



**Blackburn with Darwen Health & Wellbeing Board
Minutes of a Meeting held on Monday, 23rd September 2013.**

PRESENT:

Councillors	Kate Hollern (Chair)
	Frank Connor
	Mohammed Khan
	Michael Lee
Clinical Commissioning Group	Dr Pervez Muzaffar
	Joe Slater
	Dr Malcolm Ridgeway
	Claire Jackson
Lay Members	Mark Kleinfield-Fowell
	Arshad Rafiq
NHS England	Jane Cass (substitute for Jim Gardner)
Voluntary Sector	Angela Allen
	Pauline Walsh
Healthwatch	Sir Bill Taylor
Council Officers	Linda Clegg (DCS)
	Sally McIvor (DASS)
	Dominic Harrison (DPH)
	Ben Aspinall
	Christine Wood
	Ken Barnsley

1 WELCOME AND APOLOGIES

Councillor Kate Hollern welcomed everyone to the meeting and apologies were received from Dr Chris Clayton and Dr Jim Gardner

2 MINUTES OF THE MEETING HELD ON 24TH JUNE 2013

RESOLVED - That the minutes of the last meeting held on 24th June 2013 be confirmed as a correct record.

3 PUBLIC QUESTIONS

No questions had been received from members of the public.

4 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2012-2013

Shirley Williams, the Independent Chair of the Blackburn with Darwen Local Safeguarding Adults Board (LSAB) submitted the Annual Report of the Board for the period of 2012-2013.

The report set out the activity of the LSAB and how the various functions had been fulfilled in 2012/2013 and highlighted the priorities for 2013/2014 in the Business Plan, which were included in the document.

The Board was advised that the review of the local safeguarding arrangements were applicable to all Local Authority portfolios and to the partners of the Local Authority that worked with the Borough's vulnerable adults.

The Board was also advised that agencies of the LSAB were currently operating in an environment characterised by increasing demand for safeguarding and protective services, but with limited and reducing resources due to budget restraints and structural changes within organisations. The work of the LSAB provided the Council and its partners with opportunities to work together effectively and efficiently to safeguard and protect adults who may be at risk.

It was further reported that the document would be a key evidence document in any regulatory inspection of safeguarding and that for individual partners, their commitment, and involvement in meeting the priorities of the LSAB, would be a key area of judgement in their partnership work.

A discussion took place around the issue in which it was highlighted that following publication of the Winterbourne View Serious Case Review, Keogh Review and Francis report etc, a great deal of local work was taking place in services for learning disabled adults with complex needs to audit the local position and to bring about improvements.

RESOLVED

1. That the report be noted; and
2. That the Health and Wellbeing Board ensures that the key safeguarding priorities are reflected in the Health and Wellbeing Strategy.

5 LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2012-2013

Nancy Palmer, Independent Chair of the Blackburn with Darwen Local Safeguarding Children's Board (LSCB) submitted the annual report of the Board for 2012/2013 which set out the activity of the LSCB in 2013 and the priorities for 2013/2014.

The Board was advised that the review of the local safeguarding arrangements and the priorities identified for 2013/2014 in the document were applicable to all Local Authority portfolios and to the partners of the Local Authority that worked with the Borough's children and young people.

It was reported that all member agencies of the LSCB were currently operating in an environment characterised by increasing demand for safeguarding and protective services but with limited and reduced resources due to budget restraints and structural changes within organisations. The priorities in the business plan provided the Council and its partners with opportunities to work together effectively and efficiently to safeguard the children and young people of the Borough.

The Board was further advised that the report would be a key evidence document in any Ofsted Inspection of Safeguarding and Child Protection and that for individual partners, their commitment and involvement in meeting the priorities set out in the business plan would be a key area of judgement in their partnership work.

Nancy referred to several examples of multi agency working and outcomes that had protected children and families in 2012-2013.

A discussion took place around the issue of attendance at LSCB meetings, in which Nancy advised that she had only recently been appointed to the position of Chair of the LSCB on 1st April 2013 and that it was her intention to increase attendance at meetings.

RESOLVED

1. That the report be noted; and
2. That the Health and Wellbeing Board notes the report and ensures that the Health and Wellbeing strategy has regard to the recommendations on page 29 of the LSCB annual report.

6. DELIVERING THE HEALTH AND WELLBEING STRATEGY – SUMMARY OF THEMATIC PLANS

A report was submitted to:

- Provide the Health and Wellbeing Board with a summary of the priorities for delivery under each of the five programme areas of the Health and Wellbeing Strategy.

- Highlight key interdependencies between the five thematic areas, where the Board may wish to consider endorsing a more joined up programme of delivery.
- Provide an overview of key recommendations for commissioning that were emerging from the thematic action plans.

A summary of the top three target groups, together with outcomes and recommendations for commissioning from each of the thematic actions plans was attached to the report at appendix a. Key similarities and interdependencies were also detailed in the report along with key recommendations for commissioning.

RESOLVED

1. That the Health and Wellbeing Board note the summary of the final draft thematic action plans as outlined in appendix as attached to the report.
2. That the draft plans be considered at meetings of each of the five sub groups; and
3. That the outcome of the above be reported to a future meeting of the Health and Wellbeing Board.

7. LOCAL AUTHORITY AND CLINICAL COMMISSIONING GROUP – JOINT COMMISSIONING INTENTIONS

A report was submitted to provide a progress report on plans to develop progress integrated commissioning across the Local Authority and Clinical Commissioning Group and to outline the key commissioning intentions of these partners for 2014/2015.

The Board was reminded of the Integrated Commissioning Network which had been established across the Local Authority and Health in October 2012. The network was made up of senior clinicians, elected members, lay members and officers and met on a monthly basis.

The Board was advised that significant progress had been made in strengthening relationships; service planning and delivery across the Local Authority and Clinical Commissioning Group through the development of joint business processes and planning by the Local Authority and Clinical Commissioning Group.

The Board was further advised that priorities had been set for service development in 2013/14 which supported the implementation of the Health and Wellbeing Strategy and involved the development of joint business processes and planning by the Local Authority and Clinical Commissioning Group. The priorities were outlined in the report.

Following a mid year review by the Executive Commissioning Group, a number of areas had been identified where progress had been made and were identified in the report.

It was reported that as part of future planning, commissioning intentions proposed for 2014/2015, the Local Authority and Clinical Commissioning Groups planned to integrate health and social care services with a particular focus on hospital, primary care, community and mental health services. Commissioning intentions would be driven by a determination to improve quality and patient experience, together with the development of seven day working and an increased focus on improving outcomes.

It was further reported that the intentions would support longer term plans for phased integration across health and Local Authority services (2014-2016). Proposals would be developed and brought back to the Health and Wellbeing Board for discussion and agreement on 12th March 2014.

Commissioning intentions for 2014-2015 in relation to Hospital services (East Lancashire Hospitals Trust), Community Services (Lancashire Care Foundation Trust/East Lancashire Hospitals Trust/voluntary sector), Mental Health and Dementia Services (Lancashire Care Foundation Trust/voluntary sector) and Primary Care and Out of Hours Services were also outlined in the report.

A discussion took place around the importance of consultation and public engagement.

RESOLVED – That the Health and Wellbeing Board support the Local Authority and Clinical Commissioning Group commissioning intentions for 2014/2015 as outlined in the report.

8. FEEDBACK FROM KEOGH REVIEW AND RECOMMENDATIONS

A report was submitted to update the Board following informal discussions with the East Lancashire Hospitals Trust (ELHT), Blackburn with Darwen Clinical Commissioning Group (CCG), Blackburn with Darwen Health and Wellbeing Board (HWB) representatives and Blackburn with Darwen Health Scrutiny Members in relation to progress made since publication of the Keogh Review.

Members were advised that an awareness session for all Members at Blackburn with Darwen Borough Council had taken place on 10th June 2013 following an announcement advising of the review, to ensure that Members were fully briefed on key issues that could arise from the review. The event had been supported by Mark Brearley, Chief Executive and Mrs Renike Schram, Medical Director, (ELHT).

A further session had been held for the Health and Adults Overview and Scrutiny Committee had been facilitated by the Director of Public Health in addition to a further briefing for the Chair and Vice Chair of the Committee.

Following the outcome of the review, an informal discussion with ELHT and the CCG had taken place on 3rd September 2013 between Blackburn with Darwen Health and Wellbeing Board representatives, the Chair of Blackburn with Darwen Healthwatch, Chief Executive of Blackburn and Darwen Age UK and four members of the Health and Social Care Overview and Scrutiny Committee.

In addition to discussing local action taken or planned following the Keogh review, it was anticipated that this would also provide an opportunity for partners to discuss future work to discuss positive outcomes following the review summit scheduled for September 2013.

The Board was advised that the formal scrutiny process would be implemented following the review summit. Arrangements were also ongoing to arrange a joint review with scrutiny colleagues at Lancashire County Council to agree a series of recommendations to the Trust.

Following informal discussions, the following recommendations and conclusions had been drafted to be submitted to the Health and Wellbeing Board to request that the Board forward the recommendations to the ELHT and CCG with the request for a formal response.

“We recognise the good practice in the Trust as mentioned but not necessarily highlighted in the Review.

The group recognised that health is everyone’s concern. Improved mortality outcomes within the hospital will depend in part on effective Council public health and social care services and high standards of primary care if we are all to make a sustainable impact on the life chances of residents across the Borough. We all have a role to play in delivering and maintaining a successful health economy.

The following recommendations are made to promote better positive outcomes for the community, recognising that they will require careful management and mainstreaming into the new ways of working the Trust is developing

- 1.The Inquiry talked about six themes of cultural change: values and standards, openness, transparency, information, compassion and care, leadership and culture change. We ask the Trust leadership to learn just one: pause, listen, reflect and improve.
- 2.There needs to be better communication with a joined up approach, using the resources that different public sector and community and voluntary sector partners have to directly engage with the public and hear their views, as well as getting consistent messages out to the community about the Trust, The Trust should demonstrate how it is making best use of the 2,000 plus people it has recruited to be members as part of the Foundation Trust application.
- 3.We commend the change from process driven, written responses to complaints to face to face resolution. However there needs to be a rigorous process in place to deal with this within any timescales promised.

4. We also commend the shift in emphasis from complaints to feedback which will include compliments, concerns and complaints to provide a more rounded/balanced picture of how the community view the Trust but urge the Trust to apologise when mistakes are made.
5. We recommend involving the voluntary sector as part of the solution to the current problem.
6. The Trust should consider how the third sector and local authority deal with feedback and learn and build on their experiences.
7. We commend the attempt to redesign and improve care pathways, and support the principle that not everyone needs to attend the Emergency Department. However there needs to be much better signposting to alternatives. We would like to see how this has been demonstrated in three months' time.
8. We would like to see more local information about action being taken in response to the Keogh Review on the ELHT website and where bulletins or updates are promised within set times, these need to be kept.
9. We acknowledge that the draft action plan that was circulated has a great deal of useful and important commitments for the Trust to implement over the coming months. As partners with a shared commitment to improving the life chances of Blackburn with Darwen residents, we want to give you the assurance of our support in its implementation. Please do not hesitate to contact us if you feel there maybe ways we can assist with implementation of improvements identified in this plan.
10. We have concerns that there seem to be a mosaic of organisations in a complex regulatory environment holding the Trust to account – we would like to see a simplified (one easily read by the public) chart of who takes responsibility on the event of specific failures - It would be helpful to list failure scenarios and accountability.
11. We ask that the Trust explore ways of incorporating Voluntary Sector and Councillors feedback on the Trust to support a gathering of soft information in respect of the revised feedback process, with strict reassurances that any information shared in this way will not be used for other reasons. We also ask that a clear and defined process for doing that is shared agreed and understood.
12. In order to maintain an ongoing dialogue, and discuss responses to the recommendations we recommend that a similar meeting be scheduled for three months time”.

A discussion took place in which the importance of a clear action plan was highlighted. Public perception and confidence in the Health Service were also highlighted as areas of concern.

RESOLVED

1. That the Health and Wellbeing Board approve the recommendations as detailed above; and
2. That the recommendations as detailed above be forwarded to the ELHT and the CCG with the request of a formal response to the Health and Wellbeing Board.

9. PROPOSALS FOR PUBLIC ENGAGEMENT SESSION

Ken Barnsley requested approval for the proposals for the Health and Wellbeing Board public engagement session which was due to take place on Thursday, 31st October 2013 at the Windsor Suite at King Georges Hall.

Ken advised that the purpose of the event was to provide information about Health and Wellbeing engagement in the Borough and to listen to the views and experiences about Health and Wellbeing.

Discussions were planned to enable the Health and Wellbeing Board to listen to residents views about emotional wellbeing in terms of understanding support systems for services users.

Aims of the engagement session would be to:

- Inform citizens about the 5 key themes of the Health and Wellbeing Board's work.
- Understand residents views to inform future development of the Health and Wellbeing Board engagement strategy and approaches towards engaging with residents.
- Create a networking environment where professionals and senior officers could listen 'first hand' to the views and experiences of residents.
- Gather information focused on mental health and emotional wellbeing as a Council wide priority.

RESOLVED

1. That the Health and Wellbeing Board approve the proposals for the public engagement session scheduled for 31st October 2013; and
2. That key messages from the public engagement session be submitted to a future meeting of the Health and Wellbeing Board.