



**LINCOLNSHIRE HEALTH AND
WELLBEING BOARD
9 MAY 2014**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services), J P Churchill, B W Keimach, C R Oxby and S M Tweedale.

Lincolnshire County Council Officers: Glen Garrod (Director of Adult Social Services), Dr Tony Hill (Executive Director of Public Health) and Stuart Carlton (Assistant Director - Lead Early Help).

District Council: Councillor Marion Brighton OBE (District Councils).

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG), Allan Kitt (South West Lincolnshire CCG) and Sarah Newton (Lincolnshire West CCG).

Healthwatch Lincolnshire: Mr Malcolm Swinburn.

NHS England: Mr Andy Leary.

Officers In Attendance: Katrina Cope (Team Leader Democratic and Civic Services), Martin Wilson (Health and Wellbeing Board Advisor) and David O'Connor (Programme Director Lincolnshire Health and Care).

David O'Connor (Programme Director for Lincolnshire Health and Care) was also in attendance.

60 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Debbie Barnes (Executive Director Children's Services), Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG), Dr Simon Lowe (Lincolnshire East CCG) and Councillor C N Worth (Executive Councillor for Libraries, Heritage, Culture).

It was noted that Stuart Carlton (Assistant Director – Lead Early Help), Allan Kitt (South West Lincolnshire CCG), Sarah Newton (Lincolnshire West CCG) had replaced Debbie Barnes (Executive Director Children's Services), Dr Vindi Bhandal (South West Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) respectively, for this meeting only.

61 DECLARATIONS OF MEMBERS' INTERESTS

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

62 LINCOLNSHIRE HEALTH AND CARE (FORMERLY KNOWN AS THE LINCOLNSHIRE SUSTAINABLE SERVICES REVIEW)

Consideration was given to a report from the Chairman of the Lincolnshire Health and Care Programme Board, which provided the Board with an update, which sought to address:

- The process for developing the proposal for change and business case assurance;
- Formal decision making on the proposal and the business case;
- Formal consultation; and
- Responding to the formal consultation and agreeing the final proposal for change and the business case.

Appendix A to the report provided a revised summary timeline, which had been considered by the LHAC Programme Board earlier in the day.

The Chairman of the Lincolnshire Health and Care Programme Board reported that over the last couple of months the detail of the blue print had been developed, this had been achieved through three meetings of the four Care Design Groups set up for Phase 1, which had resulted in a Care Summit on 8 May 2014. The Board were advised that 260 people had attended the aforementioned Care Summit.

The Care Design work had been informed by external facilitation and technical input from Pricewaterhouse Coopers LLP and input from informal engagement with a wide range of stakeholders across the county and including Healthwatch.

It was highlighted that work was underway to develop the scope and deployment of Neighbourhood Teams. Also, in addition, work had been done to establish the current state of several enablers which were Workforce, Transport, Information Management & Technology, Estates and Contracting.

The Programme Director for Lincolnshire Health and Care advised that over the next six weeks a modelling process would take place, which would include impact assessments and options appraisals. Following this process, a proposal for change and a business case would be produced. This would then be revisited following the formal consultation process.

Reassurance was given that assurance of the proposal would involve both internal and external mechanisms. The internal assurance for the clinical options was being obtained through the engagement of senior clinicians in Care Design. The internal assurance for the financial issues would be going through LCC and the NHS Finance Officers Group.

It was highlighted that as LHAC was identifying significant changes to services, it would therefore be subject to mandatory external assurance from the NHS Area Team. It was highlighted further that there was no mandatory external assurance for social care changes.

The Board were advised that LHAC was the first programme to go through the new NHS assurance process in the East Midlands. The assurance requirements focussed on the four tests set out in the 2014/15 Mandate from the Government to NHS England, which were:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- Clear clinical evidence base; and
- Support for proposals from clinical commissioners.

It was noted that in addition to this, the proposals for change had to be supported by a business case which would take into account not only the four tests, but also clinical sustainability within available resources, which would be underpinned by robust economic and financial evidence.

It was brought to the Board's attention that failure to satisfy NHS assurance would stop the proposal progressing to the formal consultation stage. The assurance mechanisms were:

- NHS England external assurance – It was noted that this operated in two stages, a strategic sense check followed by if necessary by an assurance checkpoint. At the Strategic Sense Check on 30 April, the overall feedback was that they had been 'very impressed' with the programme, and the Board were advised that formal written feedback to that effect would be received shortly;
- Health Gateway Reviews – LHAC had hosted a Health Gateway, some concerns had been expressed about the pace of activity. Partners and the Gateway Team had also recommended that public consultation would be more effective, if it was delayed until September; and
- Clinical Senate – Members noted that dialogue was ongoing with colleagues from the Clinical Senate.

The Board were advised that the LHAC proposal was likely to be a 'Key Decision' for the County Council. It was therefore proposed for the proposal and business case to go to the following bodies/committees for consideration/decision:

- Health Scrutiny Committee for Lincolnshire
- Four CCG Governing Bodies
- LCC Adults and Children's Scrutiny Committees
- LCC Executive
- Lincolnshire Health and Wellbeing Board

It was reported that formal consultation mechanisms would be developed alongside the proposal and the business case. The Board were advised that a third party would be procured to operate the consultation and analyse the feedback. It was proposed to get the format for the formal consultation approved by the LHAC Programme Board on 6 August 2014, with the formal consultation being programmed to run for twelve weeks from 3 September 2014. The findings from the consultation would then be reported to the LHAC Programme Board on 3 December 2014.

It was anticipated that the formal decision making process would then be completed by the end of January 2015. At this time, the programme would be at the implementation stage, the nature of the implementation and governance would depend on the final proposal for change and business case, and it was highlighted that a report would be brought back to the Board for consideration at that time.

During discussion, some concern was expressed as to the assurance process and it was suggested that further assurance should be done through the LGA in relation to Social Care. Officers agreed to look into this matter outside of the meeting.

A further concern raised was the timing of the formal decision making process in July 2104, as the South Lincolnshire CCG meeting was not planned to take place until 30 July 2014. Again, Officers agreed to look in to this matter outside of the meeting.

Members were reassured by the NHS England representative that the Council would have been advised if there had been any concerns during the process.

RESOLVED

1. That the processes set out in the report which focused on the areas detailed below be noted.
 - Developing robust proposals for a sustainable and safe health and social care economy for the future;
 - Achieving external assurance on the proposal;
 - Consulting widely on the proposal;
 - Responding to feedback in the final proposal; and
 - Robust decision making throughout.
2. That the revised programme detailed at Appendix B to the report be noted.
3. That agreement be given for an additional meeting of the Lincolnshire Health and Wellbeing Board at a date to be agreed as part of the decision making on the proposal and business case for consultation.

4. That agreement be given to a further meeting of the Lincolnshire Health and Wellbeing Board at the end of January 2015, as part of decision making on the final proposal and business case.

The meeting closed at 4.17 pm