



Greater Lincolnshire Health & Care Enterprise Committee

7th February 2020

Boole Technology Centre, LSIP, Lincoln

Draft Minutes

Attendees

- Darren Clarke - Medilinks East Midlands
- Katy Thomas - Lincolnshire County Council (Deputising for Glen Garrod)
- Melanie Weatherley - LinCA & Walnut Care
- Jacqui Bunce - Lincolnshire CCG & NHS
- Rachel Linstead - Firecarcker
- Helen Shaw - CP Consulting
- Ruth Carver - Director, Greater Lincolnshire LEP
- Professor Mike Hannay - Medical Technologies Innovation Facility Director, Nottingham Trent University
- Nikki Cooke - LIVES
- John Turner - Lincolnshire CCG & NHS
- Tom Blount - Director, Lincoln Science and Innovation Park
- Professor Tanweer Ahmed - United Lincolnshire Hospital Trust
- Roz Way - Novartis UK
- Dan Hayes - Order of St John Trust
- Jo Wright - Boston College
- Nury Moeira - Institute of Engineering & Technology
- Professor Dean Fathers - LEP Board Member & Chair
- Andrew Brooks - Lincolnshire County Council

Apologies

- Glen Garrod - Executive Director of Adult Care, Lincolnshire County Council
- James Brindle - Magna Vitae
- Jo Metcalf - The Royal Foundation & Think4Wellness
- Chris Wheway - St Barnabas
- Professor Richard Parish - National Centre for Rural Health & Care

Introduction & Updates

Dean Fathers welcomed everybody to the third Health & Care Enterprise Board meeting, and introduced the first section by providing updates to the committee.

He invited Helen Shaw to talk about developments with the Breaking Barriers Innovations programme, and the interest they have in Lincolnshire. The programme is developing place based action plans within rural communities/rural towns, with an attached funding system providing 75% - with a 25% local contribution to the initiative.

He then invited Ruth Carver to talk about the Centre for Better Ageing developments with East Lindsey District Council. Ruth confirmed that a Centre for Ageing Better pilot had been awarded to East Lindsey, but further details were embargoed until a formal launch in April 2020.

Dean also talked about the opportunities around the National Centre for Rural Health & Care (NCHRC) and Institute for International Rural Health being centred within Greater Lincolnshire, and about the drive to promote collaboration between the two.

Dean updated the Committee about Richard Parish, and wished him a speedy recovery, on behalf of the Greater Lincolnshire Health & Care Enterprise Committee.

Darren Clarke raised the issue of the All Party Parliamentary Group whose Launch is the 12th February 2020, at Kings College London. Matt Hancock is giving the keynote speech. The Secretariat for this is the NCHRC.

Nikki Clarke updated the committee of the work that LIVES has developed with an NHS partner to set up a Community Emergency Medical Team Hub, which is innovative and one of only two units running in the country. In the recruitment process they have had 125 applying for only 20 jobs, mostly from outside of the county, so were excited that this initiative was attracting interest in Lincolnshire from elsewhere in the country.

Katy Thomas informed the committee of receiving the 'go-ahead' to develop a population health management system for Lincolnshire, utilising big data/transformational systems. It will take up to 18 months to complete.

Tanweer Ahmed discussed the figures of 2.8% research funding going into east midlands, with 2.3% of that element going to Nottingham alone. Greater Lincolnshire needs to be better placed to compete more effectively on this front.

Dean Fathers then talked about the LEP, that in finalising their local industrial strategy (LIS), it has become clear that there is a need to have a clear link between health & care and agri-tec opportunities. This is particularly the case in food quality. He outlined ideas being developed elsewhere around drone technologies linking a dual role between mapping, and delivery of health care in rural areas in Africa.

There is a desire to link the two working areas closer together, and further to this develop a symposium to link academics, to see what opportunity there are for innovative thinking, research and investment.

Melanie Weatherley raised the point that there could be a risk that everything goes in the direction of Agri Tech, not health & care. Dean replied that this would be on top of current activities, and Ruth Carver added that we will need to explore collaboration and economies of scale. The LIS will need an action plan, but we will need to have some evidence base to back up any proposals made.

Action Point - Dean Fathers to liaise with the two boards to move opportunities forward, and develop the symposium format and date for the event.

John Turner asked where we are with MP's engagement in this area, given the recent election. Ruth Carver stated that work is on-going to work with new MP's to talk about budget asks, but more work is needed to bring them up to speed on local issues, and you will get their attention by tapping into local place based issues.

Ruth then underlined the role that committee members have a role to talk to MP's, with any asks/updates and good news stories.

Action Point - Andrew Brooks/Dean Fathers to produce a narrative and briefing for MP's.

Health & Care Evidence Presentation

Dean Fathers introduced Katy Thomas to present her agenda item, of which a presentation is attached, and further information can be found below:

- The link to the Director of Public Health Annual report 2019 - Burden of Disease in Lincolnshire on the LRO, can be found at http://www.research-lincs.org.uk/UI/Documents/Director%20of%20Public%20Health%20Report_2019_FINAL.pdf
- A Link to a useful video on the findings, can be found at <https://gallery.moovly.com/video/766e084f-4ca6-11ea-b6ab-0a2a93d51fc8>
- Also a link to a previous video on mental health and businesses is embedded in the Mental Health topic of the JSNA on the LRO at: <http://www.research-lincs.org.uk/jsna-Mental->

[Health-Adults.aspx](#) - please note, you must click on "what should we be doing next?" to expand the section with the video.

Katy outlined a presentation backing up the evidence base, around the Global burden of disease. Illnesses that people live with, particularly for a long time, are important for productivity. We tend to make people more ill in Lincolnshire due to the traditional industries we have, involving hard physically demanding work, i.e., care/food/horticulture. Long term illnesses people live with for a long time affects these workforces. When you add in levels of deprivation/MSK and health inequalities to this picture, it makes local very important to understand.

The 'prevent and support' methodology looked across 365 diseases, with the opportunity to drill down to relatively small geographical areas.

A question was asked about whether this allowed comparative weighting with other areas. Katy responded that, it did allow comparison with other areas in the country.

Further conversations talked about LEP Skills and Employment Board discussions and the cross over with this Committee. Seasonality was a big factor in this arena, and the types of industries involved. This is a real difference in our economy, in regard to comparison with other areas. Another member asked how robust the MSK figures are. Katy replied that there are gaps in the research around contextual factors, but this will be helped by the population management work, in the next 18 months, mentioned earlier. Further enquiry added that MSK training seems to be geared to clients, not workforce supporting them. It's getting worse for the care work force, with shorter journeys, between calls, eating patterns and number of times that the workforce is getting in and out of cars constantly.

Katy replied that further analysis will be needed, to understand better the gaps in contextual data.

Another member stated that Mental Health leads to long term conditions, and remote working analysis shows that it is not good for and employees health.

This was followed up by a question asking what Public Health England has done in terms of analysis, against deprivation? Katy replied that work has been carried out on health inequalities, and that this information is on the Lincolnshire Research Observatory website. Although deprivation is one factor, it is not the only one that should be understood in this context.

Another member stated that the Health & Care Enterprise Committee will need to be clear where we see the ownership of this evidence lies, when developing any future action plans.

Dean Fathers summarised that three themes were emerging from discussions so far, namely:

- There is a need to look at county hotspots
- **MSK & Mental Health issues** - MSK driven by Mental health, and we need to tackle from a holistic response - what does that data tell us?
- Need for a whole system solution, by doing proper granular analysis.

Action for the Employment and Skills Board and Health and Care Enterprise Committee to discuss actively the commonality of health issues affecting productivity, particularly around:

- District level - hot spots identification
- Whole systems approach, working practices, policy, and behaviours

Within this evidence based work approach, there is then a need to:

- **Integrate through the opportunity of the national programme 'Thriving at Work'** - tapping into regional approach leadership - tackling an issue we have in Greater

Lincolnshire

- **Support Employers** - by increasing productivity and decreasing hard to fill vacancies, engaging with employers through the Growth HUB
- **Increase Innovation and technological opportunities** - through new business creation and new research, bringing in new money to the area

Action Point: Dean Fathers to progress Innovation Council and Health and Care Enterprise Committee future session, on innovation in the health and care market.

Tom Blount then gave a presentation on linking Health & Care to Enterprise and Innovation. A copy of the presentation is attached. Discussions around this presentation are encapsulated within the wider Action Plan discussions below.

Action Plan discussions

All employers will get benefit, by increasing productivity; the question is how as a group do we engage with them? Growing the sector in Lincolnshire we need to map how many health and care businesses are there, and then determine what kind of support will have the best impact.

We know that £1 3 billion health care commissioning, but what would look best for NHS for example? There are examples of entrepreneurially focussed staff, but the commissioning is not exploiting the full range of Research and in particular Development is lacking in moving those ideas forward. Exploiting those ideas innovation champions/competition and local calls are not apparent locally.

Also 300 SME's are involved in social care, so we need to think wider than just about NHS procurement. We have an opportunity to shape how we buy services and products that will have an impact locally, with the correct bottom up discussions with small companies. Nor should we just fixate on young fledgling businesses, but provide secondary innovation opportunities for more established companies.

In terms of regional programmes, particularly around clinical entrepreneurs, we have not been that successful in Lincolnshire. Additional specialist programmes around these themes would be needed. Also on the regulatory side, we need to de-risk this area, so that a larger cohort of businesses can engage.

Discussions talked about Gross Value Added within the Medi-Tech sector as showing in the in the top quartile quota of economic value. Where we will need to be more mindful in Greater Lincolnshire is of our unique differentiators that outline and have a positive effect in our area, because it bypasses just cost as a factor. We will need to collaborate with the LEP Innovation Council to look at these opportunities. Economies grow on the money that flows through the local economy. Lincoln University recognises that they are an economic anchor, as does the NHS, for the Greater Lincolnshire area.

Action Point - Dean Fathers talk to John Turner, the NHS and NHS Confederation, to further this work and outline collaborative opportunities.

Further discussion talked about the good potential of research in the area, but it is not exploiting the potential to bring it to market. NHS innovation champions are starting to gain momentum however.

A member of the Committee talked about the example of an innovative collaboration with a local university and Bassetlaw Council, and that we need to look how we might develop a regional hub, which aligns and gains support with local route ways to market. Social care has the same appetite for this process.

Further comments added that innovation is really exciting, but two areas that we need to be cognoscente of are that we have a lot of older businesses, which can also be secondary innovators. Secondly that whilst there are more clinical links to innovation, we will still need to look at prevention technology seriously, because it will be needed to manage demand in the future.

Another point raised stated that there is support on the regulatory side of the equation. This was countered by the view that for enterprise and innovation it's all about managing the regulatory risk.

A member of the Committee interjected that we need a whole systems approach, and meet in the middle with tangible plans for delivery, because of employment practices. This will build upon a preventative programme, that meets local needs.

Further input added that health apps have been developed through the University, however these are small examples in mental health. So we have some local examples we can build upon.

Wider engagement talked about how the Institute of Engineering and Technology is looking at how people are veering toward small wins, and on digital forums, to support wider problems. They are also developing case studies, to allow greater promotion, using short documentaries and social media as ways of amplifying them.

This was supported by the point that connecting different communities, to support research and linking them to business will be vital. A special interest group around this activity is a great opportunity. Grant funding is available with the right support, which MediLinks East Midlands is doing elsewhere, and it could be done here. Also this would be important around clinical evidence development. The biggest challenge around development is that SME's do not have the resource to do this.

Action Points: Dean Fathers/Andrew Brooks to investigate opportunities around:

- **Links between the Innovation Board, Agri-Tec, and Defence**
- **Rurality issues, and test bed specific areas. Focus on 1 or 2 themes**
- **Linking the activities of the NCRHC & Institute of Rural Health**
- **Medical Technology industry developments, and their application in a rural setting, i.e., Siemens**
- **The need to enhance the mapping a round medical technologies, to make strategic investments, where they have the biggest impact**

Further discussion posited that where you know things work, and understanding the challenges for the pharmaceutical industry, you need to get the area to be part of their validation when companies are working on them. The trick will be then to know when/how would Greater Lincolnshire be open to this validation.

Another member added that the RAF is an asset, and veterans' health is another issue. LEP's could be canvassed nationally to see how we could lead this issue, with a level of cohesion across partners, which could be built upon. A point was added that the LEP does have a track record in doing this, though initiatives like Team Lincolnshire.

This was followed up by the view that there is also politically a big drive on deprivation and the coast. In addition to this the ageing population, and current opportunities that this demographic provides, has been of great interest to the LEP for some time now.

This was followed with the response that one of the actions would be whether this centre could have satellite hubs in these deprived areas. Helping them with their connectedness with the area, and yet still have access to the hub. A point was made that we need the hub, before we have the

scope almost.

Further conversation added that there is a proposal for a 5G corridor project that could be tweaked, and it was confirmed that a 5G project for agri-food has been put forward.

Members indicated that the third sector and health/care is really strong in this innovative area, and this was followed by a conversation indicating that Lincolnshire needs to build a unique offering, with the right LEP/University/EMAS/Third Sector coherent partnership, which makes it a good place to do business, crystallising a vertical integration team feel.

Action Point - We really need to focus on what can we offer, e.g., pharmaceutical companies would welcome access to patients. If we willing to offer GP, hospital, pharmacy ready-made data base of patients, it would make it easy for business to look at investments. Big data is important, to underpin research and development of products.

Working together is important. Causes needed to tackle productivity need to also tackle links around remote working, and the integration of complimentary healthcare into the equation. This is particularly in important in the medical education improvement around food, to support better health. Personalising health budgets will also be important. GP's recognise that most people saw a doctor, but actually didn't need them, but some other service to support them.

The opportunity to show connectivity, and show what is needed in the future, plus the ability start to talk to organisations early about it will be vital. Building up the discussions around the big issues at an early stage will make you a place that businesses want to come to.

A local example is the recent COPD VR innovation based in North Lincolnshire, is gaining credibility. It's a package of non-invasive tech, which people can use. Mobile broadband units have been given to participant to underpin this intervention.

The Health Conversation 2019 project asked a number of questions, one of which was the willingness to engage with NHS digitally. Most people would, including the elderly, if it led to a more streamlined, time critical and simplified service.

However we need to mirror the approach that public health are taking in this area, working on the premise of 10 15 years in to the future, for delivery of their strategies at the present time.

Questions were then raised as to how can this group show connectedness, to encourage people to come in, if they thought that their product would reach the market. This was particularly the case in social care. Agreed systems of approach can help bring things forward.

Action Point - Put any future action plan themes into inspire, inform and promote investable propositions

We do have to be aware however that as generations change, people who go through public sector for support will be less, and they will be buying their own care. Commissioned preventative calls/Digital engagement to help you support yourself, will be delivered outside of health in the future. An example of this is the 'Time to Talk' pledge, that has been developed in Hull, for health & wellbeing.

Action Point - Dean Father to work with Rachel Linstead to get a future presentation from Time to Talk, for the committee.

A question was also raised at to who else should be around the table. Another Pharmaceutical Company? Also NHSX could be invited, and the insurance sector. It was also mentioned that

Lincolnshire had a Nutraceutical Centre strength.

Action Point - Tom Blount to provide a Nutraceutical contact. Dean Fathers would follow up with the other contacts, and have another conversation with HSN.

The Board decided to remove the meeting on the 1st May 2020, between 10.00am to 1.00pm. The next meetings will be on the 1st May, 7th August and the 6th November 2020.

The meeting closed

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