



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

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors D Brailsford, B W Keimach, C R Oxbly and S M Tweedale.

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Director of Adult Care) and Teresa Roche (Consultant in Public Health, Commissioning and Health Improvement).

District Council: Councillor Marion Brighton OBE.

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG) and Sarah Newton (Chief Operating Officer, Lincolnshire West CCG).

Healthwatch Lincolnshire: Mr Malcolm Swinburn.

NHS England: Mr Andy Leary.

Officers in Attendance: Alison Christie (Health and Wellbeing Board Business Manager), Katrina Cope (Team Leader Democratic and Civic Services), Annette Laban (Lincolnshire Health and Care Programme Director) and Chris Weston (Consultant in Public Health, Health Intelligence).

14 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs P A Bradwell (Executive Councillor Adult Care and Health Services, Children's Services), Councillor C N Worth (Executive Councillor Libraries, Heritage & Culture), Councillor Mrs J P Churchill (Lincolnshire County Council), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), Dr Vindi Bhandal (South West Lincolnshire Clinical Commissioning Group), Dr Simon Lowe (Lincolnshire East Clinical Commissioning Group) and Dr Sunil Hindocha (Lincolnshire West Clinical Commissioning Group).

It was reported that Teresa Roche (Consultant in Public Health Commissioning and Health Improvement) and Sarah Newton (Chief Operating Officer, Lincolnshire West Clinical Commissioning Group) had replaced Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) and Dr Sunil Hindocha (Lincolnshire West Clinical Commissioning Group) respectively, for this meeting only.

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15 DECLARATIONS OF MEMBERS' INTEREST

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

16 MINUTES OF MEETINGS OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD

(a) Minutes of the meeting held on 10 June 2014

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board held on 10 June 2014, be confirmed and signed by the Chairman as a correct record.

(b) Minutes of the Extraordinary meeting held on 11 September 2014

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board held on 11 September 2014, be confirmed and signed by the Chairman as a correct record.

17 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

18 CHAIRMAN'S ANNOUNCEMENTS

The Chairman provided the Board with an update relating to the following issues:

Better Care Fund

It was confirmed that the Better Care Fund (BCF) documentation that been endorsed by the Board at its meeting on 11 September 2014 had been submitted to NHS England on 19 September, in accordance with the national guidance. The Board were advised that a telephone conference call had taken place early in the day with a consultant from the government. The Chairman invited the Director for Adult Care to provide an update to the Board.

The Director of Adult Care advised that it had become apparent that the pre-submission and post-submission feedback received today had differed. The Lincolnshire BCF submission was influenced by the Lincolnshire Health and Care Strategic Plan, and that the template for the BCF scoring was much more focussed on the BCF, and not the overall bigger plan. It was noted that 142 authorities would be going through the pre-determination template process, and during October

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ministers would announce what the submissions were, and the four scoring categories.

The four scoring categories were:

- 1 Approved (this would mean £53m for Lincolnshire for 2015/16);
- 2 Approved with support (this would mean that the BCF was good with very few concerns and a person would be appointed regionally to oversee);
- 3 Approved with conditions (this would mean that there were concerns with the submission with regard to deliverability of the submission); and
- 4 Not approved.

Lincolnshire had received positive feedback with regard to the financial and performance prediction and Part Two had not been questioned at all. But the narrative between the BCF and LHAC needed some further work, the submission needed to be more focussed on BCF and that the two parts should not be merged. It was highlighted that the Lincolnshire Health and Wellbeing Board would be updated regularly on the progress of the BCF.

Integrated Personal Commissioning (IPC) Programme

Following agreement by the Board at its meeting on 11 September 2014, an expression of interest had been made to the Integrated Personal Commissioning Programme for Lincolnshire to become an early implementer for personal health budgets. It was highlighted that Lincolnshire would now be invited to a briefing to discuss the requirements of the programme. It was highlighted further that the deadline for submitting a detailed application was 7 November 2014, and that the submission would need to be agreed by the Board.

Care Act

On behalf of the Board, the Chairman had sent a response to the Care Act Consultation endorsing the comments provided by Association of Directors of Adult Social Services and the Local Government Association in their joint response.

Mental Health Crisis Care Concordat: Making change happen in your area

The Board were advised that a letter had been received from the Minister of State for Care & Support and the Minister of State for Policing & Criminal Justice, regarding the Mental Health Crisis Concordat, which is a joint agreement signed by over 20 national organisations which would be published in February next year. The Concordat would set out standards that people experiencing a mental health crisis would expect to receive from public services to meet their needs. The letter asked the Board to consider its role in Lincolnshire and to assist partners coming together to make a local Declaration for Lincolnshire. The Board noted that officers would be looking into this matter to ensure that arrangements were in place, with a view to the Board endorsing the Declaration once drafted at a future meeting.

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Safeguarding of Children

It was highlighted that following the failings in Rotherham, the Secretary of State for Communities and Local Government had issued a statement setting out the details of the independent inspection of Rotherham Borough Council which would be conducted by Louise Casey CB. The findings from this investigation were likely to have implications for all local authorities and other local services who deal with vulnerable children. The Board were advised that a copy of the ministerial statement would be circulated to them once received.

Letter from Lincolnshire Partnership Foundation Trust (LPFT)

A letter had been received from the Chairman of (LPFT) wanting to explore how the Council of Governors could work more closely with the Board. A meeting had been set up for 3 October to discuss the matter, the outcome of which would be reported back to a future meeting of the Board.

Reorganisation of NHS England

It was noted that due to reorganisations within NHS England in early September, there had been reductions across the senior tier and in the number of area teams. These had been reduced from 24 to 12. The Board's NHS England representative Andy Leary had been affected by the changes and had been seconded in to the role of National Director of Finance for Specialist Commissioning. Andy would be working with key national colleagues to provide strategic and professional leadership within NHS Finance. On behalf of the Board the Chairman congratulated Andy on his new role, and extended her thanks for all the time and support he had given to the Lincolnshire Health and Wellbeing Board.

Neighbouring Health and Wellbeing Board Pharmaceutical Needs Assessments (PNA)

The Board were advised that Lincolnshire was being asked to comment on Leicestershire's draft Pharmaceutical Needs Assessment. It was noted the Chairman had asked the PNA Steering Group to review the draft and provide a draft response which would be circulated to Board members for comments.

Next Informal HWB Meeting 28 October 2014

It was reported that the next informal meeting of the Board on 28 October 2014 had been cancelled as the date clashed with the Involving Lincs Annual Conference. The Chairman encouraged members of the Board to attend the aforementioned event which was due to take place at Woodhall Spa.

19 DECISION/AUTHORISATION ITEMS

(a) Lincolnshire Health and Wellbeing Board Development Assessment Action Plan

Pursuant to Minute number 9a (2) from the meeting held on 10 June 2014, consideration was given to a report from the Health and Wellbeing Board Business Manager, which asked the Board to approve the Lincolnshire Health and Wellbeing Board Development Assessment Action Plan.

At the meeting on 10 June, the Board had received a report on the Health and Wellbeing Development Toolkit, which provided a position statement as to how mature the Board was in delivering improved outcomes for the population of Lincolnshire. The outcome then suggested that the Board was able to fully evidence 22 of the statements and was 60% compliant against being designated 'young' and overall 26% towards becoming 'mature'. Although the Board had made significant progress there were a number of areas that needed improvements to enable the Board to reach 'maturity' by June 2015. In order to move forward the Board had agreed to the setting up of a Task and Finish Group to work with the Health and Wellbeing Board Business Manager to develop an Action Plan. A copy of the aforementioned Action Plan was detailed as Appendix A to the report presented. The Plan proposed a list of actions to clarify the wider governance structure supporting the Board including the key linkages and dependencies.

It was highlighted that the development of protocols and processes with key bodies would strengthen working relationships and provide a more defined approach to engagement and communication and help partners and stakeholders share in the vision for improved health and wellbeing for the residents of Lincolnshire.

During discussion, the District Council representative advised that the Districts were happy with the suggestions detailed on page 31 of the report presented, and that they welcomed greater working relationships with districts, with particular reference being made to housing.

RESOLVED

1. That the report presented be noted.
2. That the draft Development Assessment Action Plan presented be approved.
3. That progress against the Development Assessment Action Plan be reported to the Board as part of future annual Assurances updates.

(b) Joint Health and Wellbeing Strategy Assurance Report 2014

The Board gave consideration to a report from the Executive Director of Community Wellbeing and Public Health, which provided the Board with an update on the progress being made to deliver the outcomes defined in the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board Business Manager advised that there was a legal duty for the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy. The purpose of the Strategy was to set out the strategic commissioning direction to achieve improvement in the health of the population of Lincolnshire. The report provided details on the current position and identified a number of challenges, threats and opportunities which might impact on future delivery.

At the workshop in September a number of issues had been identified for improvement and these were detailed at the bottom of page 34 and the top of page 35 of the report presented.

It was also noted that since agreeing the JHWS in 2012/13, the Board had been involved in agreeing the Better Care Fund and overseeing the Lincolnshire Health and Care, neither of which were reflected in the current JHWS. It was reported that it was expected that the review of the JSNA would happen during 2015/16 to inform the development of a new JHWS which would be in place for 2018.

In conclusion, the Board were therefore invited to agree a number of short term improvements to ensure the momentum continued. Also, the Board were asked to agree to a full review of the Joint Strategic Needs Assessment (JSNA) during 2015/16 to inform the development of a new Joint Health and Wellbeing Strategy.

Detailed at Appendices A to E were copies of each of the five themes dashboards, which provided information relating to priorities, what had been achieved, what was working well, the challenges, threats and opportunities for the future and details of performance against the outcome indicators.

During discussion, it was highlighted that the outcome indicators for each of the themes would be reviewed and refreshed. Particular reference was made to keeping housing and planning to the forefront, as districts were receiving numerous planning applications, and this would have an overall effect on the Strategy going forward.

RESOLVED

1. That the Theme Dashboards shown in Appendices A to E of the report be agreed.
2. The each Theme be requested to review the suite of indicators being used to monitor the outcomes and priorities to ensure that they are appropriate, and to identify additional actions that can be taken by the Theme.

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3. That the current Board Sponsor roles and support mechanisms be reviewed.
4. That a full review of the Joint Strategic Needs Assessment be agreed to take place during 2015/16 to inform the development of a new Joint Health and Wellbeing Strategy which will be in place for 2018, and that proposals for undertaking this work be brought to a future meeting of the Board.

(c) Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire

Consideration was given to a report from the Health and Wellbeing Board Business Manager, which asked the Board to approve a Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch and the Health Scrutiny Committee for Lincolnshire. A copy of the draft Protocol was detailed at Appendix A to the report.

It was reported that as a result of the Health and Social Care Act 2012, each of the three bodies had a role to play in reviewing and making recommendations about the way local health and care services were planned and delivered, and that all shared a common goal to improve the health and wellbeing of the residents of Lincolnshire.

It was highlighted that there was a lack of clarity about how these bodies worked and interacted and that the draft protocol was an agreement which would solve these issues and avoid any duplication in the future.

It was highlighted that the Protocol had been prepared by officers supporting the Health and Wellbeing Board and the Health Scrutiny Committee for Lincolnshire and the document had been shared informally with Healthwatch Lincolnshire and the Chairman of the Health Scrutiny Committee for Lincolnshire.

The Board felt that the Protocol was a useful piece of work which clarified responsibilities and was a positive way forward for the three bodies. The Board extended their thanks to officers for all their hard work.

During discussion, the following issues were raised:-

- That section 4.5 on page 68 of the report, first paragraph be amended to say referral to the appropriate Scrutiny Committee;
- That section 5.2 be amended flexibly to identify safeguarding;
- A question was asked as to who can challenge Healthwatch. The Board were advised that anyone can challenge Healthwatch.

RESOLVED

1. That the draft Protocol between The Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for

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Lincolnshire as shown in Appendix A to the report presented, subject to the inclusion of the comments made above be approved.

2. That the draft (amended) Protocol be referred to the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire for consideration and approval.
3. That authority be delegated to the Health and Wellbeing Board Business Manager, in consultation with the Chairman of the Health and Wellbeing Board, to make any necessary alterations following consideration by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire that do not fundamentally affect the intentions of the Protocol.

(d) Protocol Between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board

The Board gave consideration to a report from the Executive Director of Children's Services, which presented a proposed framework and protocol to ensure effective joint working between the Lincolnshire Health and Wellbeing Board and Lincolnshire Safeguarding Children Board.

The draft protocol detailed at Appendix A to the report presented set out the distinct roles and responsibilities of the Boards. The Board was asked to agree the draft protocol as a formal working arrangement with the Lincolnshire Safeguarding Children Board to ensure that opportunities to strengthen local safeguarding practice were identified and secured.

During discussion, particular mention was made for the need of a similar document pertaining to Adults. It was agreed that this would be discussed further outside of the meeting with the intention of bringing a protocol with Safeguarding Adult Board to the Board for agreement to the December's meeting.

RESOLVED

1. That the draft protocol between the Lincolnshire Health and Wellbeing Board and the Lincolnshire Safeguarding Children Board be approved.
2. That authority be delegated to the Health and Wellbeing Business Manager, in consultation with the Chairman of the Health and Wellbeing Board, to make any necessary alterations following consideration by the Lincolnshire Safeguarding Children Board that do not fundamentally affect the intentions of the Protocol.

(e) Lincolnshire Pharmaceutical Needs Assessment (Draft)

Consideration was given to a report from the Executive Director of Community Wellbeing and Public Health, which requested the Board to consider and agree the

draft Pharmaceutical Needs Assessment and to agree the consultation plan of the draft Pharmaceutical Needs Assessment (PNA).

It was reported that the purpose of the PNA was to review existing pharmaceutical service provision in Lincolnshire and to identify any gaps or deficiencies that needed to be addressed. The responsibility for producing the PNA was that of the local Health and Wellbeing Board with NHS England having responsibility for the application process and the management of pharmacies. It was noted that the PNA informed the application and decision making process and that NHS England ultimately had the responsibility for approving or rejecting an application. It was noted that historically the PCT in Lincolnshire had established a PNA Steering Group to manage the process of developing, consulting upon and publishing the PNA. The Steering Group had continued to meet in order to ensure that the PNA was up to date and that any supplementary statements to the main PNA were produced and published in a timely manner. Details of the membership of the Steering Group was shown on page 81 of the report presented.

A copy of the draft PNA for Lincolnshire was attached as Appendix A to the report.

The Board were advised that the Steering Group had identified several gaps in service provision and had made recommendations of future actions to address the gaps. Full details of the recommendations contained in the executive summary were detailed on page 92 and 93 of the report.

It was reported that the regulations stated that the Health and Wellbeing Board must undertake a consultation on the contents of the PNA. Members were advised that a 60 day consultation would run from 6 October 2014 until 4 December 2014. A copy of the proposed consultation plan for the draft PNA was attached as Appendix B to the report presented. Members were advised further that Health and Wellbeing Boards were required to publish their first PNA by 1 April 2015.

During discussion, the following issues were raised:-

- 7 day working for GP surgeries. Members were advised that officers were aware of the recent story, and that the PNA would be kept under review. It was highlighted however that seven day working was a current stipulation in the NHS with regard to the acute sector;
- A question was asked as to whether there was any intention for weekend opening for Pharmacies. Members noted that this would have to be discussed further with NHS England with regard to commissioning; and
- Dispensing errors. The Board were advised that there were various levels of errors, but unfortunately officers did not have that information available at the meeting. The Board were advised that once NHS England was made aware of any errors, they would ensure that the appropriate action was taken.

RESOLVED

1. That the draft Pharmaceutical needs Assessment be agreed.

2. That the consultation plan on the draft Pharmaceutical Needs Assessment be agreed.

20 DISCUSSION/DEBATE ITEMS

(a) Lincolnshire Health and Care

The Lincolnshire Health and Care Programme Director advised the Board that a lot of work had been going on relating to the design of the options. Also, a lot of work had been carried out by the team in relation to engagement across the County. A total of 12,000 people had already been involved in the engagement process, from which the team had been able to identify areas of concern and what could be done better. It was highlighted that GPs seven day working had been something the public had raised during the engagement process.

The Care Design Groups had also been planning for the future with regarding to areas such as IT, transport etc.

It was reported that the finalised model should have gone out for consultation, but the view had been that it was not ready for wider consultation as further work was needed to be done around the clinical models, and how the gap was going to be resolved within the clinical areas.

The Board were advised that four early implementer Neighbourhood Teams had been implemented in Skegness, Sleaford, Stamford and the South of Lincoln. The Neighbourhood Teams would help keep people local in their homes and in the local community. A Memorandum of Understanding had been developed which would assist the organisations working together. It was reported that further Neighbourhood Teams would be rolled out. The next four areas were to be Lincoln North, Louth and Alford, Long Sutton and a further area which was yet to be agreed.

It was highlighted that more work needed to be done following the modified governance arrangements.

A short discussion ensued, from which it was raised that the Lincolnshire Health and Care (LHAC) Team should endeavour to keep Lincolnshire Partnership Foundation Trust up to date with what was happening with regard to (LHAC). The Board was reassured that meetings had taken place with (LPFT) and other providers around the County and that this would continue to happen.

The Chairman extended her thanks to the Lincolnshire Health and Care Programme Director and the team for all their hard work.

21 INFORMATION ITEMS(a) An Action Log of Previous Decisions

RESOLVED

1. That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.
2. That in future only decisions relating to the previous twelve months be presented to the Board.

(b) Assuring Transformation: Meeting the Winterbourne View Concordat Commitments, Lincolnshire's Current Position on Inpatient Care for Adults with a Learning Disability

The Board gave consideration to a report from the Director of Adult Care, which provided an update on the requirements of Local Authorities and Clinical Commissioning Groups in response to the Winterbourne View Review and Concordat.

It was reported that following the Winterbourne View Review the integrated teams within Adult Care Learning Disability Services had taken the lead to ensure that all the requirements set out nationally were met. The Board were advised that robust monitoring and reporting systems had been developed to ensure good practice for those individuals who require a period of inpatient care in a specialised hospital setting.

It was highlighted that there were currently 19 individuals receiving treatment in specialist inpatient care. Six were in independent hospitals; three of these were outside Lincolnshire, and the remaining thirteen were in NHS inpatient care in Lincolnshire.

Reassurance was given that Lincolnshire did not have any individual with a learning disability inappropriately placed without a care plan. It was highlighted that those who were in inpatient care were reviewed on a regular basis to ensure that no one in the future remains in a hospital setting once they no longer require assessment or treatment, and that all individuals had a care plan.

RESOLVED

That the report presented on the requirements of Local Authorities and Clinical Commissioning Groups in response to the Winterbourne View Review and Concordat be noted.

(c) Lincolnshire Health and Wellbeing Board - Forward Plan

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

Suggestions put forward for inclusion on the agenda for the 24 March 2015 were as follows:

- Proposal for reviewing the JSNA for 2015/16;
- CCG's Operational Plans; and
- Rochdale Action Plan regarding Child Exploitation (for information for the Board).

The Board also agreed that update on the BCF should be made a standing item on the agenda from this meeting onwards.

RESOLVED

1. That the forward plan for formal and informal meetings as presented, be agreed subject to the inclusion of the items listed above.

The meeting closed at 3.20 pm.