



# Greater Lincolnshire LEP Health & Care Enterprise Board

**ZOOM Meeting - Topic: Health & Care Enterprise  
Committee Meeting**

**Time: 5<sup>th</sup> February 2021 10:00 AM London Join**

**Zoom Meeting**

## Paper 0 - Agenda

Time	Item and brief description	Lead	Status
10.00	Welcome and Formal Introductions	Dean Fathers	Verbal
10.05	Re-affirmation of purpose discussion	Dean Fathers	Discussion
10.15	Pain relief Pilot - Connected Health	Connect Health Team	Presentation/Discussion
10.55	Boston College	Debbie Holland/Jo Wright	Presentation/Discussion
11.30	Midlands Health Board Update	Dean Fathers	Verbal
12.15	Future Investment Ideas Discussion	Dean Fathers/All	Verbal
12.30	AOB	All	
12.40	Meeting close		

**Attendees:** Dean Fathers, Melanie Weatherley, Dan Hayes, Nikki Cooke, Jacqui Bunce, Katy Thomas, Mike Hannay, Ahmed Tanweer, Rachel Linstead, Helen Shaw, Joanne Wright, Darren Clark, Martin Hindle, Emma Tatlow, Nury Moreira, Chris Wheway, Richard Parish, Joanne Metcalf, Rosalind Way, Tom Blount, Andrew Walton, Richard Pell, Fen Kipley, Elizabeth Doherty

**Apologies:** Glen Garrod, Irfan Mohammed

**Tentative:** James Brindle

**Not Responded:** Jo Metcalfe, John Turner

**Officers:** Ruth Carver, Andrew Brooks

## Greater Lincolnshire Health & Care Enterprise Board

The Local Enterprise Partnership are looking for leaders in Health and Care to join the Board, to act as ambassadors and represent the sectors across Greater Lincolnshire and Rutland. The Health and Care Enterprise Board will take the lead on strategy for the sectors, and give focus to the delivery of the LEP's emerging Local Industrial Strategy.

The Board will report in to the LEP as a strategic sub-group, and its aim will be to shape and influence the future Health and Care Enterprise in Greater Lincolnshire and Rutland.

### DEFINITION OF THE HEALTH & CARE ECONOMY

The Local Industrial Strategy will look to spur productivity gains in health and care, one of Greater Lincolnshire's largest sectors by employment. While health and care is a significant source of employment in Greater Lincolnshire, as a sector it is relatively unproductive and there is a need to find new more efficient and innovative models of care.

Lincoln has a significant cluster of medical expertise including at the University of Lincoln a School of Life Sciences and Pharmacy, a new Medical School, a Science and Innovation Park and the National Centre for Rural Health and Care. All of these institutions will help to generate innovative activity, and raise the profile of the health and care sector as an employer of choice.

It is important to note that Health & Care has synergies across all of the other LEP areas of support, particularly around digital connectivity, skills and wider infrastructure. It also shares important cross cutting and underpinning characteristics with Agri-food, energy & water, defence, and the visitor economy.

## HEALTH AND CARE



**62,000** jobs



**2,450** businesses



**£1.3bn** GVA  
with ambitions of  
**£1.89bn** by 2025

Human Health constitutes  
over **50%** of the sector's  
total employment



### Ageing population

By 2041 the over 65  
population is projected  
to grow by **38.4%**



A **46%** projected rise  
in the number of  
residents over 75  
between 2014-2025



The health and care sector in Greater Lincolnshire has a direct economic output of around £1.8bn, about 8.5% of total economic output. The sector employs some 62,000 people in Greater Lincolnshire, around 14% of the total workforce which is a higher share of workforce than the UK average. The sector locally has experienced jobs growth of 11% over the past two years, compared to under 4% nationally.

Greater Lincolnshire also sits within the Midlands region, which is the fastest growing regional economy outside London (2015-2018). It's home to world-leading businesses and universities, and boasts real strengths in important sectors such as advanced manufacturing, automotive, life sciences, agri-tech, food and drink processing, space and digital technologies. The Board will be working with the Midlands Engine as their Midlands Engine Science and Innovation Audit identified four priorities for the region, namely:

- Next-generation transport
- Medical technologies and pharmaceuticals
- Future food processing
- Energy and low carbon

There is also another important link are the Mental Health & Productivity Pilot, funded by Midlands Engine, which is a partnership of Midlands universities, local authorities and mental health charity Mind, set up to help Midlands employers of all sizes, to improve workplace mental health and wellbeing and improve productivity. The Board has already recognised the importance of mental health, and will be involved in this work.

It is with this backdrop in mind that the following objectives have been developed, namely:

- Showing that the Board has a vision of building bridges between Health & Wealth, supporting anchor institutions to increase their momentum and value creation, and creating a market of smart med tech and innovation
- Integrating Health & Care better into the structure of the LEP, looking at both improving the economic input around innovation plus Research & Development, as well as improving efficiency and economic output of the sectors, through research into improvements in technologies, products and services
- Developing a better, and more level playing field for innovative collaborations, which can allow both Health & Care to play to their strengths
- Articulating a better economic argument between cost and value, when dealing with the Health & Care agenda
- Creating the environment in which Health & Care innovation can create better local health outcomes, and address inequalities and diversity challenges
- Looking at the advantage of having an ageing population as an opportunity to support them to be independent, plus socially and economically active, enhancing the grey pound,

stimulating much needed investment into local Health & Care research and system and technological innovations

- Shaping Greater Lincolnshire as a place to develop rural health and care smart medical technologies, through the:
  - Lincoln International Institute for Rural Health
  - National Centre for Rural Health and Care
- Supporting Greater Lincolnshire employers to build stronger and more resilient workforces, through appropriate physical and mental health interventions, utilising the National Centre for Organisational Resilience and Midlands Engine Mental Health Pilot Programme

## **SCOPE AND ROLE**

There has been an expansion in the areas covered by the Greater Lincolnshire LEP geography, including the south bank of the Humber, and Rutland. This means that our outlook covers wider neighbouring areas, than it may have done in the past.

Also Covid-19 is the biggest challenge the health and care system has faced in living memory. It is essential that lessons are learned from this experience. Whether this includes the rapid progress achieved in digitising and transforming service delivery, or by the extraordinary contributions of millions of staff and volunteers. However this also includes the shortcomings and inequalities that were also brought sharply into focus.

There is now not only an imperative to restore service provision while remaining prepared for future waves of the virus, but to build on this learning to bring about positive change and renewal so that the health and care system can support the greatest possible improvements in health and wellbeing for everyone, well beyond this crisis.

Covid-19, and the need to provide care while physically distant, delivered an unprecedented shock to both demand for and supply of digital health services.

### **What can be done?**

Rapid evaluation of approaches and measures taken during the pandemic is needed to inform future digital change. This includes understanding the impact of the more permissive environment for innovation, covering changes to funding, procurement, information governance, and staff and peer support.

Concrete steps to improve recruitment and retention are needed to address shortages in the short and longer term for workforces. This will require an attractive pay offer, opportunities for flexible working and clearer career pathways. Efforts to boost retention should be targeted on those at the beginning or end of their careers and shortage groups and specialties

Wider action on the workforce crisis must be underpinned by better support for staff wellbeing to support good patient care and improve staff retention. This should not be seen as a short-term



response to the pressures of working through Covid-19, but a sustained commitment to tackle long-term drivers of poor staff experience, health and wellbeing and address chronic excessive workloads.

Leaders at all levels in health and care must prioritise developing cultures of compassion, inclusion and collaboration to improve care for patients and create high-quality workplaces for staff. Actions to tackle the discrimination and racism faced by staff from ethnic minority backgrounds must be central to this.

Digital infrastructure and tools need to be built with transparency and it's essential to take steps to prevent digital technologies entrenching or widening health inequalities. This requires greater understanding of the extent and nature of digital exclusion at national, regional and local levels, and for this to be central to decisions about policy, design and implementation. As part of this, it will be important to learn from existing initiatives that seek to address inequalities in access to digital skills and infrastructure.

Changing how health and care services work with people and communities will be an important part of this process. It is a different way of working that recognises the role people can play in improving their own health and supporting them to do so. Discrete engagement and consultation exercises on proposed service changes will need to give way to a culture of working with people on an on-going basis to understand their priorities and needs and work with their strengths. This should include the most marginalised communities and excluded people to guide action to tackle the worst health outcomes and address longstanding inequalities.

There is an expectation that the Board will be advocates to the issues that Greater Lincolnshire faces, and start to seek out and articulate the grand challenges that will be faced by Greater Lincolnshire, in moving Health & Care Enterprise transformation forward - by setting the cornerstones of approach that will see success.

This work appreciates that businesses and investors play a vital role in bringing new technologies to market, and acknowledging the important role played by national, regional and inter-governmental organisations, non-governmental organisations, universities, professional bodies (plus representative bodies), and private research institutions; in contributing to the approach we wish to take in Greater Lincolnshire.

Analysis shows that this year and next, COVID-19 alone is likely to result in extra health service costs of around £40bn a year. Most of these costs are temporary and directly related to managing COVID-19 (£27bn for PPE and test and trace), but not all. While huge uncertainty remains, the analysis indicates that beyond next year, the health service could still require on-going funding increases of around £10bn per year by 2023/24. This includes the costs of addressing the backlog of care while accounting for lost productivity, meeting rising demand for mental health care and delivering the service improvements set out in the NHS Long Term Plan.



Alongside funding for the NHS, the charity estimates that required improvements to adult social care will need an extra £6.1bn in 2021/22 on top of any specific COVID-19 costs, rising to £11bn per year by 2023/24. This would allow for improvements in the current threadbare safety net for social care, including by boosting staff pay and increasing the availability of care, and to more fundamentally reform the system to make it fairer and more generous for vulnerable people.

All of this will mean that new styles of funding support will need to be investigated, and to maximise the impact by blending private and public equity models to meet needs into the future. The Board will maintain its approach to encouraging investment equity members to be invited to join, and also provide their invaluable experience.

## **ACCOUNTABILITY**

The Health & Care Enterprise Board will be one of the LEP's sector advisory boards. It will have sub sector and geographical representation, and be predominately private sector, with no less than half of the Board member numbers.

The Board will be recruited through an open recruitment process, and all appointments will be approved by the LEP's appointment Committee.

Members will consist of qualified individuals in the Health & Care field, and national/regional economic integration organisations, which meet the following criteria:

- Endorse the approach for Health & Care Enterprise proposed for Greater Lincolnshire
- Document relevant Health & Care research and development baselines, upon which robust policies and business cases can be produced
- Able to actively show how they are advocates to the issues that Greater Lincolnshire and Rutland faces
- Could represent the Greater Lincolnshire LEP on relevant national bodies, and have the ability to signpost relevant case studies, as to what has worked elsewhere
- Evidence efforts, activities, and capacity to help accelerate innovation, which will contribute to Greater Lincolnshire and Rutland's overall Health & Care transformational efforts

Health & Care Enterprise Board members will have a term of office for three years, with a view to renewal for a further three years in order to provide continuity. This will allow for succession planning to take place seamlessly.

The Health & Care Enterprise Board will make recommendations to the LEP board for endorsement as appropriate for their overall strategy, whilst also reporting on a regular progress to the LEP board on its delivery.

As members of the board resign or reach term of office, the Health & Care Enterprise Board will make recommendations to the Health & Care Enterprise Board Chair for replacement.



## **MEMBERSHIP**

The Health & Care Enterprise Board, is created to provide high level strategic guidance to:

- Foster implementation of the Health & Care Enterprise approach for Greater Lincolnshire and Rutland
- Make recommendations to the Health & Care LEP Board lead, and the full LEP Board, through consensus of all Members in a transparent manner
- Facilitate implementation of outreach and communication strategies that help achieve progress on projects and events
- Support the active engagement of business, with appropriate translation into business/investor opportunities, and simplifying the local offer
- Potentially suggest funding opportunities as needed to implement the approach
- Create Task & Finish groups to carry out specific tasks, as needed

## **MEETINGS**

The Board will meet at least three times a year. Members are expected to provide apologies if they cannot attend, and in certain circumstance substitutes can be allowed.

An annual calendar of meetings and venues rotating between Health & Care Enterprise Board members will be agreed annually.

A Secretariat is to consist of a small, flexible team with an initial focus on carrying out core administrative functions (e.g., logistics support for meetings and calls; gathering, sharing, and posting information).

The need for additional support functions will be considered as the Health & Care Enterprise Board work programme develops.