



**LINCOLNSHIRE HEALTH AND WELLBEING  
BOARD  
29 MARCH 2022**

**PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)**

**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), W H Gray and R J Kendrick.

**Lincolnshire County Council Officers:** Professor Derek Ward (Director of Public Health).

**District Council:** Councillor Steve Clegg.

**NHS Lincolnshire Clinical Commissioning Group:** John Turner (Vice-Chairman).

**Healthwatch Lincolnshire:** Sarah Fletcher.

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

**Police and Crime Commissioner:** Philip Clark.

**Associate Members (non-voting):** Jason Harwin (Lincolnshire Police), Oliver Newbould (NHS E/I) and Emma Tatlow (Voluntary and Community Sector).

**Officers in Attendance:** Michelle Andrews (Assistant Director – ICS), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer).

The following officers/presenters joined the meeting remotely, via Teams:

Gareth Everton (Head of Integration and Transformation), Lucy Gavens (Consultant - Public Health) (Public Health), Andrzej Gallas (Pharmacist, University of Lincoln), and Nick Harwood (Associate Director of Operations for the Adult Mental and Community Division LPFT).

Sir Andrew Cash (Designate Chair of the NHS Lincolnshire Integrated Care Board) attended the meeting as an observer.

**18      APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors K H Cooke and C E H Marfleet, Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Gerry McSorley (Chair of the NHS Lincolnshire CCG), Sunil Hindocha (Chair – Primary Care Network Alliance), Elaine Baylis (Chair – United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health

Service NHS Trust), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Maz Fosh (Chief Executive, Lincolnshire Community Health Service NHS Trust) and Councillor Richard Wright (District Council representative).

The Committee noted that Councillor Steve Clegg had replaced Councillor Richard Wright (District Council representative) for this meeting only.

19 DECLARATIONS OF MEMBERS' INTEREST

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

20 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 28 SEPTEMBER 2021

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 September 2021 be agreed and signed by the Chairman as a correct record.

21 ACTION UPDATES

RESOLVED

That the Action Updates presented be noted.

22 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting Sir Andrew Cash, Designate Chair of the NHS Lincolnshire Integrated Care Board.

The Chairman invited the Board to note the Chairman's announcements as detailed on pages 15 to 17 of the agenda pack.

During consideration of this item, the following comments were raised:

- Some concern was expressed that the public health arrangements for Greater Lincolnshire would dilute the current service provided. The Board was advised that the councils Executive had agreed the proposal to pilot and test a joint public health arrangement across Greater Lincolnshire. The Director of Public Health advised that he was happy to provide further information to district councils regarding this matter. Reassurance was given that the arrangement would provide for a stronger service and for greater resilience across Greater Lincolnshire; and
- A request was made for district councils to be fully engaged in the Joint Strategic Needs Assessment. The Board was advised that officers welcomed the opportunity to speak with all district councils.

The Chairman invited Derek Ward, Director of Public Health to provide the Board with update relating to Covid-19.

The Board was advised that the number of Covid-19 cases had increased. It was felt that this was due to the winter booster starting to wain; the new variant BA.2 Omicron being highly infectious; and the general population now living with Covid-19 strategy.

It was reported that the vaccination programme had been very effective in reducing the severity of the disease.

The Director of Public Health encouraged members of the public to get vaccinated, keep testing, and to adhere to hands, face, and space; and to maintain a circulation of fresh air wherever possible.

RESOLVED

That the Chairman's announcements presented be noted.

23 DECISION ITEM

23a Lincolnshire Pharmaceutical Needs Assessment 2022

The Chairman invited Lucy Gavens, Consultant in Public Health and Andrzej Gallas, Pharmacist, University of Lincoln, to present the item to the Board.

The Board was advised of the background to the Pharmaceutical Needs Assessment (PNA); that completion of a PNA was a statutory duty for Health and Wellbeing Boards to undertake at least every three years; the timetable for the PNA for Lincolnshire, it was highlighted that a draft PNA was being prepared to go out to consultation between 19 April and 19 June 2022, with a final draft of the PNA needing to be published by 1 October 2022.

To prepare the report the Board noted that data was gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources including commissioners and planners. The Board noted further that the draft/final PNA report would provide information relating to present and future needs of pharmaceutical services in Lincolnshire.

Attached to the report for consideration by the Board was a copy of the Lincolnshire Draft PNA 2022 (Appendix A), the Lincolnshire Draft PNA Appendices 2022 (Appendix B), and a copy of the Consultation Distribution List (Appendix C).

It was noted that during the consultation period, a workshop would be set up by members of the Health Scrutiny Committee for Lincolnshire to review the draft PNA.

The Board was advised that the results of the consultation would be considered by the PNA Steering Group at its meeting on 5 July 2022, and a final draft PNA produced, with recommendation for the Health and Wellbeing Board to publish, at its meeting on 27 September 2022. It was highlighted that the PNA Steering Group had worked closely with the county council's Corporate Engagement Team and PNA Guidance, to ensure due process was followed and that every opportunity was made available for people to feed into the draft PNA.

During consideration of the item, the Board raised some of the following comments:

- Some concern was expressed regarding access to pharmacy provision on a Sunday in rural areas. The Board was reminded that the PNA was a factual document, which provided information relating to present need. It was felt that once the Integrated Care Board was operational, pharmacy accessibility would be a matter for further discussion;
- Clarification was sought regarding as to what the PNA was providing, as it appeared that there was not a fundamental need for change in provision. The Board noted that the PNA was a prescribed document; and that there was enough provision based on the criteria. Section 7 of the report advised the Board of the procedure to be followed for consultation was on a notional approach, notwithstanding that more might be required. It was highlighted that the only objection that could be made against the PNA was against the process followed;
- Reassurance was given that key interest groups were involved in the consultation. The district council representative offered district council assistance in promoting the consultation;
- Whether on-line pharmacy companies would be consulted as part of the process. It was reported that there were five on-line pharmacies, and that all of them had been contacted pre-engagement; and would be partaking in the public consultation. Confirmation was given that anyone on the pharmacy list for the Lincolnshire Health and Wellbeing Board area would be consulted;
- One member enquired whether support was provided to members of the public wishing to complete the consultation form. The Board was advised that Healthwatch Lincolnshire would be assisting with this; and once contact details were known, these would be shared with members of the Board; and
- Reference was also made to the prevalence of chronic disease and illness on the east coast as referenced in 2.2.2 of Appendix A to the report.

#### RESOLVED

1. That the conclusions of the draft Pharmaceutical Needs Assessment (PNA) be noted.
2. That the draft PNA be approved in preparation for consultation.
3. That the planned consultation period on the draft PNA for Lincolnshire (Tuesday 19 April 2022 to Monday 19 June 2022) be noted.

4. That a progress update and the project timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2022 Lincolnshire PNA be received at a future meeting.

## 24 DISCUSSION ITEMS

### 24a Integrated Care System Update

The Board considered a report from the NHS Lincolnshire Clinical Commissioning Group, which provided an update on the development of Integrated Care Systems (ICS).

The Chairman invited John Turner, Chief Executive NHS Lincolnshire CCG, to present the item to the Board.

A summary of the key developments from the work that had been carried out to date was set out in Appendix A for the Board to consider. The Board noted that the contents had been developed through the ICS Development Group, which was comprised of Executives from all partner NHS organisations, and that the document was subject to ongoing review and development.

The Board was updated on the Integrated Care Board (ICB) recruitment process, details of which were shown on pages 144 and 145 of the report.

It was reported that a third version of the draft NHS Lincolnshire Integrated Care Board Constitution had been submitted to NHS England on the 25 February 2022. The Board noted that the key focus of the constitution was to outline the composition of the Integrated Care Board. Details of the draft consultation was contained on page 144 of the report presented. The Board was advised that everything was on target for 1 July 2022; and that the next partnership workshop was due to be held on 26 July 2022.

During consideration of this item, the Board raised the following comments:

- The Board was advised that the Lincolnshire Resilience Forum welcomed the greater focus on the development of integrated working arrangements, the benefits of which had become evident during the pandemic. Thanks were extended to the Lincolnshire Resilience Forum for their continued leadership;
- One member enquired as to what would be changing as ICSs were implemented. The Board was advised that the impact of the ICS would not be known for a few years. There was recognition that there were challenges for Lincolnshire, but there was also lots of good work happening across the county. It was reported that the ICS would provide joined up care, built around the needs of patients and families; and that the integrated approach would help Lincolnshire with the levelling-up agenda investment, making Lincolnshire a more attractive place for people to live, work and learn;

- Joint working of Healthwatch and the CQC, and that the information could help the Lincolnshire Health and Wellbeing Board in its decision-making process. It was noted that Lincolnshire had been chosen due to its rurality;
- The need to ensure that contributions to the ICS were sought from the voluntary and community sector. Reassurance was given that the ICS leadership group involved leaders across all sectors; and
- Reassurance was also sought that district councils would also be involved as they played a pivotal role in the community. The Board was advised that engagement was already taking place with district councils, as this was a key role of the partnership and districts would be involved in the design and development process.

## RESOLVED

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

24b Integrated Care Partnership

The Chairman invited Michelle Andrews, Assistant Director ICS - Corporate, to present the report to the Board, which advised on the ongoing development of Lincolnshire's Integrated Care Board (ICB).

In guiding the Board through the report, reference was made to:

- The background and context behind the Integrated Care Partnership (ICP);
- The purpose of the ICP, and its role, which included helping people live independent, healthier lives for longer; taking a holistic view of people's interactions with services across the system and the different pathways within it; addressing inequalities in health and wellbeing outcomes, experiences and access to health services; improving the wider social determinants that drive the inequalities, employment, housing, education, environment and reducing offending; and improving life chances;
- Timings and the establishment of ICPs. It was noted that the ICP could not be established formally until the ICB was in place from 1 July 2022;
- The Integrated Care Strategy was a key responsibility of the ICP;
- The relationship between the ICP and the Lincolnshire Health and Wellbeing Board (HWB). It was noted that Lincolnshire only had one Integrated Care System (ICS) and that this area was coterminous with the HWB. It was noted further that the HWB could not act as the ICS, however existing arrangements such as the HWB, provided an opportunity to build greater alignment between different partners and communities, to ensure effective joined up decision making. It was reported that planning for the Lincolnshire ICS was being progressed and as part of the journey to establishing the ICP, further engagement would be taking place with a broad range of partners to consider the challenges and opportunities as the system developed. Details of the aim of the workshop was shown on page 176 of the report. The Board noted that a workshop had been arranged for 26 April 2022; and

- The process being followed after the guidance was issued in September 2021, which confirmed that the HWB could not act as an ICP, as further amendments were required, and that this work would align with the development of the ICP terms of reference. It was highlighted that as the HWB was a committee of the Council, any changes to the terms of reference required full council approval. It was reported that a revised terms of reference for the HWB would be presented to the Board at the 14 June 2022 meeting for consideration, and then presented to the Council on 16 September 2022. If there was the need for the timeline to be put back, the Board would then consider the revised terms of reference at its 27 September 2022 meeting, which would then be considered by Council on 9 December 2022.

In conclusion, the Board noted that any plans concerning the ICP were subject to the passage of the Health and Care Bill through Parliament. It was highlighted that to continue to progress, some assumptions had been made, whilst awaiting the final guidance.

During discussion of this item, some the following comments were made:

- The need to work through the processes until the formal guidance was received; and
- That Lincolnshire was one of only a small number of areas having one ICP and one HWB, on this basis the complexity was less than in other areas and this would hopefully avoid any duplication moving forward.

#### RESOLVED

1. That the current position in relation to the development of the ICP be noted.
2. That the information provided regarding the proposed ICP planning and development workshop on 26 April 2022 be noted.

#### 24c Lincolnshire's Community Mental Health Transformation Programme

The Chairman invited Sarah Connery, Chief Executive, Lincolnshire Partnership Foundation NHS Trust (LPFT) and Nick Harwood, Associate Director of Operations for the Adult Mental Health Community Division, to present the item, which provided the Board with an update on the Lincolnshire Community Mental Health Transformation Programme for adults and older adult.

The Board was advised that the NHS Long Term Plan and NHS Mental Health Implementation Plan had set out the ambition to transform the provision of community mental health care and to the development of new and integrated models of primary and community mental health care.

It was noted that Lincolnshire had been selected as one of twelve early implementer sites to lead the transformation of community health services in England in partnership with all local stakeholders. It was noted further that LPFT had been successful in securing further funding to rollout county wide, and that the findings of the programme would be used to help

inform the roll out of new models of integrated primary and community care at a national level.

Appendix A to the report provided details of Lincolnshire's Community Mental Health Transformation Programme for Adults and Older Adults for consideration by the Board.

In a short presentation, the Board were advised of the following:

- The background to the transformation programme;
- An overview of the provision to be provided to improve mental health and wellbeing through thriving connected communities, including the integrated model for promoting self-efficacy;
- What parts of the programme were already in place, which included the roll out of four of the proposed nine Integrated Place Based Teams; the development of better solutions to enable better system access; and alignment with the local authority to link together digital technologies to ensure a collaborative approach. Fuller details were shown on pages 189 to 190 of the report pack;
- What parts of the programme were underway, which included working with primary care to embed Mental Health Practitioners in each GP practice; moving forward to engage with the public to destigmatise mental health, and working together with public health, CCG colleagues to lead out the innovative Lincolnshire Mental Health and Wellbeing training offer. Fuller details were shown on page 191 of the report;
- What was still to come, which included the roll out of 15 integrated based teams across the county; having a dedicated engagement resource in place to ensure clear messaging and the involvement of all people; and ensuring that everyone had a personalised care plan. Further details were shown on page 192 of the report pack;
- The Committee noted that the transformation would enable the following to become available in the community, this included countywide night-life cafes and community connections; fluid pathways for people to access mental health services; the provision of an integrated digital offer to support face to face engagement; continuous and active dialogue about mental health; ongoing training and upskilling of communities to enable thriving communities; reducing mental health prescribing, with a more comprehensive offer of psychological therapies; ensuring everyone would have a 'What matters to me plan'; and the move to a four week waiting times for adults and older adults community mental health teams, in line with the clinically-led review of NHS Access Standards; and
- The Board was advised that by 2024 there would be 15 Integrated Place Based Teams working on Primary Care led neighbourhoods; an increased investment of up to £1 million into the VCSE sector; the provision of an additional 200 roles; and that 6,000 people would have been supported by Integrated Place Based Teams.

During consideration of the item, the Board raised some of the following comments:



- Some support was expressed to the working with primary care to embed mental health in each GP practice and to support plans, and to the overall transformation process;
- Crisis Cafes provision. It was reported that crisis cafes would help take of some of pressures felt with in the service. The Board was advised that cafes were available in Gainsborough, Grantham, Lincoln City and Boston and that further provision would be made available. It was highlighted that there had been some difficulty finding hosts willing to take on the crisis cafes in some areas. There was recognition that there was more to do in this regard;
- The need for integrated working and linking into existing digital platforms to ensure sustainability;
- The challenges of recruiting and retaining staff. The Board was advised that LPFT were exploring different types of recruitment methods to overcome recruitment challenges; and
- Thanks were extended for the presentation.

*Derek Ward left the meeting at 15:56pm.*

RESOLVED

That the presentation on Lincolnshire Community Mental Health Transformation Programme be received and noted.

24d The Mental Health Challenge

RESOLVED

That the Mental Health Challenge item be deferred to the next meeting.

25 INFORMATION ITEMS

25a Better Care Fund 2022/23

RESOLVED

That the Better Care Fund 2022/23 report as presented be noted.

*Councillor Mrs P A Bradwell left the meeting at 16:02pm.*

25b An Action Log of Previous Decisions

RESOLVED

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

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**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

**29 MARCH 2022**

25c Lincolnshire Health and Wellbeing Board Forward Plan

RESOLVED

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

The meeting closed at 4.03 pm