



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
4 FEBRUARY 2020**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs W Bowkett, C R Oxby and N H Pepper.

Lincolnshire County Council Officers: Professor Derek Ward (Director of Public Health) and Heather Sandy (Interim Director of Education).

District Council: Councillor Donald Nannestad (District Council).

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

Healthwatch Lincolnshire: Sarah Fletcher.

NHS E/I: Peter Burnett.

Police and Crime Commissioner: Stuart Tweedale (Deputy Police and Crime Commissioner).

Lincolnshire Co-Ordinating Board: No representative present.

Associate Member (non-voting): Jason Harwin (Lincolnshire Police).

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Katrina Cope (Senior Democratic Services Officer), Emma Krasinska (Commissioning Manager, Adult Care & Community Wellbeing), Samantha Neal (Chief Commissioning Officer), Amy Thomas (Head of Communities at Community Lincs (part of YMCA Lincolnshire)), Michelle Howard (Assistant Director People, East Lindsey District Council) and Andy Fox (Consultant in Public Health).

Councillor Dr Michael Ernest Thompson, (Executive Councillor NHS Liaison and Community Engagement) attended the meeting as an observer.

19 **APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors Mrs P A Bradwell OBE, Executive Councillor Adult Care, Health Services and Children's Services, C N Worth, Executive Councillor Culture and Emergency Services, Debbie Barnes OBE, Chief Executive/Executive Director of Children's Services and Marc Jones, Police and Crime Commissioner.

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It was noted that Heather Sandy, Interim Director of Education and Stuart Tweedale, Deputy Police and Crime Commissioner were in attendance for Debbie Barnes OBE, Chief Executive/Executive Director of Children's Services and Marc Jones, Police and Crime Commissioner respectively, for this meeting only.

It was noted further that Peter Burnett would now be the representative for NHS England/Improvement going forward in place of Hayley Jackson.

The Chairman invited the Board to consider the appointment of Jason Harwin, Deputy Chief Constable Lincolnshire Police as an Associate Member of the Board (in accordance with Paragraph 6.2 of the Lincolnshire Health and Wellbeing Board – Terms of Reference and Procedure Rules).

RESOLVED

That Jason Harwin, Deputy Chief Constable Lincolnshire Police be invited to be an Associate Member of the Lincolnshire Health and Wellbeing Board.

20 DECLARATIONS OF MEMBERS' INTEREST

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

21 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 24 SEPTEMBER 2019

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 24 September 2019 be agreed and signed by the Chairman as a correct record.

22 ACTION UPDATES

RESOLVED

That a copy of the Action Updates be circulated to members of Board following the meeting.

23 CHAIRMAN'S ANNOUNCEMENTS

RESOLVED

That a copy of the Chairman's Announcements be circulated to members' of the Board, following the meeting; and that the supplementary announcements circulated at the meeting be received.

24 DISCUSSION ITEMS24a Presentation on the Director of Public Health Annual Report

The Board gave consideration to a report from Derek Ward, Director of Public Health, which provided the independent statutory report of the health of the people of Lincolnshire.

A copy of the 2019 report was attached at Appendix A for the Board to consider. It was highlighted that the Annual Report was focused on the burden of disease in Lincolnshire.

The Director of Public Health provided the Board with a short video and presentation, which advised how the report had for the first time used the Global Burden of Disease (GBD) methodology. It was highlighted that GBD was a study into how disease affected the population in terms of morbidity and mortality, which could be used to drive change in order to improve the population's health.

The Board received an explanation of what made up the GBD; an explanation of Lincolnshire's burden of disease, which provided information of the top ten health issues relating to Years Lived with a Disability (YLD), Years of Life Lost (YLL), and Disability Adjusted Life Years (DALYs).

It was reported that whilst life expectancy had increased, the period of time that people lived with a disability had also increased. It was reported further that the biggest killers were ischaemic heart disease, lung cancer, stroke, and chronic obstructive pulmonary disease (COPD). It was highlighted that Alzheimer's accounted for nearly 6% of all Years Lost in Lincolnshire.

The Board was advised when it came to Years Lived with Disability the top five disorders identified were low back pain, headache disorders, depressive disorders, neck pain and age related hearing loss. The Board was advised further that Diabetes and CPD had also been identified as had falls, anxiety disorders and oral disorders.

It was highlighted that when premature mortality and disability data were combined to compare the overall burden of disease, the greatest single burden in Lincolnshire was ischaemic heart disease and the second was lower back pain. It was noted that when lower back pain and neck pain were combined they became the greatest cause of DALY in Lincolnshire.

The Board was advised that a fundamental shift was required to refocus on prevention and early detection. It was noted that the greatest risk factor was smoking, along with high blood pressure, high body mass index and high cholesterol, and that these were all risk factors that could be improved.

The Director of Public Health responded to questions raised which included:

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- The level to which the GBD data was available. Confirmation was given that at the moment county level was the lowest level data was available;
- Behavioural change – The Board noted that this would be gradual process, but the ultimate aim was to keep as healthy as possible. It was noted further that everyone had a role in primary prevention; and
- Cholesterol levels and associated medications. It was noted that as a result of medications, levels were down to individuals.

RESOLVED

That the Director of Public Health Report 2019 – The Burden of Disease in Lincolnshire and associated presentation be received.

24b Whole Systems Approach to Healthy Weight

Consideration was given to a report which provided an update from the Lincolnshire Whole Systems Healthy Weight Partnership (WSHWP) on the development of the whole system approach to tackling obesity in Lincolnshire.

Attached to the report were the following Appendices for the Board to consider:-

- Appendix A – The Process for implementing the whole systems approach;
- Appendix B – A copy of the System Map for Lincolnshire;
- Appendix C – A copy of an Action Map (which identified the current actions mapped against the perceived causes of obesity); and
- Appendix D – A Systems Map for Lincolnshire with current actions identified overlaid.

Andy Fox, Public Health Consultant provided a short presentation, which identified that the Lincolnshire WSHWP had been set up in February 2019 and comprised of county and district councillors, senior managers within clinical Commissioning Groups, Children's Services, School Head Teachers and representation from the University of Lincoln.

The Board noted that the partnership had agreed that the focus would be on healthy weight rather than obesity. Details of the progress made to date were shown on pages 40 and 41 of the report.

It was highlighted that a prerequisite to developing a local whole system approach was having an overview of actions currently being undertaken. It was highlighted further that a mapping tool had been created by Leeds Beckett University and the whole system approach to obesity pilot teams. Information relating to the 'Action Mapping' was shown on page 41 of the report and in Appendix C to the report.

The Board was advised of the next steps, which included the arranging of further themed meetings; working with district councils to progress the countywide action map; prioritise areas to intervene with the themes; develop actions across sub-

groups; and conduct wider network meetings to update and agree the next steps required collectively.

A short discussion ensued, which raised the need to promote physical activity more, Officers confirmed that work was on going and that more needed to be done across the whole of the county. It was also highlighted that district councils also had a role to play at local planning stage, with planned built environments and the provision of leisure facilities. Confirmation was given that district councils were in agreement with the system based approach.

RESOLVED

That the progress made by Lincolnshire's Whole Systems Healthy Weight Partnership and how this was contributing to delivering the healthy weight priority of the Joint Health and Wellbeing Strategy be noted.

24c Joint Health and Wellbeing Strategy Carers Priority Update

The Board received a joint report from Sem Neal, Chief Commissioning Officer Prevention & Early Intervention and Emma Krasinska, Programme Manager, which provided a update from the Carers Delivery Group on the delivery of key areas of work within the Carers Priority Delivery Plan.

Attached to the report were the following Appendices:

- Appendix A – A copy of Lincolnshire's Long Term Commitment to Carers: A Health and Wellbeing Memorandum of Understanding;
- Appendix B – Survey of Adult Carers in Lincolnshire; and
- Appendix C – A copy of the Draft Refreshed Carer Priority Delivery Plan.

The report clearly identified that a lot of progress had been made against the Supporting Carers Priority identified in the Joint Health and Wellbeing Strategy (JHWS). The Board noted that the Carers Delivery Group oversaw the work supporting this priority through the Carer Delivery Plan.

In guiding the Board through the report, particular reference was made to: the Lincolnshire JHWS Carers Priority Objectives and Next Steps which were detailed within the report presented.

It was highlighted that Lincolnshire was estimated to have 88,000 carers by 2021; and that the most rapidly rising cohort of carers were carers aged 85 and over.

The Board noted that evidence from the 2018/19 DHSC Survey of Adult Carers in England (Appendix B) reinforced the need for primary care to further develop its role in supporting carers. It was noted further that many of the Lincolnshire respondents stated that their GP did not know that they were a carer, and that they saw their GP as an important professional to whom they would confide any concerns about their own safety.

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The Board was advised that Lincolnshire Carers Service workers were embedded within Hospital Social work teams and were working collaboratively with partner organisations across acute hospitals and multiple wards to support over 1,000 unique carers each year.

It was noted that with plans for an Integrated Care System (ICS), local implementation of the NHS Long Term Plan, national recognition of good integrated carers practice, the placing of carers as a priority within the JHWS and a refreshed Carers Delivery Plan for 2020, it was felt that it was the right moment for Lincolnshire to take the next step of a system-led 'Long Term Commitment to Carers'. A copy of the Memorandum of Understanding was attached at Appendix A to the report.

Reference was also made to the Carer Quality Award which had helped many local health practitioners improve their identification and support of carers. It was highlighted that 42% of Lincolnshire's GP practices now had an up to date Carers Register. Details pertaining to the Carer Quality Award were shown on page 55 of the report.

During discussion, issues raised included the need for more awareness across all organisations; including Pharmacists and the Police.

RESOLVED

1. That the progress made to date and next steps detailed in the Joint Health and Wellbeing Strategy Carers Priority Update Report presented be noted.
2. That support be given to the achievement of the refreshed Carers Priority Plan as detailed in Appendix B.
3. That support be given to championing a System Led approach to supporting carers and to support the implementation of the NHS Long Term Plan by:
 - Asking their own organisations to:
 - sign the 'Commitment to Carers' Memorandum of Understanding (Appendix A);
 - sign up to achieving the Carer Quality Award, if not already underway;
 - identify and support young carers and their families' needs;
 - support the establishment of Carers Champions in their own organisations;
 - support their own staff in a caring role by signing up to 'Employers for Carers', conducting a benchmarking survey of staff in a caring role and developing a staff carers' network;
 - Asking service providers and partner agencies to adopt these initiatives;
 - Asking all NHS partners including Primary Care Networks (PCNs) and General practice (GPs) to sign up to GP Quality Markers.

24d Better Ageing in Rural Areas - Learning from East Lindsey

The Board gave consideration to a report from East Lindsey District Council and Community Lincs, which provided an overview of the Talk, Eat and Drink (TED) and Age Friendly projects in East Lindsey as well as providing an update on the Centre for Ageing Better (CFAB).

The Chairman welcomed to the meeting Michelle Howard, Assistant Director People, East Lindsey District Council and Amy Thomas, Head of Communities at Community Lincs part of YMCA Lincolnshire.

It was reported that with an increasing ageing population, that by 2037, a quarter of the total UK population would be over 65. It was noted that in particular East Lindsey would continue to have a higher than national average number of older residents and that projected numbers state that by 2041, East Lindsey would have 40% of its residents over 65.

The report presented to the Board provided an update on two established programmes of work in East Lindsey, where there was a particular focus and emphasis on supporting and enabling Better Ageing across rural and coastal communities.

The Board noted that TED was delivered as part of a £78 million National Lottery funded 'Ageing Better Programme' (2015-2021). TED had been successful in achieving its objectives (primarily in reducing isolation and loneliness within an ageing population, developing and delivering innovative programmes of work and contributing effectively to the national programme). Details of the programmes outcomes were shown on pages 89 to 91 of the report.

It was reported that locally, TED participants had reported that they were much more actively involved in their communities. It was noted that 76% of individuals now had more social contact following participation in TED activities and 75% had increased their participation in social events as a result of TED. Further details relating to delivery statistics and learning reports were detailed on pages 92 to 94 of the report.

The Board was advised that East Lindsey had been working closely with Community Lincs (Lincolnshire YMCA). The Board was advised further that the Council had been the first in the country to join the UK network of Age Friendly communities. It was noted that East Lindsey had demonstrated commitment to supporting people to live healthier, have more active lives as part of its commitment to Better Ageing. The Council in 2019 had also introduced a portfolio structure to supporting Better Ageing.

The Board was advised that in 2019, the Centre for Ageing Better (CfAB) had invited the opportunity for a rural area to become its Rural Strategic Partner. With the support and engagement of a wide range of partners and with the agreement of Lincolnshire Housing, Health & Care Delivery Group; an expression of interest for Lincolnshire was submitted in August 2019. The supplementary announcements earlier in the agenda had confirmed that Lincolnshire had been chosen as a strategic

rural localities partner. A copy of the CfAB priorities was attached to the report at Appendix A.

During discussion, reference was made to: the synergies between TED and CfAB; future proofing for old age – homes for life; safety scams; the need to extend the good practice in East Lindsey to other districts – confirmation was given that TED was a national programme and officers from East Lindsey were more than happy to share with others what initiatives had been successful. The Board was also advised that learning reports relating to TED were available on the website.

Congratulations were extended to Michelle and Amy for all their hard work.

RESOLVED

1. That the outcomes to date from the work underway in East Lindsey to support and enable Better Ageing be noted.
2. That the opportunities to extend learning across Lincolnshire be considered.
3. That continued dialogue be supported with the Centre for Ageing Better (CfAB) to develop a positive working relationship and benefit from their expertise.

25 INFORMATION ITEMS

25a The Lincolnshire Better Care Fund (BCF)

The Board received a report from the Executive Director of Adult Care and Community Wellbeing, which provided an update of the Lincolnshire Better Care Fund performance for Quarter 2.

RESOLVED

That the Lincolnshire Better Care Fund performance report for Quarter 2 presented be noted.

25b Half Yearly Update on Health Protection Arrangements

The Board received a half yearly update report from the Director of Public Health concerning Health Protection Arrangements.

The Director responded to a question raised concerning Immunisation. Confirmation was given that it was a system approach taken to immunisation.

RESOLVED

1. That the overall good position of health protection arrangements within Lincolnshire be noted.
2. That the areas of the health protection service facing challenges be noted.

25c An Action Log of Previous Decisions

RESOLVED

That the log of decisions taken by the Lincolnshire Health and Wellbeing Board since 11 June 2019 be received.

25d Lincolnshire Health and Wellbeing Board Forward Plan

RESOLVED

That the Lincolnshire Health and Wellbeing Board Forward Plan – February 2020 to June 2020 be received.

The meeting closed at 3.50 pm.

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