



**LINCOLNSHIRE HEALTH AND  
WELLBEING BOARD  
25 MARCH 2014**

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

**Lincolnshire County Council:** Councillors C N Worth (Executive Councillor for Libraries, Heritage, Culture), D Brailsford, J P Churchill, B W Keimach, C R Oxby and S M Tweedale

**Lincolnshire County Council Officers:** Glen Garrod (Director of Adult Social Services) and Dr Tony Hill (Executive Director of Public Health).

**District Councillor:** Councillors Marion Brighton OBE.

**GP Commissioning Group:** Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Kevin Hill (South Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Simon Lowe (Lincolnshire East CCG).

**Healthwatch Lincolnshire:** Mr Malcolm Swinburn.

**NHS England:** Mr Andy Leary.

**Officers In Attendance:** Katrina Cope (Team Leader Democratic and Civic Services), Richard Collins (Head of Service Policy and Development), Chris Cook (Independent Chairman of Lincolnshire Safeguarding Children's Board), John O'Connor (Head of Service School Administration), Martin Wilson (Health and Wellbeing Board Advisor), Annette Lumb (Head of Planning, West Lincolnshire CCG), Sally Savage (Assistant Director of Children's Services) and Gary Thompson (Accountable Officer South Lincolnshire CCG).

45               APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs P A Bradwell (Executive Councillor Adult Care and Health Services, Children's Services), and Debbie Barnes (Executive Director of Children's Services).

It was noted that Sally Savage (Assistant Director of Children's Services) had replaced Debbie Barnes (Executive Director of Children's Services) for this meeting only.

46               DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of members' interests declared at this stage of the meeting.

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47 MINUTES OF MEETINGS OF THE LINCOLNSHIRE HEALTH AND  
WELLBEING BOARD

(a) Minutes of the meeting held on 10 December 2013

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 10 December 2013, be confirmed and signed by the Chairman as a correct record, subject to the sixth sub-heading on the list of attendees present being amended to read 'NHS England'.

(b) Minutes of the Extraordinary meeting held on 28 January 2014

RESOLVED

That the minutes of the meeting of the Lincolnshire Health and Wellbeing Board held on 28 January 2014, be confirmed and signed by the Chairman as a correct record, subject to the sixth sub-heading on the list of attendees present being amended to read 'NHS England'.

48 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

49 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised the Board that having recently attended events in the Local Government Association and NHS arena, it was noticeable that the Lincolnshire Health and Wellbeing Board was well in advance of other Boards in its overall achievements.

**DECISION/AUTHORISATION ITEMS**

50 BETTER CARE FUND FINAL SUBMISSION

Pursuant to Minute No. 44 (3) consideration was given to a report from the Director of Adult Social Services, which provided the Board with details of the Better Care Fund (BCF) final submission to NHS England.

On 11 February 2014, a letter had been sent to NHS England (a copy of which was detailed at Appendix A to the report) along with a copy of the national template which was divided into two parts. Part one described the overall plan details, and agreed vision and schemes, and Part two, described the performance measures to be used and the agreement on the use of the BCF in 2014/15 and 2015/16.

On 11 March 2014, a letter was received from NHS England – BCF Assurance Update (a copy of which was shown on page 47 of the report), which provided details on three issues. Page 51 to 53 (Appendix C) provided the Board with supplementary information to the assurance process guide.

A copy of the BCF – Part 1 (Final Submission document) was detailed on pages 55 to 79 (Appendix D) which contained the additional information required by NHS England. Particular reference was made to the governance arrangements for monitoring progress and outcomes (page 69); the implications for the acute sector (page 68); protecting social care services (page 71); and the implications of the Care Bill and funding (page 77).

It was noted that transformation would be implemented in an incremental way through the Sustainable Services Review, to ensure that there was a risk management approach to change management and a protection for social care services.

During discussion, the following issues were raised:-

- Concern was expressed to the reduction in the number of acute beds and whether these beds were going to disappear. The Board were advised that as part of the vision for reconfiguring services, it was hoped to significantly reduce acute bed capacity by 2016/17 and strengthen community based services. It was highlighted that escalation beds would be available should an emergency arise in, and out of County;
- Clarification as to the demographic trends with regard to the ageing population, the document seemed to suggest that the West and South were ageing more. Officers agreed to look into this;
- Seven day working – Concern was expressed as to how this would impact on GP contracts, nurses and other staff, the budget and the proposed services. It was highlighted that there was an expectation for seven day working, particularly around facilitating discharge from hospital, and from the proposed neighbourhood teams. It was noted that there was still a lot to do around the issue. The Board were advised that some seven day pilot schemes would be underway in April and that there was a good example of how working methods could be changed and done differently in Salford. It was highlighted that the underlying issue was to meet the needs of the patient in all that was proposed;
- The remit of the Autism Strategy - Concern was expressed as to whether the Autism Strategy took into consideration the needs of children and adults. The Board were advised that the Government requirement was for a strategy for adults, not children. However, the County Council had decided that Lincolnshire would have an all ages strategy in relation to Autism, and that the Board would be receiving a report later in the year; and
- Disabled Facility Grants - Concern was expressed as to the implications for Disabled Facility Grants, administered currently by the districts. The Board were advised that work was underway with districts with regard to this issue, to ensure that DFG's continued into 2015, and beyond as part of the Wellbeing Service. It was highlighted further, that most of the district council areas were

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split into more than one CCG area. Reassurance was given that the concerns raised would be looked into and addressed.

#### RESOLVED

1. That the Better Care Fund (BCF) Planning Template – Part 1 (Final Submission document), as detailed at Appendix D to the report be agreed by the Board.
2. That the Board note that further updates concerning the BCF submission and the tracking of its progress be managed through the LSSR Governance Board in the first instance and ultimately the Health and Wellbeing Board.

#### 51 COMMISSIONING PLANS

The Board gave consideration to the Commissioning Plans from the four Clinical Commissioning Groups and NHS England Local Area Team.

##### West Lincolnshire Clinical Commissioning Group – Operational Plan

The Board received a joint presentation from Dr Sunil Hindocha and Annette Lumb concerning the West Lincolnshire's Operational Plan.

Copies of the Lincolnshire West CCG Plan to a Page for 2014/15 – 2015/16, and data relating to Quality Premium Measures was circulated to members of the Board at the meeting.

The Plan to a Page outlined the vision for patients in Lincolnshire West, detailed the improvements the CCG had for Proactive Care; Urgent Care; Elective Care and for women and children for the next two years. The Plan also highlighted the cross cutting themes relating to improving quality, working with partners to develop the Primary Care Strategy, Carers Strategy and the enablers required to enable the vision to happen.

Particular reference was also made to page 83 of the report presented, which provided the Board with information relating to the quality premium for 2104/15, which was supplemented by the additional data circulated at the meeting. It was noted that Lincolnshire West intended to improve medical errors by 1% for 2014/15; improve physiological therapies by 1%; and as a local priority to increase by at least 5% the number of Atrial Fibrillation patients who were prescribed optimum preventive therapy, to help reduce the number of stroke admissions to hospital.

Agreement was given by the Board to the West Lincolnshire Operational Plan.

##### Lincolnshire East Clinical Commissioning Group – Operational Plan

Dr Simon Lowe presented the Lincolnshire East Operational Plan.

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A copy of the Lincolnshire East CCG Operational Plan 2014/2016; Plan to a Page was circulated to members of the Board at the meeting.

The Plan to a Page outlined the vision for Lincolnshire East CCG; it detailed where the CCG needed to be in relation to national and local drivers, the NHS Outcomes framework and targets, the LSSR, BCF and the Lincolnshire Joint Health and Wellbeing Strategy. The plan detailed what needed to be done against the East's four key programmes of work and ambition for delivery over the next two years. The four areas shown were wider primary care provision; the creation of a modern model of integrated care, access to the highest quality urgent and emergency care and productive elective care. The plan also highlighted the impacts of the selected projects for 2014 to 2016. It was noted that there were crossing cutting issues within all of the boxes detailed.

During consideration, it was highlighted that reference to elderly people, one of the Joint Health and Wellbeing Strategy themes was missing from the plan. Dr Lowe agreed that this would be included. Some explanation was sought regarding one of the impacts to reduce the number of people reporting poor experience in inpatient care to 146 per 10000 by March 2016, unfortunately, data relating to this figure was not available at the meeting for an answer to be given.

Reference was also made generally, that the plans overall did not have a lot of outcomes for children; some discussion was had relating to obesity in children. It was highlighted that this document was only a plan to a page and that within the detail behind the plan, children were included.

Agreement was given to the Lincolnshire East Operational Plan.

South West Lincolnshire Clinical Commissioning Group – Operational Plan

Dr Vindi Bhandal presented to the Board the South West Lincolnshire Clinical Commissioning Operational Plan.

The Board were referred to the report detailed in the agenda pack at page 97 and the accompanying detailed Operational and Strategic Plan for 2014/2019 attached to the report as Appendix A. The document contained comprehensive information relating to the CCG's mission and values; its improvement intentions against its five domains of preventing people from dying prematurely, ensuring that patients with mental health and long term conditions got the best quality of life; ensuring that patients recovered quicker and that patients had a positive experience of care, and were kept safe from all avoidable harm. Particular reference was also made to the provision of a proposed hub, which would integrate health and social care in the community.

Agreement was given to the South West Lincolnshire Operational Plan.

South Lincolnshire Clinical Commissioning Group – Operational Plan

Gary Thompson presented to the Board the South Lincolnshire Clinical Commissioning Groups Operational Plan.

The report presented at page 149 to 153 provided the Board with an explanation to the rationale behind the plan. Appendix A to the report provided information as to how the South Lincolnshire's Plan linked into the five themes of the Joint Health and Wellbeing Strategy. Appendix B to the report provided the South Lincolnshire CCG Planning Strategy for 2014 to 2019.

Particular reference was made to the South Lincolnshire's main areas of concern for 2014/16 which were working collaboratively with A & E to keep patients in the community rather than in hospital; working to get full implementation of the cancer reform strategy; and health care acquired infections. Reference was also made to the fact that 16% of the population received care outside of the County and that a large number of the population were European and that work needed to be done get them registered with a GP.

Some discussion ensued, relating to the future of Peterborough Hospital. The Board were advised that meetings were going on and would continue to go on with Peterborough hospital regarding this issue. It was highlighted that the hospital, despite its financial problems did provide a good quality service.

Agreement was given to the South Lincolnshire Operational Plan.

A question was asked as to whether Plans were flexible enough to take into consideration changes reported during the year. It was highlighted that plans were evolving and that commissioning was looked at early in the year and as a result some emerging issues might get missed. With regard to the obesity issue, it was suggested that those who had not included this in their current plans were encouraged to think about it for their future plans.

#### NHS England Draft Operational Plan 2014/16 and Emerging Strategy Update

Andy Leary presented to the Board the NHS Local Area Team Draft Operational Plan 2014/16 and the Emerging Strategy update.

A report on page 161 of the agenda provided the background behind the plan and detailed at Appendix A to the report was a copy of Leicestershire & Lincolnshire Area Team, Public Health Commissioning Plan to a Page summary, which provided information for the commissioning of primary care and NHS public health services.

It was highlighted that Specialised Services Operational Plans and summaries were being developed nationally to a single consistent document which would be available shortly, and that the Five Year Strategy Plan would be available by the June submission date.

The Board requested a larger print version of the plan to a page document, and concerns were raised with regard to the counting of immunisations, and the lack of provision for Children & Adolescent Mental Health Service (CAMHS) Tier four beds.

RESOLVED

1. That the contents of the Operational Plans for the  
  
West Lincolnshire Clinical Commissioning Group;  
Lincolnshire East Clinical Commissioning Group;  
South West Lincolnshire Clinical Commissioning Group; and  
South Lincolnshire Clinical Commissioning Group  
  
be accepted by the Lincolnshire Health and Wellbeing Board as meeting the outcomes of the Lincolnshire Joint Health and Wellbeing Strategy.
2. That the NHS England Draft Operational Plan 2014/16 and Emerging Strategy Update as presented be noted and that a copy of the National Specialised Plan be presented to the June meeting of the Lincolnshire Health and Wellbeing Board.

**DISCUSSION/DEBATE ITEMS**

52     ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH ON THE HEALTH OF THE PEOPLE OF LINCOLNSHIRE 2013

Consideration was given to the annual report on the health of the people of Lincolnshire from the Director of Public Health. Detailed at Appendix A to the report was a copy of the said annual report.

It was reported that this was the fourth report of the Director of Public Health for Lincolnshire, and the first in his new role based at Lincolnshire County Council. It was highlighted that the report was not an annual account of the work undertaken in the Public Health Team, but an independent professional view of the state of the health of the people of Lincolnshire.

In guiding the Board through the annual report, the Director made reference to the following:

Chapter One – Addressing Health Equity and Health Outcomes for International Migrants

Figures had identified that just over 7% of the people resident in Lincolnshire were born outside the UK. In July 2012, over 15,000 people from A8 countries were recorded as being registered with a Lincolnshire GP, with most being recorded as living in Boston, Spalding, Grantham Skegness and Lincoln. It was highlighted that evidence suggested that international migrants were relatively healthy on arrival, and were unlikely to impose a disproportionate burden on health services, with some preferring to access health services back home. It was highlighted further that the inequality of health services provision to migrants was often linked to language barriers and a lack of understanding of how the system worked. The recommendations at the end of the chapter concentrated on improving the inclusivity and equality of health care provision to the migrant population in Lincolnshire.

#### Chapter Two – Tobacco Control

It was highlighted that smoking prevalence continued to fall, but Lincolnshire's smoking prevalence of 21% was still higher than England and the East Midlands' average of 20%. Smoking prevalence was higher in areas such as Lincoln City, Boston and East Lindsey, who had areas with higher deprivation and greater health inequalities than other parts of the country.

It was reported that due to the hard work of public health team, and maternity services, it was reported that in 2011/12 18.1% of pregnant women smoked and that this figure had now been reported as being reduced to 13.7% in 2012/13.

The Board were advised that people who were referred to the stop smoking service were four times more likely stop.

#### Chapter Three – Public Health and Spatial Planning

The Board were advised that the Public Health Directorate had been active in promoting and driving the health agenda in the County, by working to create a robust and practical model with the Central Lincolnshire Joint Planning unit who developed policy for the western half of Lincolnshire.

It was highlighted that there was still lots of work to do to improve health through spatial planning.

#### Chapter Four – Health Skills Training

The Board were advised that development of the wider Public Health workforce was necessary to promote health care and wellbeing.

#### Chapter Five – Protecting the Health of the People of Lincolnshire

The Director advised that as the Director of Public Health he needed to be assured that infection prevention and control systems and processes were in place across the health and social care economy were safe and effective.

During discussion, the Board made reference to the smoking cessation figures; the inclusion of what can be done for existing housing stock and the impact on public health. Members were advised that districts had information available relating to rented accommodation.

#### RESOLVED

That the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2013 be noted.



53     LINCOLNSHIRE SUSTAINABLE SERVICES REVIEW

The Director of Public Health, as Senior Responsible Officer for the Programme and Chairman of the Programme Board, provided the Board with an update on the Lincolnshire Sustainability Review.

At the 10 December 2013 meeting, the Lincolnshire Health and Wellbeing Board had given its approval to the blueprint document. As a result of the approval more detailed planning was being done with the help of PricewaterhouseCoopers, and that the Phase one blueprint would be looked at in more detail by the four clinical design groups to identify which of the four would be looked at, as early implementers.

On 9 May 2014, the Board would be asked to agree the next course of action. It was noted that the consultation period would then commence for a three month period.

A final version of the blue print and the implementation plan would then be brought back to the Board in September for approval, following which, Phase three would commence, to implement the LSSR over the next two to three years.

During discussion, some concerns were raised in relation to the consultation process, and whether the proposed consultation was meaningful, or whether it was just going to be a tick box exercise, in view of the fact that ULHT had already produced their plans based on the outcomes of the LSSR.

The Board were reassured that the action was to go out for formal consultation from mid-May for three months and that a lot of work was going into the consultation process. It was highlighted that even before the consultation, there had been lots of engagements with different groups around the county, and staff, GP's, elected members and Healthwatch had all been involved in this engagement before the development of the blueprint.

Further to this, the Board were advised that a website was due to come on line 'Lincolnshire Health and Care', which would advise people in Lincolnshire what was going on.

The Board were advised that the ULHT Strategy did follow the blueprint set out in December 2103, and if they were anticipating what the LSSR was going to come up with at the end of the process then they did so at their risk. If there was an issue, and the ULHT strategy did not fit into the LSSR, then they would have to change their strategy.

**RESOLVED**

That the verbal update on the progress of the Lincolnshire Sustainable Services Review be noted.

**INFORMATION ITEMS**54     THE LINCOLNSHIRE SAFEGUARDING CHILDREN'S BOARD

Consideration was given to a report from The Lincolnshire Safeguarding Children's Board, which provided an update on the work currently being undertaken by the Lincolnshire Safeguarding Children Board (LSCB) and its Sub-Groups.

Dr Simon Lowe left the meeting at 4.00pm.

The Independent Chairman of the Lincolnshire Safeguarding Board guided the Board through the report, making reference to the South West CCG's lead on safeguarding issues.

It was reported that the LSCB comprised of a Strategic Management Group that met quarterly and an Operational Delivery Group that met every eight weeks. In addition the LSCB had a number of Sub-Groups who were driving forward the work of the Board.

The purpose of the report was to provide an overview of the current issues and the work being undertaken by the respective groups to enable the Safeguarding and the Health and Wellbeing Board to link better into each other's roles and responsibilities to ensure that all people in Lincolnshire were safe, and that their well-being was protected.

The Board were advised that there were a number of challenges facing the LSCB, including Ofsted's impending inspection.

The Sub-Groups had recently been reduced to four to help focus the efforts of the LSCB and its partners in the following areas:

- Child Sexual Exploitation
- Child Death Overview
- Serious Incident Review and
- Policy, Procedure, Training and Development

To assist with the issue of Child Sexual Exploitation a Sexual Co-ordinator had been employed, as there were pockets of exploitation in Lincolnshire. It was noted that work had been done with regard to e-safety.

In response to the need for better audit and oversight of actions from Serious Incident reviews, the Board were advised that the LSCB had advertised to employ a Policy and Audit Officer by mid-2014 to help in a very busy high profile area.

Detailed at Appendix A to the report was a copy the LSCB annual report for 2012/13, which provided more detailed information into the work of the LSCB.

During discussion, the Board asked what work had been done into preventative measures. It was reported lots of work had been done relating to e-safety for young children, educating them on social media, and across the internet with regard to sexual exploitation, implementation of the Stay Safe Programme and the implementation of the Team Around the Child.

The Chairman of the Health and Wellbeing Board agreed to have a meeting with the Independent Chairman of the LSCB outside of the meeting.

RESOLVED

That the report on the role of the Lincolnshire Safeguarding Children Board and its Sub-Groups be noted.

55 REVIEW OF HEALTH SERVICES FOR CHILDREN LOOKED AFTER AND SAFEGUARDING IN LINCOLNSHIRE

RESOLVED

That the Review of Health Services for Children Looked After and Safeguarding Lincolnshire item be deferred to a future meeting of the Board.

56 AUTISM SELF- EVALUATION 2013

The Board gave consideration to a report from the Director of Adult Social Services, which provided information as to the process undertaken as part of the Lincolnshire Autism Self-Evaluation 2013.

A report summary of the initial findings published by Public Health England was attached at Appendix B to the report.

It was reported that the Public Health England website remained open to enable local authorities to confirm the date on which the self-evaluation was considered by the respective Health and Wellbeing Boards.

Appendix A provided the Board with a copy of the Autism Self Evaluation questionnaire, which had been issued to all local authorities in the summer of 2013. The questionnaire was completed in co-production with members of the local Autism Partnership Group, who had also agreed the contents of the questionnaire prior to submission.

The Health and Wellbeing Board were asked to sign off the content of the questionnaire as evidence for local planning, health needs assessment, strategy development and support for local implementation work.

The Head of Service Policy and Development explained that it had been hoped to get this item on to an earlier agenda, and therefore the decision to be taken was a retrospective one.

The Head of Service and Policy Development guided the Board through the report, from which the following issues were raised with regard to district council involvement in extra care. The Board were advised that a CCG representative sat on the Partnership Board and that the representative should cascade information back to others sitting under the joint commissioning team. It was highlighted that affordable housing was an on-going discussion, irrespective of the type of housing.

**RESOLVED**

That the Autism Self-Evaluation 2013 be noted as evidence of local planning and support for local implementation work.

**57     SUPPORT AND ASPIRATION**

Consideration was given to a report from the Executive Director of Children's Services, which provided the Health and Wellbeing Board with an update on the progress of the Special Educational Needs (SEN) Implementation Project designed to implement the reforms to Special Educational Needs support set out in Part 3 of the Children and Families Bill, draft SEN Code of Practice and draft regulations.

Members were advised that the Bill had now been granted to streamline the system of SEN assessment by:

- Extending the SEN support and provision for children and young people 0 – 25 giving children, young people and their parent/carers greater control and choice in decisions about provision;
- Replacing statements and learning difficulty assessments with a new birth to 25 Education, Health and Care (EHC) Plan;
- Offering families the option of personal budgets when a EHC plan is implemented;
- Improving co-operation between all agencies and services; and
- Requiring local authorities to involve children and young people and parents in the development and review of provision for those with SEN and to publish a local offer of support.

Members were advised that despite the delay with the Bill, the project was on track to deliver the reforms, and that the new assessment process would be trialled and refined from 1 April to 31 August 2014, in readiness for the statutory implementation of 1 September 2014.

Councillor D Brailsford left the meeting at 4.35pm.

Discussion ensued, from which the following issues were raised:

- Information as to where the money was spent. The Board were advised that details were monitored by the Value for Money Scrutiny Committee;

- Whether this scheme would help trouble families. The Board were advised that this scheme was to help individual children and young people who had a special health or educational needs; and
- Personal budgets, the need to ensure that there was a co-ordinated approach in relation to Adults, Children and Health personal budgets. Members were reassured that there were lots of overlaps and that these would be managed.

RESOLVED

That the Support and Aspiration report presented be noted.

58     AN ACTION LOG OF PREVIOUS DECISIONS

RESOLVED

That the Action Log of previous decisions of the Lincolnshire Health and Wellbeing Board be noted.

59     LINCOLNSHIRE HEALTH AND WELLBEING BOARD - FORWARD PLAN

The Health and Wellbeing Board Advisor presented the Boards current Forward Plan.

It was highlighted that there would be an additional formal meeting of the Lincolnshire Health and Wellbeing Board on 9 May 2014, and that this meeting would take place at the end of the informal meeting already scheduled for that day at The New Life Centre, Sleaford. The purpose of the additional meeting was to receive an update on the plans for the LSSR.

The Board were advised that further details of the informal meeting on 9 May 2014, would be forwarded to them in due course.

That the informal meeting date scheduled for 8 July would now be moved to 11 September 2014, to enable the Board to have an informal discussion on the results of the consultation and draft proposals for implementation. It was highlighted that this would be held in the afternoon of the 11 September 2014 at a venue to be agreed.

That Officers should look into identifying future dates for formal meetings for the Board for January and March 2015, and for an informal meeting date for the Board for February 2015.

RESOLVED

1. That the forward plan for informal meetings and informal workshops sessions as presented be agreed.
2. That the deferred item Review of Health Services for Children Looked After and Safeguarding in Lincolnshire be added to a future agenda.

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3. That the National Specialised Plan from NHS England be added to the agenda for the 10 June 2014 meeting.

The meeting closed at 4.50 pm