Lincolnshire Health and Wellbeing Board – 22 June 2021

Chairman's Announcements

System Chairs' Development Network

On Thursday 27 May I chaired a meeting of the Midlands Systems Chairs' Development Network which brought together strategic leaders across the health and care system. The event was supported by the Local Government Association, NHS Confederation and NHSE&I. The first part of the session focused on the next steps in the integration programme. This was followed by a presentation from Andy Fox, Assistant Director of Public Health, on the Covid-19 Vaccination Rollout in Lincolnshire – Successes, Challenges and Lessons Learnt. This was well received and provided an excellent opportunity to showcase the excellent work that is taking place across the system to protect the population of Lincolnshire.

Local Government Association Community Wellbeing Board

I also attended a virtual meeting of the LGA Community Wellbeing Board on 27 May 2021. Updates were given on the Integration and Innovation: working together to improve health and social care White Paper and specifically on the LGA activity since the last meeting in February 2021. The agenda also included an opportunity to discuss the Public Health reforms and the Supreme Court Ruling on Sleep-in Shifts.

Integration and Innovation: working together to improve health and social care for all – Local Government Association (LGA) Position Paper

The LGA has published a position paper on the proposals set out in the Health and Social Care White Paper. The LGA has based the response on the views of member authorities and from the Local Government Health and Care Sounding Board, comprising representatives of local government, NHS membership bodies, national stakeholders and government departments.

Transforming the Public Health System

The Transforming the Public Health System Policy Paper was published by the Department of Health on 29 March 2021. A consultation on the proposals closed on 26 April 2021 and a copy of the response provided by the Lincolnshire Health and Wellbeing Board on behalf of the Lincolnshire health and care system is provided in Appendix A.

Lincolnshire Health and Care System Response

UK Health Security Agency

What do local health partners most need from the UKHSA?	The policy paper published on 24 March 2021 clearly states the role and purpose of UKHSA is to lead the UK's approach to health security by planning for, preventing and responding to external health threats such as infectious diseases or environmental hazards. To do this, UKHSA needs to provide national and international expertise on all aspects of health protection, especially on those areas that fall outside of the remit of Directors of Public Health and local health protection teams. Given the experience of managing the local response to the pandemic, strengthening systems to deliver joined up action on population health at national and local levels and developing health protection capability for the future are vital functions. Clear lines of governance, communication and engagement need establishing between the UKHSA and local health partners to ensure national strategies are translated into an effective local response: – this needs to happen at an ICS level. Lincolnshire supports the ADPH's comments regarding surge capacity for outbreaks or emergencies – these need to be accessible for local teams including from regional health protection teams, the NHS and wider deployment of resources through Local Resilience Forums. There also needs to be clear lines of accountability across the system so national and local partners understand their respective roles and responsibilities (this needs to include existing local structures such as local health protection boards and LRFs). Ideally, these need to be articulated in either a Memorandum of Understanding or in legislation.
How can the UKHSA support its partners to take the most effective action?	UKHSA needs to work across the whole system – local and regional as well as building strong links with the Office for Health Promotion. This can be achieved through the following: • Clearly defined roles and responsibilities which enables a genuine partnership relationship and approach • A well communicated system with clear lines of engagement and participation from all partners. This includes supporting Local Resilience Forums in their planning and response to any related emergency impacting on public health • Development of an effective and live strategy with clear priorities, messaging and golden thread • Provision of timely information, intelligence, early warning indicators and trends to enable local partners to adapt their health protection response.

	• Ensuring all parts of the public health system – including UKHSA – address/reduce health inequalities • Providing direct access to the intelligence and information
How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?	At a local level, as Lincolnshire slowly moves from 'response' to 'recovery', the health response capability at local and national levels should be assessed and reassessed at an early stage through debriefs and enquiries, and action taken to act upon any recommendations to ensure we are in a good position to deliver the demands that a post-pandemic recovering country needs. Our approach must be insight driven and able to respond to emerging needs. Our ability to engage and empower our communities to increase the potential for prevention should be embraced. Having in depth insight and understanding of our communities is important, particularly our more diverse communities where views/understanding on health matters may differ. However, it is difficult to fully comment on how health protection capabilities need to differ in the future without understanding what the role of the regional health protection function will be. This issue has not been addressed in the policy paper and currently there appears to be a gap between the role of UKHSA at a national and international level, and the local health protection response delivered at an ICS level. From Lincolnshire's perspective there are two options: • Delegate current regional health protection functions to local areas, or • Keep a regional health protection function to provide that link between UKHSA and local areas. Will future policy documents address this issue?
How can UKHSA excel at listening to, understanding and influencing citizens?	The importance of place and in particular the need to listen to and work with local communities to address health inequalities and ensure everyone is able to lead a healthy and prosperous life is paramount By utilising existing local mechanisms already in place such as Citizens Panels, Healthwatch, frontline agencies and community and voluntary sector organisations and establishing effective networks which includes all levels of local government and harness the capacity and capabilities of health, planning and communications professionals in these organisations. Ensure that 'listening, understanding and influencing' takes account of the different ways in which we may need to engage with communities and gain insights to inform future approach. To influence our communities – we need to understand them. Learning from Covid will be key to this.

Office of Health Promotion

Within the structure	• The role of the Chief Medical Officer needs to remain independent.

outlined, how can we best safeguard the independence of scientific advice to Government?	• There needs to be clear communication of the independence of scientific advice and clear blue water between scientific advice and Government policy. • Scientific advice should be published independently. • There needs to be close scrutiny of information sources and continued review of advice and guidance in a timely manner, and faster than NICS is currently able to do.
Where and how do you think system wide workforce development can be best delivered?	The current model delivered through Health Education England (HEE) does not work effectively for Lincolnshire. If there is a genuine desire to expand health promotion skills, then system wide workforce development needs to be delivered at a local ICS level to ensure the offer is responsive to local needs and issues – it cannot be a 'one size fits all' model. A localised approach will provide an opportunity for all partners from across the wider local health and care system to be included to share learning, understanding and added value. A more localised offer will also enable areas like Lincolnshire to build closer links with the University of Lincoln Medical School and the Greater Lincolnshire Enterprise Partnership (GLEP) to address the skills shortages we have in the county by promoting training and opportunities with Lincolnshire residents, so we are able to 'grow our own' health and care workforce.
How can we best strengthen joined up working across government on the wider determinants of health?	Lincolnshire welcomes the proposals in the recent White Paper giving the NHS a more explicit role in preventing ill health and supporting stronger collaborative working between the NHS and local partners to tackle population health challenges. ICSs provides a platform for stronger partnership working across the health and care system. However, to succeed, the duty to collaborate needs to be a duty for all health and social care providers. In terms of strengthening joined up working across government, our view is that this could be done by creating direct pathways of equal importance from all geographical areas, healthcare providers and patient populations. The role of district councils in the health and care system also needs to be recognised. They offer a range of valuable contributions which support the aspirations for the future public health system – both in terms of direct service delivery and in shaping opportunities for wellbeing and prosperity for 'people and place'. As we recover from the impacts of Covid 19, the role of prevention, wider determinants of health, place shaping, community wellbeing and ensuring the right organisations are engaged and able to make an active contribution will be key. Lincolnshire supports the ambition to join up government action on the wider determinants of health to promote greater innovation and collaboration in policy making and delivery. To ensure the new ministerial board on prevention is not just seen as purely a health function, it needs to be chaired by either the Prime Minister, the Cabinet Office or the Treasury, rather than the Secretary of State for Health.

	Objective and standards set nationally by OHP need to be delivered appropriately locally within region or ICS by local organisations. For example, care association delivery of digital capabilities training in Lincolnshire is tailored to local solutions and providers.
How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?	Lincolnshire health and care partners welcome moves to bring prevention to the forefront and better connected to the NHS along with population health management. We believe that connecting the work through PCNs will drive better health outcomes for local populations. Despite improvements in joined up working at local level, prevention continues to feel disconnected. One way that prevention could be prioritised over time is to monitor, report and publish levels of investment in treatment versus prevention. Another is to develop outcome-based metrics that focus on lifelong health outcomes and health inequalities across providers with clear actions that will achieve these targets, underpinned by a joined-up focus across government. We also need to create a greater understanding of the benefits realised within health and social care by achieving these outcomes. Ultimately, there needs to be a fundamental shift in how resources/budgets are allocated which moves away from treating sickness to funding health and wellbeing. The New Zealand government has adopted a wellbeing budget approach aimed at building wellbeing into all policies and services, a similar approach should be considered in England as part of the departmental budget setting process with the Treasury.

Local Response

How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?	The events of the past year have provided a much stronger footing for the Director of Public Health (and local authority) to take a strong leadership role in the local system, covering all partners. Much of the learning from this needs to be embedded through the recovery stage and into the future. To make this truly effective there needs to be a high degree of 'local autonomy' to enable an effective response to local needs by: • Making Directors of Public Health a statutory role on ICSs so they can influence the whole agenda • Ensuring there is a strong link between the ICS and Health & Wellbeing Boards. In Lincolnshire, system leaders have agreed to incorporate the functions of the ICS Partnership Board into the HWB to ensure there is a continued focus on prevention and health inequalities across the whole health and care system. • Strengthen local autonomy and flexibility to develop processes and structures which work best for the local area, and

	devolve decision making and resources to enable this. Further detail is needed on where healthcare public health sits, including DPH advice to the NHS – HCPH cannot be separated from the rest of the public health system.
How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?	• The policy paper does not provide any detail on what the regional offer will look like – this needs to be addressed in future policy documents. • The development of national policy and priorities need to be shaped with local and regional players and enable flexibility to enable local leadership to direct resources to meet local need. Clearly there needs to be formal governance structure in place that supports this, but there also needs to be effective informal governance and relationships that will enable effective collaborative working across all levels of government. • More local representatives sitting on Westminster programme boards; in the past the default has been to engage with PHE, but there is now an opportunity for the wider system to engage with local leaders or representative bodies (e.g. ADPH) • Work should be carried out to capture this good practice from the pandemic and to encourage continuation of work in areas crossing over into other aspects of health promotion work. A good example would be the continued use of environmental health professionals, used as part of the contact tracing response due to their previous experience in disease outbreaks (particularly food poisoning), to be used in a similar way as local ambassadors for good hygiene and health practices. • Effective coordination between UKHSA/OHP and NHSE/I and NHSx on funding streams – in particular digital funding available to ICSs to ensure best use of resources in delivery and monitoring.
What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS providers	Lincolnshire supports strengthening the role of ICSs in driving joined up local action on population health including through the new statutory aim for the NHS of improving health and wellbeing. The principle of subsidiarity is key here, with region only taking responsibility for things where there is a clear need to work on a larger footprint or things need doing only once. Everything else should be devolved down the lowest possible level and as near to the patient as possible. The regional public health teams should be focused on delivering the health protection component of Public Health England. The regional roles and responsibilities need to be clearly articulated – this includes setting out what functions they will discharge on behalf of UKHSA and the functions they will deliver to support local health protection teams. Local DPHs/Health Protection teams cannot be put in the same situation again as they were at the beginning of the Covid pandemic when we were told by PHE that they did not have the capacity to provide support to local health protection teams.

	Locally, we were required to provide the functions that PHE should have been delivering. Local areas cannot be put in this situation again, so there needs to be a strong regional offer, or the functions need to be delegated to local DPHs who can then be held to account.

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