



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
10 SEPTEMBER 2013**

PRESENT: COUNCILLOR MRS SUSAN WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors C N Worth (Executive Councillor for Libraries, Heritage, Culture), D Brailsford, J P Churchill, B W Keimach and C R Oxby.

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Director of Adult Social Services) and Dr Tony Hill (Executive Director of Public Health).

District Councillor: Councillor Marion Brighton OBE (District Councils).

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

Healthwatch Lincolnshire: Mr Malcolm Swinburn (Healthwatch Lincolnshire).

Officers In Attendance: Katrina Cope (Team Leader Democratic and Civic Services), David Laws (Head of Finance Adult Care and Public Health) and Martin Wilson (Health and Wellbeing Board Advisor).

17 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services) and Mrs A M Newton, Mr David Sharp (NHS England Area Team).

It was noted that Mr Andrew Leary (Leicestershire & Lincolnshire Area Team) had replaced Mr David Sharp (NHS England Area Team) for this meeting only).

18 DECLARATIONS OF MEMBERS' INTERESTS

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

19 MINUTES OF THE MEETING HELD ON 11 JUNE 2013

RESOLVED

That the minutes of the meeting held on 11 June 2013 be confirmed and signed by the Chairman as a correct record.

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20 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the actions as detailed be noted as being completed.

21 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Board of the following issues-

Communications

In order to improve communication with the general public, members were requested to send an electronic copy of a recent photograph to the Health and Wellbeing Board Advisor, at the generic email address HWB@lincolnshire.gov.uk. Any member having difficulties finding a suitable photograph were advised to contact the Health and Wellbeing Board Advisor, who would then make arrangements for a photo to be taken.

Informal meetings

That the first informal meeting of the Board had been arranged for 29 October 2013, at Woodall Spa, and that invites to this meeting would be sent out to members in due course.

Substitute members

Members were reminded that it had been agreed to have designated substitutes listed for each member of the Board to ensure continuity and consistent information being shared with partners. For those members who had still not provided the name of their substitute member were encouraged to do so at their earliest convenience by emailing to the generic email address shown above.

Pioneer Bid

The Chairman reported that at the June meeting the Board had been advised of a proposal to bid for the status of Pioneer to help develop an integrated approach to Health and Social Care to allow for more flexibility to deliver changes in Lincolnshire. Unfortunately, the bid had been unsuccessful but as there was still a general commitment from partners to deliver change work was still progressing and members would be more enlightened when they received the presentation concerning the Sustainability Review from Dr Tony Hill later in the agenda.

Local Area Team

The Health and Wellbeing Board Advisor had met the Local Area Team representative on 23 August 2013, to discuss how NHS England would interact with the Board. It was highlighted that this relationship would develop as the status of the Board developed.

Membership of other Boards

Members noted that the Health and Wellbeing Board Advisor had been tasked at the last meeting with researching the 'makeup' of other Boards in the region. The result of this had been that everyone was different and each had been developed as local circumstances required ensuring the Boards achieved the outcomes set in their respective Health and Wellbeing Strategies. It was agreed that the Health and Wellbeing Board Advisor would email Members a copy of the information collated in relation to regional board membership.

Car Passes

Any members requiring a car parking pass was encouraged to speak to the Democratic Services and Civic Team Leader after the meeting.

DECISION/AUTHORISATION ITEMS

22 PHARMACEUTICAL NEEDS ASSESSMENT

Note: Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Simon Lowe (Lincolnshire East CCG) requested that a note should be in the minutes that they represented CCG's who had dispensing practices as members.

Consideration was given to a report from the Director of Public Health, which highlighted to the Board that from 1 April 2013 the Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from Primary Care Trusts (PCT's) to Health and Wellbeing Boards (HWB). It was reported that historically the PCT in Lincolnshire had established a PNA Core Group to manage the process of developing, consulting upon and publishing the PNA. This Core Group had continued to meet in order to ensure that the PNA is up to date and that any supplements to the main PNA are produced and published in a timely manner.

The report presented set out the background and context for PNA's and proposed that the PNA Core Group continued to meet and operate in order to undertake the work necessary for the Board to publish its first PNA by 1 April 2015. An Information Pack for local authority Health and Wellbeing Boards was detailed at Appendix A. This pack intended to provide HWBs with practical support in understanding and implementing the regulations.

During discussion, the following issues were raised:-

- The cost of extra bed nights – Members were advised that the PNA referred to community based dispensing and therefore had no influence with regard to the request. It was noted that work was currently on going with the Acute Hospital Trust with regard to extra bed nights;

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- It was agreed that a progress report would be received by the Board in September 2014 with the final draft being ready for consideration at the Boards December meeting; and
- It was highlighted that although the Board has a responsibility for the PNA, the Board did not have responsibility to have people to do the work.

RESOLVED

1. That agreement be given to the continuation of the Pharmaceutical Needs Assessment (PNA) Core Group to develop the needs assessment on its behalf in line with statutory regulations.
2. That the necessary representation be provided at the PNA Core Group in order to provide the expertise required to fulfil the legal requirements placed on the Board in relation to the PNA.

23 TERMS OF REFERENCE AND PROCEDURAL RULES

Pursuant to Minute No. 8 from the meeting held on 11 June 2013, the Board were asked to give consideration to a report from the Health and Wellbeing Board Advisor, which requested the Core Members to formally agree the Terms of Reference and Procedural Rules for the Lincolnshire Health and Wellbeing Board.

A copy of the revised Terms of Reference, the Roles and Responsibilities and the Agenda Process had been circulated to members prior to the meeting.

The Health and Wellbeing Board Advisor advised that the Terms of Reference for the Board would be included on the Board's forward plan to review at its June 2014 meeting.

During consideration of the documentation, the following comments were raised:-

- A seven day period to look at reports;
- District representatives becoming Associate Members. The Board were advised that there was no intention to increase the membership of the Board. It was reiterated again that Districts would be invited to participate in informal meetings in order to broaden debate. It was also highlighted that there were a number of members on the Board who were dual hatters, who could feed back into their respective District Councils; and
- Appendix A – Roles and Responsibilities of the Lincolnshire Health and Wellbeing Board Core Members to the Terms of Reference to be amended by the Health and Wellbeing Board Advisor. Members agreed to receive a report from NHS England on any national commissioning issues which would affect Lincolnshire.

RESOLVED

1. That the Terms of Reference and Procedural Rules presented be approved subject to the Roles and Responsibilities of NHS England being amended by the Health and Wellbeing Board Advisor following the meeting.
2. The Terms of Reference be reviewed at the June 2014 meeting of the Board.

24 JOINT HEALTH AND WELLBEING BOARD STATEMENT OF INTENT

Consideration was given to a report from the Health and Wellbeing Board Advisor, which provided the Board with a Statement of Intent to explain what the Board was doing to improve Health and Wellbeing for the people of Lincolnshire.

After the June meeting, the Health and Wellbeing Board Advisor had sent a draft statement to all members on the Board asking for their comments. The draft statement had been 'Lincolnshire Health and Wellbeing Board is working together to help people live better for longer.'

Following an excellent response from members a draft statement was formed, which was circulated at the meeting 'Lincolnshire Health and Wellbeing Board is taking the lead for better health for the people of our county'.

During discussion the Board agreed to amend the statement to read:-

'Lincolnshire Health and Wellbeing Board is taking the lead for better health and wellbeing for the people of our county'

Members also agreed that the Statement of Intent would be reviewed at the AGM.

RESOLVED

1. That the Statement of Intent for the Board detailed below be agreed.

'Lincolnshire Health and Wellbeing Board is taking the lead for better health and wellbeing for the people of our county'.
2. That the Statement of Intent agreed at 1 above be reviewed at the AGM.

25 JOINT HEALTH AND WELLBEING STRATEGY SPONSORS

The Board gave consideration to a report from the Health and Wellbeing Board Advisor, which invited the Board to discuss and allocate new sponsors to take forward the outcomes within the five themes of the Joint Health and Wellbeing Strategy.

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Appendix A to the report provided the Board with an update surrounding the five themes. During consideration of Appendix A, the Board agreed the following:-

Theme One - Promoting Healthy Lifestyles

Board Sponsors would be Dr Sunil Hindocha and Councillor N Worth;
Public Health Lead would be Theresa Roche; and
That work would be done in conjunction with the Health and Wellbeing Board Advisor to identify an Operating Group.

Theme Two – Improve the Health and Wellbeing of Older People

Board Sponsors would be Dr Kevin Hill and Councillor R Oxby;
Public Health Lead would be Dr Tony Hill; and
That the Operating Group would be Excellent Ageing.

Theme Three – Delivering High Quality Care for Major Causes of Ill Health and Disability

Board Sponsors would be Dr Simon Lowe and Councillor Mrs J Churchill;
Public Health Lead would be Dr Robert Wilson; and
That a hybrid group would be established which the Health and Wellbeing Board Advisor would help to co-ordinate.

Theme Four – Improve Health and Social Outcomes for Children and Reduce Inequalities

Board Sponsors would be Dr Vindi Bhandal and Councillor D Brailsford;
Public Health Lead – the Assistant Director - Consultant Children's; and
That the Operating Group was to be the Children's and Young People's Strategic Partnership.

Theme Five – Tackling the Social Determinants of Health

Board Sponsors would be Councillors Mrs M Brighton OBE and Mrs A Newton;
Public Health Lead – Tony McGinty; and
That the Health and Wellbeing Board Advisor would set up a meeting with Councillor Mrs Brighton concerning the Operating Group.

Cross Themes

Mental Health Board Sponsor would be Dr Vindi Bhandal;
Inequalities Board Sponsor would be Dr Simon Lowe; and
That the Carers Board Sponsor would be Councillor B Keimach.

RESOLVED

That the Board agrees to the Sponsors as detailed above to take forward the outcomes within the five themes of the Joint Health and Wellbeing Strategy and

to the details agreed in relation to the operating/delivery groups identified to support the work of the Strategy.

DISCUSSION/DEBATE ITEMS

26 LINCOLNSHIRE SUSTAINABILITY REVIEW

The Board received a presentation from the Lincolnshire Sustainable Services Review Programme Board Chairman, Dr Tony Hill on behalf of the Leaders of the Lincolnshire Health and Social Care System.

The presentation made reference to:

- The vision for Lincolnshire Health and Social Care – It was highlighted that leaders of the health and care economy had committed to working together to realise the aims of the Sustainable Services Review Programme in the interests of the population and the whole health and social care system;
- Specific Challenges faced by Lincolnshire – It was reported that patients and residents had raised that often services were disjointed and confusing; assessment processes were lengthy and repetitive; support often came too late; and that current services took away too much control from the individual. Other challenges faced by Lincolnshire were financial; clinical; geographical; reliance on acute services and inequalities. Members were advised that the review of processes was moving forward at a pace and that PriceWaterhouseCoopers had been commissioned to assist in the process, a baseline and key issues had been identified to take forward for services for the future. It was noted that this exercise had not thrown up anything different to what had already been highlighted. The next stage was for a blue print of services to be compiled, this was due to commence in November 2013;
- LSSR Programme Charter - This outlined the objectives, background to the review; the key risks; the key activities, scope of the review; resources; deliverables; measures of success and the benefits of the review;
- Programme Governance – The Board were advised that regular updates would be received during the programme and that it would need to approve the final blueprint;
- Programme Plan – It was highlighted that the blue print needed to be completed by November 2013 and that some identified changes would be radical;
- Critical Review and Assessment of Clinical Operational and Financial Performance – It was reported that an analysis of the care economy had been undertaken to provide health and social care professionals enough information to make evidence-based decisions on service configuration both now and in the future to support sustainable services for Lincolnshire. Some of the key messages were:
 - there was a need to significantly improve health outcomes for the people of Lincolnshire, address quality concerns align the workforce with service needs and reduce fragmentation of care;

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- That last year there was a £26.3m deficit in health and social care provision and if nothing was done the financial gap could grow to £111m by 2017/18;
 - That design options put forward needed to be radical and needed to include large scale cultural change with both clinical and citizen/patient buy in, if sustainability was to be achieved;
 - That provision needed to balance out the complexity of rurality and access with greater levels of quality and safety;
 - That the Joint Health and Wellbeing Strategic priorities for the county would inform the options appraisal process and the Health and Wellbeing Board would be updated throughout the process;
 - That potential options put forward would be sense checked by Healthwatch, and that patients and carers had been invited to participate in the design process; and
 - That all organisations within the health and care economy were committed to the co-design of future sustainable options and nominations for the care design process to take this forward had been received.
- Statistical information backing up the key issues were contained at slides 7 to 17 of the presentation.

During discussion, the following issues were raised:-

- The need for baseline information;
- The need for public involvement - It was noted that patients and carers had been involved, the intention was not for consultation, it was a design process using skills and knowledge of those able to contribute to the care pathway;
- The financial picture – It was highlighted that doing nothing was not an option, something has to be done to improve care quality for the people of Lincolnshire; and
- That achieving buy in of potential radical plans, would be achieved by being honest from the start to change people's culture and perception in terms of quality and quantity of provision, delivering as much as possible close to home. It was highlighted that this would be a challenge for the Health and Wellbeing Board.

RESOLVED

That the presentation entitled 'Lincolnshire Sustainable Services Review Health and Wellbeing Board Update' be received.

INFORMATION ITEMS

27 SOCIAL CARE AND HEALTH FUNDING

Consideration was given to a report from the Director of Adult Social Services, which updated the Board on the 2013/14 projected spend on the scheme/programme agreed at the Health and Wellbeing Board on 13 March 2013. The report also

provided a briefing on the anticipated impact of the introduction of the Integrated Transformation Fund (ITF) and information on the preparations in developing a two year programme of investment for 2014/15 and 2015/16 of ITF funding.

In guiding members through the report reference was made to:-

- The announcement by the government of their spending review that nationally £3.8bn of joint Health and Social Care resources were to be pooled to support integration;
- Appendix B to the report provided the Board with a joint statement by the Local Government Association and NHS England on some early thinking as to how the ITF should operate;
- The potential impact for Lincolnshire, details were show in Table 1 on Page 62 of the agenda;
- Timeline as detailed in Table 2 on page 63 highlighted that plans for 2014/15 and 2015/16 were to be developed by January 2014. It was highlighted that joint discussions between LCC and the four CCG's had already begun and that a Task and Finish Group had been instigated to begin the process of reviewing 2013/14 activity and proposing draft investment plans for 2014/15 and 2015/16; and
- That a proposed plan for 2014/15 and 2015/16 would be presented to the Board to consider at the 10 December 2014 meeting.

A short discussion ensued, from which the following points were raised as to whether the extra money was new money. Members were advised that much of the £3.8B was not new money. Reference was also made to the need for delivery through partnership and the need for CCG's and local authorities to engage health providers to assess the implications for existing services and how these should be managed.

RESOLVED

1. That the 2013/14 projected outturn be noted.
2. That the guidance on the ITF from the Local Government Association and NHS England detailed at Appendix B to the report be noted.
3. That the plans for bringing a updated paper to the December meeting indicating proposed investment in 2014/15 and 2015/16 be noted.

28 AN ACTION LOG OF PREVIOUS DECISIONS

RESOLVED

That the Action Log of previous decisions of the Board be noted.

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29 LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN

The Health and Wellbeing Board Advisor presented the Boards current work programme.

During discussion, Members agreed that no additional formal meetings were required.

RESOLVED

That the Forward Plan presented be accepted subject to the addition of:-

- Social Care and Health Funding be added to the agenda for the December 2013 and March 2014 meeting;
- Sustainable Services Review and Commissioning Plans being added to the March 2014 meeting; and
- Terms of Reference and Procedure Rules and Statement of Intent being added to the June meeting (AGM).

The meeting closed at 4.05 pm