



**LINCOLNSHIRE HEALTH AND  
WELLBEING BOARD  
11 SEPTEMBER 2014**

**PRESENT: COUNCILLOR MRS S 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:** Glen Garrod (Director of Adult Care), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) and Sally Savage (Chief Commissioning Officer).

**District Council:** Councillor Marion Brighton OBE.

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

**Healthwatch Lincolnshire:** Mr Malcolm Swinburn.

**Officers in Attendance:** Alison Christie (Programme Manager - Health and Wellbeing Board) and Katrina Cope (Team Leader Democratic and Civic Services).

Councillors Mrs J M Renshaw and Mrs N J Smith attended the meeting as observers.

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor Adult Care and Health Services, Children's Services), and S M Tweedale, Debbie Barnes (Executive Director of Children's Services), Dr Vindi Bhandal (South West Lincolnshire Clinical Commissioning Group) and Mr Andy Leary (NHS England).

It was noted that Sally Savage (Chief Commissioning Officer) had replaced Debbie Barnes (Executive Director of Children's Services) for this meeting only.

12 DECLARATIONS OF MEMBERS' INTEREST

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

13 BETTER CARE FUND FINAL RE-SUBMISSION

Consideration was given to a report from the Director of Adult Care, which sought the Board's views on the Better Care Fund (BCF) re-submission to represent the

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD  
11 SEPTEMBER 2014**

combined and shared ambition across the health and social care community in Lincolnshire.

The Board were reminded that the previous submission document (BCF Part 1 and 2) had been approved by them at their meeting on 25 March 2014 (detailed at Appendix A) along with the agreed allocations in 2014/15, which were also detailed for the Board at their meeting on 10 December 2013.

However, since then the policy direction nationally for 2015/16 was changed in direct consequence of NHS concerns relating to the allocation of funding (notably the NHS element of the £3.8bn) and whether this would deliver improvements and efficiencies required, notably in the acute sector. As a result of this CCGs were contacted direct by NHS England on 4 June requiring them to resubmit their 2 year plans, by 27 June, in light of concerns raised.

As a result of this, Ministers had not been prepared to sign off BCF submissions in June. Revised guidance was then issued on 25 July. On 28 July the Government had then advised Health and Wellbeing Boards that they were required to re-approve and re-submit BCF documents against a substantially changed BCF template by 19 September 2014. It was highlighted that the new deadline was expected to coincide with Ministers' need to sign off agreed submissions by early October 2014.

The new document shifted the emphasis from pooled budget arrangements towards service developments which would deliver a substantial reduction in emergency (non-elective) admissions at acute hospital sites. The performance element had also been changed from 'avoidable' emergency admissions to emergency admissions. The new template also requires a section to be completed by the Chief Executive (CEO) of the local Acute NHS (ULHT) Trust to say that they recognised and agreed the expectations and performance targets set out in the BCF submission. It was highlighted whilst the Acute Trust CEO was required to complete a section of the BCF it was the four CCGs and the County Council that remained the signatories along with the Chairman of the Lincolnshire Health and Wellbeing Board. It was noted that officers had also approached providers offering them the opportunity to comment and contribute to the submission.

The Director also highlighted that there were also additional risks with the revised approach. Not least of these was that failure to achieve the desired performance against emergency admissions (a 3.5% reduction in 2105/16) ran the risk of up to £3.7m of the £48m for Lincolnshire potentially being redirected towards the acute sector. Also, failure to meet the £9m savings target which is the gap between the level of pooled budget available and the current spend by the end of 2015/16 would also require consensus on how this specific risk will be managed across health and social care organisations.

The Board were also advised that currently there was no clarity about the longevity of the BCF and what the financial envelope and expectations would be in 2016/17. The expectation was that following the national elections in May 2015, further guidance would be provided.

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**  
**11 SEPTEMBER 2014**

The Board also noted that the LGA and other national bodies had been opposed to the changes as had numerous Health and Wellbeing Boards

The Director advised that as the deadline for BCF submissions was 19 September and given the timetabling of Lincolnshire Health and Wellbeing Board meetings, the Board were being asked to delegate to the BCF Task Group any final iterations between the meeting today and 19 September 2014.

Dr Simon Lowe joined the meeting at 1.45pm.

During discussion, the Board raised the following issues:-

- Whether the Council would be penalised or rewarded if they over achieved. Officers clarified that the Council would not be penalised and that no extra money would be received. However, there would be savings as there would be a reduction in emergency admissions;
- That the baseline figures used in the re-submission were less favourable for Lincolnshire;
- Clarity was given that if Lincolnshire failed to perform then the £3.7m would be redirected to acute services;
- Some concern was raised with regard to the response for ULHT and whether this would have an effect on the re-submission. The Board were advised that NHS England was looking for a degree of coherence. It was felt that it would be in the Trust's interest to reduce the number of admissions by 3.5% and therefore there was no reason for them not to agree; and
- Disabled Facility Grant allocation to District Councils. The District Council representative extended thanks to officers for addressing the issue. The Director for Adult Social Services highlighted that there needed to be a degree of caution as the national settlement was not due until November. It was highlighted further that no-one knows what will happen after April 2016.

In addition to the above the Director advised that the Council had been approached to participate as an early implementer in a national pilot scheme for personal health budgets (a project supported through the earlier BCF process). The Board were asked if they agreed to an expression of interest being made as this was an area the health and social care community would be required to progress and that there was an expectation of CCG's to deliver. The Board agreed in principle to support an expression of interest being made to participate in the national pilot scheme for personal health budgets.

**RESOLVED**

1. That the report and attached final BCF final submission: Part 1 and Part 2 (Appendix B) be noted.
2. That the BCF Task Group be delegated to make any final iterations to the aforementioned submission between this meeting and 19 September 2014.

**4**

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

**11 SEPTEMBER 2014**

3. That agreement be given to the document as attached for submission to NHS England for 19 September 2014.
4. That agreement in principle be given to an expression of interest being made for the Council to participate in the national pilot scheme for personal health budgets.

The meeting closed at 2.05 pm