

# Agenda Item 5

## Lincolnshire Health and Wellbeing Board – 27 March 2018

### Additional Chairman's Announcements

#### New Medical School

The universities of Nottingham and Lincoln announced plans on 20 March 2018 to establish a new first class medical school in Lincoln. The collaboration comes following a successful bid for funding to the Higher Education Funding Council for England and Health Education England. When it is at full capacity in a few years' time, the new school will deliver medical training to around 400 undergraduate students in Lincoln. The Medical School will work in collaboration with the United Lincolnshire Hospital Trust and the Lincolnshire Partnership NHS Foundation Trust to offer students clinical placements at hospitals, GP surgeries and other healthcare units in Lincolnshire.

This expansion of undergraduate medical training is part of a national plan to increase the number of UK-trained doctors to ease staffing shortages in the NHS. The funding secured by the universities of Lincoln and Nottingham will enable 80 undergraduate places in September 2019 with a further 80 per intake in subsequent years.

Lincolnshire has traditionally struggled to recruit and retain doctors and other healthcare professionals. The shortage of doctors in the past year at the county's hospitals and GP surgeries has been described as critical by health bosses, especially during winter months. It is hoped the new Medical School in Lincoln will address further projected shortages of doctors by offering first class training that will encourage graduates to complete their junior doctor training locally and apply for jobs within Lincolnshire.

#### Driving Improvement: case studies from seven mental health trusts

On 15 March 2018, the Care Quality Commission (CQC) published a report that explores how seven NHS mental health trusts have been able to make significant improvements in the quality of care and improve their CQC rating. The report called, *'Driving Improvement: case studies from seven mental health trusts'* explores what trusts that were rated as requiring improvements have done to become good or outstanding. There were common themes that drove improvement across the featured trusts. Good leadership and good governance go hand in hand, and the report found that most of the trusts had made changes to their systems and processes to drive improvement.

I am pleased to inform you that the Lincolnshire Partnership NHS Foundation Trust features in the report as one of the seven trusts that have made significant improvement on re-inspection.

A copy of the report can be accessed at

<http://www.cqc.org.uk/publications/evaluation/driving-improvement-case-studies-seven-mental-health-nhs-trusts>

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**Lincolnshire Health and Wellbeing Board (HWBB)**  
**Housing, Health and Care Delivery Group (HHCDG)**  
**Terms of Reference**

## **1. Context**

- 1.1 The Housing, Health and Care Delivery Group (HHCDG) was established at the Annual General Meeting of the Health and Wellbeing Board (HWBB) on 20 June 2017.
- 1.2 The HHCDG will focus on closer integration between housing, health and care to address shared issues and align strategies to complement each other.
- 1.3 Housing is primarily provided by and via the seven District Councils in terms of direct provision, through other social housing providers, in their strategic housing role and through their development and planning functions. The HWBB recognises these important roles and the need to engage with the housing sector to promote better integration of health and wellbeing and housing.

## **2. Housing, Health and Care Delivery Group**

### **2.1 Purpose and Aim**

The aim of the Housing, Health and Care Delivery Group is to provide strategic direction and oversight to the wider Housing for Independence agenda in an integrated, collaborative manner.

- 2.1.1 Good housing is inextricably linked to better health, and health outcomes both physical and mental. There is also good evidence that targeted housing can reduce long term social care costs and generate greater independence.
- 2.1.2 Affordable and warm housing can help people to stay physically well and assist in recovery times from ill health.
- 2.1.3 The provision of housing that is suitable to an individual's additional needs assists in sustained independence and lower demand for residential and nursing care.
- 2.1.4 Good quality housing suitable for an individual's additional needs reduces the likelihood of falls and other forms of physical injury.
- 2.1.5 A warm, safe, affordable and secure place to sleep is a prerequisite of better mental health, which is a foundation for all other health issues.
- 2.1.6 Initiatives to tackle Homelessness with those with complex and chaotic lifestyles have to be through a multi-agency approach i.e. it is more than the physical homelessness that needs to be addressed.

### **2.2 Objectives**

The objectives for the HHCDG are:

- 2.2.1 To support the HWBB to develop and adopt strategies that integrate housing need into the wider health and wellbeing agenda.
- 2.2.2 To lead on the development of the JSNA Housing and Health Topic and contribute to the delivery of the Joint Health and Wellbeing Strategy.
- 2.2.3 To be the mechanism for matching housing development opportunities with evidenced need as well as commissioning requirements and strategies.

- 2.2.4 To maximise opportunities and circumstances for joint working and integration of services and make the best use of opportunities and processes and prevent duplication or omission within Lincolnshire.
- 2.2.5 To develop and lead on implementation of a full integrated Housing and Health Memorandum of Understanding (MoU) and strategy under the auspices of the HWBB.
- 2.2.6 To support the modernisation of DFGs in Lincolnshire.
- 2.2.7 To agree priority workstreams to address key housing issues impacting on Lincolnshire, such as delayed transfers of care (DToC).
- 2.2.8 To explore future pooled funding arrangements to secure best value for 2018/19.
- 2.2.9 To assist the people of Lincolnshire in retaining their independence through the effective integration of housing and health concerns and solutions.
- 2.2.10 To act as a conduit to a wider network of housing agencies and providers including other social landlords.
- 2.2.11 Agree to provide quarterly reports to the HWB.

### 2.3 Membership

- 2.3.1 It is proposed that the Group will identify nominated representation from:

Health and Wellbeing Core Board member & District Council representative  
 HWB Board member – two to support the chair  
 Elected member (housing portfolio lead) and/or Senior Officer, Boston Borough Council  
 Elected member (housing portfolio lead) and/or Senior Officer, City of Lincoln Council  
 Elected member (housing portfolio lead) and/or Senior Officer, East Lindsey District Council  
 Elected member (housing portfolio lead) and/or Senior Officer, North Kesteven District Council  
 Elected member (housing portfolio lead) and/or Senior Officer, South Holland District Council  
 Elected member (housing portfolio lead) and/or Senior Officer, South Kesteven District Council  
 Elected member (housing portfolio lead) and/or Senior Officer, West Lindsey District Council  
 Housing for Independence Manager, Lincolnshire County Council  
 United Lincolnshire Health Trust  
 Lincolnshire Community Health Service  
 Lincolnshire Partnership Foundation Trust  
 Department For Work and Pensions  
 Adult Care and Community Wellbeing Representatives  
 Housing Association Representative  
 Clinical Commissioning Group (CCG) Representative

- 2.3.2 In order to meet the changing requirements of the agenda, it has been agreed that membership can be flexible to allow each member of the delivery group to nominate a named substitute to attend meetings in their absence. Substitute members will be included in all communications regarding the HHCDG to ensure a consistent flow of information. It is envisaged that

nominated representatives and their substitutes will communicate prior to any meetings in order to agree key messages from their respective organisations.

## 2.4 Roles and Responsibilities

- 2.4.1 To work together on the evidence bases and needs analysis of the JSNA and Health Topic.
- 2.4.2 To work together to agree and deliver the Housing Theme of the Joint Health and Wellbeing Strategy for Lincolnshire.
- 2.4.3 To bring the principles and priorities agreed in the Housing for Independence Strategy development to full strategic proposals and recommendations for implementation.
- 2.4.4 To work with the HWBB to build a partnership approach to key issues and provide recommendations to the HWBB for consideration of initiatives designed to improve housing and health outcomes for the people of Lincolnshire.
- 2.4.5 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.
- 2.4.6 To champion the work of the HHCDG and HWBB in their wider networks and in the community.
- 2.4.7 To ensure that there are communication mechanisms in place within partner organisations to enable information about the priorities and recommendations of the HHCDG and HWBB to be disseminated and actioned to ensure that the health and wellbeing of the community of Lincolnshire is improved.
- 2.4.8 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisation to align with the recommendations of the HHCDG as ratified by the Board.

## 2.5 Governance and Accountability

- 2.5.1 The Chair of the HHCDG will report directly to the HWBB, the Chair will also ensure regular reporting to relevant health forums and the County Council's Adults and Community Wellbeing Scrutiny Committee. The HWBB meets at least four times a year, including an AGM, and will receive updates from the HHCDG in line with reporting mechanisms / requests agreed by the Board. Each member of the HHCDG will be responsible for reporting back into their internal governance structures including District Council Committees.
- 2.5.2 A series of short term task and finish groups will be developed by the Delivery Group to address specific areas of work such as the Moving Forward with DFG Modernisation Group. Task and Finish project leads will report into the HHCDG in readiness for any relevant information to be escalated to the HWBB.
- 2.5.3 The HHCDG is accountable collectively to the HWBB although it is recognised that individual members have ultimate accountability to their employing organisation.
- 2.5.4 Members of the HHCDG bring the responsibility, accountability and duties of their individual roles to the Group and provide information, data and

consultation material, as appropriate to inform the discussions, recommendations and decisions.

2.5.5 The HHCDG will discharge its responsibilities by means of recommendations to the HWBB and to relevant partner organisations who will act in accordance with their powers and duties to improve the health and housing outcomes for the people of Lincolnshire.

2.5.6 The HHCDG will report to the HWBB by sending meeting minutes and presenting papers as and when requested.

2.5.7 The members of the HHCDG will also take part in roundtable discussions with the public, voluntary, community, private, independent and NHS sectors to ensure that there is a full partnership about housing and health and issues.

## 2.6 Frequency of Meetings

2.6.1 To be determined by the HHCDG though given the nature of the role it is expected that there will be a minimum requirement for bi-monthly meetings.

## 2.6.2 Agenda and Notice of Meetings

The agenda for each ordinary meeting of the group will be against the following

Headings:

1. **Apologies for Absence**
2. **Minutes from the Previous Meeting**
3. **Action Updates from the Previous Meeting**
4. **Decision/Authorisation Items**
5. **Discussion Items**
6. **Information Items**
7. **Housing, Health and Care Forward Plan**
8. **Future Scheduled Meeting Dates**

2.6.3 All papers for the delivery group to be provided to the Housing for Independence Programme Manager 15 working days before the date of the scheduled meeting for approval with the Chair.

2.6.4 The appropriate report template should be used when submitting a report see Appendix A.

2.6.5 All agenda items or reports to be added to the forward plan at the meeting and submitted no later than seven working days in advance of the next meeting.

2.6.6 No business will be conducted that is not on the agenda.

2.6.7 Agenda and reports will be circulated at least five clear working days prior to the meeting.

### 2.6.8 Minutes

A minute taker will be provided by Public Health for 12 months and reviewed as necessary.

2.6.9 Draft minutes will be shared with the chair and sent out accordingly with an action log.

### 2.7 Review

The final Terms of Reference will be reviewed every two years or earlier if necessary or at the discretion of the HWBB.

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