



**Blackburn with Darwen Health & Wellbeing Board  
Minutes of a Meeting held on Monday 24<sup>th</sup> June 2013.**

**PRESENT:**

<b>Councillors</b>	Kate Hollern (Chair)
	Frank Connor
	Mohammed Khan
	Michael Lee
<b>Clinical Commissioning Group</b>	Dr Pervez Muzaffar
	Joe Slater
	Dr Malcolm Ridgeway
	Claire Jackson
<b>Lay Members</b>	Mark Kleinfield-Fowell
	Arshad Rafiq
<b>NHS England</b>	Dr James Gardner
<b>Voluntary Sector</b>	Angela Allen
<b>Healthwatch</b>	Sir Bill Taylor
<b>Council Officers</b>	Linda Clegg (DCS)
	Sally McIvor (DASS)
	Dominic Harrison (DPH)
	Sayyed Osman
	Ben Greenwood
	Jonathan Tew
	Ben Aspinall
	Christine Wood

**1 WELCOME AND APOLOGIES**

Councillor Kate Hollern welcomed everyone to the meeting and requested that each person gave a brief introduction. Apologies were received from Dr Chris Clayton (CCG) and Pauline Walsh (Age UK – Voluntary Sector).

## 2 PUBLIC FORUM

In accordance with procedure rules for questions/statement by members of the public, the following questions/statements had been received, details of which are set out as follows:-

<b>Name of Person asking question</b>	<b>Subject Area</b>	<b>Response by</b>
Mr Yaqoob Hussain, Blackburn with Darwen Amateur Boxing Club	Health & Wellbeing Board use of local groups for providing services at a reasonable rate to local people and to provide a sustainable future for local groups	Councillor Kate Hollern

## 3 HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT STRATEGY

The Board was updated on the development of the Health and Wellbeing Board Communications Strategy which was due to be completed and submitted to the meeting of the Board on 23<sup>rd</sup> September 2013.

The Board was advised of the purpose of the strategy which was to communicate and engage with partners, residents and service users on the make up, role and priorities of the Board, to improve service design, commissioning, development, and to monitor service and programme delivery.

Consideration would be given to the communication and engagement objectives, principles for effective communications and ethical engagement, approach i.e. key messages, engagement network, good practice advice, protocols, the coordination and delivery of communications and engagement activity by partners followed by evaluation and an action plan.

**RESOLVED** – That the update be noted.

## 4 HEALTH AND WELLBEING GUIDE AND RATIFICATION OF HEALTH AND WELLBEING STRATEGY

A report was submitted requesting that the Board approve the Health and Wellbeing Board Guide which was attached to the report. Members were advised that the guide had been designed to outline the Health and Wellbeing Board (H&WBB) membership, frequency of meetings, how it would communicate with stakeholders and the delivery of the Health and Wellbeing Strategy.

The Health and Well-being Strategy was discussed, exploring how this would add value to the health and well-being of Blackburn with Darwen residents.

The Health and Well-being Strategy identifies a series of priorities and actions that are shared across the Borough and across organisations, for which working together as a Health and Well-being Board could add the most value.

## **RESOLVED**

1. That the Health and Wellbeing Board Guide be approved; and
2. That the Health and Wellbeing Board Strategy be ratified.

## **5 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION - THEMATIC GROUPS UPDATE**

Verbal updates on the work of the Thematic Groups were given as follows:

### **Best Start for Children and Young People**

The Board was advised that, to ensure development and implementation of Best Start for Children and Young People, a newly informed Children's Partnership Board would be established. This would ensure the overarching delivery of the outcomes from the Health and Wellbeing Board Strategy in relation to this theme.

A support group would also be established to direct the work and also help review the action plan.

An event had recently taken place for the Children, Young People and Families Trust, that has existed under previous statutory arrangements. Members had been asked to consider various issues including structures and governance, future work programme, most/least valued work of the trust to date. Feedback had influenced the development of the Partnership Board, membership of which is now drawn from the Trust, and its draft terms of reference. A copy of the draft terms of reference was made available to Members of the Board.

### **Health and Work**

The Board was advised that unlike the Best Start for Children and Young People theme, no formal group/partnership arrangements had yet been established for the Health and Work theme.

Key activities that are being prioritised to help deliver this theme were identified as follows:

- Establishment of a workplace health programme, based on the World Health Organisation's settings based approach, which would encourage local BwD employers to sign up to a set of workplace health standards for all employees

- Embedding long term conditions management as a key focus of the Integrated Commissioning Programme of the Council and the CCG, which will assist in supporting people to re-enter employment. This will also be a key focus for a new Integrated Wellbeing Service model, being developed by the Council, which will help signpost people into appropriate support
- BwD community and voluntary sector were working with the CCG and the Public Health Team to develop a new service offer for residents with mental health problems which may be barriers to their employment

### **Safe and Healthy Homes and Neighbourhoods**

The Board was advised that a small working group had been established to deliver against this theme, and several meetings had taken place, one of which included a visit to Spring Bank Court.

The key priority for this theme would be to work with vulnerable people, aged 16-65 who suffered long term conditions, physical or learning disability, deprivation or were minority/hard to reach groups.

It was recognised that there was an overlap and cross over between some of the themes of the Health and Well-being Strategy, including the people that will be targeted. It was felt that flexibility and agility would be required to focus resources and avoid duplication.

### **Promoting health and supporting people when they are unwell**

Members were advised that the Long Term Conditions (LTC) Board may have the capacity to deliver against this theme.

It was recognised that long term conditions were a priority in other programme areas and that the Health and Wellbeing Board, in addition to the theme groups would need to work closely and communicate to avoid duplication.

In a recent review, thirty two areas of priority had been identified by the LTC Board, with a named lead identified for each one. Work would need to be done to identify which of these priorities linked most closely with those in the Health and Well-being Strategy.

A discussion took place in which dementia, depression and anxiety, recent job losses and bereavement were highlighted, with the importance of improving outcomes.

### **Older People's Independence**

The Board was advised that the 50+ Partnership would support the delivery of this theme, with further meetings planned for 24<sup>th</sup> July 2013 and a workshop on 4<sup>th</sup> September 2013.

The key priority for this theme would be to work with people over 50, who were at substantial risk of losing their independence but were not eligible

for social care. Their vulnerability was likely to be due to long term conditions including dementia, depression, anxiety, low income, social isolation, higher use of unplanned health and social care, loss/bereavement, substandard housing and alcohol or substance misuse.

Suggestions of what these groups may have now and suggestions of what they may need to do differently were highlighted, with details of means of measuring, monitoring and giving feedback on progress and performance.

**RESOLVED** – That the updates be noted, and that all of the theme leads will present further details of their proposed action plans to the Board at their meeting on 23<sup>rd</sup> September.

## **6. VERBAL UPDATE ON KEOGH REVIEW**

The Board was updated on the Keogh Review which was currently taking place to review the quality of care and treatment being provided by Trusts in England that had been identified as having higher than average mortality rates. Fourteen trusts had been identified as being part of the review, with four Trusts being identified in the North West including the East Lancashire Hospitals NHS Trust.

The aim of the review was to listen to patients, the public and staff to ensure that their feedback on the quality of treatment and care was fully reflected in the overall findings.

Two public meetings had recently taken place which had been set up by NHS officials to enable the public to give their views on their experiences. Announced and Unannounced hospital visits had also formed part of the review.

Outcomes from the review were as yet unknown. A final report including action plans would be published in the near future.

**RESOLVED** – That the update be noted.

## **7. WINTERBOURNE REVIEW**

A report was submitted to advise the Health and Wellbeing Board of progress in relation to meeting the requirements of the Winterbourne Concordat.

The Board was advised that in December 2012 the Government had published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and were cared for in line with best practice.

The Board was further advised that following the report, all relevant statutory and non-statutory (50 in total) agencies/organisations had designed and signed up to a 'concordat' which outlined key actions and their commitments in response to Winterbourne which would have an

impact on Blackburn with Darwen. Details of the key actions and their commitments were outlined in the report.

Attached to the report was a copy of the Winterbourne View Joint Improvement Programme. The programme which had been published by the Local Government Association and NHS England requested that Local Authorities complete a response/stocktake to the programme which was required to be completed no later than 5<sup>th</sup> July 2013.

**RESOLVED** – That final approval of the Council's response to the Winterbourne View Joint Improvement Programme be delegated to Councillors Kate Hollern, Mohammed Khan and Mr Joe Slater.

## **8. HEALTH AND SOCIAL CARE INTEGRATION PIONEER**

A presentation was submitted advising of Blackburn with Darwen's Integrated Care and Support Pioneer proposal. The Board was advised that the Government was encouraging all areas to develop their own reforms to public services.

'Integrated Care and Support: Our Shared Commitment' had detailed how this would work to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better integration for the benefit of patients, people who use services and local communities.

Expressions of interest had been requested from local areas to become integration 'pioneers' as a means of driving forward change at scale and pace, from which the rest of the country could benefit.

The Board was asked to approve the submission of a Pilot proposal and to agree that the Chair of the Health and Wellbeing Board could sign off the final proposal, prior to submission.

It was acknowledged that this would be an opportunity to complement the existing work of the Pennine Lancashire Integrated Care Partnership Board.

### **RESOLVED**

1. That the Health and Wellbeing Board approve submission of a pilot proposal.
2. That the Health and Wellbeing Board delegate sign off of the final proposal to the Chair of the Health and Wellbeing Board prior to submission; and
3. That a copy of the final submission be emailed to all Members of the Board.

## **9. The Health and Wellbeing Board, Local Healthwatch, and Health Scrutiny Roles and Relationships – corroboration not duplication**

A presentation was submitted to assist the Board to understand the independent but complimentary roles and responsibilities of the Health and Wellbeing Board, local Healthwatch and Health and Adults Overview and

Scrutiny Committee, based on current guidance from the Local Government Association, Healthwatch and the Centre for Public Scrutiny.

It was acknowledged that many of the roles, relationships and potential ways of complementary working remained untested and that legislation allowed for local flexibility to councils and their partners on Health and Wellbeing Board in a way that suited local circumstances.

**RESOLVED**

1. That the presentation be noted; and
2. That a copy of the recent guidance from the LGA, Healthwatch and the Centre for Public Scrutiny be emailed to each Member of the Health and Wellbeing Board.