
- It was highlighted that this campaign was not necessarily about increasing participation in sport, but was called 'Let's move Lincolnshire', and was about building habitual physical activity into people's daily lives.
- There were behavioural changes that could encourage those that were less active to build more activity into their lifestyle. It was noted that Sport England had shifted its position to recognise the importance of physical activity generally, and the need to remove the barriers.
- It was commented that the launch was a very good event, and it was highlighted that the speakers were very good.
- In terms of encouraging activity, it was noted that this should be all activity and there was a need to embrace all activities which were on offer.

RESOLVED

That the Health and Wellbeing Board notes the progress made by the Lincolnshire Physical Activity Taskforce, the production of 'A Blueprint for Creating a More Active Lincolnshire' and the development of a collaborative approach to increasing physical activity levels across Lincolnshire.

10 INFORMATION ITEMS

10a Better Care Fund 18/19 Quarter 4 Update

The Health and Wellbeing Board received a report which provided an update on Lincolnshire's BCF plan for 2017 – 2019. A finance and performance update was also included within the report which showed the current position and an update in relation to 2019/20 BCF arrangements.

It was noted that Steve Houchin, the Head of Finance (Adult Care) would be leaving the Council, and the Chairman requested that the thanks of the Board for all his work were passed on to him.

RESOLVED

That the BCF report update be noted.

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10b An Action Log of Previous Decisions

The Board received a report which noted the decisions taken since March 2019.

RESOLVED

That the report for information be noted.

10c Lincolnshire Health and Wellbeing Board Forward Plan

The Board received and considered its forward plan.

It was highlighted that it was planned to establish an age friendly East Lindsey, and it was queried whether this could be added to the agenda for either September or December 2019 as a discussion item.

Clarification was provided regarding the payment of DFG's to district councils and how any underspent funds were dealt with.

RESOLVED

That the report for information be received.

The meeting closed at 4.10 pm

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