

**LINCOLNSHIRE HEALTH AND  
 WELLBEING BOARD  
 20 JUNE 2017**

**PRESENT:**

**Lincolnshire County Council:** Councillors Mrs P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes, C E H Marfleet 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 Chris Weston (Consultant in Public Health (Wider Determinants))

**District Council:** Councillor Donald Nannestad (District Council)

**GP Commissioning Group:** Dr Vindi Bhandal (South West Lincolnshire CCG) and Dr Sunil Hindocha (Lincolnshire West CCG)

**Healthwatch Lincolnshire:** John Bains

**NHS England:** Jim Heys

**Officers In Attendance:** Andrea Brown (Democratic Services Officer) (Democratic Services), Alison Christie (Programme Manager, Health and Wellbeing Board), Carol Cottingham (Director of Service Redesign, Lincolnshire STP Delivery Unit), Sarah Furley (STP Programme Director) and David Laws (Adult Care Strategic Financial Adviser) (Finance and Public Protection)

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18.

COUNCILLOR MRS SUE WOOLLEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18.

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### 3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Dr Stephen Baird (Lincolnshire East CCG), Councillor C R Oxby, Sarah Fletcher (Healthwatch Lincolnshire), Dr Kevin Hill (South Lincolnshire CCG) and Tony McGinty (Interim Director of Public Health Lincolnshire).

It was reported that Chris Weston (Public Health Consultant – Wider Determinants of Health), John Bains (Healthwatch Lincolnshire) and John Turner (South Lincolnshire CCG) had replaced Tony McGinty (Interim Director of Public Health Lincolnshire), Sarah Fletcher (Healthwatch Lincolnshire) and Dr Kevin Hill (South Lincolnshire CCG) respectively, for this meeting only.

It was also reported that Councillor D Nannestad was in attendance as the District Council representative, for this meeting only, until this vacancy had been filled.

### 4 DECLARATIONS OF MEMBERS' INTEREST

There were no Members' interests declared at this stage of the proceedings.

### 5 MINUTES OF THE MEETING OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 7 MARCH 2017

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board, held on 7 March 2017, be confirmed and signed by the Chairman as a correct record.

### 6 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

### 7 CHAIRMAN'S ANNOUNCEMENTS

Further information was circulated to the Board which provided details of upcoming Joint Health and Wellbeing Strategy Engagement Events. The Chairman stressed that these events were key to sharing information to everyone within the county and colleagues were urged to cascade this information and utilise their own communication methods to promote the events also.

Details of these events could be found on the Lincolnshire County Council website at <https://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article>

It was suggested, and agreed, that formal thanks be extended to Councillor Mrs M Brighton OBE for her contribution to the Board, following her resignation as the District Council representative.

## 8 DECISION/AUTHORISATION ITEMS

### 8a Terms of Reference and Procedure Rules, Roles and Responsibilities of Core Board Members

The Board gave consideration to a report from Alison Christie, Programme Manager Health and Wellbeing, which asked the Board to reaffirm the Terms of Reference, Procedure Rules and Roles and Responsibilities of Board Members. It was proposed that a small working group be established to undertake a review of the Board membership to take account of changes that have occurred since the Board was first established in 2013, this includes the recent change of Government, the Lincolnshire Sustainability and Transformation Plan (STP), proposed establishment of a Housing Health and Care Delivery Group as well as the prioritisation setting process currently underway to develop the next Joint Health and Wellbeing Board Strategy.

A copy of the Lincolnshire Health and Wellbeing Board Terms of Reference and Procedure Rules was detailed as Appendix A to the report presented for the Board's consideration.

Concerns were expressed by Councillor D Nannestad, on behalf of the District Council Network, that the membership within the Terms of Reference did not reflect an increase in District Councillor representation and that the County Council Members of the Board did not attend the District Health Network, therefore not providing the two-way dialogue expected.

The Chairman gave assurance that these concerns would be considered by the working group. Following the County Council election, some new members of the Board held a seat at both County and District Council levels, therefore the Chairman was confident that there would be sufficient representation of the District Councils going forward.

Members were asked to provide expressions of interest for the working group to the Programme Manager – Health and Wellbeing as soon as possible.

## RESOLVED

1. That the Terms of Reference, Procedure Rules and Board Members Roles and Responsibilities be reaffirmed; and
2. That a working group to review the membership, as detailed within the report, be established.

### 8b Housing, Health and Care Delivery Group

Consideration was given to a report by Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which asked the Board to consider and agree the Terms of Reference and governance arrangements and to provide strategic leadership and

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direction to the Housing, Health and Care Delivery Group. The Board was also asked to identify a suitable Chair for the group.

It was explained that the previous Government had incorporated Disabled Facilities Grant funding (DFGs) into the Better Care Fund (BCF) in 2016/17 and revised guidance around its use had also been published. Housing for Independence (Hfi) was an evolving agenda and, as the necessary partnerships and confidence developed, the Board recognised the need for a Strategic Housing Development Group. The key work responsibilities for the group would include:-

- Oversee and update the countywide Memorandum of Understanding (MoU);
- Be responsible for the Housing and Health Joint Strategic Needs Assessment (JSNA) topic;
- Be responsible for best use of the DFG budget and, potentially, associated funding from Adult Care and Community Wellbeing;
- Take ownership of the performance reporting template to monitor performance and activity related to DFGs across Lincolnshire and report on performance to relevant stakeholders on a regular basis;
- Agree priority work streams to address key housing issues impacting on Lincolnshire, such as delayed transfers of care (DToC); and
- Explore future pooled funding arrangements to secure best value for 2018/19 which should include the DFG element.

The Board agreed that this group was required in order to drive the housing agenda forward but also reiterated that the £5.2m DFG was designed to assist the health sector and adult social care for those living in Lincolnshire.

Members also believed that the group would benefit from having elected Members included within the membership in addition to key officers as the final decision to approve the spend of £5.2m would be that of Members. Following discussion, it was agreed to request attendance by the relevant Portfolio Holder or, should they be unable to attend, be replaced by the relevant senior officer.

Frustration within the District Councils was reported in relation to the difference in the report presented to the District Housing Network on the same topic. It was explained that District Councils wanted to support the Housing, Health and Care Delivery Group but it was thought that the group, themselves, should appoint a Chair rather than the Lincolnshire Health and Wellbeing Board.

The Executive Director of Children's Services agreed that the report was helpful and that this area was also a key priority for Children's Services. It was requested, however, that an additional key responsibility be added entitled "Leaving Care Children – offers for care leavers" to enable a joint agreement to be made for a housing offer for these young people. Additionally, it was noted that a robust offer for young people with learning disabilities to transition from children's services into adult social care and then on to independence was not included.

Assurance was given that the DFG funding would be monitored by this group and regularly reported back to the Board.

RESOLVED

1. That the Terms of Reference and Governance Arrangements for the Housing, Health and Care Delivery Group, as set out within the report, be agreed;
2. That strategic leadership and direction to the Housing, Health and Care Delivery Group by the Lincolnshire Health and Wellbeing Board, be agreed;
3. That the relevant Portfolio Holder be included within the membership of the Housing, Health and Care Delivery Group; and
4. That Councillor Mrs W Bowkett be identified by the Board as a suitable Chair for the Housing, Health and Care Delivery Group.

8c Integration of Services for Children and Young People with a Special Educational Need and/or Disability

Consideration was given to a report from Debbie Barnes, Executive Director for Children's Services, which identified the opportunities to improve outcomes for children and young people with special educational needs and disabilities through integration of commissioning and service delivery.

It was explained that this was a highly complex area and one which needed to be simplified. It was highlighted that the Local Authority was currently reviewing special school provision in order to provide facilities which catered for a wide variety of need rather than individual areas only.

The Board indicated support of the approach proposed.

RESOLVED

1. That a strategic intent to develop an integration plan for Health and Local Authority services for children and young people with special educational needs and disabilities be confirmed;
2. That CCGs be asked to commit resource to undertake the work required to review and remodel the current commissioning arrangements for health provision, following the commitment from LCC; and
3. That the proposal for this work to be governed via the Women and Children's Joint Delivery Board, reporting to the Lincolnshire Health and Wellbeing Board, be agreed.

8d Developing Integrated, Neighbourhood Working - Update

Consideration was given to a report from Carol Cottingham, Director of Service Redesign – Lincolnshire STP Delivery Unit, which set out the key elements of the Neighbourhood Working programme and provided an update of the current status of the programme.

It was explained that the creation of integrated Neighbourhood Care Teams and supporting 'self-care' networks was a flagship programme across Lincolnshire bringing health and care professionals, the third sector, local authority and independent organisations together to empower people and communities to take an active role in their health and wellbeing.

The Board was advised that there were now 8-10 multidisciplinary neighbourhood teams across the county and particularly noted the team in Gainsborough, based at the John Coupland Hospital, as a successful implementation of the model.

It was anticipated that a huge amount of work would have been undertaken on the infrastructure to enable more than four teams to be established by the end of March 2018. However, the Board was asked to consider any potential issues which may be faced during the process of bringing team together from very different organisations. Some of these issues had related to organisational change hence the decision to establish the System Executive Team in order to support staff whilst driving this forward.

Healthwatch Lincolnshire requested that robust measurable outcomes be implemented and it was confirmed that the offer was currently being worked through by CCGs with DTOC and Admissions, two of the key measures, linked to the BCF. A small group had also been established to develop an outcome framework to agree what each team needed to measure.

The Board was keen to ensure that rural areas were sufficiently captured by neighbourhood teams as that was a key area of service need for these services.

NHS England had noted that Lincolnshire was ahead of the rest of the country in respect of this area of work. It was further noted that the STP was fundamentally driven by neighbourhood teams and it was for partners to agree on how the saturation of technology could be enabled to reduce the need for residents to travel great distances to access these services. A trial to link medical records to enable immediate access to up-to-date information was underway and the results would indicate if this method would improve the service offered to patients.

The Board was assured that mental health was a key element within neighbourhood teams and that the way in which services were to be structured would ensure that the support would be readily available.

The Board asked that a commitment be made to the number of Neighbourhood Teams in place at certain points within the year and it was suggested that the first four teams be in place by the end of June 2017. This progress would be considered at the meeting of the Board in December.

#### RESOLVED

1. That the content of the Programme of Work be noted;
2. That the current progress and key actions be noted;
3. That the link between the Neighbourhood Working Programme and the Health and Wellbeing Board be developed and strengthened by regular updates and discussion regarding the programme at future meetings; and
4. That the Governance Structure outline in place to support this work be noted.

8e Health and Wellbeing in Lincolnshire: Overview of the 2017 Joint Strategic Needs Assessment

Consideration was given to a report by Chris Weston, Public Health Consultant – Wider Determinants, providing an overview of the topics in the new JSNA which was published in June 2017.

The Board received a demonstration of the infographic "Overview of Health and Wellbeing in Lincolnshire" which could be found on the Lincolnshire Research Observatory website using the following link:-

<http://www.research-lincs.org.uk/UI/Documents/Health%20and%20Wellbeing%20in%20Lincolnshire%202017%20life%20map.pdf>

The document allowed users to click on areas of interest across the whole JSNA which would, in turn, open another page providing detailed information on that topic. It was reiterated that although Public Health were coordinating this piece of work, they were not the owner of the document as many organisations had been involved in the process.

The infographic had been designed to make access to this vast online resource as easy as possible and, although this document had been published on 9 June 2017, it would be updated regularly as and when new information was received. The Health and Wellbeing Board Newsletter would request feedback on user experience.

The Chairman thanked Alison Christie, Chris Weston and the wider team for the extraordinary amount of work involved in preparing this document and ensuring that it was as user friendly as possible. The document would also contribute to all commissioning decisions made within health and social care and an evidence base was readily accessible whilst working through those processes.

A suggestion was made to cross reference the cost of alcohol and/or drug misuse with the cost of domestic abuse as it was thought that in many cases one could lead on to the other. It was acknowledged that there were some overlaps and something which the Board could give future consideration to.

The Board indicated that they would be proud to formally adopt the refreshed JSNA for Lincolnshire.

**RESOLVED**

That the refreshed Joint Strategic Needs Assessment for Lincolnshire be formally adopted and the evidence base to inform the development of the new Joint Health and Wellbeing Strategy be accepted and confirmed.

9 DISCUSSION ITEMS9a Lincolnshire Sustainability and Transformation Plan (STP) Priorities and Update

Consideration was given to a report by Sarah Furley, STP Programme Director, which provided the Board with an update on the delivery of the Sustainability and Transformation Plan.

John Turner, Chief Executive Officer of Lincolnshire East CCG, introduced the report having taken over as the Senior Responsible Officer for the STP following the retirement of Allan Kitt. It was recognised and acknowledged that the requirements of the STP had not, previously, been conducive to partnership working but that this position had improved and all partners were now working towards an integrated health service.

The STP was now in the mobilisation phase for those aspects of the STP which could be moved forward to enable service provision in homes and personal settings if it were both appropriate and safe to do so.

Sarah Furley, STP Programme Director, explained the priorities and mobilisation of the STP which utilised and built upon the NHS operational plans, submitted in December 2016. The five key priorities for 2017/18 were highlighted to the Board, all of which had accountable measures attached to them:-

1. Integrated Care including Neighbourhood Teams and Urgent Care;
2. Operational Efficiency Solution;
3. Prescribing across the system and for all care groups;
4. Planned Care including Demand Management, MSK, Repatriation and elective care bed optimisation and pathway redesign; and
5. Mental health Out of County Placements

The three main areas of work currently ongoing included the previous Lincolnshire Health and Care (LHAC) programme, operational efficiency and the care portal.

At 11.50am, Dr V Bhandal left the meeting and did not return.

It was anticipated that the investment needed would become clear within the next three to six months.

During discussion, the following points were noted:-

- It was noted that the County Council continued to oppose the STP in its current form but that this view had been omitted from the document. Unless changes were made to the document, the position of the County Council would not change. It was acknowledged that the opinion of the County Council had been taken into consideration although this had not been specifically included within the report but the Board was assured that all concerns raised by the County Council, and by the public, were being considered and worked through to provide a solution suitable to all;



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- Concern was raised in regard to the current financial deficit and that the five priorities given did not appear to include finance. The Board requested regular updates in relation to the financial considerations of the STP and the current deficit position;
- The running costs of the NHS estate was cause for concern with a reported £208m backlog of repairs for United Lincolnshire Hospitals NHS Trust. It was acknowledged that the STP was working alongside the One Public Estate programme which would also give consideration to the estate;
- In relation to workforce, a lot of good work had taken place in Lincolnshire and Midlands and the East Region with a considerable amount of modelling done. However, the Board remained concerned about the staffing turnover within the Trusts in Lincolnshire;
- The consultation process would require consideration by the NHS internally, followed by NHS England both regionally and nationally and therefore the timetable would be guided by these factors. It was hoped that the public consultation would be opened by the end of this calendar year or early into 2018. The Board was assured that this would not prevent engagement and discussions with partners up to that point. It was not possible, given the consultation process to be followed, to give definite consultation dates;
- The Governance Structure provided at Appendix A to the report was not clear to the Board and also gave cause for concern; and
- The Board were keen that the needs of Lincolnshire were given priority as well as those requirements of the NHS nationally. It was felt that this element of local need was currently missing from the STP.

**RESOLVED**

1. That the STP priorities be noted;
2. That the progress to-date be noted; and
3. That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.

At 12.20pm, John Turner left the meeting and did not return.

**9b Better Care Fund (BCF) 2016/2017 and 2017/2018**

Consideration was given to a report by Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which provided the Board with an update on the Better Care Fund (BCF) plans and included an update on the graduation bid and additional funding announced by the Chancellor in March 2017. The report also included performance reporting for 2016/17 and 2017/18.

The Board was asked to include this item as a standing item on the agenda for future consideration as progress was made. This was agreed.

In relation to Delayed Transfers of Care (DTC), the Care Quality Commission (CQC) would produce a report which would be commissioned by the Government to review the worst performing 15 and the best 5 local systems in the country and produce a report which would be used by the Government. There was also concern that the £2bn (over 3 years) allocated to support social care and providers to deliver

successful transfers from hospital could risk not being reinvested in social care in 2020 if Government concluded that social care was not delivering on improved performance, notably related to DTOCs.

The Director sought to reassure the Board that Lincolnshire's performance was much better than the worst performing areas and had a close level of oversight to ensure there was no deterioration.

It was also reported that patients currently had the right to reject a residential care offer and remain in hospital, this was called the 'Choice Directive'. The Board was concerned that Government could penalise Local Authorities as a result of patient choice.

It was reported that the Graduation Plans submitted by Lincolnshire were in the Top 11 submissions but Government still had to pronounce on the selected list.

#### RESOLVED

1. That the BCF performance for the 2016/17 financial year and the performance achieved, be noted;
2. That the £3m Risk Contingency established for this financial year had been fully utilised by the CCGs in meeting the extra cost to ULHT despite the performance achieved on Non-Elective Admissions in 2016/17 be noted;
3. That the submission of the Graduation Plan and Lincolnshire's progress at being shortlisted for graduation be noted;
4. That the delays to the timetable for the submission of the BCF Plan and associated BCF Planning Templates be noted; and
5. That this item be added to future agendas of the Lincolnshire Health and Wellbeing Board as a standing item.

#### 10 INFORMATION ITEMS

##### 10a Lincolnshire Pharmaceutical Needs Assessment

An information report was received from Chris Weston, Public Health Consultant – Wider Determinants, which provided an outline of the arrangements for review of the PNA by the PNA Steering Group due to be republished in March 2018.

#### RESOLVED

That the report for information be received.

##### 10b Health and Wellbeing Grant Fund - Half Yearly Update

A report by Alison Christie, Programme Manager Health and Wellbeing, was received which provided the Board with a half-yearly report of the Health and Wellbeing Grant Fund project.

Although there were some funds to be allocated, it was confirmed that this would be the decision of the Sub-Group. A meeting of this group was being arranged.

RESOLVED

That the report for information be received.

10c An Action Log of Previous Decisions

A report was received which noted the decisions taken since May 2016.

RESOLVED

That the report for information be received.

10d Lincolnshire Health and Wellbeing Board Forward Plan

The Lincolnshire Health and Wellbeing Board Forward Plan was received which provided the Board with an opportunity to discuss items for future meetings which would, subsequently, be included on the Forward Plan.

The Chairman requested that the Board's concerns in regard to immunisation, noted at the previous meeting, be referred to the Health Scrutiny Committee for Lincolnshire for further consideration.

RESOLVED

That the report for information be received and the request, as detailed above, be noted.

10e Future Scheduled Meetings Dates

RESOLVED

That the following scheduled meeting dates for the remainder of 2017 and 2017 be noted:-

26 September 2017;  
5 December 2017;  
27 March 2018;  
6 June 2018;  
25 September 2018; and  
4 December 2018

The meeting closed at 12.34 pm