



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
10 JUNE 2014**

PRESENT:

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), D Brailsford, J P Churchill, B W Keimach, C R Oxby, S M Tweedale and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement).

Lincolnshire County Council Officers: Glen Garrod (Director of Adult Care) and Dr Tony Hill (Executive Director of Community Wellbeing and Public Health).

District Council: Councillor Mike Gallagher (District Council).

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).

NHS England: Mr Andy Leary (NHS England).

Officers In Attendance: : Stuart Carlton (Assistant Director - Early Help), Katrina Cope (Team Leader, Democratic and Civic Services), Martin Wilson (Health and Wellbeing Board Advisor), Alison Christie (Programme Manager, Health and Wellbeing Board), Jan Gunter (Designated Safeguarding Nurse, South West Lincolnshire CCG) and Sharon Robson (Executive Nurse, South West Lincolnshire CCG).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2014/2015.

COUNCILLOR MRS S WOOLLEY IN THE CHAIR

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2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2014/15.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Debbie Barnes (Executive Director of Children's Services) and Councillor Mrs M Brighton OBE (District Council Representative).

It was noted that Stuart Carlton (Assistant Director – Early Help) and Councillor Mike Gallagher (District Council Representative) had replaced Debbie Barnes (Executive Director of Children's Services) and Councillor Mrs M Brighton OBE (District Council Representative) respectively, for this meeting only.

4 DECLARATIONS OF MEMBERS' INTERESTS

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

5 MINUTES OF MEETINGS OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD

(a) Minutes of the meeting held on 25 March 2014

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 25 March 2014, be confirmed and signed by the Chairman as a correct record.

(b) Minutes of the Extraordinary meeting held on 9 May 2014

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 9 May 2014, be confirmed and signed by the Chairman as a correct record.

6 ACTIONS UPDATES FROM THE PREVIOUS MEETING

The Board were advised that with regard to minute number 62 from the 9 May 2014 meeting, officers were still looking into the assurance process; and that no dates for the formal decision making process for the Lincolnshire Health and Care had yet been agreed.

The Chairman advised that she had met with the Independent Chairman of the Lincolnshire Safeguarding Children's Board (LSCB), to discuss how the Health and Wellbeing Board and the (LSCB) could work more closely. As a result of this meeting, a report was going to be prepared outlining a joint protocol, which would be presented to a future meeting of the Board for consideration.

RESOLVED

That the completed actions as detailed be noted.

7 CHAIRMAN'S ANNOUNCEMENTS

A position statement from the Chairman was circulated at the meeting which provided an update on the Board's achievements over the last year.

The Chairman advised the Board that Martin Wilson, Health and Wellbeing Board Advisor was due to retire shortly. As this was his last meeting supporting the Board, the Chairman thanked Martin all his help and support and extended the Boards very best wishes for the future.

The Board were advised further that Alison Christie had been appointed to the role, and would be supporting the Board from this meeting onwards.

8 DECISION/AUTHORISATION ITEMS

(a) Terms of Reference and Procedural Rules, Board Members Roles and Responsibilities

Pursuant to minute 23(2), from the meeting held on 10 September 2013, consideration was given to a report from the Health and Wellbeing Board Advisor, which presented to the Board its Terms of Reference and Procedure Rules and Members Roles and Responsibilities for review.

During consideration of the Terms of Reference as detailed at Appendix A to the report, the following points were raised:-

- Board Membership – the District Council representative highlighted that the Districts were concerned about the District Council membership on the Board and they were not happy with just having one representative for all the seven areas. It was felt that there was no geographical balance and East Lindsey District Council and Lincoln City in particular thought that they were being short changed, as there was no Councillor on the Board representing their areas. It was highlighted further that the District were prepared to take their membership concerns to ministerial level if required. The District Council representative also highlighted that the Districts had noted that some of the County Councillors did not always stop to the end of the meeting.

The District Council representative was advised that currently there were four Clinical Commissioning Groups (CCGs) on the Board, one of which represented the East Lindsey area.

It was highlighted that each Health and Wellbeing Board in the East Midlands operated differently, and that the Lincolnshire Health and Wellbeing Board was considered by people outside of the County to be one of the best developed and the most effective.

It was also noted that a lot of the County Councillors present were dual hatters. It was stressed that it was important to ensure that the Board did not become too big and unmanageable. It was therefore suggested that the Districts should form a sub-committee and then feed their comments in to the Board.

The Health and Wellbeing Board Advisor highlighted that each member on the Board had Roles and Responsibilities and that these were clearly defined in Appendix B to the report.

It was reported that all the Districts were invited to attend any informal meetings of the Board, this was done to keep them informed of developments and to give them an opportunity to raise any issues.

A suggestion was made by a Board member whether the agenda should have a standing item on it, to allow the District Council's to feed in their views and comments.

- The District representative also enquired whether paragraph 2.3 on page 26 the word 'encourage' could be replaced with a stronger word. The Director of Community Wellbeing and Public Health advised that the quote was directly from the guidance information and therefore felt that the word should remain unchanged, this was supported by the Board;
- The District Council representative further enquired whether paragraph 5.4 on page 28 could be amended to read 'encouraged'. The Chairman advised that there was a mechanism currently in place where the District representative fed comments of other district into the Board. It was highlighted also, as mentioned earlier; all Districts had been invited to attend the informal meeting on 9 May 2014, to which only one elected member from the seven districts attended.

It was also highlighted that any representative from a District Council could attend and observe a formal meeting of the Board.

Also, it was also noted that all Districts had all been invited to present their Health and Wellbeing Strategy to the Board, and so far only three had taken up that invitation;

- It was highlighted that Lincolnshire Partnership Foundation Trust (LPFT) would be sending a formal letter to the Chairman, regarding having a representative on the Board;
- Paragraph 12, page 31, the Healthwatch representative advised that he did not feel that Healthwatch should have a voting right, and that Healthwatch would not be voting on any issues. The Board were advised that statute provided for a Healthwatch representative on the Board, and also provided them with a vote; and
- Some concern was expressed as to whether the Board was operating correctly and that a legal opinion should be sought. The Chairman reassured that the Board was operating correctly.

RESOLVED

That the Terms of Reference and Procedure Rules, and Members Roles and Responsibilities be agreed.

(The District Council representative wished it to be noted that he had abstained from voting).

(b) Draft Direct Commissioning Operational Plan 2014 - 16 & Emerging Strategy Update

The Board gave consideration to a report from the Leicestershire and Lincolnshire Area Team (LAT), which set out the proposed plans for services commissioned by NHS England's Leicestershire and Lincolnshire Team. A copy of the Draft Operational Plan 2014/16 and Emerging Strategy Update from NHS England was detailed at Appendix A to the report.

The plan set out which services were commissioned, which communities the plan served, and how the plans complimented the plans and work of other bodies that were responsible for related health and social care services. The plan also provided an overview of relevant aspects of the communities' health needs, and the current state of health care services. Section four of the Appendix provided financial, performance and delivery information. As the document was very comprehensive, the Board's attention was brought to page 127/128, which provided a 'Primary Strategic Plan to a Page' and the LAT's vision for high quality care for all, now and future generations.

During discussion, a comment was raised as to the Fluenz programme for schools, it was highlighted that in Lincolnshire the vaccine would be offered to children in year 7/8 in secondary schools, and that pupil's would not receive it again neither would the next cohort. It was highlighted further that the vaccine would not be ready for general use until 2017. Some concern was expressed that Lincolnshire had not been involved with this decision.

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Another comment raised was that the Primary Care Plan document did not appear to take into consideration the current recruitment crisis.

The Board also highlighted that the plan did not reflect the needs for Lincolnshire.

The NHS England representative agreed to look into the issues raised.

RESOLVED

That the Lincolnshire Health and Wellbeing Board noted the scope of the operational plans for Direct Commissioning for:-

Primary Care – Leicestershire and Lincolnshire;
Public Health – Leicestershire and Lincolnshire; and
Specialised Commissioning – East Midlands.

9 DISCUSSION/DEBATE ITEMS

(a) Lincolnshire Health and Wellbeing Board Development Toolkit - Current Position

Consideration was given to a report from the Health and Wellbeing Board Advisor, which provided a position statement as to where the Board was against certain statements, how mature the Board was in delivering improved outcomes for the population of Lincolnshire and any agreed celebration of activities and action plan for improvements.

Accompanying the report were the following Appendices:-

- Appendix A provided the Board with information pertaining to the Health and Wellbeing System Improvement Programme Tool (September 2013);
- Appendix B identified the Board's development position as at October 2013;
- Appendix C identified the Board's development position as at June 2014; and
- Appendix D provided progress information towards the Board being a mature Health and Wellbeing Board.

In October 2013, the six month stocktake had found that the Board could only evidence 17 of the statements and was 46% compliant against being designated as 'young' (Appendix B.)

In June 2014, the Board was able to fully evidence 22 of the statements and was now 60% compliant against being designated 'young' and overall 26% towards becoming mature (Appendix C).

It was reported that the Board had shown considerable improvement across all areas as organisations had become aware of the statutory roles of the Board around compliance with Health and Wellbeing Strategy outcomes.

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In order to move forward, the Board was asked to consider the setting up of a small Task and Finish Group to work with the Health and Wellbeing Board Advisor to develop an Action Plan for consideration by the Board at its next formal meeting in September.

The Health and Wellbeing Board Advisor advised members of the Board that she would be contacting them after the meeting.

Councillor N Worth advised that he would like to volunteer to be a member of the Task and Finish Group.

RESOLVED

1. That a small Task and Finish Group be formed to help develop an Action Plan; and that expressions of interest should be sent to the Health and Wellbeing Board Advisor.
2. That the Action Plan as mentioned in recommendation (1) be presented as a 'Decision Item' at the September formal Board meeting.

(b) Update on Lincolnshire Health and Care

The Chairman of the Lincolnshire Health and Care Programme Board, Dr Tony Hill, provided an update for the Board which made reference to the following:-

- That some of the work had been done by the Clinical Design Group; and that the Expert Reference had been involved in this process as well, and that they were still holding meetings;
- The enablers which involved workforce, transport and IT etc., were holding meetings, the outputs from which would be fed into the proposal;
- As early implementers four Neighbourhood Teams were being set up at Skegness, Sleaford, Lincoln City South and Stamford and District. It was reported that the teams were going to start at the beginning of August and that there was a lot work ongoing to get them ready. The whole point of the neighbourhood team was a bottom up approach, to make sure that the patients' needs were met;
- Everything was processing through the assurance process, NHS England, Health and Gateway Reviews and the Clinical Senate; and
- It was reported that the Lincolnshire programme was the first one to go through the process; and it had become apparent that the process was evolving, which was making it more time consuming for the Programme Team.

During discussion, the Healthwatch representative expressed concerns with regard to finances, as the true picture of the figures involved had not yet been disclosed; and whether the consultation process was going to involve everyone in Lincolnshire.

It was reported that there had already been a lot of pre-consultation, especially over the last three/four months, which had involved thousands of the general public. So far throughout the process comments had been taken on board and had been

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expressed in the process. The CCGs had also done surveys on the public, which had also been fed into the project so far some 500/600 responses had been received. There was also large numbers of staff engaged in the process. The whole purpose of the consultation was to contact as many people as possible.

It was highlighted that the web-site for Lincolnshire Health and Care was up and running and the Chairman invited members of the Board to act as ambassadors for Lincolnshire Health and Care and encourage members of the public to put comments on the website.

Reassurance was given that everything with regard to the proposal was out in the public domain, and the whole process was being dealt with in a more open manner, than it would have be dealt with previously.

RESOLVED

That the verbal updated be received.

(c) The CQC Review of Health Services for Children Looked After and Safeguarding in Lincolnshire

Consideration was given to a report from the Designated Safeguarding Nurse, South West Lincolnshire Clinical Commissioning Group, which informed the Board of the Care Quality Commission (CQC) Review of Health Services for Children Looked After and Safeguarding in Lincolnshire and the associated Action Plan submitted to the CQC, in response to the recommendations of the report.

Appended at Appendix A to the report was a copy of the CQC Review of Health Services for Children Looked After and Safeguarding in Lincolnshire, and Appendix B provided a copy of the proposed Action Plan in response to the CQC recommendations.

The review had been undertaken in November 2013, which had included a site visit for one week by two inspectors. The review also identified areas of good practice, specifically around the interface between CAMHS and adult mental health services and the screening tools and vulnerability risk assessments utilised in the community services. The review had also identified good partnership working and professional challenge. It was noted that the review did not identify any issues that were unknown to commissioning and provider services.

A joint presentation was received from the Executive Nurse, South West Lincolnshire CCG and the Designated Safeguarding Nurse, South West Lincolnshire CCG, which made reference to the following issues:-

- The Safeguarding role;
- The makeup of the governance arrangements;
- The area the CQC looked at;
- What the CQC said about the CCG's;

- Areas working well;
- Areas not working so well; and
- Key Health Priorities.

The Action Plan detailed at Appendix B provided 45 strategic actions planned to address the recommendations. It was noted that the Action Plan was being co-ordinated through the Federated Safeguarding Service Team.

Members were assured that everything was on track.

It was reported that the service specification proposed that initial Health Assessments for children under five years would be completed by Paediatric Consultants and that for children over five these would be done by suitably skilled medical practioners, which could incorporate GP's who had a special interest, or paediatricians and for Review Health Assessments to become a nurse led service.

The Board were advised that the Section 75 arrangements were being reviewed and that the success was dependent on collaboration and receipt of data from CAMHS current Section 75 arrangements.

Some concern was expressed by some of the Board as to the timescale for moving things on, and it was felt that it would have been nice to have seen a lot more of the timescales complete.

The Board were advised that there had been some ongoing problems, which had been identified by the Corporate Parenting Panel with regard to the level of need which had caused some delay with regard to the specification.

During debate, the Board raised the following issues:-

- That more effort needed to be made to reduce the number of children placed out of County;
- Provision of Carers support;
- Ensuring all professionals work together;
- Review of the Health Assessment;
- Re launch of the Blue Book with regard to Looked After Children; and
- That a further report should be presented to the Board in six months' time.

RESOLVED

That the report be noted.

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10 INFORMATION ITEMS

(a) An Action Log of Previous Decisions

RESOLVED

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

(b) Lincolnshire Health and Wellbeing Board - Forward Plan

The Health and Wellbeing Board Advisor presented the Boards current Forward Plan for consideration.

It was agreed for the 30 September 2014 meeting that an Action Plan would be submitted in relation to the Lincolnshire Health and Wellbeing Board Development Toolkit.

The Board were asked to note the following forthcoming dates for informal meetings:-

- 11 September 2014
- 28 October 2014
- 26 November
- 24 February 2014

It was highlighted that the next informal meeting was scheduled for the 11 September 2014, at which the Joint Health and Wellbeing Strategy Assurance Process would be discussed and that there would be an update on the Lincolnshire Health and Care.

A future agenda item was put forward which was entitled the 'Care Act and the implications for Lincolnshire'.

RESOLVED

1. That the forward plan for formal and informal meetings as presented, be agreed subject to the inclusion of the items listed above.
2. That the item 'Care Act and the implications for Lincolnshire' be included as a future agenda item.

(c) Future Scheduled Meeting Dates

RESOLVED

That the following scheduled meeting dates for the remainder of 2014 and for 2015 be noted.

30 September 2014
9 December 2014
24 March 2015
9 June 2015
29 September 2015
8 December 2015

(All the above meetings commence at 2.00pm).

The meeting closed at 4.30 am