



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
6 DECEMBER 2016**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor for Adult Care, Health and Children's Services), C N Worth (Executive Councillor for Culture and Emergency Services), D Brailsford, B W Keimach, C R Oxby and N H Pepper.

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Tony McGinty (Interim Executive Director of Public Health Lincolnshire).

District Council: Councillor Donald Nannestad.

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG) and Dr Sunil Hindocha (Lincolnshire West CCG).

Healthwatch Lincolnshire: Sarah Fletcher.

NHS England: No representative in attendance.

Officers in Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Katrina Cope (Senior Democratic Services Officer) and Councillor Mrs Judith Mary Renshaw attended the meeting as an observer.

22 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M Brighton OBE (District Council representative) and Dr Peter Holmes (Lincolnshire East Clinical Commissioning Group).

The Committee was advised that Councillor D Nannestad (District Council representative) had replaced Councillor Mrs M Brighton OBE (District Council representative) for this meeting only.

23 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this stage of the proceedings.

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD
6 DECEMBER 2016****24 MINUTES FROM THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 27 SEPTEMBER 2016**

RESOLVED

That the minutes of the previous meeting of the Lincolnshire Health and Wellbeing Board meeting held on 27 September 2016, be confirmed and signed by the Chairman as a correct record.

25 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the Action updates from the previous meeting be noted.

26 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, members of the Board received an additional announcement sheet, which provided an update relating to Entrenched Rough Sleepers Social Impact Bond; and the 2016 Autism Self-Assessment Framework.

The Chairman also highlighted that as a result of the Clinical Commissioning Groups poor performance with regard to cancer ratings, (details of which had been published by NHS England on 4 October 2016), compared with other areas of England, a letter had been sent to Chief Officer's expressing the Board's concerns. A copy of the said letter was attached as Appendix A. Also, attached at Appendix B was a copy of a response letter from the four CCGs.

27 DECISION/AUTHORISATION ITEM**27a Integration Self-Assessment**

Consideration was given to a report from Alison Christie, Programme Manager Health and Wellbeing, which provided the Board with the outcome of the self-assessment exercise. It was highlighted that integration between health and social care was a key driver to providing high quality and sustainable services to meet the needs of the local population; and also address local priorities. The Integration Self-Assessment tool developed by the Local Government Association was aimed to focus on the key elements and characteristics needed for successful integration.

It was highlighted that the Health and Wellbeing Board was required to promote joint working and integration to improve health and wellbeing in Lincolnshire. In doing this, partners and key stakeholders had been asked to take part in the self-assessment exercise; the findings from this exercise were then discussed at the Informal Health and Wellbeing Board meeting held in November. The findings of the self-assessment exercise were detailed in Appendix A to the report; and feedback

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
6 DECEMBER 2016

from the Informal Health and Wellbeing Board meeting held on 8 November was provided in Appendix B for the Board to consider.

Overall, the general view was that progress had been made initially; but there was still progress to be made in Lincolnshire to ensure that all partners and stakeholders were engaged in the integration journey. To enable this to happen, the Board was requesting commitment from partners to share the outcome of the self-assessment exercise; and to identify priority areas for improvement. A further report would then be presented to the meeting in March 2017, which would ask the Board to agree a small number of improvement actions to progress which would be based on the ranked list of priorities.

During a short discussion, the following points were raised:-

- Some concern was expressed to the number of responses received (11 corporate responses). The Board was encouraged to disseminate the information provided, to ensure that a better representation was received;
- Some concern was expressed as to what happened next in the process. An explanation of the next steps to be taken was provided to the Board. (This information was detailed on page 25 of the report presented). Confirmation was given that the Board was working towards the themes as agreed in the Joint Health and Wellbeing Strategy;
- Some members highlighted that during the last 12/18 months some areas of integration had not been taken forward as far they possibly could have been. It was highlighted that in some cases this had been as a result of lack of financing; and
- Scrutiny of the local Sustainability and Transformation Plan (STP). The Board was advised that STP would be included as an item on the March agenda; and that STP would remain as an item on the agenda thereafter going forward. The Board was advised further that scrutiny of the STP would be conducted by the Health Scrutiny Committee for Lincolnshire.

Following discussion, the Board agreed to:-

RESOLVED

1. That the details of the Integration Self-Assessment as detailed in Appendices A and B be noted.
2. That the next steps as detailed below be approved:-
 - Each partner organisation, including all district councils, NHS providers and Involving Lincs, share the details of this exercise with their governing body to raise awareness of the feedback and to gain commitment from stakeholders to develop a shared improvement plan to address the issues highlighted through this exercise;
 - Each partner is asked to identify their top three priority areas for improvement (ranked 1 to 3, with 1 being the top priority) and to

LINCOLNSHIRE HEALTH AND WELLBEING BOARD 6 DECEMBER 2016

feed this information back to the Programme Manager Health and Wellbeing by the end of January 2017;

- The organisational priorities are collated and developed into a ranked long list;
- A further report is presented to the Health and Wellbeing Board in March 2017.

27b Better Care Fund (BCF) 2016/17 & 2017/18

The Board gave consideration to a report from Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which provided an update on Lincolnshire's plans for the Better Care Fund Narrative Plan and Planning Template for 2017/18 and 2018/19.

The Board was advised that there had been a number of changes by the Government, one was that CCGs and Upper Tier Councils needed to agree a joint plan to deliver the requirements of the BCF for 2017/18 and 2018/19 via the Health and Wellbeing Board.

It was reported that nationally an additional £105m was anticipated to be made available to Upper-Tier Councils through the BCF in 2017/18, and £825m in 2018/19.

That would mean that the sums for Lincolnshire would be:-

- 2017/18 – a further £2.1m;
- 2018/19 – a further £12.1m; and
- 2019/20 – a further £10.9m, making the BCF £25.1m greater than in 2016/17.

It was noted that the sums were expected to come to the County Council via a Section 31, direct from Government.

The Committee noted that officers were busy working on the BCF submission for 7 January 2017, but this process was being hampered as guidance information had still not been received from the Government. It was noted further that there was an informal consensus that Lincolnshire should make an application to be a pilot 'graduation site.' It was noted further that this was the Government's latest phase for moving local areas from the BCF to the full integration of health and social care. However, the benefits of being a 'graduation pilot' were still being determined nationally.

In conclusion, the Board was advised that there was a considerable amount of work to be undertaken to ensure that Lincolnshire was able to submit an agreed BCF Plan within the timescales.

It was further reported that the eight Lincolnshire local authorities had developed and agreed an approach to managing and reforming the Disabled Facilities Grant (DFG) system in Lincolnshire over the two years of the 'new' BCF. The outline agreement

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
6 DECEMBER 2016

had been presented to the Joint Commissioning Board on 22 November, details of which were contained within Appendix B to the report presented.

Appendix A to the report provided the Board with details of the Better Care Fund Performance Report – Overview for Quarter 2.

A discussion ensued, from which the Board raised the following points:-

- The Board were advised that DFG also applied to private housing; and that District Councils had the statutory responsibility for DFGs;
- Some concern was expressed from the District representative to the target of eight weeks for a DFG to be completed from self-referral to job completion. It was felt that this might not be achievable particularly in instances when planning permission was required. A suggestion was made as to whether it would be more appropriate for this to be amended to being 85% complete within the timescale. The Board noted that at the moment the document only had overarching officer agreement and had not been politically signed off by the Districts. Therefore a formal agreement would still have to be considered through the decision making process as key decisions on implementation still had to be made;
- Reference was made to a level of disappointment that the Chancellor's Speech had not made reference to health and social care. However, it was noted that some dialogue was ongoing with the Government, and that there was some optimism that there might be added resource to social care;
- A suggestion was made that Districts should look into using smaller contractors; as in some cases there was more flexibility locally and costs were lower; and
- A suggestion was made for ensuring that a Memorandum of Understanding was established between the County Council, the four CCGs and the Districts. Officers reassured the Board that a Memorandum of Understanding was already being drafted.

Councillor C R Oxby wished it to be noted that he had worked on DFG works for a local Charity Housing Association.

The Board was reminded that any delegation from the Lincolnshire Health and Wellbeing Board was dependent on the statutory signatories.

RESOLVED

1. That delegation be given to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Chairman of the Lincolnshire Health and Wellbeing Board, the responsibility to submit the BCF Plans for 2017/18 – 2018/19.
2. That the Lincolnshire Health and Wellbeing Board notes that the Joint Commissioning Board is likely to recommend that the Protection of Adult Care Services should be at the minimum amount identified in Planning Guidance due to be issued after 12 December 2016, and that the Council

are likely to accept this minimum amount (all subject to any material requirements in the national guidance).

3. That the Lincolnshire Health and Wellbeing Board defers to the A & E Board target setting; and notes that 'stretch targets' will be set for both 2017/18 and 2018/19, notably with respect to Non-elective Admissions (NEA) and Delayed Transfers of Care (DTC).
4. That agreement be given to the Disabled Facilities Grant paper (detailed at Appendix B), prepared by the Interim Director of Public Health should provide a steer on the way forward to address DFGs for 2017/18 – 2018/19; but should take into account the comments raised with regard to amending the proposed target for completing DFGs from self-referral to job completion.
5. That agreement be given to Lincolnshire making an application to be a pilot 'graduation site'.
6. That agreement be given to not progressing any work in developing a contingency sum in the next BCF submission. (Subject to any material requirements in the national guidance).

27c Lincolnshire Clinical Commissioning Groups Draft Operational Plan

Consideration was given to a report on behalf of the four Clinical Commissioning Groups (CCGs), which provided the Board with a copy of a Joint Draft Operational Plan for 2017/19. It was highlighted that NHS England had brought the NHS Planning Cycle forward by three months, (normally the Health and Wellbeing Board would have considered four individual CCG Plans at its March meeting) and had required CCGs to align operational planning to years 2 and 3 of the local Sustainability and Transformation Plan (STP).

It was reported that the two year operational plans had been developed by cross organisational working, and that all seven NHS organisations had come together to agree the operational plans. The CCGs were required to submit final Operational Plans to NHS England on 23 December 2016, alongside finalising contract negotiations with providers.

The Board noted that in addition to being held to account for delivery of the STP the CCG Improvement and Assessment Framework would provide the framework by which CCGs performance would be monitored during the life cycle of the operational plan. An overview of current performance against the CCG Improvement and Assessment Framework was detailed on pages 64/65 of the report presented. Appendix A provided the Board with a copy of the Lincolnshire CCGs Draft Joint Operational Plan on a Page for 2017/19.

During discussion, the Board raised the following issues:-

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
6 DECEMBER 2016

- One member felt that the document should make reference to the Lincolnshire Health and Wellbeing Strategy;
- Some reference was made to the poor cancer diagnosis; and dementia rates. The Board was advised that there was concern regarding early diagnosis and that work was being done around the two weekly pathway up to diagnosis. However, for cancer survival rates Lincolnshire was performing well. It was noted that good practice was shared locally and within East Midlands. The Board was advised that the message had not reached the most deprived areas with regard to screening for cancer. It was highlighted that two week appointments were made for patients who might have cancer, but unfortunately a lot of these patients did not attend the appointments. The Board was advised further that a cancer campaign was to be released 'Find out Faster' encouraging those at risk to get the necessary tests done; and
- The variance surrounding childhood obesity between Lincolnshire East and South West Lincolnshire CCG. It was highlighted that deprivation was one factor that could be associated with obesity; however some concern was expressed as to the data; which provided information at a population level – it was currently based on a weight at reception and year 6, but did not track individual children. Some members felt that more needed to be done at school to promote health and wellbeing as part of the curriculum. Some felt that more exercise should be encouraged. Overall, the Board realised that this was a complex area of work.

RESOLVED

That the Lincolnshire Clinical Commissioning Groups Draft Joint Operational Plan on a Page 2017/19 be noted.

28 DISCUSSION ITEMS

28a District/Locality Updates

The Programme Manager Health and Wellbeing advised the Board that no issues had been received from the District/Locality Partnerships which might have an impact on the delivery of the Joint Health and Wellbeing Strategy.

29 INFORMATION ITEMS

29a Health and Wellbeing Grant Fund - Update

Consideration was given to a report from Tony McGinty, Interim Director of Public Health, which provided the Board with an update on the Health and Wellbeing Grant Funded projects.

The Board noted that this was the third half yearly report on the projects since the funding was agreed by the Board in March 2015. The Board was asked to note the information provided in Appendix A.

RESOLVED

That the Quarter 2 information concerning the Health and Wellbeing Grant Fund Projects 2016 – 2017 provided in Appendix A be noted.

29b An Action Log of previous Decisions

RESOLVED

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

29c Lincolnshire Health and Wellbeing Board - Forward Plan

The Programme Manager Health and Wellbeing presented to the Board the current Forward Plan for consideration.

The Board was invited to put forward items for consideration. The following items were put forward:-

- Sustainability and Transformation Plan to be included as a standing item;
- Alternative Lead Officers;
- North Kesteven Health and Wellbeing Strategy – March meeting;
- East Lindsey Health and Wellbeing Strategy – June meeting;
- Entrenched Rough Sleepers Social Impact Bond;
- Discussion item from Healthwatch relating to immunisation and screening.

RESOLVED

That the Forward Plan for formal and informal meetings of the Lincolnshire Health and Wellbeing Board presented be received, subject to the inclusion of the items as detailed above.

The meeting closed at 3.20 pm.