

HEALTH AND WELLBEING BOARD



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| TO:   | Health & Wellbeing Board        |
| FROM: | Director of Public Health       |
| DATE: | 22 <sup>nd</sup> September 2014 |

**SUBJECT:** Blackburn with Darwen Health & Wellbeing Board Annual Report 2013-14

1. PURPOSE

This paper presents a draft version of the Blackburn with Darwen Health and Wellbeing Board Annual Report 2013-14 for The Board’s consideration.

2. RECOMMENDATIONS

The Board is asked to:

- Consider and comment on the draft Health and Wellbeing Board Annual Report 2013-14

3. BACKGROUND

The Health and Social Care Act 2012 gave the Health and Wellbeing Board (HWB) specific functions. These functions include the preparation of the Joint Strategic Needs assessment (JSNA), the Joint Health and Wellbeing Strategy (JHWS), and a duty to encourage integrated working.

The underlying principles of the HWB include an undertaking to promote openness and transparency in the way that The Board carries out its work and a spirit of inclusiveness in the way that it engages with patients, service users and the public.

In this spirit of openness and accountability the Health and Wellbeing Board Annual Report promotes the purpose of the board, reflects on the work of The Board in its first full year as a statutory body and outlines plans for The Board going forward.

3. RATIONALE

The Blackburn with Darwen Health and Wellbeing Board has given a commitment to ensure that communities and wider stakeholders are involved in the co-production and delivery of solutions to improve the health and wellbeing of local people. There is evidence of this approach in both the JSNA and the JHWS processes that The Board have endorsed. The proposal to publish an Annual Report for 2013-14 strengthens this commitment and allows the HWB to reflect on and demonstrate its own progress and performance.



## 5. KEY ISSUES

The Blackburn with Darwen Health & Wellbeing Board Annual Report is set out in four sections as follows;

### **Part One: An introduction to the Health & Wellbeing Board and what it does**

This section sets out the origins of the HWB drawing upon national documents that outline the overall purpose of the HWB. This section of the annual report will also draw upon local work to develop the HWB through its shadow form and more recently its formal statutory status and describes;

- The origins of the HWB
- The purpose of the HWB
- Membership of the HWB
- Governance of the HWB

The purpose of this section of the annual report is to reaffirm the role of The Board and to communicate this with other partnership structures, stakeholders and local residents.

### **Part Two: The Work of the Health & Wellbeing Board**

This section of the report sets out the following elements of the work of The Board.

- Joint Strategic Needs Assessment (JSNA)
- Joint Health & Wellbeing Strategy (JHWS)
- Decisions taken by the Health and Wellbeing Board

The purpose of this section of the report is to highlight the progress and achievements the HWB in delivering priorities for health and wellbeing during 2013-14.

### **Part Three: The Health and Wellbeing Board as a Partnership**

A key feature of the HWB has been to create a partnership structure that can provide shared leadership to improve health and wellbeing that reaches across all relevant organisations. A strong element of this work has been to develop relationships between individual leaders as well as organisations including a number of newly formed organisations.

This section of the report focuses on the views of board members and key partners to demonstrate the partnership performance of The Board itself based on the outcomes of the strategic review of The Board carried out Jan – March 2014 covering;

- The Board's progress and achievements
- What needs to be developed
- Future challenges

### **Part Four: The Future Work of the Health & Wellbeing Board**

The final section of the report sets out the future direction of the HWB drawing upon the strategic review and setting out a broad forward plan for the board and for further progress of the JSNA and the JHWS.

## 6. POLICY IMPLICATIONS

There are no policy implications associated with this report

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## 7. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

## 8. LEGAL IMPLICATIONS

Production of a an annual report will assist The Board in meeting it and the Local Authority's responsibilities under the Health & Social Care Act 2012 and the Localism Act 2013/Local Government Transparency Code 2014.

## 9. RESOURCE IMPLICATIONS

There are no resource implications associated with this report.

## 10. EQUALITY AND HEALTH IMPLICATIONS

The equality and health considerations associated with the annual report have been considered as part of the individual strategies and plans referred to including the JSNA and JHWS.

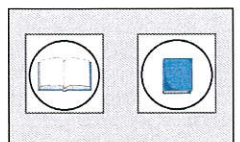
## 11. CONSULTATIONS

Extensive consultation with key stakeholders has been carried out to inform and develop the strategies and plans referred to in the report including the JSNA and JHWS.

The annual report will be presented to and discussed with relevant stakeholders as part of The Board's ongoing commitment to engage with local people.

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| <b>VERSION:</b> | <b>0.01</b> |
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| <b>CONTACT OFFICER:</b>  | Laura Wharton Tel. 01254 588911 |
| <b>DATE:</b>             | 5 <sup>th</sup> August 2014     |
| <b>BACKGROUND PAPER:</b> |                                 |





# **Blackburn with Darwen Health & Wellbeing Board**

## **Annual Report 2013/14**

### **The Purpose of this Report**

This report provides information about how and why the Health and Wellbeing Board was set up and describes what it has done since it became a Committee of the Council in April 2013.

The principles of the Health and Wellbeing Board include an undertaking to promote openness and transparency in the way that the board carries out its work and engages with people who use health and care services and the general public. It is in this spirit of openness that we are producing this annual report.

### **1. Part One: An introduction to the Health and Wellbeing Board**

#### **1.1 The Origins of the Health and Wellbeing Board**

As early as 2010 the government set out its intention to strengthen the role of local government in local health services. It announced that health and wellbeing boards would be established across the country to encourage local authorities to work with NHS partners in organising and providing joined up health and local government services. The proposals to establish local health and wellbeing boards were confirmed as part of the Health and Social Care Act 2012.

A Shadow Blackburn with Darwen Health and Wellbeing Board was established in April 2012 to allow member organisations to work together. In April 2013 the Council formally established Blackburn with Darwen Health and Wellbeing Board as a Committee of the Council.

#### **1.2 The Role of the Health and Wellbeing Board**

The legislation that established the board also gave the board some specific functions, these are:

- To provide governance structure for local strategic planning and accountability of health and wellbeing related services and their attributable outcomes.
- To prepare a Joint Strategic Needs Assessment (JSNA) of the health needs of local people
- To commission and monitor a local joint health and wellbeing strategy.
- To promote integration and partnership across areas through promoting joined-up commissioning plans across the NHS, social care and public health.
- To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- To review and comment on major plan and service redesigns of health and wellbeing related services provided by the NHS and Local Government (including the local NHS Commissioning Plan)
- To receive and provide statutory reports relating to on the health and wellbeing of the local population.

#### **1.3 Membership of the Health and Wellbeing Board**

The membership of the Board reflects the requirements of the Health and Social Care legislation, with the locally agreed addition of community and voluntary sector representation.

Figure 1: Blackburn with Darwen Health and Wellbeing Board Membership (April 2014)

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|---|---|
| Cllr Kate Hollern, Leader of the Council                        | Joe Slater, Chair of Blackburn with Darwen CCG                                      |
| Cllr Mohammed Khan, Executive Member                            | Arshad Rafiq, Lay Member  |
| Member Health & Adult Social Care                               | representing the community  |
| Cllr Frank Connor, Executive Member                             | Mark Fowell, Lay Member   |
| for Children's Services   | representing the community  |
| Cllr Mike Lee, Leader of the Opposition                         | Sally McIvor, Executive Director People (DASS), Blackburn with Darwen Council       |
| Vicky Shepherd, Age UK, Voluntary                               | Sector Representative   |
| Angela Allen, Families Health & Wellbeing Consortium, Voluntary | Linda Clegg, Director of Children's Services, Blackburn with darwen Borough Council |
| Sir Bill Taylor, Healthwatch Blackburn with Darwen              | Dr Chris Clayton, Clinical Chief Officer, Blackburn with Darwen CCG                 |

#### 1.4 Decision making and the Health and Wellbeing Board

The Blackburn with Darwen Health and Wellbeing Board meets quarterly and is subject to the same openness and transparency rules as other Council Committees. All meetings are held in public and members of the public are invited to submit questions in advance. All agendas and reports are available in advance of meetings and can be viewed at;

<http://www.blackburn.gov.uk/Pages/Health-and-wellbeing-board.aspx>

All the decisions taken by the Blackburn with Darwen Health and wellbeing Board are recorded and available at

<http://www.blackburn.gov.uk/Pages/Health-and-wellbeing-board.aspx>

The collective work and decisions of the Blackburn with Darwen Health and Wellbeing Board are subject to scrutiny through the Councils Children's and Health and Adults Scrutiny Committees, all agendas and minutes of Scrutiny meetings are available at

<http://www.blackburn.gov.uk/Pages/Scrutiny.aspx?CurrentTermId=ac6f3cd4-55d2-40f7-9222-8d37ed89c5b0>

The Health and Wellbeing Board does not work alone to improve health and wellbeing. The Board acts as part of a wider partnership to tackle the problems that residents say affects their lives most.

The Board works closely with a number of other partnerships to deliver its priorities, including the following;

- Children & Young Peoples Partnership Board
- 50+ Partnership
- Voluntary Sector Families Health & Wellbeing Board
- Community Safety Partnership
- Local Strategic Partnership

## **2. Part Two: The Work of the Blackburn with Darwen Health and Wellbeing Board in 2013/14**

### **2.1 Healthtalk 2013:**

The Board has a communications and engagement plan, which support its commitment to engaging with residents of Blackburn with Darwen to inform priorities, planning and delivery at each stage.

Health Talk was an event organised by Blackburn with Darwen Health and Wellbeing Board in October 2013, which was attended by over 80 residents. The purpose of the event was to provide information about health and wellbeing engagement in the Borough and to listen to residents views and experiences about health and wellbeing. The 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 service users. Healthtalk also included a market place of stall for Health projects and providers and a photobooth for participants to show us the health asset that was most important for them.

### **2.2 Joint Strategic Needs Assessment (JSNA) - understanding the health needs of the population**

As part of Health and Social Care Act 2012, responsibility for the production of Joint Strategic Needs Assessment (JSNA) rests with the Health and Wellbeing Board. JSNA is an assessment of local need and evidence contained in the JSNA is used to help the Council the NHS and local partners to understand what needs to be done to improve the health and wellbeing of local people and inform local commissioning intentions. It is also a key part of the process of developing the local Joint Health and Wellbeing Strategy (JHWS).

In Blackburn with Darwen this process is known more broadly as Integrated Strategic Needs Assessment (ISNA). The ISNA brings together information about how the population of the borough is made up, what do we know about how healthy it is and the assets people and communities have to help them to stay healthy. It aims to understand what residents and people that use services think about Blackburn with Darwen and the services that help to promote health and summarises the stories that people and communities tell about their own experiences of health and wellbeing.





The ISNA Leadership group has recently agreed a new approach to ISNA and in future each ISNA will comprise a set of four documents.

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| <b>1. Policy and Evidence, covering</b> <ul style="list-style-type: none"> <li>• Defining the issue</li> <li>• Why is this issue highlighted?</li> <li>• Who is at risk and why?</li> <li>• Good practice</li> </ul> | <b>2. Assets and Engagement</b> <ul style="list-style-type: none"> <li>• Assets</li> <li>• Involving local people and people that use services</li> </ul>   |
| <b>3. Local needs, covering</b> <ul style="list-style-type: none"> <li>• Level of need in the population</li> <li>• Key indicators Spine Chart</li> </ul>  | <b>4. Responding to need, covering</b> <ul style="list-style-type: none"> <li>• Current services / initiatives</li> <li>• Gaps –current services and knowledge</li> <li>• Value for money</li> <li>• Involvement</li> <li>• Recommendations.</li> </ul> |

### **2.3 The Joint Health and Wellbeing Strategy (JHWS) - taking action to improve the health and wellbeing of local people**

Blackburn with Darwen's Joint Health & Wellbeing Strategy is owned by all the organisations that make up the Health and Wellbeing Board. The strategy builds upon the information in the ISNA. Using this information the local strategy has identified a number of priorities that the Health and Wellbeing Board can promote to improve the health and wellbeing of local people.

The priority programme areas of the JHWS for 2012-15 are:

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 good health and supporting people when they are unwell

Programme Area 5: Promoting older people's independence and social inclusion

In changing the way that services work together and with local people to meet the local challenges The Board have agreed six principles to help achieve the priorities identified in the strategy. These principles are;

1. There is no health without mental health and wellbeing
2. Focusing in prevention and early help
3. Working together across public, private and voluntary sector and with residents
4. Building on community strengths and assets
5. Good governance for health and wellbeing
6. Integration of services to remove artificial boundaries that do not reflect the way people live their live

The 2012 - 2015 Joint Health and Wellbeing Strategy can be viewed here;

<http://www.blackburn.gov.uk/Lists/DownloadableDocuments/HWBStrategy2012.pdf>

## 2.4 Joint Health and Wellbeing Strategy Progress 2013-2014

The information contained in the following section of the annual report provides a summary of the progress that has been made by local organisations to achieve the strategic priorities of the JHWS.

| Strategic Priority 1: Best start for children and young people   |  |  |   |
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| Target groups  | Key outcomes to be achieved  | What we have done to achieve this priority during 2013-2014?   | Who has been accountable for these actions?   |
| <ul style="list-style-type: none"> <li>Children whose emotional health and wellbeing is being impaired</li> <li>Children at risk of and/or have experiences significant harm</li> <li>Parents of young children who are vulnerable or at risk of being vulnerable</li> </ul> | <ul style="list-style-type: none"> <li>More children are confident and able to realise their own abilities, cope with the normal stresses of life and can learn productively</li> <li>Less children are requiring and receiving specialist assessments and interventions</li> <li>The way in which we address childhood adversity is changed to prevent the intergenerational cycle</li> </ul> | <p><b>Children with specific vulnerabilities or needs which are not being met (early help):</b> The Early Help Strategy is now in place and being implemented across the Borough. The Early Intervention Foundation (EIF) will work with the local authority and partners on focused areas to support the Early Help Strategy. A refresh of the strategy has been agreed to incorporate recent developments such as risk sensible practice and the re-launched Continuum of Need and Response.</p> <p><b>Children whose emotional health and wellbeing is being impaired:</b> An emotional health and wellbeing ISNA for children and young people has been completed, which was informed by extensive consultation with children, young people and their families. The recommendations from the ISNA will be taken forward to the relevant groups and committees, with the sub-group considering how this can be embedded in practice.</p> <p><b>Parents of children who are vulnerable or at risk of being vulnerable (parenting):</b> A service mapping has been completed to assist in the development of a resource directory of services that target parenting skills and to help direct work around engaging with caregivers to develop parenting skills. A multi-agency Parenting Strategy Steering Group has been established, which will lead a refresh of the parenting strategy and associated work programme.</p> <p><b>Reducing the number of children and young people who have experienced childhood adversity (ACE):</b> A mapping exercise has been completed which provides a high level overview of what is being provided from all partners within the Borough in relation to the emotional and wellbeing needs of our children and young people.</p> | <p>The multi-agency Children's Partnership Board, which is chaired by the Director of Children's Service, vice chaired by a lay member of the health and wellbeing board and includes representation from a wide range of partners.</p> |



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| <p>Actions to be taken to support this priority in 2014/15.</p> | <ul style="list-style-type: none"> <li>• The EIF will return to Blackburn with Darwen in September 2014 to meet with the <b>Early Help</b> sub-group and conduct a more detailed session around the 'Maturity Matrix', which will inform a refresh of associated action plans.</li> <li>• A stakeholder event will take place in Autumn 2014 to develop the <b>multi – agency parenting strategy</b></li> <li>• Briefings for partners around the revised <b>Common Assessment Framework (CAF)</b> will take place in September/October 2014.</li> <li>• There is ongoing <b>analysis of partnership activity</b> across all outcomes under programme area 1 of the Health &amp; Wellbeing Strategy, and the outcome of the analysis will form a report to inform future priority setting</li> <li>• Support the <b>Incredible Years Programme</b> which will take the form of a randomised trial supporting parental mental health to improve outcomes for children.</li> </ul> |
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#### Case study example: Best start for children & young people:

##### **Completion of the Integrated Strategic Needs Assessment (ISNA) - Children and Young People's emotional health and wellbeing**

###### JHWS Priority Action: Improve emotional health and wellbeing of our children and young people

The commissioning of the ISNA is a clear commitment to understanding the emotional and mental health needs of children and young people living in the borough. The ISNA will further develop the shared understanding of children and young people's emotional health and wellbeing issues and will contribute to relevant local strategies, programmes and commissioning approaches.

As part of the assessment, a number of local engagement activities were organised and over 250 conversations took place with children and young people living in Blackburn and Darwen. This ranged from focus groups with parents in local children's centres right through to discussions with some of our most vulnerable young people such as the homeless and those living with addictions. A workshop event was held in March 2014 with young people at Youth Zone, to consult on findings and get more feedback.

As a result of the assessment and engagement, 12 recommendations have been made which will be presented to the Health & Wellbeing Board for consideration in 2014.

##### **Case study 2 Young parent re-enters education**

###### JHWS Priority Action: tackle youth unemployment, improving emotional health & wellbeing

Aysha is a parent to two young children under the age of 18 months. She was living at the Foyer with her partner and has limited support from extended family. Aysha was keen to get back into learning and had applied to college herself, but had not had a response nor had she any childcare provision in place.

VIA (formerly Connexions, the commissioned provider) met Aysha at the Connexion drop-in at the Foyer. Aysha wanted to start at Level 1 in Business and progress to Level 3 Business with Law as her ambition was to work in a solicitor's office eventually. VIA liaised with college and discovered the application had not been received and so they worked with Aysha to complete a new application which was then hand delivered directly to reception in the Beacon Centre. The VIA worker also explained about care-to-learn funding and of up to £160 per week, per child and encouraged that Aysha approached local nurseries to check for vacancies and have a look around.

At a follow-up meeting, Ayscha had still not heard from college and so VIA made arrangements for the college to see and enrol her the following week. As Ayscha had not managed to find suitable childcare a reduced attendance timetable was negotiated during the induction week to allow time to get this in place. VIA then worked with Ayscha in ringing a number of nurseries that could take both her children and was able to find a local nursery that could take them.

Ayscha has now started college (and continues to attend) on a Level 1 Business course and her children have settled well at nursery. She has now moved out of the Foyer and is living independently with partner, and is successfully managing to study and parent at the same time

| Strategic Priority 2: Health & Work  |  |  |
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| Target groups  | Key outcomes to be achieved  | What we have done to achieve this priority during 2013-2014?   |
| <ul style="list-style-type: none"> <li>Residents who are unemployed or at risk of becoming unemployed</li> <li>People with long term conditions affecting their ability to work</li> <li>People with poor mental health and wellbeing affecting their ability to work</li> </ul> | <ul style="list-style-type: none"> <li>More people employed &amp; retained in local businesses/organisations</li> <li>More residents with long term conditions and mental health problems in education, training, employment &amp; volunteering</li> <li>People at work have improved access to mental health services &amp; higher quality health promoting workplaces, accredited by a workplace charter</li> <li>Residents will have improved health and social value outcomes from public sector spend in BWD.</li> <li>More residents are taking up jobs because they have been able to resolve their travel to work issues</li> <li>People with long term conditions will be supported back to work by improved wellbeing and long term conditions services within BWD</li> <li>People with mental health problems or in crises will receive mental health first aid by frontline public services</li> </ul> | <p><b>Workplace Health &amp; Wellbeing:</b></p> <p>A Workplace Health and Wellbeing Group was established during 2013-14 to coordinate workplace health and wellbeing activity across the Local Authority, and to use this experience to develop a package of support to assist partners, businesses and employers in the Borough to establish and sustain their own staff wellbeing programmes, including support to work towards an accredited wellbeing at work charter</p> <p>The group conducted an audit of existing workplace wellbeing activity in the borough, identified gaps to be addressed and opportunities for further action and made recommendations for the programme going forward.</p> <p><b>Access to mental health services for local employers including mental health awareness training for frontline staff and community members:</b> Work has commenced with the voluntary faith and community sector to expand mental health training and support through the development of evidence based tiered mental health and wellbeing interventions (Steps 1-3), including support available for employers, frontline staff and community members.</p> <p>In addition, 359 member of staff from HWB constituent and partner organisations completed mental health and wellbeing training between April and December 2013 as broken down below;</p> <ul style="list-style-type: none"> <li>Mental Health First Aid = 175</li> <li>ASIST (suicide intervention) = 47</li> <li>Safetalk (suicide awareness) = 137</li> </ul> |

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|  | <p><b>Bespoke travel planning advice for businesses and job seekers:</b> A travel plan function offering bespoke advice to businesses and job seekers has been established via the Connect programme hosted by Capita. Further details can be found at <a href="http://bwdconnect.org.uk/">http://bwdconnect.org.uk/</a></p> <p><b>Social value procurement programme:</b> Work has been ongoing to develop a local social value procurement programme that will maximise the wider value of public sector spend. This has included development of a nationally recognised social value assessment tool and new Local Authority procurement approaches including;</p> <ul style="list-style-type: none"> <li>- Development of a Social Value Act procurement practice note as guidance for commissioners</li> <li>- Launch of Buy BwD a collaborative online portal to sign-post potential suppliers to tender opportunities <a href="http://www.buybwd.co.uk">www.buybwd.co.uk</a></li> <li>- Roll out of The Chest (North West Local Authority e-procurement portal) across the council. Lower value contracts can be ring fenced for local suppliers</li> <li>- Training and mentoring to skill up and increase competitiveness of local suppliers</li> <li>- Standardised procurement documentation across local public sector organisations</li> </ul>   |
| Who has been accountable for these actions.              | The Council's Public Health Team and Regeneration Department have coordinated these actions with support from a range of partners including the voluntary sector, local business community and Clinical Commissioning Group.  |
| Actions to be taken to support this priority in 2014/15. | <ul style="list-style-type: none"> <li>• The <b>Workplace Health and Wellbeing</b> group has two key priorities for 2014/15;             <ol style="list-style-type: none"> <li><b>1) The Council as an exemplar employer - a health promoting organisation:</b><br/>The Council will develop and embed organisational programmes and policies that promote staff wellbeing and can be replicated by Council partners and other employers in the Borough.</li> <li><b>2) Encouraging and supporting other employers and businesses to establish health and wellbeing initiatives, including ;</b><br/><br/> <b>Engagement</b> with employers in the borough to communicate the benefits of staff wellbeing programmes, determine local priorities and identify good practice that can be shared or replicated.<br/><br/> <b>Bespoke time limited support</b> for employers to develop and embed their own workplace wellbeing programmes and build capacity within organisations for these to be sustained.<br/><br/> <b>Assessment and accreditation</b> against the nationally recognised Workplace Wellbeing Charter<br/><br/> <b>Facilitation of ongoing support</b> that is directed by the needs of employers, provides opportunities share learning and good practice and encourages sharing of skills and knowledge.                 </li> </ol> </li> <li>• The worklessness ISNA will include <b>analysis of health related unemployment</b> in order to better target interventions, support neighbourhood working arrangements and inform the development of employment support options for people with long term conditions.</li> <li>• Job Centre/work programme providers will be incorporated into <b>frontline staff training</b> programmes for identification and brief advice including alcohol use, smoking and healthy weight.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Health and work will be a priority for the Council funded <b>Good Health community grants</b> programme, which encourages and supports community and voluntary sector groups to develop responses to local health issues.</li> <li>• The Health and Wellbeing Board will explore opportunities for developing an <b>occupational health</b> offer across a range of local public sector partners</li> <li>• Work will continue to embed <b>Social Value</b> principles across the constituent organisations of the health and wellbeing board, partners and local businesses including: <ul style="list-style-type: none"> <li>- Development of a Local Authority social value policy that could be replicated by partners</li> <li>- Further involvement of the voluntary, community and faith sector</li> <li>- Monitoring of proportion of council spend spent locally</li> <li>- Participation in national social value programmes</li> <li>- Developing a local partnership approach to 'fairness' in the way we do business</li> </ul> </li> </ul> |
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| <b>Strategic Priority 3: Safe and healthy homes &amp; neighbourhoods</b> |   |
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| Target groups  | <ul style="list-style-type: none"> <li>• Vulnerable people at risk of dying in the winter (excess winter deaths)</li> <li>• Vulnerable people whose standard of housing puts their health and wellbeing at risk including those with long term conditions</li> <li>• Those living within an air quality management area</li> <li>• Other vulnerable groups</li> </ul>   |
| Key outcomes to be achieved  | <ul style="list-style-type: none"> <li>• Reduction in the number of excess winter deaths</li> <li>• Reduction in the number of people living in fuel poverty</li> <li>• No. of properties benefiting from energy efficiency measures installed</li> <li>• No. of properties with HHSRS Category 1 and 2 Hazards removed</li> <li>• Increased uptake of flu immunisation and other preventative treatments</li> <li>• Reduction in number of A &amp; E and hospital admissions due to falls</li> <li>• Number of chaotic single homeless accessing services</li> <li>• Reduction in alcohol related hospital admissions</li> </ul>   |
| What we have done to achieve this priority during 2013-2014?             | <p><b>Promote Decent And Safe Homes Scheme (DASH) to improve housing standards:</b> Work has been ongoing with key services to ensure maximum uptake and impact of DASH including with GP's and Carers Support Service.</p> <p><b>Reduce fuel poverty:</b> Work has been ongoing to encourage uptake of insulation and reduced fuel consumption schemes, money advice, energy debt advice and energy switching schemes. In addition there has been increased coordination of money and benefits advice to people in fuel poverty.</p> <p><b>Identify people at risk of poor health during the winter:</b> Increasing numbers of vulnerable people have been identified through action arising from the Warm Homes Healthy People Fund.</p> <p><b>Alcohol harm reduction:</b> During 2013-14 a new Alcohol Harm Reduction Strategy has been developed for the Borough that includes priorities for;</p> <ul style="list-style-type: none"> <li>• Licensing and trade responsibility</li> <li>• Health and wellbeing services</li> <li>• Prevention across the life-course</li> <li>• Protection for the community</li> </ul> |

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|  | <p>Alongside this activity has continued to combat underage sales of alcohol through test purchasing activity and training for Designated Premises Supervisors and a Citizens Jury was established to explore community views of alcohol availability and use.</p> <p><b>Improving air quality:</b> The annual mean exposure assessment to identify air quality hotspots in the Borough has been completed and no new air quality problem areas have been identified. The new air quality monitoring station at Accrington Road Community Centre is now operational. It monitors air quality continuously feeding data into the national monitoring network.</p>   |
| Who has been accountable for these actions.              | The Council's Environment, Housing and Neighbourhoods Department have coordinated these actions with support from a range of partners including Community Safety Partnership, Lancashire Constabulary, Clinical Commissioning Group, Probation Service and NW Homeless Link.   |
| Actions to be taken to support this priority in 2014/15. | <ul style="list-style-type: none"> <li>• Expand <b>Agency Link</b> assessment and referral mechanisms to include housing needs and conditions to <b>better target DASH interventions</b></li> <li>• Identify ways to work more closely in <b>collaboration with the voluntary sector</b> to deliver DASH services</li> <li>• Explore options for <b>hospital discharge resettlement</b> as part of DASH programme for reablement and prevention of (re) admissions</li> <li>• Develop assessment and referral mechanisms to include housing needs and conditions to <b>better target DASH interventions</b></li> <li>• Further deliver a multi-agency regulatory framework around <b>private rented sector properties</b> and houses of multiple occupation, including inspections and landlord engagement schemes. A review of this programme is ongoing.</li> <li>• Invest to save' programmes to be developed under <b>Making Every Adult Matter (MEAM)</b> programme.</li> <li>• Deliver the new <b>Affordable Warmth Partnership</b> to deliver money, debt and fuel switching advice</li> <li>• Take forward actions outlined in the new <b>Homelessness Strategy</b> to be finalised in 2014, including prevention of homelessness and resettlement for vulnerable single people.</li> <li>• Under age sales efforts to focus on emerging challenges such <b>legal highs and e-cigarettes</b>.</li> <li>• Fulfil commitments to deliver actions set out in the <b>alcohol strategy</b>.</li> <li>• Support sign off of the The Council's <b>Statement of Licensing</b>, which has been consulted upon and is due to be taken to the Council's Executive board for final sign off.</li> <li>• At the request if the Council's Licensing Committee examine evidence to see if a <b>Special Saturation Policy</b> or <b>Cumulative Impact Policy</b> should be put in place.</li> <li>• Carry out public consultation and develop Action plans for the three new <b>Air Quality Management Areas (AQMA's)</b> – Blackamoor, Four Lane Ends, Accrington Road/Burnley Road junction and review the existing five AQMA action plans to determine progress towards meeting objectives and identify any new measures which could be put in place</li> <li>• Assist in the delivery of the action plan measures in pursuit of <b>acceptable air quality</b></li> </ul> |



## Case study example: Safe & healthy homes & neighbourhoods

Examples of community based activity to achieve safe & healthy homes and neighbourhoods:

### Highcroft:

- The Energy Zone has a number of groups some of which are mental health support groups and breakfast groups that tackle social isolation. Councillors and the Community Officer maintain a presence to discuss how to resolve different community issues.
- The council run library is also seen as a place to socialise particularly for older people and a wider community resource.
- Highcroft and Longshaw Residents Association organise events for community cohesion (fun days and festivals)
- Friends of St James Cemetery group are also very active in revitalising the local cemetery. There's a very high level of volunteering with this group conducting regular clean ups and environmental activities, gardening and events.

### Shadsworth and Whitebirk

- There has been a 12 week walking group led by Refresh and the ramblers association around the Arran Trail, a key walking area through the estate used for dog walking, running and bicycling.
- Based in this area is the Green Sleeves gardening centre, a community owned gardening project supported by Twin valley Homes
- The Ramblers Association have supported a number of successful walking groups in Shadsworth

### Audley and Queens Park:

- The Circle of friends meet at Guide Social Club once a week. They have speakers in around health and wellbeing and enjoy lunch together. The people involved are quite elderly and some come from outside the area to attend.
- We have the new over 50's mens club at Hopwood Court (Audley), which is a drop in and they do indoor games.
- Queens Park is one of the largest parks in Blackburn and is regularly used for walking, children's play and informal football.

## Strategic Priority 4: Promoting good health and supporting people when they are unwell

| Target groups   | Key outcomes to be achieved  |
|---|--|
| <ul style="list-style-type: none"> <li>• People who smoke or are at risk from smoking</li> <li>• People With Long Term Conditions</li> <li>• People with mental health problems or at risk of developing them.</li> </ul> | <ul style="list-style-type: none"> <li>• Reduce emergency admissions to hospital</li> <li>• Improve health, quality of life and independence for people with mental health problems</li> <li>• Reduce premature death rate in people with serious mental health problems</li> <li>• Increase number of working age adults being able to maintain employment who are in contact with specialist mental health services.</li> <li>• Smoking: Increase 4 week quitters (numbers)</li> <li>• Smoking: Increase quit rate</li> <li>• Smoking: Reduce Smoking at Time of Delivery (SATOD)</li> </ul> |

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| <p>What we have done to achieve this priority during 2013-2014?</p> | <p><b>Increase use of risk stratification tool in primary care to aid early identification of those with long term conditions:</b> Risk profiling underway as part of Enhanced Integrated Community Services (EICS) pilot with 4 GP practices in the East of the borough and programmed roll out of risk profiling is in place.</p> <p><b>Establish single point of access to wellbeing service:</b> The single point of access for the wellbeing services was launched in January 2014</p> <p><b>Improve the quality and co-ordination of ambulatory care sensitive conditions to keep people with long term conditions out of hospitals:</b> Proactive and multi-disciplinary approach to active early identification of disease has been put in place. Disease specific action plans are being developed.</p> <p><b>Expanded Tele-Healthcare:</b> Assistive Technology in BwD now has its own dedicated programme referred to locally as Safe and Well. A number of pilot projects are live within the Programme, which is also supporting Early Intervention and Prevention by working in partnership voluntary sector providers to look at how technology could benefit people that do not meet Social Care criteria.</p> <p><b>Self-Care packages of support:</b> Self-care Facilitators are working with patients as part of the CCG Enhanced Integrated Community Service Pilot to reduce inappropriate use of statutory health and social care services by improving individual self-care skills and social capital. A Wellbeing Hub is in place to facilitate self-care through a variety of wellbeing services.</p> <p><b>Public awareness programmes associated with smoking shisha:</b> A multi-agency shisha control strategy has been put place to reduce the harms caused by smoking shisha. A shisha health awareness campaign will run during 2014.</p> <p><b>Increase number and variety of location of stop smoking services &amp; increase types of intervention available:</b> Additional specialist stop smoking capacity has been commissioned to offer additional clinics and groups. The service now follows up people who drop out via text message and has increased its internet and social media presence both in marketing the service and providing ongoing support. In April 2014 a new service specification will be issued for community providers such as pharmacies, which will increase the number of venues offering support.</p> <p><b>Smoking in pregnancy scheme:</b> Continuation of the Smoking in Pregnancy Incentive scheme has been agreed for 2014/15.</p> |
| <p>Who has been accountable for these actions</p>                   | <p>A steering group comprising representatives from Council departments, Clinical Commissioning Group and voluntary sector have coordinated these actions with support from other groups and partners as appropriate.</p>  |
| <p>Actions to be taken to support this priority in 2014/15.</p>     | <ul style="list-style-type: none"> <li>• Put in place an <b>integrated information system</b> across wellbeing services. This is planned for next phase of the development of the wellbeing service.</li> <li>• Training for frontline staff to offer <b>brief advice &amp; signposting</b> on alcohol and smoking etc. will be incorporated into a wider training programme to be coordinated across the five programme areas of the health &amp; wellbeing strategy.</li> <li>• Improve <b>targeting of stop smoking support</b> e.g. for those with mental health problems</li> <li>• Develop <b>self-care programmes</b> further</li> </ul>  |

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| <p><b>Case study example: Promoting good health and supporting people when they are unwell</b></p> <p><b>Assisted Self Care (ASC)</b></p> <p><u>JHWS Priority: Build and Develop Community Assets for Health</u></p> <p>Laura, 34, was referred to the ASC service by her GP. Laura has chronic, medically unexplained, pain which is impacting on her daily activities, her mood and her ability to lose weight through exercise. In the past 12 months she has had three separate hospital gynaecological appointments, one musculoskeletal investigation, physiotherapy, one accident and emergency admission, 19 GP appointments and 6 nurse appointments.</p> <p>Following a self-care facilitator assessment, Laura established a series of personal goals, including weight loss, pain management and increasing physical and social activity. A series of recommendations were drawn up with Laura and she has now engaged with a number of services including, Health Trainers, Health Wise, Shelter and Bootstrap enterprises.</p> <p>Laura has reported feeling less worried and more confident and optimistic about her future. She has been engaging with community services to make positive changes in her life, whereas previously she would shut herself away, withdraw and ignore outside contact. She is still in pain but has identified that this is worse when she is worried and tense and so her skill development around reducing worry, problem solving, and relaxation have helped her to better manage her pain.</p> <p>In addition to managing her pain better Laura has made several positive steps such as attending business development seminars at Bootstrap, networking, promoting her business ideas and successfully putting together a business plan pitched to 7 judges resulting in the use of a free trading site at Blackburn Mall.</p> <p>Laura has recently stated "I was really struggling before I came to see a Self-Care Facilitator but now I am managing a lot better". Since the intervention began in January 2014, Laura has been to see her GP twice, one of the appointments was not related to previous medical complaints of the last 12 months.</p> |
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| Programme Area 5: Promoting older people's independence and social inclusion   |   |  |
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| <p><b>Target groups</b></p> <ul style="list-style-type: none"> <li>• People over 50 who are at substantial risk of losing their independence but are not eligible for formal social care.</li> </ul> <p><i>Risk based on severity or combination of 2 or more of the following risk factors; long term conditions, low income, isolation (lonely), high user of unplanned health and social care, loss (bereavement), substandard housing, alcohol &amp; substance abuse, falls.</i></p> | <p><b>Key outcomes to be achieved</b></p> <ul style="list-style-type: none"> <li>• Identifying people earlier to catch them at a low/ moderate level of need and putting in an appropriate multi-disciplinary package</li> <li>• Maximise people's independence &amp; increase social inclusion</li> <li>• Individuals have a greater awareness of their role and responsibility for their own health and wellbeing</li> <li>• People know where to go to for help and advice to maintain their own health and wellbeing</li> <li>• People have an active social life</li> <li>• People receive good customer service</li> <li>• Individuals have greater awareness of how to manage health conditions</li> </ul> | <p><b>What we have done to achieve this priority during 2013-2014?</b></p> <p><b>Agency Help Link</b>, a form and protocol for information sharing and single point of referral across partner organisations was successfully launched and is being co-ordinated and managed through Your Support, Your Choice signposting service. Training to use the form has been delivered to frontline groups by DASH and the 50+ Partnership.</p> |



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|  | <p>62 referrals were received in the first three months of operation from agencies including Rapid Assessment Team, Fire Service, Occupational Therapy, Carers Service, District Nurses, DASH, Age UK and social services. The areas of support requested include benefits, Care Network, Carers Service, assistive technology, advocacy, home fire safety, falls Prevention, DASH, social isolation, healthy lifestyle and employment.</p> <p><b>Pathways from A&amp;E Services:</b> A whole system review and development of pathways from emergency department commenced with a focus on frailty. Initial amendments will be in place by late 2014.</p> <p>The Refresh (free leisure) website has been extended to promote access to a <b>wider range of social activity</b>, including for older people</p> <p>Your Support Your Choice <b>wellbeing coordinators</b> have been supporting individuals into activities, organising social activities, signposting to service and working with individuals from the Transforming Lives programme.</p> <p>The <b>Achieving Self Care</b> Project was successfully delivered and evaluated in South East Blackburn with the aims of reducing inappropriate use of statutory health and social care services by improving individual self-care skills and social capital.</p> |
| Who has been accountable for these actions.              | Coordination and oversight of this programme area is provided by the multi-agency 50+ Partnership. 3 workshops were held with partners to agree the outcomes and actions for the work plan and 4 task groups established to take the agreed plans forward   |
| Actions to be taken to support this priority in 2014/15. | <ul style="list-style-type: none"> <li>• Develop and roll out the <b>Agency Help Link training package</b> for multi skilling frontline staff/ partners in relation to the multi-agency referral form, pathways and protocols and monitor the service to ensure there is no duplication of service</li> <li>• Refine <b>A&amp;E pathways linked to the Better Care Fund</b> developments</li> <li>• Work with partners to cross reference <b>information directories</b> to ensure effectiveness</li> <li>• Monitoring activity relating to <b>social isolation and loneliness</b> to follow up 2013 ISNA</li> <li>• Carry out an <b>ISNA on falls</b></li> <li>• Public consultation event on <b>Self Care</b> is planned for October 2014 including managing health conditions</li> <li>• Consider <b>older peoples transport issues</b> as community transport is evaluate</li> <li>• Coordinate activity related to development of <b>dementia services</b></li> <li>• Input into the development of <b>Integrated Locality Teams</b> and locality ways of working</li> <li>• <b>Plan for closer alignment</b> of Your Support Your Choice, Advice for All and Wellbeing Hub</li> </ul>   |

### Case study example: Promoting older people's independence and social inclusion

JHWS Priority Action: Promote older peoples independence and choice *and* tackle social isolation in older people

A female customer aged 79 has used Care Network for many different services, including painting and decorating, electrical work, gas heating maintenance, the assisted shopping service and others.

"I feel secure using your services, I don't have to worry about picking up the yellow pages and I don't have to leave the house to get the information I need, in one phone call I can arrange so many different things to help me. I know that if I am stuck about anything I can ring Care Network and I will get the help I need."

The customer has also used our assisted shopping service since her husband passed away. Care Network organises for her to be picked up and taken to the local supermarket. Here a group of customers are helped by Care Network volunteers to do their weekly shop.

"I love the shopping service, I enjoy meeting the people. Every week I get my hair done and get dressed up, it does me so much good to get out. Since my husband died I had depression and I started to struggle getting out, the shopping helped me to meet people and socialise with others."

## 2.4 Decisions taken and key items considered by the Health and Wellbeing Board during 2013-14

- The Blackburn with Darwen Health and Wellbeing Board has taken a number of key decisions in 2013/14. These include:
- The Board ratified the Joint Health and Wellbeing Strategy for Blackburn with Darwen in June 2013.
  - The Board endorsed the expression of interest for health and social care integration 'pioneer' status in Blackburn with Darwen in June 2013.
  - The Board endorsed the revised Joint Health & Wellbeing Strategy thematic action plans in September 2013.

- In June 2013 the Chair of the H&WBB asked for an awareness session for all members following evidence of high mortality rates in East Lancashire Hospital Trust. The Board and other key stakeholders undertook a collaborative inquiry and made subsequent recommendations to East Lancashire Hospitals Trust. Board members attended and positively contributed to listening events held by The Trust and a formal follow up response to recommendations was received on 31st March 2014.

- The Board endorsed the commissioning intentions of the Blackburn with Darwen Clinical Commissioning Group in September 2013.

- The Board agreed proposals and final submission for Better Care Fund plans to deliver integrated health and care services for Blackburn with Darwen in March 2014.

In addition The Board considered and provided commentary on the following items;

- Winterbourne View Review Programme
- Blackburn with Darwen Alcohol Strategy: Preventing Harm, Improving Outcomes
- Pennine Lancashire Annual Resilience Plan (including winter plan)
- Community Pharmacy and responsibilities for the Health and Wellbeing Board
- Health Care Strategy for Greater Lancashire
- National Autism Self-Assessment Framework
- Delivering the Joint Health & Wellbeing Strategy
- Local Safeguarding Adults Board Annual Report 2012-13
- Local Safeguarding Children's Board Annual Report 2012-13
- Public Health Annual Report 2012-13
- Community engagement & stakeholder involvement

### 3. Part Three: The Health and Wellbeing Board as a Partnership Board

A key feature of the Health and Wellbeing Board has been to create an effective partnership structure that can provide shared system leadership for the improvement of health and wellbeing for the people of Blackburn with Darwen. A strong element of this work has been to develop strong and effective relationships between all stakeholders.

Members of The Board participate in regular policy development sessions, which provide an opportunity to explore significant issues for health and wellbeing in greater depth and develop whole system responses.

#### 5.1 The Board's progress and achievements

This section of the annual report includes the views of board members to assess the partnership performance of the Board itself. The views of key board members were obtained through interviews undertaken by an independent organisation. Board members were asked to comment on the following;

The majority of members felt confident that the board is on the right trajectory to fulfil its role and believe that in many areas it is making progress. Their comments and observations are structured under four themes:

- **Embedding partnership working**

Whilst Blackburn with Darwen has a strong reputation for partnership working and therefore, a good base to work with, people recognise that the board has made significant progress in bringing a range of new partners together and highlighted the following:

*'the partnership is strong, relationships are good and we are moving in the right direction'*

- **Purpose, vision and strategy**

The Board has produced the Joint Health and Wellbeing Strategy, which members felt sets out the principles and drivers of the work that the board leads both collectively and individually. Members commented:

*'we've all got a common understanding of the health inequalities challenge and that health is everyone's business'*

- **Delivery**

People commented that there are already signs that the JHWS is influencing change, for example:

*'its early days but it's starting to make a contribution to the other issues across the borough'*

*'there's a real motivation to work and deliver across silos ... but still work to do here'*

*'health is talked about a lot in the council; doesn't feel like an add on, feels like routine business'*

- **Meetings**

People generally felt that meetings were developing and improving as The Board matured.

*'we've started to have some really challenging debate and inquiry in our development meetings... especially when we discussed mental health, we really shone a light on our collective potential'*

## 5.2 What needs to be developed?

People recognise that it will take time to make significant impacts on Blackburn and Darwen's people's lives. However, whilst many expressed confidence that the board is on the right trajectory to fulfil its role, a few people felt disappointed with some elements of progress and others questioned whether, given the nature of the challenge, expectations may have been too high in the first place in terms of what could be achieved by this point in time.

Everyone was able to offer a view on what could be improved and developed and their comments, observations and questions have been structured under the following themes;

### • Leadership

Whilst there is ownership of and commitment to the board's role, remit and strategy, people queried the extent to which individuals were using their role on the board to influence more widely.

*'do we keep our health and wellbeing hat on when we leave the meeting?'*

### • Delivery: pace and structure

Members firmly believe that the approach set out in the Joint Health and Wellbeing Strategy is fundamentally correct, and that the strategy has enabled work to be repositioned in a more coherent, multi-agency way. People commented there is a need to increase the pace of delivery.

### • Getting the business right: agenda and meetings

Whilst members felt that meetings have started to become more challenging and focused on important key issues, there is scope for some further improvement to ensure that the board is addressing the right business and making the best use of its meeting time.

### • Strategy and work programmes

Members were asked the question, 'if the board wasn't there, would the activities in the work programmes still be carrying on without it,' the majority of people said that for the most part they would. However, they also said that the value the board brought was in its capacity to bring cohesion, facilitate better delivery and fashion new relationships.

In terms of future thinking people said that, as the strategy is reviewed and developed:

*'we need to keep checking that we are focusing on the things that we should do collectively and that we are confident will make the difference ...'*

*'... and challenge the things that we are still doing that haven't made a difference in the past'*

### • Performance management

A key part of The Boards delivery process are the frameworks and mechanisms that are in place to manage performance and hold others to account. People commented that there was still progress to be made in ensuring that processes are robust enough to fully hold each other to account.

### • Partnership working

Whilst board members believe that partnership working is a strength, people emphasised the need to not lose focus on continuing to build and enhance this for example;

*'whilst we've got a strong base for the partnership, we need to keep working at it ensure we continue to build trust and collaboration'*

- **Membership and engagement of stakeholders**

The valuable contribution to the Board and its work made by the voluntary sector and community representatives was noted as a positive. Whilst people were cautious of increasing the size of the board, the need for regular engagement with wider stakeholders was raised.

- **External profile and reputation**

Board members are fairly confident that they have made good progress in the internal work of developing the partnership and setting its strategy. Many people commented, however, that it was time that the board started to look externally more, for example:

*'not sure people at the edge of it realise its potential or know what it's doing'*

### 5.3 Future challenges:

The two most common responses to this question were;

- Leadership for transformation across the system and;
- Building community capacity and resilience by working with local people

### 5.4 What the board should do next?

Proposals from respondents to this question included:

*'need to use our development time to look at the new world, anticipate the future and refresh our strategy'*

*'review and reprioritise our outcomes, making sure that they are focused on people and what we can achieve collectively'*

*'clarify the delivery structure and performance management process'*

*'think a bit about the agenda and the business of the board, use more of our time to debate and enquire'*

*'think how we involve other key stakeholders'*

The HWB has considered the outcomes of the review and incorporated the findings and recommendations into the work plan of The Board for 2014-15, as set out below.

## **4. Part Four: The Future Work of the Blackburn with Darwen Health and Wellbeing Board**

In 2014-2015 the Blackburn with Darwen Health and Wellbeing Board will strengthen its partnership structures to support the work that it is doing to improve the health and wellbeing of local people. Building upon the progress of the Joint Health and Wellbeing Strategy the future work of the Board will include the following actions:

- The Board will review its membership, partnerships, governance and delivery structures and terms reference by December 2014 to ensure that the Board continues to be fit for purpose.
- The Board will review and refresh the Joint Health & Wellbeing Strategy by April 2015
- The Board will continue to supporting the integration and transformation of health and social care through Better Care Fund, Transforming Lives, transition of 0-5 year old services to the local authority, locality working ways of working and other new or emerging opportunities

- In response to a key cross cutting theme of the JHWS the Board will lead the development of a public mental health (wellbeing) plan and champion and promote training for staff and communities to improve people's mental health and wellbeing by December 2014
- The Board will agree the local Pharmacy Needs Assessment by April 2015.
- The Board will support the ISNA Leadership Group to progress key priorities during 2014/15 including:
  - An update of the Story of Place for 2014
  - Development of a story of place for each of the four localities
  - ISNA Summary update in September 2014
  - Adults with complex needs
  - Worklessness
  - Falls
- The Board will engage with members of the community and wider stakeholders to inform priorities, plans and delivery. This will include a further Healthtalk event in November 2014