

**LINCOLNSHIRE HEALTH AND WELLBEING
BOARD
22 JUNE 2021**

PRESENT:

Lincolnshire County Council: Councillors Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), K H Cooke, W H Gray, R J Kendrick, Mrs S Rawlins and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners).

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health).

District Council: Councillor Richard Wright.

NHS Lincolnshire Clinical Commissioning Group: Sean Lyons and John Turner.

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer and Sarah Connery.

United Lincolnshire Hospitals NHS Trust: Elaine Baylis and Andrew Morgan.

Lincolnshire Community Health Services NHS Trust: Elaine Baylis and Maz Fosh.

Primary Care Network Alliance: Dr Sunil Hindocha.

Associate Members (non-voting): Emma Tatlow (Voluntary and Community Sector)

Officers In Attendance: Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer) (Democratic Services), Gareth Everton (Head of Integration and Transformation) and Sean Johnson (Senior Programme Officer, Planning and Environmental Public Health) (Planning and Environmental Public Health).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2021/22.

COUNCILLOR MRS S WOOLLEY IN THE CHAIR

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2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That John Turner (Chief Executive of NHS Lincolnshire Clinical Commissioning Group) be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2021/22.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Heather Sandy (Executive Director – Children's Services), Sarah Fletcher (Healthwatch Lincolnshire), Marc Jones (Police and Crime Commissioner), Jason Harwin (Lincolnshire Police) and Oliver Newbould (NHS England/Improvement).

4 DECLARATIONS OF MEMBERS' INTEREST

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

5 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 9 MARCH 2021

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 9 March 2021 be agreed and signed by the Chairman as a correct record, subject to the addition of Sarah Connery, Acting Chief Executive, Lincolnshire Partnership NHS Foundation Trust being added to the list of those in attendance at the meeting.

6 ACTION UPDATES

RESOLVED

That the Action Updates presented be noted.

7 CHAIRMAN'S ANNOUNCEMENTS

RESOLVED

That the Chairman's Announcements presented be noted.

8 DECISION ITEMS

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

Consideration was given to a report from Alison Christie, Programme Manager, which advised of the requirement for Board to review its governance arrangements on an annual basis.

The Board was advised that at Council AGM meeting on 21 May 2021, the Council had agreed to the proposals for the Lincolnshire Health and Wellbeing Board to incorporate the functions on the Integrated Care System (ICS) Partnership Board; and to the relevant changes being made to the Council's Constitution.

Appendix A to the report provided a copy of the Health and Wellbeing Board Terms of Reference, Procedural Rules, and Board Members' Role and Responsibilities for the Board to review and agree.

During discussion, the following points were raised:

- The need for more than one district council representative on the Board, to ensure that the diversity within each district was taken into consideration in relation to the impact of the wider determinants of health; and for the membership of the Board to fit in with the wider national model. Reassurance was given that the Board membership would be reviewed again in twelve months' time when, subject to legislation the Clinical Commissioning Group was discontinued and the ICS came into effect. The Board noted that this was just the first stage of the process. There was also recognition that going forward other sectors would be included. It was also highlighted that all district councils were well represented having member and officer input into to the Housing, Health and Care Delivery Group, which was a sub-group of the Board; and that dual hatters on the Board were also able to communicate back to their representative councils. It was agreed that consideration would be given to the setting up a working group to look into the membership of the ICS partnership; and
- A request was made for a further bullet point being added against the District Council representative (on page 41 of the agenda) '*Provides reports in accordance with the national model of the ICS*', this would then reflect more partnership working.

RESOLVED

That the Terms of Reference, Procedural Rules and Board Member's Roles and responsibilities as set out in Appendix A to the report be agreed.

8b Lincolnshire's Joint Strategic Needs Assessment

The Board gave consideration to a report from Alison Christie, Programme Manager, which advised of the statutory responsibility of the Lincolnshire Health and Wellbeing Board to

produce and publish a Joint Strategic Needs Assessment (JSNA) into the current and future health and wellbeing needs of Lincolnshire's population.

It was noted that work on the Lincolnshire JSNA had been put on hold in March 2020 due to the Covid-19 pandemic. It was noted further that the current JSNA was made up of 34 topics and was currently published on the Lincolnshire Research Observatory (LRO). The Board was advised that the process to annually review the 34 topics was time consuming resource intensive and repetitive; and that the LRO platform also limited the ability to make the current JSNA format dynamic and visually appealing.

The Board was advised that the proposal was to move away from the current topic-based structure to one based on a life course model, with three chapters: Start Well, Live Well and Age Well. Appendix A to the report provided the Board with further details of the sub themes, data and intelligence to be covered in each of the live course chapters.

It was highlighted that it was the intention to keep the JSNA strategic and focused on the key factors rather than having individual lengthy topics. The outline structure of each chapter would follow a consistent format and provide the user with key information, analysis and resources as to where further information could be found. The intention was for the JSNA to become a comprehensive evidence-based resource for all partners in Lincolnshire to use. It was highlighted further that the JSNA needed to be effective to be able to inform health decisions in Lincolnshire going forward.

Details of the timescales and resources were shown at paragraph 1.4 of the report. It was reported that the new JSNA would be published before March 2023, as the LRO platform was being switched off on that date.

The Board raised the following points:

- To ensure that when changing from the old to new system that information was not lost or duplicated. Reassurance was given that nothing would be lost and that the JSNA in its current form would be live until the republishing of the new JSNA in March 2023. Confirmation was also given that there would not be any duplication;
- The absence of Autism from the JSNA. It was agreed that this would be discussed further;
- The inclusion of neurological conditions;
- The potential of the re-design in highlighting hotspot areas, to help inform decisions going forward;
- Recognition that the holistic approach, rather than a disease based approach, would highlight the needs of the local population;
- Continuation of existing sub-groups. The Board was advised that all existing sub-group around all theme areas would still be playing a part in the new system;
- The absence of air quality. The Board was advised that there was no topic at the moment, but that this would be picked up; and
- To consider financial inclusion.

RESOLVED

1. That the report presented be noted.
2. That the redevelopment of Lincolnshire's JSNA using a life course approach as set out in Appendix A be agreed.
3. That the importance of the JSNA be promoted by members within their respective organisations to ensure active engagement in the review process.
4. That the outline timescales as detailed at paragraph 4.1 be noted.

8c Lincolnshire Pharmaceutical Needs Assessment 2022

Consideration was given to a report from Alison Christie, Programme Manager, which advised of the statutory duty of Health and Wellbeing Boards to undertake a Pharmaceutical Needs Assessment (PNA) every three years.

The report set out the process and timescales for completing the review by 31 March 2022.

The Board noted that the Public Health Division was facilitating the process to prepare a revised assessment with external pharmaceutical expert resource being provided by the University of Lincoln. It was noted further that a PNA Steering Group had been convened to support the PNA. The PNA Steering Group had held their first meeting on 8 June 2021. Appendix A to the report provided a copy of the Terms of Reference for the Steering Group; and Appendix B provided a copy of the agreed Project Plan.

The Board was advised that the draft assessment would be presented to the next meeting of the Health and Wellbeing Board on 28 September 2021 for approval prior to the commencement of the consultation. Subject to approval, the draft PNA would then be made available for a mandatory 60-day consultation. The final PNA would then be presented to the Board in March 2022 prior to the publication no later than 31 March 2022.

During discussion, the Board raised the following points:

- The importance of the assessment; and the importance of maintaining rural pharmacies;
- The importance of following up on the outcomes of the PNA;
- The start of the role of the ICS in delivering care; and
- That district councils should have the opportunity to be included in the consultation.

RESOLVED

1. That the process and requirement to produce a revised Pharmaceutical Needs Assessment (PNA) by 31 March 2022 be noted.

2. That the Terms of Reference for the Lincolnshire PNA Steering Group as detailed in Appendix A be received.
3. That the Project Plan setting out the timeline for producing the Lincolnshire PNA as detailed in Appendix B be received.

8d Better Care Fund Final Report 2020/21

Consideration was given to a report from Gareth Everton, Head of Integration and Transformation, which asked the Board to approve the Better Care Fund Final Report 2020/21.

It was reported that there had been little change since the Board had considered the update report on the BCF at its March meeting. The Board was advised that no further information had been received regarding the next planning cycle or the assurance model to be used. Indications were however, that a further roll year was expected pending the multi-year spending review expected in the autumn.

The Board noted that due to the local election coinciding with the submission deadline of the 24 May 2021, delegation had been sought from the Vice-Chairman of the Board (John Turner), pending Council appointing members to the Board and the election of the Chairman and Vice-Chairman for the new municipal year.

The Board were invited to approve the Better Care Fund Final report for 2020/21, which was detailed at Appendix A to the report.

During discussion, reference was made to the pooling of Disabled Facility Grants for some specific projects.

RESOLVED

That the Better Care Fund Final Report 2020/21 be approved.

9 DISCUSSION ITEMS

9a Update on Covid-19

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 the England infection rate was currently at 90 per 100,000 population; and that the Lincolnshire rate of infection was at 40 per 100,000 population.

The Board noted that other parts of the country had seen acceleration in the rate of infection, but this had not been seen in Lincolnshire. This was a reflection of the very successful vaccination roll-out in Lincolnshire. It was reported that between 78% and 80% of the population over 18 had now received their first vaccination; and between 63% and 64% of the population had received their second vaccination.

The Director of Public Health reiterated the need for Lincolnshire residents to adhere to hands/face/space and for local residents to have the vaccination when an offer was made.

The Board was advised by the Chief Executive of the NHS Lincolnshire Clinical Commissioning Group that the vaccination programme in Lincolnshire had gone very well and that Lincolnshire's performance was in the upper quartile in exceeding national targets.

During discussion, the Board raised the following points:

- The potential for a booster vaccination in the autumn. The Board was advised that there had been a direction for a booster vaccination, but at the moment final arrangements were still being discussed;
- What was being done to encourage the harder to reach groups to have the vaccination? The Board was advised that work was on-going with health colleagues and district councils to get the messages out to residents to come forward; visits were being made to work places, there had also been a stall on Boston market. The Board noted that the challenge was with residents who were not registered with a GP;
- Flexible times for appointments to help those who were working. It was reported that the NHS and Lincolnshire Community Health Service colleagues were looking at all venues to ensure that they were being as flexible as they could to meet the needs of the population; and
- The Board were advised that currently there were two Covid-19 positive in-patients in Pilgrim Hospital, Boston. Confirmation was given that neither of the two in-patients had received a Covid-19 vaccination.

RESOLVED

That the verbal update be received and noted.

9b Integrated Care Systems (ICS) Legislation Update

The Chairman invited John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group to present his report, which provided an update on the Integrated Care System (ICS) Legislation Update.

The Board noted that the NHS Long Term Plan had set the target that by April 2021, ICSs would cover the whole country, developing from the current network of Sustainability and Transformation Partnerships (STPs).

It was reported that following completion of a designation process, Lincolnshire had been confirmed as an Integrated Care System (ICS) from 1 April 2021 by NHS England and Improvement.

The Board noted that it was anticipated that the NHS/Health Bill would be passed in the summer of 2021 with amendments to the NHS Act taking effect from April 2022.

Detailed at Appendix A was a document entitled 'Legislation Update for Integrated Care Systems' for the Board's consideration. Whilst guiding the Board through the document, the following points were raised:

- How the four core areas would be delivered. The Board was advised that under the White Paper Proposal (3) it was proposed to abolish CCGs and policy STPs/ICSs and replace them with two Boards the ICS NHS Body – Integrated Care Board (NHS functions) and the ICS Health and Care Partnership body. Further details were shown on page 91 of the agenda.
- The innovative thinking of Lincolnshire in changing the Health and Wellbeing Terms of Reference to incorporate the functions of the ICS;
- Why the ICS was a system. The Board was advised that it was actually a Lincolnshire Alliance and the system was a mechanism for getting the job done; and
- General understanding of the ICS. A suggestion was put forward for a workshop to be arranged and that wider partners should be invited to attend, once restrictions had been lifted.

RESOLVED

That the current position in relation to ICS legislation be noted.

9c Housing, Health and Care Delivery Group Delivery Plan

Consideration was given to a report from the Chairman of the Housing Health and Care Delivery Group (HHCDG), which invited the Board to comment on the HHCDG Delivery Plan, a copy of which was attached at Appendix A to the report.

The Board was advised that the plan had been developed by a small working group and had been agreed by the HHCDG at its meeting on 30 March 2021. It was reported that the document was a live document and that there was scope to revise, share and influence actions as the plan progressed.

It was reported that the Delivery Plan would be overseen by the HHCDG, and that progress would be reported annually to the Health and Wellbeing Board. It was highlighted that the draft Delivery Plan contained delivery objectives but no specific actions.

During consideration of the Delivery Plan, the Board raised the following points:

- That Lincolnshire was one of a few councils having housing as a priority for health issues;
- Thanks were extended to everyone involved in the HHCDG and to the supporting officers for all their hard work in making the vision 'for people to live independently, stay connected and have greater choices in where and how they live', as the right home environment was essential to health and wellbeing;
- Ensuring that completion dates and timescales were evidence based;
- Commitment from the district councils as they could see where they can add value. It was highlighted that North and South Kesteven District Councils and East Lindsey District Council's planning committees were considering the Homes for Independence Blueprint;
- Delivering adaptations. Confirmation was given that district councils had continued to provide adaptations throughout the Covid-19 pandemic;
- Some concern was expressed concerning resources in taking things forward. The Board noted that this was a challenge, bids were being put i.e. energy efficiency and repairs, but there was a gap in funding. It was however noted that the BCF could make more money available. District Councils were also pooling DFG money for certain projects; and
- That better housing would help prevent health issues such as asthma and other health conditions that occur as a result of poor housing conditions

RESOLVED

1. That the Housing, Health and Care Delivery Plan as presented be noted.
2. That the actions where Board member organisations will be lead partner, or part of a delivery team; and, along with HHCDG representatives, ensure appropriate representation to achieve those actions be noted.
3. That the comments raised by the Board be noted.

10 INFORMATION ITEMS

10a An Action Log of Previous Decisions

RESOLVED

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

10b Lincolnshire Health and Wellbeing Board Forward Plan

Members were invited to put forward items for inclusion in the Board's forward plan.

Confirmation was given that items could be put forward from the district councils.

RESOLVED

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That the Lincolnshire Health and Wellbeing Board Forward Plan presented be noted.

The meeting closed at 4.06 pm