LEP HEALTH & CARE ENTERPRISE COMMITTEE

1ST NOVEMBER 2019

WORKSHOP HELD AT BISHOP BURTON COLLEGE CAMPUS, RISEHOLME CAMPUS, LINCOLN

Draft Minutes

Present:

- Darren Clarke – Medilinks East Midlands
- Chris Wheway – St Barnabas
- Katy Thomas – Lincolnshire County Council (Deputising for Glen Garrod)
- Melanie Weatherley – LinCA & Walnut Care
- Jacqui Bunce – Lincolnshire CCG & NHS (Deputising for John Turner)
- Rachel Linstead - Firecracker
- Helen Shaw – CP Consulting
- Professor Tanweer Ahmed – United Lincolnshire Hospital Trust
- Roz Way - Novartis UK
- Dan Hayes - Order of St John Trust
- Jo Wright – Boston College
- Jo Metcalf - The Royal Foundation & Think4Wellness
- Dean Fathers – LEP Board Member & Chair
- Andrew Brooks – Lincolnshire County Council

Apologies

- Nury Moeira – Institute of Engineering & Technology
- James Brindle – Magna Vitae
- Professor Richard Parish – National Centre for Rural Health & Care
- Professor Mike Hannay – Medical Technologies Innovation Facility Director, Nottingham Trent University
- Nikki Cooke - LIVES

Introduction

Dean Fathers welcomed everybody to the second Health & Care Enterprise Board meeting, and allowed individuals to make their own introductions.

Dean then carried out an update to the Local Industrial Strategy process, using the most recent slides to underpin the consolidated knowledge so far. These outlined the strategic opportunities for Health and Care features, within the evidence draft. It was underpinned by the fact that if we work with the five areas outlined for action, we could potentially improve productivity and GDP for Greater Lincolnshire by £9bn.

It was important to note that the function of place in the Local Industrial Strategy really focuses views in terms of needs that will have to be met.

Strategic Opportunities

The Board then opened the discussion out, around their thoughts as to how these elements could be taken forward.

The discussion started with a view expressed that it would be beneficial to make sure that the Care elements are better articulated, through the exploration of self-funding options within the care environment. Care is not there to simply serve statutory and health structures, but to develop equal status as an economic opportunity.

Discussions then centred on, that by increasing GVA in a poor GVA area, it may help redress the balance more naturally, as it would allow the economic possibility for more people to have access to the necessary choices that this would afford.

Further views were articulated that by enhancing the self-funding element, it would help local community facilities, by attracting wealth into Greater Lincolnshire, rather than indigenous populations not being able to fund the types of care that they would like to see. There needs to

be a balance between regular human contacts versus diagnostic elements within care to improve efficiency.

It was clarified that this approach needs to be integrated earlier into the process, particularly within the public sector.

Further views expressed that through Domiciliary Care Worker development, they could make contact through the use of technology to check up on things like medications, health tests, etc. A point was made around the issues of who has access to this type of data and health information.

This could be a powerful move forward, as it would be the individual who decides who holds their health data, and then use providers to use. It was also expressed that there was a great need to work with people at the beginning of their care journey when they start to become less independent. We need to get data and analyse it at the start, and then use it in a better manner. Lincolnshire already has a platform for this, but it is not used at present. The data platform is important, and there is a need to link up with the enabling infrastructure around broadband and mobile, to meet this in a robust manner.

Further discussions outlined that we will need to help people make this digital transition, and then support the infrastructure, so that it does not frustrate the process. We will need to know who is involved, and then join the dots. There needs to be another Health & Care Enterprise Committee workshop to bring these things together. Mapping and joining the dots needs to also consider the issues of inequality, and look at the best practice inwardly. If this does not happen, it may cause inequalities of access.

Views were stated that in this county, there is systemic failure of bring things together. We need long term picture of what is going on. Thinking and planning needs to have an eye on a 'whole system' approach, and that Health and Care doesn't stand alone within this.

How do you bring good practice together?
A questions was posed, do we need a forum to highlight and signpost these issues to relevant organisations and policy makers in this area?

Discussions articulated that there is already a housing care project in place that will gain the intelligence required, and it is called the JWEG. Further to this, that if we want to develop markets, we need to be better sighted in the process of innovation and enterprise.

We really need to understand and map health and care areas to gain better understanding to not only bring enterprise and innovation into Greater Lincolnshire, but also carry out research internally.

How do you promote people to come in and invest?
Thoughts were expressed that we will need to improve the research reputation in Greater Lincolnshire.

Experience on the Pharma side of things, show that the challenges not unique to this LEP area. Questions were posed:

- Do we use what is working already?
- Data is vital to pharma, and the patient journey. There are huge digital solutions, which are still not utilised. Pharma is now thinking of how this will be joined up in this

A Committee Member stated that the project 'Mind Veterans' was a possible framework opportunity to link these thought processes together, however implementation is not well taken up. We may

need to re-focus the way in which the lens is used more locally.

Further discussion added that we should not forget the human element to all of the proposals. Diversity is not helpful to be in boxes, but need to focus on the individual.

How do we start downstream, instead of trying to solve issues when they occur?
Patient experience is vitally important. Patient data is also important to research and that how you link these aspects together, is not always research appropriate, but can be used for a wider basis. Finding that one aspiration that fulfils the wider benefit will be necessary.

Discussions showed that we already have the basis of this through JWEG process, which will start from December 2019, and may take two years to complete. We need to make mainstream and accepted technology work effectively, as a route to delivery. Our current system is broken by too many leaders and initiatives at the present time, and will need to coalesce to become more effective in its delivery.

The size of the problems may be the factor, rather than individual issues. There will be a need to attach and issue to one problem, for Greater Lincolnshire. Work is already in place to look at the NHS debt issue locally. There will be a need from the rest of the system, to help with this, using technology as a driver.

"What makes Grater Lincolnshire an ideal test bed?"
Cost of living balance in Lincolnshire is better than in the rest of the country; however, we come up against some common problems in the delivery aspect, namely:

- Lincolnshire cannot afford the free service that has been historically in place. We need to forget health and care boundaries when trying to tackle opportunities.
- Multi agency support is already there, but do not liaise effectively enough.
- A lot of strategic support is based on volunteering time and resource, and is seen to be pulled in lots of different directions. How do we supply a service where the population is?
- Not trying to do too many interventions. There is a need to bring together the coalition of the willing, to see better results.
- There is an imperative to improve the health of the working population. Access to good food is limited, so how can people help themselves. Lifestyle choices are vital, as is a link to the Food Board, not just skills – from a LEP perspective.
- Energy is a major issue, as we do not have access to much sustainable energy at present. Geography is a key factor in providing both the constraints and solutions to this.
- Trust is also vital from commissioners of services. Traction is vital, because it's not strategic enough.
- There is an imperative to support working age adults. Worklessness is an issue in the adult population. Some sectors more physical than others. We need to understand why they are not engaging in the job market. Could this help with productivity and caring into a more formal role?

There is potential for research is needed on all of these aspects. The National Centre for Rural Health and Care is carrying out research around this area in Cornwall. Discussions indicated that Cornwall has bigger problems than Lincolnshire. As an overriding issue in Greater Lincolnshire, the Musculoskeletal issues needs to be tackled earlier in the various sectors, which are most reliant on a good physical workforce makeup.

It was confirmed that there seems to be a Golden Thread of Musculoskeletal (MSK) opportunities that could be articulated within the LIS, through the other sectors, that could be linked to a loss of productivity. This also needs the helix of mental health to be added, with MSK curable through psychological safety causes, including physical health and food.

Further input added that nutrition projects are supported within college environments, but are not taken up as permanent lifestyle choices. Also Mental Health 'first aid' is increasing in student population with issues around resilience emerging as a theme. Adults are more affected also.

All sectors need to be dealing with these above themes, through this Golden Thread approach. This can be done through LEP Board links with Food Committee, Housing. However physical activity will need to be strengthened. We need to focus on the 'Whole system' approach, because of the rising need to support unpaid caring support, because of single occupancy in an increasing elderly population.

This also needs to include the Heath & Wellbeing Board as well. This Health & Care Enterprise Committee will need to have an articulated approach to support this, not dilute current delivery.

Connectedness – are these the right partnerships to be having, and how do we engage the right communication lines?

We need to connect with the Department of Culture, Media and Sport, Ministry of Defence, Local Government Association, Health and Safety Executive, in the wider discussion that we are having around the Local Industrial Strategy

Other organisations that were mentioned for inclusion include:

National Orgs

- Federation of Small Business
- Chamber of Commerce
- Public Health East Midlands
- Office for Life Science
- NHS EI
- NHS X
- Health Education England
- NVCO
- Health Foundation
- Mental Health Foundation
- Breaking Barriers
- Telecare Services Associations
- Sport England - Local delivery focus

Other areas to be considered?

- Expertise from other industries
- Rural Proofing
- Strategic Change
- End of life
- Workforce in Health & Care can be used a pathfinder demonstrators
- Unique Selling Points & Links to other LEP's
- Insight from Data

Dates for the next meeting

The Board decided to remove the meeting on the 6th December 2019 and replace it with a quarterly set of meetings for the year, starting on the 7th February 2020, 10.00am to 1.00pm. The next meetings will be on the 1st May, 7th August and the 6th November 2020.