



**Blackburn with Darwen Health & Wellbeing Board  
Minutes of a Meeting held on Monday, 20<sup>th</sup> January 2014.**

**PRESENT:**

<b>Councillors</b>	Kate Hollern (Chair)
	Frank Connor
	Mohammed Khan
	Michael Lee
<b>Clinical Commissioning Group</b>	Dr Pervez Muzaffar
	Joe Slater
	Debbie Nixon
	Claire Jackson
<b>Lay Members</b>	Mark Kleinfield-Fowell
<b>NHS England</b>	Dr Jim Gardner
<b>Voluntary Sector</b>	Angela Allen
	Vicky Shepherd
<b>Healthwatch</b>	Paula Woodruff (substitute for Sir Bill Taylor)
<b>Council Officers</b>	Linda Clegg (DCS)
	Steve Tingle
	Dominic Harrison (DPH)
	Ben Aspinall
	Christine Wood
	Ken Barnsley
	Helen Lowey (DPH)
<b>Office of Police and Crime Commissioner</b>	Ibby Masters
<b>Other</b>	Linda Bracewell

## 1 WELCOME AND APOLOGIES

Councillor Kate Hollern welcomed everyone to the meeting, in particular Vicky Shepherd, (Age UK) who would be replacing Pauline Walsh on the Board, and Ibby Masters who was attending the meeting as an observer (Deputy Police Crime Commissioner). Apologies were received from Councillor Frank Connor, Dr Chris Clayton, Dr Jim Gardner, Sir Bill Taylor, Arshad Rafiq and Councillor CC A Ali (Lancashire Health and Wellbeing Board)

## 2 MINUTES OF THE MEETING HELD ON 23<sup>rd</sup> SEPTEMBER 2013

**RESOLVED** - That the minutes of the last meeting held on 23<sup>rd</sup> September 2013 be confirmed as a correct record.

## 3 PUBLIC QUESTIONS

Name of Person asking question	Subject Area	Response by
Angela Starkie (CPsychol) Managing Director Stark Management Solutions Ltd	Voluntary, community, faith and social enterprise (VCSE) organisations working collaboratively with the NHS and councils.	Councillor Kate Hollern
Angela Starkie (CPsychol) Managing Director Stark Management Solutions Ltd	Veterans and the JSNA refresh	Councillor Kate Hollern

## 4 PUBLIC HEALTH ANNUAL REPORT 2013

A report was submitted to advise the Board of the Public Health Annual Report 2013.

The Board was advised that the Director of Public Health had a duty to produce a Public Health Annual Report each year. The report, launched on 31<sup>st</sup> October 2013, identified the key health risk and opportunities for people in Blackburn with Darwen and made recommendations for action that local organisations, communities and individuals could take to improve health and wellbeing over the coming year.

Members were advised that the report had already been used by community groups and voluntary sector organisations to inform their proposals and bids and was a useful gateway to the more detailed Integrated Strategic Needs Assessment and Health and Wellbeing Strategy.

The report was part of an ongoing programme of consultation and engagement for health and wellbeing in the Borough and was produced in consultation with Council directorates, partner organisations and community groups and based on the findings of the Integrated Strategic Needs Assessment.

**RESOLVED** – That the Health and Wellbeing Board notes the Public Health Annual Report 2013.

## **5 HOSPICE PETITION**

A report was submitted to advise the Board of a letter and petition that had been received by Blackburn with Darwen Council regarding funding for East Lancashire Hospice.

A copy of the letter was attached to the report. The petition had referred to the uncertain status of funding currently being received from charitable donations and the national lottery, and called for increased funding to be provided by local government.

A discussion took place around the issue in which it was requested that a letter be composed to the Government surrounding the issue of funding to Hospices.

### **RESOLVED**

1. That the Health and Wellbeing Board notes the petition; and
2. That a letter be forward to the Government regarding the good work of hospices and Government funding.

## **6 NATIONAL AUTISM SELF-ASSESSMENT FRAMEWORK**

A report was submitted to update the Health and Wellbeing Board on the completion of the Autism Self-Assessment Framework (October 2013) to the Public Health England and next steps in delivering the National Autism Strategy in Blackburn with Darwen.

Indicators of the development disability, Autism, and the challenges faced by sufferers of the condition, were outlined in the report, and also the significant impact on an individuals and their families.

The Board was advised that in 2009, The Autism Act (2009) had been passed and followed by the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010) which aimed to address the issues which were outlined in the report.

The report also advised that Autism was the only condition that was supported by primary legislation, and that the strategy and statutory guidance required Local Authorities to look at several key areas including:

- Diagnosis and the care pathway
- Planning and leadership

- Training
- Transitions

Members were advised that Blackburn with Darwen had been working closely with the Pan-Lancashire Autism Partnership Board to support the implementation of the strategy, focussing on the key areas, which were outlined in the report.

The Board was also advised that whilst the legislation was primarily concerned with adults with autistic spectrum disorders, Blackburn with Darwen Council and Blackburn with Darwen Commissioning Group were working to ensure that the needs of all people affected by the condition were identified and supported e.g. The Blackburn with Darwen 0-25 Complex Needs Strategy.

The Board was further advised that in April 2011, the Department of Health had provided all Local Authorities in England with a template to assess progress with the National Autism Strategy. This survey had been followed up in 2013 with the completion and submission of the Autism Self-Assessment Framework (October 2013) that analysed progress around a number of key areas, which were outlined in the report.

Members were also advised that feedback from Public Health England would be provided to all Councils and that a collated national report would be published in early 2014. Health and Wellbeing Boards were being asked to note progress towards meeting the National Autism Strategy.

It was reported that a number of actions had been undertaken with the Pan Lancashire Autism Board, and a local Blackburn with Darwen project team was being set up, to co-ordinate key actions and activities, which were outlined in the report.

A discussion took place around the mapping of current services provided, identifying unmet need, and engaging with other agencies/organisations to identify individuals with complex needs.

## **RESOLVED**

1. That the report be noted; and
2. That the Health and Wellbeing Board be advised of the feedback from the survey at a future meeting.

## **7. HEALTH TALK SUMMARY**

A report was submitted to report the outcomes from the Health and Wellbeing Board Engagement 'Health Talk' day, which had taken place on 31<sup>st</sup> October 2013 and had been attended by more than 150 residents and members of the public. Attached to the report was a copy of 'Health Talk' which summarised the activities and outcomes of the day. A video of the event was also shown at the meeting.

Members were advised that the session had involved a presentation from the Chair, and table conversations about emotional health and wellbeing. Members of the Health and Wellbeing Board had attended the event to listen to residents' conversations. The Public Health Annual Report had also been presented at the event.

Members were also advised that Health Talk had formed a key part of the delivery of the Health and Wellbeing Board Strategy and that outcomes from the event would assist with the development of the Health and Wellbeing Strategy programme areas.

## **RESOLVED**

1. That the report and attached Health Talk summary be noted; and
2. That the report and video of the event be published.

## **8. TOWARDS A HEALTH AND CARE STRATEGY FOR LANCASHIRE**

A report was submitted to advise the Board about ongoing work around the development of an Integrated Health and Care Strategy for Lancashire.

Background to the development of the strategy was outlined in the report including the work of the Lancashire Leadership Forum and work supported by the Lancashire Area Team of NHS England, in considering the future of health and social care across the county to provide joined up health and community care.

Members were advised that since the 2012 Health and Social Care Act reforms, implemented in April 2013, there was a single NHS England Area Team for Lancashire, with a responsibility to commission independent contractors: General Medical Practice, General Dental Practice, Community Pharmacy, Community Optometry. The Area Team also had a role in supporting all eight CCGs across Lancashire and helping to integrate the multiple stake-holders.

Key themes from the Lancashire workshops were outlined in the report which included:

- The development of integrated neighbourhood teams.
- The development of a common informatics strategy.
- The development of a workforce strategy to support changes.
- The development of a more integrated hospital system with more centralisation of specialist care.
- Supporting the health and social care system to prove 7 day working and improved access both physically and electronically.

A copy of 'Development and Implementation of the Health and Care Strategy for Lancashire' was attached to the report for information.

Members were advised of the requirement of a final CCG 2 year Operational Plan, draft 5 year Strategic Plan by 4 April 2014 and the submission of a final 5 year Strategic Plan by 20 June 2014. Financial implications in relation to the Better Care Fund (formerly Integration Transformation Fund) were also outlined in the report. Operational plans would be assured at CCG and Health and Wellbeing Board level.

A discussion took place around the importance of managing conflicting priorities, allocation of funds, engaging with the public and working towards better outcomes.

**RESOLVED** – That the development of a Health and Care Strategy for Lancashire be noted by the Health and Wellbeing Board.

## **9. PENNINE LANCASHIRE ANNUAL RESILIENCE PLANNING 2013/2014 (WINTER PLANNING)**

A report was submitted to provide the Board with an update in relation to development, finances and planning undertaken to support Winter 2013/2014 which covered the period of 1<sup>st</sup> November 2013 until 4<sup>th</sup> April 2014 in which there was always a greater demand for health and social care services.

It was reported that last year's winter activity had generally followed the seasonal trend. This year pressure on the system had remained consistent throughout the year, with particular pressure in March and April 2013. Due to the constant pressure and demand on the Health and Social Care Economy throughout 2013, it had been proposed that the Annual Resilience Plan 2013/2014 be utilised throughout the year across the whole health and social care economy to ensure effective delivery of services and systems.

It was also reported that over the current winter period there had been increased demand on already stretched services at the same time as maintaining high quality along with achieving national and local standards. Details of partnership working in relation to the following were outlined in the report:

- Health and Social Care Economy Trigger and Escalation Policy
- Christmas and New Year 3 weeks specific plan and Winter Core Action Plan
- Winter Table Top Exercise
- Perfect Week Team

A risk of failing to achieve the four hour Accident and Emergency Standard was also reported. The Emergency Care Intensive Support Team had been undertaking a review within ELHT and a recovery plan had been developed. The aim of the action plan was to improve quality and performance.

Additional non-recurrent resource had been provided nationally for those areas struggling to meet the four hour target. The national funding had been used to increase primary care access, enable seven day working within social care to



support discharge, enhance continuing health care assessment and discharges, and deliver an ambulatory care pilot.

In addition to the national funds both CCGs within Pennine Lancashire had also provided additional funding for a number of schemes including additional mental health liaison within A and E, purchase of additional community beds, and additional hours within treatment rooms.

The Board was updated in relation to the effectiveness of the winter plan, in particular over the Christmas and New Year Period. Although demand had been consistent, there had been a downward trend in some areas. Daily Winter Resilience Teleconferences were still in operation to manage increased pressures throughout the winter period.

Feedback on performance from further monitoring and analysis would be reported to future meetings of the Health and Wellbeing Board.

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

#### **10. RESPONSE TO KEOGH**

Ben Aspinall advised the Board on the recommendations in relation to the response to Keogh, as agreed at the meeting of the Health and Wellbeing Board on 23<sup>rd</sup> September 2013 and detailed in the attached minutes of that meeting.

As agreed, the recommendations of the Board had been forwarded to ELHT and CCG for consideration and to date, no response or feedback had been received. A second risk summit to monitor progress and provide an updated action plan for ongoing review and monitoring arrangements, in which it had been anticipated that the recommendations would be considered, had not yet taken place.

It was reported that it was anticipated that the recommendations of the Health and Wellbeing Board would be mentioned and recognised and that it was the intention to formally request that the new Interim Chief Executive would be requested to provide an account and assurances that the recommendations of the Health and Wellbeing Board would be taken on board and would form part of the risk summit.

Due to delays of the planned second risk summit, there was an agreement that a further collaborative inquiry meeting between Blackburn with Darwen Health and Wellbeing Board representatives, Healthwatch, Blackburn and Darwen Age UK and members of the Blackburn with Darwen Health and Social Care Overview and Scrutiny Committee was planned. The Interim Chief Executive, ELHT and the Chair of the CCG would be invited to attend, and the Trust Development Agency advised accordingly.

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

## **11. BETTER CARE FUND**

A report was submitted to provide an overview of the recently published Better Care Fund (BCF) guidance and outline potential implications for Blackburn with Darwen.

The Board was advised that the Better Care Fund (BCF), previously Integration Transformation Fund (ITF) would provide an opportunity through pooled budget arrangements to transform local services so that people were provided with better integrated care and support. The BCF would bring together NHS and Local Government resources, and provide opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventive settings at scale and pace.

Nationally, the BCF would provide £3.8 billion to local services to give elderly and those identified as vulnerable, an improved health and social system, of which £1 billion would be linked to achieving outcomes. In 2014/2015, in addition to the £859 million transfer already planned from the NHS social care, a further £241 million would transfer to enable localities to prepare for the BCF in 2015/16.

Details of the fund and conditions relating to the funding were outlined in the report. Members were advised that Health and Wellbeing Boards were expected to sign off the plan on behalf of its constituent CCGs and Local Authorities as set out in the BCF Guidance which had been issued in December 2013. An initial draft would be submitted to NHS England Local Area Team and the Local Government Association by 14<sup>th</sup> February 2014 and the final submission as part of CCG's Strategic and Operational Plans by 4<sup>th</sup> April 2014.

Members were advised that Health and Wellbeing Boards would be expected to sign off the BCF plan before submission on 4<sup>th</sup> April 2014. The plans would include the strategic vision for health and care services, aims and objectives of local integrated care, how local areas would meet the national conditions, risks, outcomes and financial plans for the first two years.

Key issues associated with delivery of the BCF were outlined in the report. Management, governance and monitoring arrangements for the fund would be established in the period leading up to March 2014, with due regard to published Outcomes Frameworks for Health Care, Social Care and Public Health for 2014/15 in addition to detailed accounting and reporting guidance which was expected to be received from government in January 2014.

Members were reminded that these would form part of the detailed CCG five year Strategic Business Plan and initial two year Operational plans for approval by the Health and Wellbeing Board in April 2014, as recommended in the report, and would include ongoing monitoring, accountability and reporting arrangements to enable the Health and Wellbeing Board to meet its statutory core functions.



Currently, the Health and Wellbeing Board only exercised the core statutory functions. In order to implement the BCF, specific delegations would be required through the governance mechanisms of the Council and BwD CCG.

Arrangements for consultation with service providers, patients, service users and the public were outlined in the report.

Due to the short time scales associated with submission of the bid, Members were requested to agree for the Executive Joint Commissioning Group members, in consultation with the Chair and Vice Chair of the Board, to develop BCF proposals for first draft submission to Department of Health/Local Government Association by 14<sup>th</sup> February 2014.

**RESOLVED** – That the Health and Wellbeing Board:

1. Notes the update on Better Care Fund and implications for Blackburn with Darwen; and
2. Agrees for Executive Joint Commissioning Group members, in consultation with the Chair and Vice Chair of the Board, develop BCF proposals for first draft submission to Department of Health/Local Government Association by 14<sup>th</sup> February 2014; and
3. Agrees for Better Care Fund final submission and action plan to be presented and ratified at the Health and Wellbeing Board meeting in March 2014 prior to final submission on 4<sup>th</sup> April 2014; and
4. Considers the delegation functions required in light of the opportunities that the BCF present to ensure that the HWB is adequately equipped to deploy the fund and other joint commissioning/pooled budget arrangements, and make recommendations thereafter to the Council's Executive Board and CCG Board; and
5. That a separate briefing session be arranged for all Members of the Board to be advised of the details of the final submission and action plan prior to the meeting of the Health and Wellbeing Board scheduled for 12<sup>th</sup> March 2014 to ensure Members are adequately equipped to deploy the fund and be aware of other joint commissioning/pooled arrangements.

## **12. COMMUNICATIONS AND ENGAGEMENT STRATEGY**

A report was submitted to advise the Board on the Health and Wellbeing Board Communications and Engagement Strategy and to gain support for development of a detailed action plan for 2014-15.

Members were requested to agree the Health and Wellbeing Communications and Engagement Strategy 2013/2014 which was attached to the report. The Board was reminded that at a development session held in August 2013 the

development of a communications and engagement strategy had been considered.

It was recognised that to deliver communications and engagement effectively, partners would need to take shared ownership of the strategy by ensuring their individual activity was aligned with the Board's key messages and that there was collaboration in the delivery of engagement. The strategy would support the Board in the delivery of the Health and Wellbeing Strategy and ensure that the communications and engagement delivered by partners was coordinated and integrated with their own organisation plans.

Communication principles, engagement approach, communication of key messages and communications protocol were outlined in the strategy attached to the report.

The Board was advised that the strategy would be evaluated through review at the meeting of the Health and Wellbeing Board in October 2014 and March 2015.

**RESOLVED** – That the Communications and Engagement Strategy as attached to the report be agreed by the Health and Wellbeing Board.

### **13 COMMUNITY PHARMACY AND THE RESPONSIBILITIES FOR HEALTH AND WELLBEING BOARDS**

A report was submitted to provide a briefing of community pharmacy and pharmaceutical needs assessments (PNAs).

Details of services provided by Community Pharmacies and Healthy Living Pharmacies were outlined in the report. The Board was advised that a PNA was a comprehensive assessment of the following:

- Pharmaceutical health needs of the local population
- Current provision of pharmaceutical services
- Inequalities in current provision
- Considering the future of provision of pharmaceutical services

The Board was also advised that from 1<sup>st</sup> April 2013, statutory responsibility for publishing and updating a statement of the needs for pharmaceutical services had been passed to Health and Wellbeing Boards (inherited from the Care Trust Plus). This statement of need would be referred to as a Pharmaceutical Needs Assessment. Health and Wellbeing Boards must ensure that they had considered the wider role of community pharmacy in supporting people's health and wellbeing.

The Board was also advised that NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1<sup>st</sup> April 2013, required Health and Wellbeing Boards to:

- Make a revised assessment as soon as was reasonably practicable after identifying changes to the need for pharmaceutical services which were of a significant extent.
- Publish its first Pharmaceutical Needs Assessment by 1<sup>st</sup> April 2015.

Although the deadline was not imminent, there was an immediate responsibility to review the PNA inherited from the Care Trust Plus (October 2010) and satisfy that it was fit for purpose. The report advised that there was a long cycle for this process, which would take twelve months with a statutory sixty day stakeholder consultation. Details of organisations that must be consulted during the process and other organisations involved in the process were outlined in the report.

The PNA would help inform Local Authority commissioning decisions and be used by NHS England when determining whether to open new pharmacies and dispensing applicant contractor premises. Such decisions were appealable and decisions made on appeal could be challenged through the courts. The risk of challenge would be significant.

The Board was advised that there would be a need to:

- Consider how best to receive updates in relation to the community pharmacy agenda, in particular, Health Living Pharmacy.
- Consider future reporting arrangements for Blackburn with Darwen's Pharmaceutical Needs Assessment and responsibilities for the Health and Wellbeing Board.
- Consider best how to engage further with local communities and community pharmacies to optimise the use of this community based asset.

The Board was also advised that NHS England Lancashire had written to the Chair of each Health and Wellbeing Board in Lancashire highlighting the Board's responsibility for the production of the PNA. This had highlighted a pan Lancashire approach to developing the PNA via a small working group and sought support from the Health and Wellbeing Board in addition to an identified sponsor for this work stream.

It was reported that public and stakeholder consultation was critical to the development of the PNA and a full consultation would be undertaken as the PNA was developed.

## **RESOLVED**

1. That the report be noted by the Health and Wellbeing Board; and
2. That the Health and Wellbeing Board requests an update following a period of six months in relation to the development of local services,

healthy living pharmacy and, the process for ensuring a comprehensive PNA.