



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
1 DECEMBER 2020**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell OBE (Executive Councillor Adult Care, Health and Children's Services), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R J Kendrick, C E H Marfleet, C R Oxby and N H Pepper.

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Professor Derek Ward (Director of Public Health) and Janice Spencer OBE (Assistant Director – Safeguarding).

District Council: Councillor Donald Nannestad (District Council).

Lincolnshire Clinical Commissioning Group: John Turner (Lincolnshire Clinical Commissioning Group).

Healthwatch Lincolnshire: Mike Hill.

Police and Crime Commissioner: Marc Jones.

Associate Member (non-voting): Bill Skelly (Chief Constable, Lincolnshire Police).

Officers In Attendance: Alison Christie (Programme Manager, Strategy and Development), Dr Sunil Hindocha (Clinical Director of Marina Primary Care Network, (PCN) and Chair of the Lincolnshire PCN Alliance) (GP Commissioning Group), Janet Inman (Non-Executive Director NHS Lincolnshire CCG), Semantha Neal (Assistant Director, Prevention and Early Intervention), Kirsteen Redmile (Lead Change Manager, Integrated Care, STP System Delivery Unit), Katrina Cope (Senior Democratic Services Officer) (Democratic Services) and Sarah Stringer (Transformation Manager, East Locality).

21 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Heather Sandy (Executive Director of Children's Services), Elaine Baylis, (Lincolnshire Co-ordinating Board) and Jason Harwin, (Associate Member – Lincolnshire Police).

The Board noted that Janice Spencer (Assistant Director – Safeguarding) had replaced Heather Sandy (Executive Director of Children's Services) and Bill Skelly, (Chief Constable, Lincolnshire Police) had replaced Jason Harwin (Deputy Chief Constable, Lincolnshire Police – Associate Member) for this meeting only.

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22 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this point in the meeting.

23 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD
MEETING HELD ON 29 SEPTEMBER 2020

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 September 2020 be agreed and signed by the Chairman as a correct record.

24 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the Action Updates presented be received.

25 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Committee that Brendan Hayes, the Chief Executive of Lincolnshire Partnership Foundation Trust (LPFT) had announced that he was retiring. The Chairman on behalf of the Board wished Brendan a long and happy retirement.

26 DECISION ITEMS

26a Health and Wellbeing Review - proposal to incorporate the functions of the
anticipated Lincolnshire Integrated Care System Partnership Board

The Chairman introduced this item and advised that the report presented provided the Board with proposals to incorporate the functions of the anticipated Lincolnshire Integrated Care System Partnership Board (ICSPB) with the Lincolnshire Health and Wellbeing Board (HWB). The Chairman highlighted that since the publication of the report, further guidance had been received from NHS England and NHS Improvement (NHSE/I) concerning the next steps for Integrating Care Systems, and that as a result, minor amendments would be need to be made to two of the recommendations presented on page 17 of the report to take into account the said guidance.

The Chief Executive of Lincolnshire NHS Clinical Commissioning Group presented the report, making reference to the obvious areas of overlap between the role of the HWB and the emerging role of the ICSPB. The Board was advised that there was no national model for how HWBs and ICSPBs should work together, other than an expectation that local leaders from the health and care system would agree arrangements that responded to needs and requirements of their local area. The

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Board was advised further that there was a consensus across the local health and care system for the need to develop an approach that worked for Lincolnshire.

It was reported that the proposed new board would provide an overarching strategic partnership for the health and care system. The Board would be supported by a series of operational boards that would deal with day to day management and provide assurance to the strategic board. It was reported that further work was still needed to develop a terms of reference, mode of operation and to agree governance arrangements.

It was highlighted that the approach being taken in Lincolnshire was a bold evolutionary step, which was not actively being considered elsewhere in the country. As such, it put Lincolnshire in the vanguard of thinking and offered a potential model for other areas to replicate. Details relating to the advantages of the approach were shown on pages 18 and 19 of the report.

The Board noted that as the guidance from NHSE/I was still being considered it was felt that at this stage the Board would only be able to support the proposed alignment, and consider the membership as detailed in section 1.3 of the report. It was agreed that a copy of the new guidance document would be forwarded on to all members of the Board.

During discussion, the Board raised the following points:

- Confirmation of the implementation date for the ICSPB. The Board was advised that a ICSPB needed to be in place for 1 April 2021;
- Membership as detailed at section 1.3. Confirmation was given that as a result of the new guidance, no agreement would be taken relating to membership. The Board noted that further work would be done to draft the proposed Terms of Reference for the integrated working arrangements; and that an Extra-ordinary meeting of the Board would be arranged for the start of February 2021, to allow for further discussions, prior to Board's March meeting;
- Involvement of the voluntary sector – The Board noted that involvement of the voluntary sector would be considered; and
- Support was extended to the proposed integrated working.

The Chairman advised that as a result of the recent publication of the next steps guidance on Integrated Care Systems issued by the NHSE/I, it was proposed to amend recommendations (b) and (d) as shown on page 17 of the report.

It was proposed and seconded to amend (b) to:

(b) to; 'Confirm it supports the proposal to align the functions of the anticipated ICSPB with the HWB.'

And; (d) to: 'Consider and comment on the proposed membership set out in Section 1.3'.

RESOLVED

- a. That the report presented be noted.
- b. That support be given to the proposal to align the functions of the anticipated ICSPB with the HWB.
- c. That officers develop revised terms of reference and for these to be presented to the Board meeting in March.
- d. That the comments raised by the Board on the proposed membership be taken into consideration.

26b Lincolnshire Homes for Independence Blueprint

Consideration was given to a report, which provided the Board with the Lincolnshire Homes for Independence Blueprint from the Housing, Health and Care Delivery Group (HHDCG), which sought to provide a high level vision for the provision of a greater range of housing options for those who needed additional support, and better integrated services to promote and sustain independent living.

The Chairman invited Councillor Mrs Wendy Bowkett, Chairman of the Housing, Health Care Delivery Group and Sem Neal, Assistant Director for Prevention and Early Intervention, Public Health to present the report, which was detailed on pages 23 to 60 of the report pack.

It was highlighted that the majority of homes that people currently lived in may not be suitable for their needs long term, as needs changed over time. It was noted that more could be done to help people remain in their own homes. The blueprint was aimed to help people remain living in their current home; or finding a home for life, which included encouraging new-build properties to make provision for accessibility in later life, should the need arise.

The Board noted that the development of the blueprint was the first step in agreeing across local government, NHS organisations, social housing providers and communities, the standards wished to be achieved in Lincolnshire.

Attached at Appendix A to the report was a copy of the Lincolnshire Homes for Independence Blueprint; and Appendix B provided the Board with a copy of the Draft Housing, Health and Care Delivery Group Delivery Plan. It was noted that Appendix B detailed the collaborative actions required to tackle the objectives outlined in the blueprint. It was noted further that the delivery objectives in the blueprint had been derived from the JSNA topics on 'Housing Standards' and 'Insecure Homes and Homelessness'.

Thanks were extended to everyone involved in the Lincolnshire Homes for Independence Blueprint.

During discussion, the Board raised the following points:

- Support was extended to the proposed blueprint;
- The need for the police to be involved in the implementation of the blueprint; and
- The need to ensure that housing was sustainable for the future; and that there were examples of successful sustainable housing projects in other parts of the country.

RESOLVED

1. That the Lincolnshire Homes for Independence Blueprint be endorsed.
2. That relevant partners be recommended to adopt the blueprint through the appropriate decision-making process for their organisation.

27 DISCUSSION ITEMS

27a Covid-19 Update

The Chairman invited Derek Ward, Director of Public Health, to provide an update on the current Covid-19 position in Lincolnshire.

The Board was advised that there had been a steady rise in the rate of Covid-19 cases through October to mid-November 2020, and that there had been a lot of variation across the districts.

However, since 20 November, there had been a slow but steady reduction in the rates of infection across the county; again there was some variance at district level. The Board was advised that the rate of infection had increased in Boston; and that this was as a result of two significant care home outbreaks; and a significant school outbreak.

The Board was advised that once out of lockdown, the whole of the county would be placed in tier level three. The Government was then due to review the tiering system again on 16 December 2020.

It was reported that Lincolnshire County Council Public Health were working with City of Lincoln Council and the Universities to arrange testing for students wishing to return home. It was highlighted that the testing would pick up those students who did not have any symptoms. It was also highlighted further that this would increase the number of positive cases in Lincoln, testing those asymptomatic.

The Board noted that the NHS was also instigating a similar model for NHS staff, to identify any staff who were Covid-19 positive, but were not showing any symptoms.

The Chief Executive of Lincolnshire CCG advised that all services in the health and care sector were under strain; and that the NHS was in a very challenging position currently. The Board noted that integrated working across all agencies during the

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pandemic had been exceptional as had the support received from the Lincolnshire Resilience Forum.

It was highlighted that the NHS were keen to stress that even in a pandemic, they were open for the people of Lincolnshire.

The Board noted that the flu vaccination uptake in Lincolnshire was the highest in the East Midlands area, and praise was extended to all those involved in the flu vaccination campaign. It was noted further that arrangements were being made in readiness for the Covid-19 vaccines, once approved.

During discussion, the Board raised the following points:

- Concern was expressed regarding the availability of flu vaccines along the coast. The Chief Executive of the Lincolnshire CCG advised that he was aware of some issues, but felt these had been rectified as a delivery of flu vaccines had been received in the county during the previous week. Reassurance was given that the matter would be followed up;
- Families being unable to visit relatives in care homes, and whether this would change before Christmas. The Board was advised that access was the responsibility of the individual care homes;
- Some discussion was had regarding the proposed tier three and the implications for Lincolnshire as a whole;
- Underlying mental health issues resulting from the pandemic. Some members highlighted that extra funding needed to be made available to deal with mental health issues, or a re-organisation of existing resources. The Board noted that prior to the pandemic Lincolnshire had been successful in securing funding for mental health transformation, and that there had also been commitment at a national level as well to build on the broad range of support provided across the county. A suggestion was made as to whether more could be done to help those suffering isolation with the assistance of community volunteers;
- Bed occupancy. The Board noted that there were significant challenges for the NHS at the moment, as the number of positive in-patient cases had doubled in number, compared to the peak of the first wave. It was highlighted that there was also concerns regarding staffing levels, as the number of staff testing positive or self-isolating was increasing;
- Increasing rates for the City of Lincoln – The Board was advised that the infection rate for the City of Lincoln would increase as a result of the asymptomatic testing of students, but the rate would then drop thereafter. There was a realisation that any messages communicated needed to be as simple as possible.

The Chairman on behalf of the Board extended thanks to the Director of Public Health for his update.

RESOLVED

That the update be received.

27b Social Prescribing

The Chairman welcome to the meeting Sarah Stringer, Transformation Manager, East Locality, Kirsteen Redmile, STP Lead Change Manager Personalisation and Dr Sunil Hindocha, Clinical Director of Marina Primary Care Network, (PCN) and Chair of the Lincolnshire PCN Alliance.

Dr Sunil Hindocha introduced the item and advised the Board that since the Health and Wellbeing Board had first awarded £369,016 'proof of concept' funding for social prescribing, significant progress had been made in the strategic ambition as outlined in the Joint Health and Wellbeing Strategy (JHWS) and in the NHS Long Term Plan to create an embedded Social Prescribing service. Details relating to the local model were shown on pages 63 and 64 of the report.

Appendix A to the report provided the Board with an update report on the service from April to September 2020.

It was reported that in the first two quarters of 2020, the countywide service had received over 700 new referrals to the existing caseload of 660 referrals at the start of April 2020. It was highlighted that there had been an increase in the number of referrals from LPFT during lockdown. The Board noted that the Link Worker Team had carried out almost 24,000 support activities during the first half of the year, ranging from telephone calls, liaison with services etc.

The Board was also advised that contact was also being made through the new Vitrucare video call platform. The platform enabled the link workers the opportunity to link and support participants virtually. A screen shot of a platform and the variety of tiles available to a social prescribing participant was detailed on page 70 of the report pack.

It was reported that there needed to be a firm commitment to social prescribing across the county, not just at Primary Care Network (PCN) level. It was highlighted that in order to develop a single offer, contract security and stability would need to be reached to allow both staff and the model time to embed and mature. It was highlighted that there would also need to be the opportunity to share resources both at an operational and strategic level.

The Board noted that social prescribing was now embedded in the NHS offer, as it formed part of the NHS's ten high impact action.

During discussion, the Board raised the following points:

- That there needed to be a joined up approach to avoid overlap and duplication across the county;
- Some members welcomed the report presented and expressed their thanks to the presenters; and
- The need to ensure that there was a central point from which participants could be directed from.

RESOLVED

1. That the progress made in social prescribing from both the original proof of concept and new funding streams, and to sign off completion of the proof of concept project be noted.
2. That the ambitions for the services/new national expectations against the current risks and mitigations as detailed in the report be received.
3. That the Board reviews what further support and influence the Board can provide across all organisations to further commit funding in order to mitigate short-term risks, as the Social Prescribing Link worker model grows in maturity, but also to review how as a system Lincolnshire supports community development initiatives to ensure there are services and activities available for Social Prescribing to refer to (particularly in light of the impact of Covid-19).
4. That future responsibility be delegated to the Personalisation Board to monitor further updates on this service and agree the Personalisation Board will in turn report by exception back to the Health and Wellbeing Board as required.

28 INFORMATION ITEMS28a An Action Log of previous decisions

RESOLVED

That the Action Log of Previous Decisions as presented be noted.

28b Lincolnshire Health and Wellbeing Board Forward Plan

During consideration of the Board's Forward Plan, reference was made to a recent communication from the Rt Hon Robert Jenrick MP, Secretary of State for Housing, Communities and Local Government, which had made reference to funding for public sector infrastructure totalling £100 billion. It was agreed that a copy of said letter would be forwarded on to the Chief Executive of Lincolnshire Clinical Commissioning Group to investigate further, to see if the letter referred to new funding or to funding already committed. The Board noted that Lincolnshire had been successful in securing funding through the year and that an update regarding this matter could be made available to Board members for a future meeting.

The Chairman advised that arrangements would be made for an extra-ordinary meeting of the Health and Wellbeing Board in late January/early February 2021, to consider the proposal around the alignment of the of the HWB with the ICSPB.

RESOLVED

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1. That the Lincolnshire Health and Wellbeing Board Forward Plan up to 7 December 2021 be received.
2. That an Extra-ordinary meeting of the Lincolnshire Health and Wellbeing Board be arranged for late January/early February 2021 to discuss the alignment of the HWB with the ICSPB.

The meeting closed at 4.06 pm