



Greater Lincolnshire Health & Care Enterprise Committee

7th August 2020

Via Zoom meeting

Meeting Minutes

Attendees

- Professor Dean Fathers - LEP Board Member & Chair
- Darren Clarke - Medilinks East Midlands
- John Turner - Lincolnshire CCG & NHS
- Jacqui Bunce - Lincolnshire CCG & NHS
- Sementha Neal - Lincolnshire County Council
- Rachel Linstead - Firecarcker
- Helen Shaw - CP Consulting
- Professor Mike Hannay - Medical Technologies Innovation Facility Director, Nottingham Trent University
- Nikki Cooke - CEO, LIVES
- Melanie Weatherley - LinCA & Walnut Care
- Tom Blount - Director, Lincoln Science and Innovation Park
- Roz Way - Novartis UK
- Dan Hayes - Order of St John Trust
- Jan Sobieraj (for Richard Parish) - National Centre for Rural Health & Care
- Peter Northrop - Skills for Care (Yorkshire & Humber)
- Andrew Brooks - Lincolnshire County Council
- Daniel Timms - MetroDynamics
- Kishan Rees - AstraZeneca
- Jay Lakhani - Genetec/ Roche
- Emma Tatlow - CEO, Active Lincolnshire

Apologies

- Glen Garrod - Lincolnshire County Council
- Nicole McGlennon - East Midlands AHSN
- Martin Hindle - East Midlands AHSN
- Ruth Carver - Director, Greater Lincolnshire LEP
- James Brindle - Magna Vitae
- Jo Wright - Boston College
- Jo Metcalf - The Royal Foundation & Think4Wellness
- Chris Wheway - St Barnabas
- Professor Tanweer Ahmed
- Nury Moeira - Institute of Engineering & Technology
- Professor Richard Parish - National Centre for Rural Health & Care
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Introduction

The Health & Care Enterprise Committee meeting agenda, given Covid-19 lockdown rules was held through a ZOOM meeting. The agenda was changed due to the availability of the speakers around the proposed agenda items.

The first agenda item was around the on-going Covid19 situation and the effect on the Health & Care Sector, and the implications around the economic recovery and resilience stages that will follow.

The second agenda item was around the Strategic Transformation Programme, and ambitions for the health service for 20/21.

The third agenda item was a presentation from MetroDynamics around their on-going work on the Local Industrial Strategy and mid-term review, and the opportunities that have been identified.

Dean Fathers gave a quick update, before these agenda items, on a range of issues.

Greater Lincolnshire LEP has expanded its area to cover both North & North East Lincolnshire council, and Rutland County Council.

Dean has been brought into discussions of a working group (which could be replicated in the Greater Lincolnshire area) looking at positive procurement within the Humber area, which still includes the south bank of the Humber in those discussions. One area of relevance is that they are working with a company called ARCO to put together a set of positive standards around PPE, and the promotion of local businesses to meet these standards.

Get Building Funds - LEP has now secured £25.8m of funding of which both the National Centre for Rural Health & Care, and Active Lincolnshire, and the Lincoln Science and Innovation Park will be benefiting from.

In terms of updates from attendees around the on-going implications of the pandemic, they gave their views and current activities.

Astra Zeneca talked about their Interact non promotional medical education programme, which allows clinicians to expand their reach based on their work. They have also launched an 'Act on Heart' programme aimed again at non-product aligned medical education.

LinCA talked about the residential care sector working with digital technologies, to support the operational implications of the virus.

The Order of St John's Trust talked about having to grasp momentum around reform in the care sector given the sectors experience within the first wave. The implications that were followed up by the government and media showed how little the sector is understood by government.

LIVES indicated that the third sector back to semi-normal, with staff back in the office. They have launched e-learning platform, and now working with HEE to develop it, given the current restrictions. They are experiencing mental health & confidence problems within their staff, and are now looking at rebuilding their skills and confidence. Recruiting both administrative and clinical posts, at the present time.

The NHS and CCG is working with the LEP, on how HNS is an anchor institution and its effect on the local economy. They are also developing a joint venture with Sleaford, and working with all four Town Fund bids.

Public Health at LCC are in more response rather than recovery mode at the moment, and are planning ahead around second wave, particularly around the flu season and Brexit exit. They are also working with commissioners' and developing strategic relationship with the Centre of Better Ageing. Important components around the latter will be rural health, housing, social connection (transport & digital), together with work and employment.

The Medical Technologies Institute at Nottingham Trent University is working with the other Nottingham University on how to deal with the return of students. This includes pooled sampling and Bluetooth contact tracing for students. They also introduced the opportunity for expanding the supply chain for PPE, from companies from China and Asia who want a UK base for CE marking their products. The question was raised would Greater Lincolnshire be interested in this?

Firecraker talked about the Government's obesity strategy. and mentioned that they were talking with LCC to look at schools and health eating. It was difficult at present trying to decipher all of the information coming out of government to develop a coherent local message. They were also engaged in supporting mental health issues in small companies.

Active Lincolnshire discussed their new objectives of tackling inequalities and getting people active, and Let's Move Lincolnshire campaign to utilise a whole system approach in this area.

Medilink East Midlands talked about areas of the sector have accelerated due to the period with a lot of new interest in critical care and PPE, and moving on to sanitizers. They are in the process of bringing East and West Midlands Medilinks together by the end of the summer. They also stated that the Midlands Engine is now really focusing on medical technology, particularly PPE.

The National Centre for Rural Health and Care (NCRHC) is working with rural coalition, lobbying government to look at COVID response in rural areas. One notable local development is the potential for a Towns Fund Campus for health living in Mablethorpe. They continue to support the All Party Parliamentary Group on Rural health & Care, due to conclude their report late this year, plus carrying out research in other areas.

Novartis UK have been continuing to work throughout the period, and have been concentrating on psychological safety with NHS Confederation & promote their digital biome (digital) health hub call around early diagnosis and MDT's. They continue to support the health & care system to think about partnership, and the opportunities that this affords.

The Lincoln Science and Innovation Park stated that their commercial side has gone well, and was back, and has prospered. An example given was around a firm delivering Health & Safety systems for tracking people. They were about to activate option of phase 2 of their expansion plans, and develop the next 6.5 acres. The driver for this is the work that they were doing with the NHS currently, with a view to developing an Aseptic Manufacturing Centre, which will replace the ageing facilities in the hospital trust.

Skills for Care talked about employers moving to virtual training, and the digital skills needed to deliver this. They have seen a real drop in the use in the residential and nursing care side, and an increase in assistance and domiciliary care end. The question that was exercising them was around will the change to discharge to home, change the sector as it is now.

CP Consulting outlined the innovative organisation they were working with, who had developed hardware, and a software app to resolving sleep and stress issues, and its links to mental health

John Turner then introduced the next agenda item discussion, by saying that the new Lincolnshire CCG came into existence on the 1st April 2020. Its annual allocation is £1.3bn, and core business elements include

- Improving the health of people in Lincolnshire
- Reducing health inequalities
- Ensuring that when people need hands on care, it is great care

Working closely with all colleagues, they will work in an integrated partnership within Lincolnshire.

He then went on to present how the NHS in Lincolnshire has developed a series of 12 stage operation system priorities, for the remainder of 2021. These include:

- Urgent and emergency care, plus winter planning
- Digital enabling - step up with telecare and telehealth opportunities
- Mental Health recovery - within the population as a whole
- Mental Health patients receiving their care out of county, to move back into county
- BAME workforce issues
- Access and waiting times within the service

- Cancer - backlog in the system, with people not presenting to their GP's in the same levels
- Learning disabilities
- Finance - capital additional for Boston Pilgrim A& E, and other allocations
- Acute Services Review
- NHS Strategy - long term plan implementation
- Health inequalities - greatest concern is on the east coast strip. Three practices in Skegness (2) and Mablethorpe, have come together in a practice network. They are now building a partnership to deal with this

John also outlined the instruction letter from government, as to what they want the CCG to deliver till the end of 2020, and this is to stand up all NHS service and get them working to as near 100% levels, as humanly possible.

Comments & Questions to John

No umbrella body to lobby of for Mental Health issues in rural areas. NCRHC is keen to take this forward. Dean suggested that they work on this with Frank Tanser, who would be interested.

There needs to be a place based approach to this. Social Care is an enterprise, and to explain that there is a One Lincolnshire approach needed. Within in social care it needs to be recognised that it is the private sector, with a public sector interest. Lincolnshire gets this right, and this needs to be built on.

Another issue raise was that around mental health and wellness, as an underpinning theme that support both staff, and the general population. There needs to be a call to action around health inequality, and this needs to include mental health in its widest sense.

John replied that there is a Lincolnshire Health and Wellbeing Board, which is in the process of a refresh, but mental health very much in their minds.

NHS is often described as an economic anchor, not sure that it is levered to its best. We may need to think about how this can be strengthened.

Dean also mentioned that the Mental Health Productivity Pilot has gained money from the Midlands Engine to support 421 businesses, and that Lincoln University is specifically supporting businesses in Lincolnshire, Rutland and Leicestershire. There is a website www.MHPP.me, and you can register, and then get accreditation. Also give you aces to four online product training, every mind matters, thriving at work/home, this is me, and mental health first aid.

MetroDynamics introduced their agenda item, as they have been approached by the LEP to look at a Covid-19 recovery plan, and Autumn Spending review.

Questions that were raised within this item included:

- How has Covid-19 impacted the sector specifically?
- What were these challenges/opportunities?
- What are the longer term priorities for the sector?
- Are there any investments already on-going, which should be flagged in the recovery plan?
- Are there any 'big asks' of government for the Comprehensive Spending Review?

From a Science and Innovation Park perspective, since 2008 has seen a lack of appropriate space for innovation in Greater Lincolnshire, around two areas:

- Availability of infrastructure - equipment, utilities and knowledge base
- Visibility of a supportive innovation clusters

There needs to be a support process for Health & Care to create this around place, as any given science park only has an economic reach of 30 miles, therefore you need to identify the sector hot spots particularly in Health & Care. This also need to be more than just revenue support, but more infrastructure funding also, to create any necessary new nodes.

Dean raised some other issues, based on his experience of sitting on private sector boards, namely:

- Sector who are prospering in a Covid period, seem to be losing out disproportionately on funding top those adversely affected. This is affecting growth
- NHS as an anchor institution, with 12,000 people employed, that Social Care sector employs far more. How does the public sector recognise its contribution to the economy
- Digital technology is constrained in most cases, re bandwidth. This is hampering innovation
- Money...how can we raise it, in a very bullish market, at present?

Another point raise was around the Health & Wealth agenda, and supply chain resilience. There needs to be a co-ordinated demand side response, and when there is how do you support this with more on-shoring of the supply chain and raw materials, in difficult times?

Covid-19 has contracted the economy, but has also opened up other opportunities. Education is one of those opportunities, alongside collaboration. Astra Zeneca is running a series of virtual medical change workshops, to help clinicians change pathways, with the help of an expert to help with that change.

Another issue raise was being able to use power to buy collectively, and also use lobbying with one voice. There is also a need to move on to talk about productivity within the care sector, as it is not well understood. This will need to include mental health issues.

On wider issues digital exclusion is still an issue, any training and health & care engagement will need to have local access, with people being given the skills and confidence to use the offers.

Finally there was a discussion around planning and Town Centre opportunities around the changes that are happening. There is a shortage for single people and follow on accommodation, to replace retail shrinkage on the High Street. Planning regulations need to support future proofed infrastructure, to allow the right development to be effective.

Any Other Business

Dean firstly introduced the request for applications for a Vice Chair for the group, nominations to be made to Dean, and copied into Andy - in the first instance.

Dean then summarised the future agenda elements for future meeting, around the following headings articulated within the meeting, namely:

- **Health & Care integration**
- **Town & planning regulations and the impact of housing and the High Street**
- **Rural mental health lobbying opportunities**
- **Anchor Institutions and the role of innovation**
- Mental health
- CE marking, and inward investment activity

- Obesity challenges and activity
- Midlands Engine engagement

Date & Time of next meeting

The next meeting of the Health & Care Enterprise Committee will be on 23rd October 2020, between 9.30am to 12.00pm.

DRAFT