



# Greater Lincolnshire LEP Health & Care Enterprise Board

Via Microsoft Teams

Date: Monday 29<sup>th</sup> November 2021

Time: 10-12pm

*Draft Minutes*

## Draft Minutes

**Attendees:** Dean Fathers, Simon Lilley (*UOL - Presenter*), Jacqui Bunce, Tom Blount, Jeremy Thorpe, Rachel Linstead, Nikki Cooke, Nicola Corrigan (*PHE - Presenter*), Nathalie Lomas, Dan Hayes, Emma Tatlow, Frank Tanser, Melanie Weatherley, Mike Hannay, Chris Wheway, Katy Thomas, Helen Shaw, Jo Wright, Katya Bozukova (*BGU - Presenter*) Helena Zaum (*Microsoft - Presenter*)

**Apologies:** Amy O'Sullivan, Peter Northrop, Darren Clark, Moreira Nury, Victoria White, John Turner, Tanweer Ahmed, Susanna Lovelock, Richard Parish, Nicole McGlennon, Catherine Hadfield, Glen Garrod, Helen Shaw, Mandy Burrell, Martin Hindle, James Brindle

**Officers:** Ruth Carver, Caroline Illingworth

### Item and brief description

#### **Welcome and Formal Introductions**

Meeting was recorded and transcription function used due to apologies sent by Amy O'Sullivan (Strategic Advisory Board Coordinator - Greater Lincolnshire LEP). Chair reaffirmed the open forum function of the meeting

Introductions to the group were made by new members and observers

#### **Jeremy Thorpe - Managing Director of Tillots Pharma UK Limited**

*Only human pharmaceutical company based in Lincolnshire (Wellingore), established over 10 years ago, now with 43 employees and a £40 million turnover a year - a market leader in the IBD franchise in the UK. Portion of profit (£1,000,000) is reinvested yearly into the training of their health care professional colleagues*

#### **Emma Tatlow - CEO - Active Lincolnshire**

*Charity funded by Sport England to help communities in Lincolnshire be more active. Working with the health care sector, organisations, policymakers, and planners to influence the way that people think about physical activity. Currently working on the refresh of the physical activity strategy for the county 'Let's move Lincolnshire' which feeds into the health and wellbeing strategy*

#### **Caroline Illingworth (Observer) - Operations & Delivery Executive Manager - Greater Lincolnshire LEP**

*New staff member to the Greater Lincolnshire LEP Team, focusing on strategic work, performance monitoring and governance*

#### **Frank Tanser - Director of the Lincoln International Institute for Health**

*Based within the University of Lincoln Medical School, which was part funded by the LEP, established over 18 months ago. Current mandate is to conduct research to address the greatest health issues facing rural populations, particularly focusing on the communities on the East Coast of Lincolnshire. As well as international projects in Africa, Australia and Asia.*

### **Inclusive and Sustainable Economies Framework**

*Nicola Corrigan - HWB Programme Lead (Healthy Places and Sustainable Communities) Office for Health Improvement and Disparities, Department of Health and Social Care in Yorkshire and Humber presented this item.*

#### **PHE changes**

*1st October - Public Health England ceases and its functions were separated out into two new organisations*

and one already existing organisation. The Health Protection functions have now transferred to the United Kingdom Health Security Agency, which gives a larger structure with which to be able to combat global pandemics. Public health to support the NHS has moved to NHS England (screening, immunisations and specialist commissioning). The Office of Health Improvement and Disparities (previously called Health and Wellbeing) is now part of the Department of Health and Social Care, this will give greater influence across government and across a wider range of wider sectors than just health and public health. Role to support the reduction of health inequalities, one of the primary functions - leading on the National Health promotion and prevention agenda and fit within the Office of the Chief Medical Officer. Looking to develop and lead the delivery of an ambitious strategy to improve the nation's health, and to reduce those health disparities and inequalities

### Determinants of Health

Pilot programme running across the EMs, and in the first phase, a review of documents has just concluded with D2N2 LEP - Phase 1 - reviewing the local growth and recovery strategies. Looking at 3 domains, the social, economic and environmental determinants of health and 12 subdomains of the ISE framework using agreed key lines of enquiry. Each were assessed against the 9 ISE recommendations for placed based action using agreed key lines of enquiry. The GLLEP was represented by DF on the Pilot Oversight Group.

D2N2 due to start Phase 2 - Using the benchmarking in phase 1 to develop, in collaboration with local partners, recommendations for each LEP area to support further strategy development and delivery. Humber Coast and Vale OHID are looking to extend the pilot into the Humber South Bank region and DF is representing the GLLEP on this Pilot expansion programme. Eager to share strengths in each area with others and identify where there are opportunities for development.

- Inclusive and Sustainable Economies Framework  
<https://www.gov.uk/government/publications/inclusive-and-sustainable-economies-leaving-no-one-behind>  
[Taking place-based action to reduce health inequalities and build back better and fairer - UK Health Security Agency \(blog.gov.uk\)](#)

All reaffirmed the connected work already happening across multiple agencies including: NHS engagement with hard-to-reach groups for the vaccination programme, the health inequalities board, the local public health team, district councils, links to housing strategies, links to talent Academy through the education and training opportunities, local education providers, Town funds (built new colleges in Boston and Skegness) working closely with Active Lincolnshire, and utilising the green spaces to develop the green agenda across Lincolnshire

Changes in pharmacy contracts mean pharmacists working with their CCG's ICS as primary care networks can set up to run clinical services from community pharmacies; potentially improving access to medicine. Interested in any future projects to help push out this message to pharmacy organisations in Lincolnshire

### ACTIONS

GL review to commence - NC and James Baty in the LEP team to develop phase 1- a review of the strategies and take through assessment - good initial feedback on COVID-19 recovery plan particularly focused around mental health. Potential to create a small stakeholder reference group which would be really useful to touch base on next steps, help Greater Lincolnshire LEP develop their approach and create tangible actions to take forward. Chair asked to voice interest to group via DF or RC

### Analysis and strategy development proposal

*Simon Lilley - Director of Research at Lincoln International Business School - University of Lincoln*

Simon outlined a research proposal commissioned through the HCEB of the LEP - which would look at the general health and care area in the LEP region, gathering a sense of how activity is clustered within that and the opportunities for further development. The work would be overseen by the UoL business School, and

also providing senior masters students at UOL the opportunity to work on the piece, creating a sense of belonging to the county whilst upskilling the future workforce.

The broad scope was discussed and shaped by the Board during the meeting, and a written scope to be share with members before Christmas.

**ACTION - SL & RC - Scope, timescales and working group details to be circulated to HCEB**

### **Report: Public inquiry into the informational needs in health and social care in Greater Lincolnshire**

*Katya Bozukova - Project Manager - Lincolnshire Open Research and Innovation Centre - Bishop Grosseteste University*

Summary Findings: Health and Social Care Data Enquiry in Greater Lincolnshire (2019/20)

1. What data is already available to public and private providers of health and social care? What data is available openly and freely that people can use to improve services?
2. What were the views of stakeholders and what were the challenges from their point of view?

Focus groups took place in 2020/21 with participants from those who had experiences within the health and social care system and also those who worked within the sector, concentrating on the following outcomes: Identifying weaknesses, creating a COVID-19 exit strategy, community champions, You said We did, closing the digital divide, using data for better health, and recommended: increasing and regaining public trust, eliminating working in silos, optimising the deployment of resources in health and social care and closing the digital divide

This project was funded by Research England Strategic Priorities Fund and BGU has been given more funding this year to do similar work. KB and her team are keen to follow up any next steps that might arise from the report and wish to communicate this with participants

**Action: Board members were asked to make contact with KB to take forward organisational conversations**

### **Digital Health and Social Care in Greater Lincolnshire**

*Helena Zaum - Social Care Lead - Microsoft UK*

Enable choice and control for people, deliver multi-agency collaboration, improve strategic and operational insights, share information safely, reimagine health and social care (virtual reality, A.I.)

As a citizen... needs to be easily accessible, incorporate feedback, and be easy to control

As a practitioner... access to good information, be able to share knowledge, have dedicated time

As a commissioner... be able to use data efficiently to plan properly, understand the total cost of care, take an evidence-based approach to how we manage population, health management and our place-based strategies

Digital capabilities to support this: intelligent workplace, intelligence citizen platform, intelligent data platform

- How does the system come together to actually deliver the help that is required and how do you get on the front foot around delivering that?
- What are the rules around the use of data, and the rules around the use of an artificial intelligence across a system?
- How much data builds the intelligence picture?

Current projects

ADASS - [ADASS Policy Network Digital Communications Technology](#)

Tribe - [The Tribe Project](#) - utilises data for supply and demand needs within the community  
Good Boost - [Good Boost](#)

Connected Care

Future looking - gathering personal data from hand held/wearable devices (fitbits etc) information from the home (data from heating systems, smart home monitoring etc) neighbourhood environment (air pollution levels) and collated health and care records

MC - wants to digitally empower the sector to include all approaches and aspects of health and social care  
KT - what does good look like and how long will it take us to get there? How do we capture the data from those patients who haven't engaged with the services, to create an overall picture? The cost needs to be patient and community centred . Soft intelligence needs to be considered - sentiment analysis and safeguarding within children's services is a good example of this

DF concluded the meeting by thanking all the speakers for their excellent and stimulating presentations.

**ACTION: To circulate the slides from all of the presentations**

**AOB**

- Declarations of interest - to update - AO to send out Declaration of Interest forms to all Board Members
- Recruitment - Action - Board to consider new members and send recommendations to DF
- Quotes - highlights, achievements LEP E-News - Action - Board to send quotes through to AO
- Potential face-to-face meeting venue - Board agreed that meeting face to face would be beneficial as and when we are able, with the hybrid option to attend virtually

**Next meeting date - 7<sup>th</sup> February 2022 - 1-3pm - Subject to COVID-19 restrictions, the venue for the next meeting is Tillotts Pharma UK Ltd, The Larbourne Suite, 8 The Stables Wellingore Hall, Wellingore, LN5 0HX or virtual. Please allow for travel time in your diary in case it is the former.**

**Meeting Closed**