



**Blackburn with Darwen Health & Wellbeing Board  
Minutes of a Meeting held on Monday, 23<sup>rd</sup> June 2014**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan
	Frank Connor
	Mustafa Desai
	Michael Lee
<b>Clinical Commissioning Group</b>	Dr Pervez Muzaffar
	Debbie Nixon
	Roger Parr
<b>Lay Members</b>	Arshid Rafiq
<b>NHS England</b>	--
<b>Voluntary Sector</b>	Angela Allen
	Vicky Shepherd
<b>Healthwatch</b>	Sir Bill Taylor
	Mark Rasburn
<b>Council Officers</b>	Linda Clegg (DCS)
	Steve Tingle
	Dominic Harrison (DPH)
	Ben Aspinall
	Christine Wood
	Laura Wharton
	Ken Barnsley
	Helen Lowey
	Sally McIvor
	Peter Dillon
<b>Office of Police and Crime Commissioner</b>	Ibby Masters
<b>Other</b>	--

## **1 WELCOME AND APOLOGIES**

Councillor Mohammed Khan welcomed everyone to the meeting. Apologies had been received from Dr Chris Clayton, Mark Fowell, Claire Jackson, Joe Slater, Carol Pantelli and Laura Wharton.

The Board was advised that at the Annual Council meeting on 5<sup>th</sup> June 2014, Council appointments had been agreed. The Leader of the Council, Councillor Kate Hollern had agreed that her nominated representative as Chair of the Health and Wellbeing Board for 2014/2015, would be Councillor Mohammed Khan, Deputy Leader of the Council and Executive Member for Health and Adult Social Care. Councillors Frank Connor, Executive Member for Children's Services, Councillor Mohammed Desai, Lead Member for Health and Adult Social Care and Councillor Michael Lee, Leader of the Conservative Group had also been nominated to serve on the Board for 2014/2015.

Members were also advised that there would be an opportunity to review membership of the Board at the Policy Development Session due to take place on 22<sup>nd</sup> July 2014.

It was reported that Dr Jim Gardner had resigned from NHS England having recently been appointed to the post of Medical Director at One Medical Ltd. The Board was also advised that Carol Pantelli would replace Jim on the Health and Wellbeing Board as the representative from NHS England.

**RESOLVED** – That a letter be composed to Dr Jim Gardner on behalf of the Health and Wellbeing Board, expressing thanks to Jim for his valuable contribution to the work of the Board in its first year, and to wish him every success in his new role.

## **2 MINUTES OF THE MEETING HELD ON 12<sup>th</sup> MARCH 2014**

**RESOLVED** - That the minutes of the last meeting held on 12<sup>th</sup> March 2014 be confirmed as a correct record subject to the addition of Arshad Rafiq detailed as present.

### **Matters Arising**

Councillor Michael Lee requested confirmation that the Better Care Fund submission had been submitted on 4<sup>th</sup> April 2014 as anticipated at the meeting on 12<sup>th</sup> March 2014.

It was confirmed that the submission had been submitted on 4<sup>th</sup> April 2014.

### 3 PUBLIC QUESTIONS

Name of Person asking question	Subject Area	Response by
Councillor Ron O'Keeffe	Licensing objectives	Councillor Mohammed Khan

### 4 OUTCOMES OF THE NATIONAL AUTISM SELF-ASSESSMENT FRAMEWORK (2013)

A report was submitted to update the Health and Wellbeing Board on the Public Health Reviews of the Autism Self-Assessment Frameworks (SAF) to Public Health England and the revised National Autism Strategy (2014) 'Think Autism' as referred to at the meeting of the Health and Wellbeing Board on 20<sup>th</sup> January 2014 and referred to in the minutes of that meeting.

It was reported that feedback had been received on all Local Authority SAF submissions by Public Health England on a national basis. Key highlights of the feedback were outlined in the report.

The Board was advised that overall, Public Health England had noted considerable progress had been achieved since the initial baseline survey, though more work was required to achieve the outcomes of the Autism Strategy throughout the country.

It was further reported that to further the implementation, a number of actions were being undertaken including the creation of a multi-agency Autism Partnership Board which would include strong representation from family carers and people with Autism to co-produce a whole life strategy and implementation plan for the revised 'Think Autism' priorities.

An initial scoping meeting had taken place with key partners, including the parent led branch of the National Autistic Society. This group would meet initially on a monthly basis and drive further progress and ensure regular progress reports were submitted to the Health and Wellbeing Board. This approach would continue to enable Blackburn with Darwen Council and partner organisations to meet the requirements of the National Autism Strategy and underpinning legislation of the Autism Act 2009. Consultation had also taken place with the Pan Lancashire Autism Board and Blackburn with Darwen Learning Disability Partnership Board. An improvement plan had been drafted which had some parallels with the Learning Disability Improvement plan which would also require work across all sectors to achieve.

Members were advised that this project would be carried out within current project resources identified across partner organisations which would include the appointment of a designated joint post-holder between Blackburn with Darwen Adult Social Care and Health and Blackburn with Darwen Clinical Commissioning Group.

Delivery of the National Autism Strategy aimed to ensure that health inequalities for people with Autism were reduced through full access to services, advice and guidance.

A discussion took place around the issue which highlighted the importance of teacher training to enable to identify the signs of the condition in children and young people. Strong links had also been built with Bootstrap, Blackburn College and the Job Centre for the benefit of transitional age groups (16-18). It was also recognised that this was also an issue for older people with the condition who may not have been diagnosed.

**RESOLVED** – That the Health and Wellbeing Board note the update.

**5 KEOGH REVIEW WORKING GROUP – EAST LANCASHIRE HOSPITAL TRUST AND BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD**

A report was submitted to update the Health and Wellbeing Board on progress made with East Lancashire Hospital Trust (ELHT), Blackburn with Darwen Clinical Commissioning Group (CCG) and the Blackburn with Darwen Health and Wellbeing Board as a result of the Keogh Review.

The Board was advised that a second informal meeting which had included a small working group of key stakeholders from the Blackburn with Darwen Health and Wellbeing Board, Local Healthwatch and Blackburn with Darwen Council's Health and Adults Overview and Scrutiny Committee, had taken place following the first Risk Summit which had resulted from the Keogh Review.

It was reported that at this second session, the group had received an overview of the key challenges faced by ELHT over the next six months and the progress that had been made since the first Risk Summit. Using the draft high level Key Lines of Enquiry used by the original review, the group had received an update of how these linked to the most recent action plan(s) that ELHT had put in place.

The session had also been an opportunity for ELHT to update stakeholders on how they had considered the recommendations that had previously been made at the first informal session in September 2013 and further approved to be forwarded to the ELHT at the meeting of the Health and Wellbeing Board on 23<sup>rd</sup> September 2013.

The Board was advised that at the session the group had received a presentation on the Keogh Quality and Assurance Framework which had reported that:

- The Keogh Review Team had reported in July 2013
- East Lancashire CCG in collaboration with ELHT and the Local Area Team of NHS England had developed a CCG Quality Assurance Framework (QAF).
- The QAF was designed to provide Commissioners with the level of assurance required to be confident that appropriate action was being

taken by ELHT and partner organisations to address the issues and concerns raised by the Keogh Team

It was reported that the QAF had focused on four key themes that had been identified in the Keogh review report which were

- Governance and Leadership
- Alignment of Strategies
- Organisational Development, Values and Behaviours
- Patient Experience

It was also reported that within each of the above areas, specific key lines of enquiry had been identified from the Keogh review report, with best practice outcomes described against each area in order to articulate the expected levels of attainment to be achieved.

The Board was advised of progress to date and areas for improvement in relation to the above four key themes. An Executive summary of responses to the recommendations made to the ELHT in September 2013 and the Keogh Review were outlined in the report.

The Board was further advised that the report of the Review Team and subsequent Risk Summit process had identified key areas to be focussed upon to improve the quality of care provided, safety of care and the experience of patients of care provided. Review findings had been grouped into six areas as follows:

- Governance and Leadership
- Local Capacity
- Clinical and operational effectiveness
- Patient experience
- Workforce and safety
- Nursing

A synopsis of what had been done against each of the above identified areas, measurable outcomes achieved and ongoing work programme were outlined in the report.

The outcome of the CQC inspection which had been conducted in April 2014 was anticipated to be announced in the near future.

It was recognised that a considerable amount of work had gone into addressing the findings of the Keogh Review and there was tangible evidence of improvement. It was also recognised that further improvement was required.

**RESOLVED** – That the report and progress of the Keogh Working group be noted by the Health and Wellbeing Board.

## **6 HEALTHWATCH BLACKBURN WITH DARWEN FIRST ANNUAL REPORT 2013/2014**

A copy of the recently published Healthwatch Blackburn with Darwen Annual Report 2013/2014 was submitted to the Board providing an opportunity for Members to comment.

Members were reminded that Healthwatch Blackburn with Darwen had been in existence since April 2013 following approval of the Health and Social Care Act 2012. Healthwatch acted as the local consumer champion for health and social care, providing a focus for local residents and users of Health and Social Care services and was required to submit an annual report to Healthwatch England by the end of June 2014.

Members were advised that a draft report had been produced on 30 May 2014 followed by a three week consultation period to enable partners and stakeholders to comment/provide feedback.

Work and activities undertaken by Healthwatch during 2013/2014 were outlined in the annual report including issues identified at public forum meetings, along with engagement activity within the community in 2012/2013. Case studies demonstrating the impact of activities undertaken by Healthwatch, details of local stakeholder relationships, stakeholder feedback, signposting, figures of participation, members and funding were also outlined in the report.

Within this period a new independent community interest company had been established to provide the Healthwatch statutory functions in the Borough for 2014/15. This new organisation split away from the original 'host' organisation (Carers Federation) on the 31<sup>st</sup> March 2014, and had begun to deliver Healthwatch from 1<sup>st</sup> April 2014.

A discussion took place which included positive comments about the work of Healthwatch, in particular in relation to engagement with local residents and stakeholders. Commissioning of, and lack of dental services were highlighted as an ongoing issue.

**RESOLVED** – That the Healthwatch Blackburn with Darwen First Annual Report be noted by the Health and Wellbeing Board.

## **7. BLACKBURN WITH DARWEN ACCIDENT PREVENTION STRATEGY**

A report was submitted to update the Board on the progress of a local multi agency Accident Prevention Strategy and action plans for Blackburn with Darwen which had been produced to prevent the harm caused by accidents in the Borough and also to provide support when they do occur.

The Board was advised that the draft strategy, a copy of which was attached to the report, had been developed in partnership with Blackburn with Darwen Council, the Clinical Commissioning Group, Lancashire Care NHS Foundation



Trust, emergency services, RoSPA and voluntary community and faith sector providers.

The Board was also advised that an action plan, setting out the objectives of the strategy and how these would be achieved had also been produced.

It was further reported that there had been a number of consultation and engagement activities in the development of the draft strategy, to ensure that protected groups were appropriately represented and voices of local people were heard. Public engagement and consultation for the strategy would also be supported by a full communication plan to include a range of press strategies and further use of online, social and digital media prior to finalisation.

The strategy and action plan would be made available for a period of consultation from 9<sup>th</sup> July until 1<sup>st</sup> August 2014 and would be available via the Council website.

Members were advised that the strategy would support delivery of public health outcomes and the commitments set out in the Blackburn with Darwen Joint Health and Wellbeing Strategy.

#### **RESOLVED**

1. That the Health and Wellbeing Board notes the development of, proposed consultation and engagement plan for the local multi-agency Accident Prevention Strategy for Blackburn with Darwen.
  2. Notes the opportunity to provide comments on the overarching priorities and action plans for the strategy during the consultation period.
8. **COMMISSIONING PRIORITIES – CCG, INTEGRATED AND LOCAL AUTHORITY**

A report was submitted to:

1. Update the Board on commissioning priorities across the Clinical Commissioning Group (CCG) and Local Authority Integrated Commissioning Network; and
2. To feedback on the Health and Wellbeing Board Better Care Fund submission and update on the progress to date.

Members were advised of the national and local drivers that informed the development of commissioning priorities across health and social care. Attached to the report was a copy of the Draft Blackburn with Darwen CCG 5 Year Strategic Plan. The priorities and outcome ambitions of the 5 year strategic plan, which had been developed in line with national guidance, consultation and engagement with a range of local stakeholders and citizens, were outlined in the report. The CCG's final plan would be submitted to NHS England in accordance with national timescales on 20<sup>th</sup> June 2014. Final

feedback from NHS England was anticipated to be received on 15<sup>th</sup> October 2014.

The Board was advised that the Better Care Fund (BCF) which had been submitted on 4<sup>th</sup> April 2014 had outlined the Health and Wellbeing Board plan for the health and care services to transform, and to ensure that residents were provided with better integrated care and support through pooled budget arrangements.

Members were advised that official feedback received from the BCF, was that part of the next phase of planning for BCF and Integrated Locality Team development, the CCG and Blackburn with Darwen Borough Council, would review and update the associated business case and finance requirements for the delivery of Integrated Locality Teams. A business case and plan for seven day working across community/social care aligning to primary care were also under development. The revised business cases were to be discussed and agreed through the established Joint Commissioning process.

Members were also advised of the Care Act 2014 (14 May 2014) which set out a framework of duties for Local Authorities in relation to the arrangements and funding of social care. Provisions of the act were outlined in the report. The act contained a number of changes to the regulation of social care providers. The full implementation timetable was not yet known, but some provision would come into force in October 2014.

Mandatory and national measures associated with the plan were outlined in the report along with details of the local quality premium measure selected, dementia diagnosis.

It was reported that there would be continued engagement activity with assurance meetings taking place in September 2014 with NHS England with consistency checks across the country until the end of September 2014. The CCG would be notified of the outcome on 15<sup>th</sup> October 2014.

**RESOLVED** – That the Health and Wellbeing Board notes the Better Care Fund feedback, progress made to date and next steps.

## 9. **INTEGRATED STRATEGIC NEEDS ASSESSMENT UPDATE**

A report was submitted to update the Health and Wellbeing Board on the development of the Integrated Strategic Needs assessment (ISNA).

Members were reminded that in July 2011 the Shadow Health and Wellbeing Board had approved the development process and broad priorities for the Integrated Strategic Needs Assessment which incorporated the statutory duty of the Local Authority and the CCG to produce a Joint Strategic Needs Assessment (JSNA) along with a governance structure and approach to prioritisation.



Members were advised that for the past four years the approach to ISNA had been to focus on four major priority ISNAs. Dementia was highlighted as a good example. Since 2011 the Blackburn with Darwen ISNA had comprised of a strong suite of linked documents and processes which were highlighted in the report and included the ISNA Story of Place, The ISNA Summary and ISNAs for key priority areas.

Disadvantages to the above approach were highlighted in the report to Members. A new recommended approach for the priority areas and method for the ISNA 2014-15 were outlined in an additional report. In addition to the priority areas for 2014/2015 outlined in the report, Members were advised that ISNAs were currently being developed for the following:

- Learning Disabilities
- Aspergers and Autism
- Tuberculosis
- Oral Health Promotion
- Domestic Violence

Members were advised that development and publishing the ISNA was the statutory duty of the Health and Wellbeing Board. Approval of the suggested processes highlighted within the report would establish the process and governance for the future development of the ISNA and enable the Health and Wellbeing Board to discharge its statutory duty.

## **RESOLVED**

1. That the Health and Wellbeing Board agrees the current ISNA content with the Story of Place and the ISNA Summary; and
2. The priority areas and method for the ISNA for 2014/15.