



**LINCOLNSHIRE HEALTH AND WELLBEING
BOARD
28 SEPTEMBER 2021**

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), K H Cooke, W H Gray, R J Kendrick and C E H Marfleet.

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 (Vice-Chairman).

Healthwatch Lincolnshire: Nicola Clarke.

Lincolnshire Partnership Foundation NHS Trust: Sarah Connery.

Police and Crime Commissioner: Marc Jones.

United Lincolnshire Hospitals NHS Trust: Andrew Morgan.

Lincolnshire Community Health Services NHS Trust: Maz Fosh.

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).

The following officers joined the meeting remotely via Teams:

Semantha Neal (Assistant Director, Prevention and Early Intervention), Tracy Perrett (Head of Hospitals and Special Projects) (Adult Care and Community Wellbeing) and Andrea Kingdom (Area Manager for Hospitals and Special Projects).

Lee Johnson (Lincolnshire Police) attended the meeting as an observer.

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11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs S Rawlins, Heather Sandy (Executive Director – Children's Services), Sarah Fletcher (Healthwatch Lincolnshire), Kevin Lockyer (Chair – Lincolnshire Partnership Foundation NHS Trust), Sunil Hindocha (Chair – Primary Care Network Alliance), Elaine Baylis (Chair – United Lincolnshire Hospital NHS Trust and Lincolnshire Community Health Service NHS Trust), Oliver Newbould (NHS England/Improvement), and Jason Harwin (Lincolnshire Police).

The Committee noted that Nicola Clarke (Healthwatch Lincolnshire) had replaced Sarah Fletcher (Healthwatch Lincolnshire) for this meeting only.

12 DECLARATIONS OF MEMBERS' INTEREST

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

13 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 22 JUNE 2021

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 22 June 2021 be agreed and signed by the Chairman as a correct record.

14 ACTION UPDATES

RESOLVED

That the Action Updates presented be noted.

15 CHAIRMAN'S ANNOUNCEMENTS

The Chairman extended congratulations to Maz Fosh, who had been appointed as the Chief Executive of Lincolnshire Community Health Services NHS Trust.

RESOLVED

That the Chairman's announcements presented be noted.

16 DISCUSSION ITEMS

16a 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 the England infection rate was currently at 330 per 100,000 population and that the Lincolnshire rate of infection was at 344 per 100,000 population. It was reported that overall, the case rate was being driven by school based cases.

The Board noted further that during the previous three days (as up to 25 September 2021) the Lincolnshire local data had seen the rate of infection increase to 384 for the whole of the population of Lincolnshire. It was noted further that the rate for the over sixties was at 219; the rate for 4 to 11 year olds was 743 and that the rate for 12 -16 year olds was at 2,270. The figures presented clearly identified that overall the rates were being driven by secondary school aged children and that this group was currently in the process of receiving their first Covid-19 vaccinations.

It was reported that schools were receiving support from the Public Health Team.

The Board noted that at the moment the number of patients requiring hospital admission was not seeing the same increase in numbers, as most cases had experienced no symptoms, or mild symptoms.

It was highlighted that as at the 15 September, United Lincolnshire Hospital NHS Trust (ULHT) had 53 Covid-19 in-patients; as at 22 September - 47 Covid-19 in-patients; and as at 28 September 2021 - 37 Covid-19 in-patients.

During discussion, the Board raised some of the following comments:

- Whether the number of Flu cases was going to be tracked in a similar way to Covid-19. The Board was advised that the data would be available and that this information could be reported back to the Board. It was reported that some GP's had already started Flu vaccination programmes in Lincolnshire; and that other GP's would be starting the programme shortly;
- One member enquired whether the Covid-19 in-patients in ULHT hospitals had received their vaccinations. It was reported that of the 37 Covid-19 inpatients currently in ULHT hospitals, 24 had received two doses of the vaccine. The Board noted that the message being given was to make sure the residents of Lincolnshire get their Covid-19 vaccination; and
- It was reiterated the importance of Hands, Face, Space, particularly in a school environment. Some concern was also expressed on the gathering of young people in public spaces. The Director of Public Health agreed to draft a note to be circulated to all Lincolnshire schools to reaffirm the basic message of Hands, Face and Space.

RESOLVED

That the verbal update on Covid-19 be received and noted.

16b Integrated Care System Update

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

The Board was reminded of the background to the ICS and to the current position with regard to legislation and NHS England/Improvement published guidance.

Appendix A to report provided the Board with details relating to: the legislation roadmap; the ICS recent developments; documents to support transition to a statutory ICS; the local context, the Lincolnshire System Development Plan; a summary of the ICS Group 1 Guidance and Key Actions; Integrated Care Board functions; Interim guidance on functions and governance of Integrated Care Partnerships; Integrated Care Board designate appointments; and key Integrated Care Board development milestones.

In conclusion, the Board was advised that work was on going to translate and adapt the guidance into the Lincolnshire System and that in readiness for the next meeting; work would be done to look at evolving the current Terms of Reference for the Board.

During discussion, the Board made some of the following comments:

- Reassurance was given that work would be undertaken to ensure the system worked for the residents of Lincolnshire;
- How the partnership would look after residents in the south of the County, as the south of the County bordered three other ICS's. Reassurance was given that currently there was good relationships with all bordering neighbours and that this effective partnership arrangement would continue, as it would in the north of the County;
- The benefit of capitalising on the procurement and commissioning of services across the NHS and other partnership organisations. The Board was advised that the challenge was for a more joined up partnership, to ensure that the ICS was at the centre of local communities across the County, and that advice would be taken from the County Council and District Councils as to how this could happen;
- The need for a Lincolnshire model;
- Details concerning the recruitment process for the position of Chair of the ICS Board. It was reported that the position had been advertised nationally and that of the 42 systems, 25 had Chairs in place, and that Lincolnshire was still awaiting the outcome of the recruitment campaign. It was highlighted that details concerning the recruitment and the Terms of Reference could be made available to members of the Board; and
- Closer partnership working arrangements of health and social care and the ICS going forward.

RESOLVED

That the Integrated Care System update be noted.

16c Lincolnshire Mental Health Services

The Board received a presentation from Sarah Connery, Chief Executive Officer, Lincolnshire Partnership NHS Foundation Trust (LPFT) regarding Mental Health in Lincolnshire.

Councillor Mrs S Woolley (Chairman) left the meeting at 3.02 pm.

John Turner (Vice-Chairman) in the Chair

The presentation made reference to: the significant increasing demands across a number of services, these services were highlighted as: the Crisis Services; early intervention in psychosis, perinatal mental health; sexual assault services, children and young people mental health/eating disorders; adult eating disorders and Autism diagnosis.

The presentation also advised of how the service had expanded and transformed to meet demands, with particular reference being made to community mental health. The Board noted the partnership had been strengthened with primary, secondary and the voluntary sectors with the implementation of community based teams; the embedding of social prescribers and with investment in the voluntary, community and social enterprise sector. Reference was also made to the staff wellbeing hub; and how the system worked in Lincolnshire.

During consideration of the presentation, the Board raised some of the following points:

- Whether the mental helpline was seeing repeat callers or unique callers. It was reported that the adult helpline was seeing a significant amount of repeat callers; and from early analysis it had been identified that the service was being used as support for a certain percentage of the population;
- Vacancy rates for the Trust. It was noted that the Trust's vacancy rate was significant for both consultants and qualified nurses. It was noted further that at the moment the Trust had around a 20% vacancy rate for both roles. It was highlighted that the Trust was trying to be innovative in its approach to recruitment, working with Health Education England for international recruitment and by investing in existing staff to grow their own. The Trust was also working with the University of Lincoln regarding apprenticeships and nursing qualifications. It was also highlighted that the Trust was working across the East Midlands area to develop a competency framework. It was also noted that the Trust had found it difficult to recruit staff for in-patient wards; which was a new role with great development opportunities;
- It was raised that with staff shortages there was a reliance on bank nursing staff and medical staff. Further information was sought as to how the Trust was addressing the medical staff shortage. The Board was advised that international recruitment was being followed as a way of increasing the number of consultant staff. The Trust had

also introduced a Development Associate Specialist role in hard to recruit areas; investment had also been made in non-medical prescribers. The Board was advised that the amount spent on locums was tracked to ensure sustainability and that locums were engaged on longer contracts to help with continuity. It was noted what was trying to be avoided was the onset of a price war;

- Lack of provision on the east coast of Community Teams. The Board noted that at the moment there was a pilot site in the Boston area and as resources and recruitment allowed the pilot would be replicated across the County. Reference was also mentioned to the Dementia Home Treatment Team and that further information would be shared with the Board following an evaluation of the service;
- Lack of community mental health services in rural areas; and the need to ensure that local people had a local service that they could access. There was recognition that some services needed to be centralised, and that the whole point of community working was to be working alongside GP's and the voluntary sector to provide a universal service within the community. Clarity was sought as to when initiatives would be available across the County. The Board was advised that currently there was access to cafes, community hubs, and the helpline. It was highlighted that there was a pilot being undertaken in Boston, Lincoln and Gainsborough. It was noted that the Chief Executive Officer would provide more detailed information regarding mental health services for the Board to consider at a future meeting;
- The use of digital. The Board noted that digital technology was embedded in the organisation; digital access to psychological therapies; and that 95% of interventions were digital; and
- The excellent work of voluntary groups with regard to mental health issues.

The Chairman on behalf of the Board extended thanks to the Chief Executive Officer LPFT for her presentation.

RESOLVED

That the presentation on mental health services be received and that further detailed information concerning mental health service provision be presented to a future meeting of the Board.

Councillor Mrs P A Bradwell OBE left the meeting at 3.28pm.

16d Joint Strategic Asset Assessment Update

Consideration was given to a report from Sem Neal, Head of Prevention and Early Intervention, which provided the Board with an update on the Joint Strategic Asset Assessment.

Due to technical difficulties, the Chairman invited Derek Ward, Director of Public Health (who was present in the Chamber) to present the report to the Board.

It was reported that a Joint Strategic Asset Assessment was intended to support communities and commissioners to address the health and wellbeing needs identified in the Joint Strategic Needs Assessment (JSNA).

The Board noted that the report outlined the progress that had been made in developing a register of physical assets which would be mapped to create a more visible overview of needs and opportunities, to become a sustainable, meaningful and useful tool for asset-based community development to support thriving communities and healthy lifestyles.

Details of the first phase of the project were shown on page 44 of the report pack. It was noted that nearly two thousand physical assets had been recorded to date. It was noted further that the register would be included on the Connect to Support website.

The next phase was to increase details about the assets and to overlay travel options and access routes, which would enable people to organise community events, see where to base new or existing groups and services and to see where there were gaps in service.

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

- The enormity of the task across the County and the need to ensure that the right assets are highlighted. It was felt that a direction of focus was paramount to the websites success. It was noted that it was still work in progress and that the more the site was utilised the better it would become;
- One member highlighted that some of the district council assets contained on the website had incorrect email addresses;
- It was reported that a lot of work was on going with the Connect to Support team regarding physical activity, and the link to open spaces for physical activity to feed in to Let's Move Lincolnshire, a platform due to go live at the end of October. It was highlighted that data into Connect Support could become amplified and shaped for people to become more active, whilst trying not to duplicate data; and
- One member sought information as to how the Connect to Support platform was being utilised and by whom. The Board was advised that web analytics information was available and could be shared with Board. It was noted that the purpose of the platform was to target groups who would not be able to get information from any other source. There was also recognition of the need to make sure that the general public were aware of the assets available.

RESOLVED

That the progress made to develop the Joint Strategic Asset Assessment be received and that the comment by the Board be noted.

17 INFORMATION ITEMS

- 17a The importance of community beds in transitional care both for Covid positive and Covid negative patients and the positive impact these have on Acute Hospital Trusts

RESOLVED

That the report presented concerning the importance of community beds in transitional care both for Covid positive and Covid negative patients and the positive impact these have on acute hospitals trusts be noted.

- 17b An Action Log of Previous Decisions

RESOLVED

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

- 17c Lincolnshire Health and Wellbeing Board Forward Plan

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

During discussion the following suggestions were made:

- More information on mental health services; and
- Update on the Let's Move Lincolnshire initiative

RESOLVED

That subject to the addition of the suggestions reference above, the Forward Plan presented be received.

The meeting closed at 3.55 pm.