



**Blackburn with Darwen Health & Wellbeing Board
Minutes of a Meeting held on Wednesday, 12th March 2014**

PRESENT:

Councillors	Kate Hollern (Chair)
	Frank Connor
	Mohammed Khan
	Michael Lee
Clinical Commissioning Group	Dr Pervez Muzaffar
	Joe Slater
	Debbie Nixon
	Claire Jackson
Lay Members	Mark Kleinfield-Fowell
NHS England	--
Voluntary Sector	Angela Allen
Healthwatch	Sir Bill Taylor
Council Officers	Linda Clegg (DCS)
	Steve Tingle
	Dominic Harrison (DPH)
	Ben Aspinall
	Christine Wood
	Laura Wharton
	Ken Barnsley
	Helen Lowey (DPH)
	Sally McIvor
Office of Police and Crime Commissioner	Ibby Masters
Other	--

1 WELCOME AND APOLOGIES

Councillor Kate Hollern welcomed everyone to the meeting. Apologies were received from Dr Chris Clayton, Linda Clegg, Dr Jim Gardner and Vicky Shepherd.

2 MINUTES OF THE MEETING HELD ON 20th JANUARY 2014

RESOLVED - That the minutes of the last meeting held on 20th January 2014 be confirmed as a correct record.

3 PUBLIC QUESTIONS

Name of Person asking question	Subject Area	Response by
Councillor Ron O'Keeffe	Alcohol Strategy	Councillor Kate Hollern

4 KEOGH REVIEW

A report was submitted to update the Board on progress regarding the twelve recommendations taken from the informal meeting on 3rd September 2013 by Health and Wellbeing Board representatives and Blackburn with Darwen Health Scrutiny Members as a result of the Keogh Review to the East Lancashire Health Trust (ELHT).

At the meeting of the Health and Wellbeing Board on 23rd September 2013, the Board had approved that the twelve recommendations be forwarded to the ELHT and Clinical Commissioning Group (CCG) with the request of a formal response to the Board.

It was reported that a further informal meeting to revisit the twelve recommendations made in September 2013 had been made to ELHT and the CCG. The Trust had welcomed the opportunity to update the group on progress, and work was underway, to address the issues raised, during the Keogh Review. The group was advised of some of the topic areas that could potentially be raised as part of a planned Hospital inspection. It was anticipated that a meeting would take place before the end of April 2014. Members were advised that informal discussions would not replace the formal Scrutiny process which could take place in the next municipal year, subject to the outcomes of the hospital inspection.

A discussion took place around the requirement of the Health and Wellbeing Board to clearly understand and address issues to improve integrated working.

RESOLVED – That the report be noted.

5 DRAFT BLACKBURN WITH DARWEN ALCOHOL STRATEGY: PREVENTING HARM, IMPROVING OUTCOMES

A report was submitted to update the Health and Wellbeing Board on the progress of a multiagency Alcohol Strategy for Blackburn with Darwen.

The Board was advised of the excessive drinking across the Borough of Blackburn with Darwen, the detrimental effect on those who misused alcohol, relatives, friends and others who suffered as a result. Details of the effects of alcohol abuse to individuals, families and to society in relation to violence, crime, ill health and anti-social behaviour were outlined in the report.

It was reported that the most effective way to reduce the harm from alcohol was to reduce the affordability, availability and attractiveness of alcohol products, with the biggest impact being minimum unit pricing (MUP).

Alcohol related harm remained one of the biggest health problems facing the UK. The personal, social and economic cost of alcohol misuse was staggering; estimated to be up to £55bn for England. Specific details of costs to Blackburn with Darwen were outlined in the report.

Members were advised that a multiagency group had been established, chaired by Public Health and vice chaired by the Health and Wellbeing Consortium, to share good practice, bring together ideas, and to develop priorities for the draft alcohol strategy, based on local and national evidence. A copy of the draft strategy was attached to the report.

It was reported that the strategic aims, which were outlined in the report, had been developed based on the national alcohol strategy, which had impact assessments, whilst ensuring it met local priorities based on the Blackburn with Darwen Joint Strategic Needs Assessment. A copy of the Joint Strategic Needs Assessment was included within the draft Alcohol Strategy.

The Board was advised that prior to submission of the final draft strategy to the Blackburn with Darwen Borough Council Executive Board meeting on 10th April 2014, it was a requirement that the Health and Wellbeing Board and Clinical Commissioning Group be an integral part of the consultation process and requested to provide comments. Members were requested to forward comments in relation to the draft strategy to Helen Lowey within the following two weeks.

The Board was also advised that policy, financial and resource implications, equality and health implications and details of the consultation process in relation to the draft strategy would be included in the report to be submitted to the Executive Board on 10th April 2014.

RESOLVED – That the Blackburn with Darwen Draft Alcohol Strategy be noted.

6 BETTER CARE FUND

A report was submitted to update the Board on BCF (Better Care Fund) plans, outline proposals for identification of a local indicator, and highlight alignment of Better Care Fund plans with CCG (Clinical Commissioning Group) Everyone Counts submission.

Members were reminded that BCF would provide an opportunity through pooled budget arrangements to transform local services so that people were provided with better integrated care and support. BCF would bring together NHS and Local Government resources, and provide a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings at scale and pace.

Members were also reminded that the fund would be £12.2 million for Blackburn with Darwen in 2015/16, with £10,806 million expected to transfer from the CCG into pooled budget arrangements. From 2015/16, 25% of funding would be performance related and the BCF plan would require a contingency if the planned outcomes were not achieved.

It was reported that Health and Wellbeing Boards would be expected to sign plans on behalf of their constituent CCGs and Local Authorities as set out in the BCF guidance that had been issued in December 2013.

It was further reported that an initial draft had been signed off by the Chair and Vice Chair of the Health and Wellbeing Board and submitted to NHS England Local Area Team and the Local Government Association on 14th February 2014. Formal feedback had been received from NHS England on 10th March 2014 as part of the CCG assurance process and was as follows:

- Positive feedback on engagement and communication as part of the BCF planning process
- Requirement for additional detail of BCF schemes and transformation
- Requirement for addition of impact on four national and one local performance metric
- Requirement of financial impact of plans and evidence of liaison with acute sector.

Members were advised that feedback from the Local Area Team would be incorporated into the next draft for submission.

Six national conditions associated with the fund, which local areas would be expected to meet were outlined in the report. Five national performance measures which would be used to performance manage the funding for the Payment by Results element (PBR) were also outlined in the report.

In addition to the five performance measures, local areas would be required to choose one additional indicator. Options for the additional indicator were outlined in the report. The Health and Wellbeing Board was requested to

consider and confirm the proposed option 'Dementia Diagnosis' as the local measure. Links to the CCG planning process and the development of joint plans were also outlined in the report. A copy of the Blackburn with Darwen CCG's 'Plan on a Page' which was closely aligned to BCF was attached to the report at appendix 1.

It was reported that the final submission was expected as part of CCG's Strategic and Operational Plans by 4th April 2014 and was required to be signed off by the Health and Wellbeing Board. Plans included 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.

A discussion took place around the issues of prevention, early intervention, social isolation, in particular in older people and the importance of providing patient centred integrated care.

RESOLVED

1. That the Health and Wellbeing Board notes the Better Care Fund proposals submitted to the Department of Health/Local Government Association on 14th February 2014.
2. Notes the alignment of Better Care Fund plans to Blackburn with Darwen CCG Everyone Counts plan on a page submission.
3. That the Health and Wellbeing Board agrees 'Dementia Diagnosis' as the local measure for Better Care Fund.
4. That the Health and Wellbeing Board approves sign off delegation of the Better Care Fund final submission and action plan to the Chair of the Board prior to final submission to Department of Health/Local government Association on 4th April 2014.

7. DELIVERING THE JOINT HEALTH AND WELLBEING STRATEGY

A report was submitted to:

- Provide the Health and Wellbeing Board with a summary of progress made against the action plans that supported the delivery of the Joint Health and Wellbeing Strategy 2012-2015; and
- Highlight key interdependencies between the five thematic areas of the strategy and make recommendations for a more joined up programme of delivery across the cross cutting issues; and
- Highlight gaps in the co-ordination of delivery of the Joint Health and Wellbeing Strategy and make recommendations for addressing them.

The Board was reminded that the Blackburn with Darwen Joint Health and Wellbeing Strategy (JHWS) had been approved by the shadow Health and Wellbeing Board in June 2013 following a period of consultation and engagement. The strategy had identified priorities for health and wellbeing set across the life course as follows:

- Programme Area 1: Best start for children and young people
- Programme Area 2: Health and work
- Programme Area 3: Safe and healthy homes and neighbourhoods
- Programme Area 4: Promoting health and supporting people when they are unwell
- Programme Area 5: Promoting older people's independence and social inclusion

Following approval of the strategy, five work streams had been set up to produce detailed partnership action plans to underpin each theme, which were reviewed on an annual basis. The current plans had been refreshed and approved by the Board in September 2013 and a series of cross cutting themes for further joint activity across the programme areas had been identified. Specific members had been nominated to lead and support the development of action plans for each of the five themes of the strategy, with support from designated Public Health Officers and a named Local Authority Director to each of the themes, in order to support the work and drive the delivery of key actions across the Council.

A summary of progress to date, next steps and areas for additional support for each of the five programme areas were attached to the report at appendix A. Each Board Member thematic lead provided a verbal summary of progress to date.

It was reported that there were a number of issues and interdependencies that cut across most/all of the programme areas of the strategy and that to date there had been no coordinated or concerted approach to addressing these issues.

It was further reported that the Joint Health and Wellbeing Strategy Leads group would provide the forum for driving forward action to address the cross cutting themes which had also been raised by a number of the programme delivery groups in their feedback. The group would focus on joint action to address the key themes and interdependencies that cut across the five action plans and;

- Agree and take activity forward through their individual organisations and/or partnership groups.
- Make recommendations to the Health and Wellbeing Board and other relevant groups for further coordinated action.
- Make recommendations to the Health and Wellbeing Board and other relevant groups to inform commissioning plans.

Key similarities and interdependencies that had been identified were outlined in the report along with coordination of delivery and performance and outcome monitoring arrangements. Milestones and outcomes detailed within the action plans would be incorporated into the proposed integrated performance and governance framework being developed by the Board.

RESOLVED

1. That the Health and Wellbeing Board notes the progress made to date against delivery of the Joint Health and Wellbeing Strategy Action Plans.
2. Notes the key interdependencies between the five thematic areas of the strategy.
3. That the Health and Wellbeing Board will accept at the next meeting in June 2014 a report outlining:
 - Progress against the outcomes and metrics set out in the thematic action plans, in line with performance monitoring arrangements to be developed and agreed by the Board following the recent policy development session.
 - An update on progress against the key cross cutting themes and interdependencies set out in the report.
 - Recommendations for the coordination of delivery of the Joint Health and Wellbeing Strategy where gaps had been identified.