

Blackburn with Darwen Health & Wellbeing Board
Minutes of a Meeting held on Monday, 22nd September 2014

PRESENT:

Councillors	Mohammed Khan
	Frank Connor
	Michael Lee
Clinical Commissioning Group	Dr Pervez Muzaffar
	Dr Malcolm Ridgeway
	Joe Slater
Lay Members	--
NHS England	Carole Panetlli
Voluntary Sector	Angela Allen
	Vicky Shepherd
Healthwatch	Sir Bill Taylor
Council Officers	Linda Clegg (DCS)
	Steve Tingle
	Dominic Harrison (DPH)
	Ben Aspinall
	Christine Wood
	Laura Wharton
	Ken Barnsley
	Vicky Snape
	Sally McIvor
	Gifford Kerr
Other	Steve Gough (NHS England)
	Claire Jackson (CCG)

1 WELCOME AND APOLOGIES

Councillor Mohammed Khan welcomed everyone to the meeting, in particular Carole Pantelli who would be replacing Dr Jim Gardner as a member of the

Board representing NHS England. Councillor Khan requested that each person present introduce themselves. Apologies had been received from Dr Chris Clayton, Mark Fowell, Councillor Mustafa Desai and Arshad Rafiq.

2 MINUTES OF THE MEETING HELD ON 23rd JUNE 2014

RESOLVED - That the minutes of the last meeting held on 23rd June 2014 be confirmed as a correct record.

MATTERS ARISING

UPDATE ON ELHT

Councillor Mohammed Khan, (Chair) advised the Board on the latest position of the East Lancashire Hospital NHS Trust (ELHT) following the Care Quality Commission (CQC) inspection, carried out in April/May 2014, as a result of the Keogh Review of 2013 which had recommended that the Trust be placed under special measures.

It was reported that following the inspection the CQC had recommended that the Trust be exited from special measures with some continued support remaining in place. Reasons for the recommendation were as follows:

- **Good progress on improving quality in the past year, though several areas still required improvement**
- **No inadequate ratings**
- **Strengthened leadership at Board level**

The CQC had requested that the Trust produce two plans. The first plan should address immediate priorities and the second plan should address the more medium term issues and embed the implementation of the Trusts' Quality Strategy. The Board was advised of progress in relation to each of the two plans.

Councillor Khan advised of the appointment of the new Chief Executive at ELHT, Mr Kevin Magee and also offered sincere thanks to Jim Burrell, former Chief Executive at ELHT for his hard work and contribution to the ongoing improvements currently taking place at ELHT.

It was recognised that the Trust had made much progress with improvements ongoing and still much to be achieved.

3 PUBLIC QUESTIONS

No questions had been received.

4 ISNA LOCALITY STORIES

A report was submitted to update the Board on the development of the Integrated Strategic Needs Assessment Locality Stories, to note and agree the

draft ISNA Locality Stories, and to agree a process for development through to March 2015.

Members were reminded that at the previous meeting of the Board on 23rd June 2014, the Board had endorsed the scope of the ISNA to date and agreed to a programme of Priorities for the ISNA for 2014/15. Details of the programme of priorities were outlined in the report. Details of completed, part completed and due to be completed ISNA's were also outlined in the report.

It was reported that the majority of the development of ISNA's had looked at issues for the Borough as a whole and the move to locality working required a stronger focus on the needs and assets in the four localities (Blackburn North, East, West and Darwen). It was further required that service planners and commissioners considered the difference between the four areas and the individual priorities in relation to service and design. A copy of the Blackburn with North Locality Story was attached to the report.

Members were advised that the attached draft locality story for North Blackburn presented the key data for the North Blackburn locality and comprised of a summary of Census data, the index of multiple deprivation and key health data. Use of this process would enable to reach an understanding of the health needs of each particular area and the priority neighbourhoods within. The needs analysis was only a part of the story and the current draft would be developed in the following six months by a process of engagement and involvement with communities and business, to ensure they were fully reflective of the community story for each of the localities and assets for creating and sustaining health and wellbeing.

The Board was reminded that development and publishing of the ISNA was a statutory duty of the Health and Wellbeing Board and that approval of the process and governance (as outlined in the report and demonstrated in the attached draft North Locality Story) for the future development of the ISNA Locality Stories would enable the Board to discharge its statutory duty.

A discussion took place around the issue in which it was highlighted that the Office of National Statistics demonstrated different statistics to those provided at a local level. The importance of integrated working, local statistics and of their meaning was highlighted e.g. use of a local children's centre, meeting a particular local need in a particular area. Lack of statistics at local level in relation to mental health was also highlighted as an issue and the requirement to see an indication of resources to meet local level needs.

RESOLVED

1. That the Health and Wellbeing Board agreed the draft ISNA North Locality Story; and
2. Agreed the process for development as outlined in the report

5 OVERVIEW OF DEVELOPMENTS IN PARTNERSHIP WORKING ACROSS LOCALITIES

A report was submitted to provide the Board with an overview of emerging models and timescales for integrated working across key public services in Blackburn with Darwen including proposals which covered:

- Integrated service delivery across health and social care
- The delivery of Early Help for children and families
- Transforming Lives delivery model for Blackburn with Darwen (in partnership with Lancashire Constabulary)

Members were reminded of the Health and Social Care Act 2012 which had given Health and Wellbeing Board specific statutory functions, which were outlined in the report. During the previous eighteen months, there had been a concerted approach to strengthen partnership delivery of effective care and support models across the four localities, Blackburn North, Blackburn East, Blackburn West and Darwen all of which had been adopted by the Council and the Clinical Commissioning Group (CCG).

Members were advised that the developments had arisen as a logical next step following the reshaping of health services both nationally and locally, the reorganisation of divisional policing arrangements, with the need to bring about better outcomes for communities when resources were reduced.

Three specific programmes of service integration, **Integrated service delivery across health and adult social care, the delivery of Early Help for children and families and the delivery of early help for children and families** were being undertaken to ensure the coordination of care and support services for children and families and adults across all agencies with the common aims of:

- Reducing inequalities
- Providing intervention and support for people at the earliest possible opportunity
- Achieving better outcomes for individuals and families
- Increasing resilience in local communities by developing community capacity and co-ordinating service delivery across agencies to reduce duplication and improve effectiveness.

The rationale for each of the three specific programmes as detailed above was outlined in the report. A more extensive overview of the integrated approaches to frontline locality working in Blackburn with Darwen was provided in appendix 1, also in relation to the three specific programmes.

The long term goal of the approaches as outlined was to assist people to improve lives and prevent the need for crisis/statutory services, which were ultimately more costly for the public sector and more traumatic for the people involved. This would be achieved by delivering more effective, targeted and joined up services for the current cost.

It was reported that the programme of work to deliver the health and adult social care service integration would be supported by additional resources from the

Better Care Fund, if Blackburn with Darwen had been successful in submission to the Department of Health. Consultations that had taken place in relation to the three specific work programmes were also outlined in the report.

One of two presentations was submitted to the Board outlining the thematic programmes of start well, live well, age well and the agencies involved in the delivery of early help for children and families, Transforming Lives, current model and 2015/2016 model. Details of the progress in health and social care with timescales and due date of implementation, April 2015 were also outlined in the presentation along with three case examples and positive outcomes resulting from multi-agency packages of targeted support.

The second of two presentations submitted to the Board demonstrated progress in relation to Locality Development and the four locality groups, Blackburn North, East West and Darwen. The vision and key functions of local groups were also detailed in the presentation.

Some of the key points that arose from discussions were the need to understand front line services and how they work, the suggestion of a Directory of Services, single point of access note and the need for good communications i.e. each organisation to know and understand what each other is doing and to understand each organisations view point.

RESOLVED – That the Health and Wellbeing Board notes the report, specifically:

1. The work undertaken so far to develop partnership working across localities in health; social care and health related services; and
2. The embedding of early intervention and prevention as key ambitions across each programme of integration; and
3. Proposed timescales and next steps for development of integrated locality-based services

6 BETTER CARE FUND

A report was submitted to feedback to the Health and Wellbeing Board Members on the Better Care Fund (BCF) Development Session that had been held on 9th September 2014, to consider and discuss the changes to the original draft submission that had been submitted on 4th April 2014.

Members were advised that since submission of the BCF in April 2014, further national guidance had been released on 28th July 2014 outlining a number of changes required within revised plans, with the expectation that local areas would resubmit plans by 19th September 2014.

Due to short timescales for resubmission, the additional Policy Development Session had taken place to allow members of the Board to discuss the changes to the guidance and agree proposals for final submission of the plan by the required date. Service provider leads from Lancashire Care Foundation Trust

and East Lancashire Hospitals Trust had been invited to attend the session to gain health provider support to local BCF plans.

Details of the national guidance outlining the required changes within the revised plans were outlined in the report. Key issues discussed and agreed at the session were also outlined in the report. A copy of the presentation to the Board from the session on 9th September 2014 and the informal notes of that session were attached to the report for information.

Members were reminded that at the session, it had been agreed that the Chair of the Health and Wellbeing Board, Councillor Mohammed Khan would sign off the BCF plan prior to the final submission on 19th September 2014.

It was confirmed to the Board that the final BCF plan had been signed off and resubmitted by the required date (19th September 2014) and that it would now be subject to the National Consistent Assurance Review (NCAR) process. This was a national process commencing on 13th October 2014 and would allocate all plans submitted into one of four categories as follows:

1. Approved
2. Approved with support
3. Approved with conditions
4. Not approved

Members were advised that feedback on the resubmitted plan would be provided at the Health and Wellbeing Board meeting on 8th December 2014.

The Chair thanked all involved, in particular Claire Jackson and Steve Tingle who had completed the final submission working to short timescales.

RESOLVED – That the Health and Wellbeing Board notes the report

7. HEALTH AND WELLBEING BOARD ANNUAL REPORT 2013-2014

A report was submitted requesting that the Board consider the draft Health and Wellbeing Board Annual report 2013-2014, a copy of which was attached to the report.

Members were advised that the Annual report, which provided information about how and why the Health and Wellbeing Board was set up, promoted the purpose of the Board, reflected the work of the Board in its first full year as a statutory body, and outlined plans for the Board going forward.

Key issues in relation to the Annual report were outlined in the report. Members were advised that extensive consultation had been carried out with key stakeholders to inform and develop the strategies and plans referred to in the report including Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The Annual Report would be presented to and discussed with relevant stakeholders, as part of the Board's ongoing commitment to engage with local people.

Members were requested to forward comments in relation to the draft report to Laura Wharton, Public Health Partnership Manager no later than Friday, 27th September 2014.

RESOLVED

1. That the Health and Wellbeing Board notes the draft Health and Wellbeing Board Annual report; and
2. Comments relating to the Annual Report be forwarded to Laura Wharton, Public Health Partnership Manager no later than Friday, 27th September 2014.

8. STRATEGIC REVIEW OF THE HEALTH AND WELLBEING BOARD

A report was submitted presenting a series of proposals for consideration and agreement by the Health and Wellbeing Board, based on recommendations of the strategic review of the Board.

It was reported that between January and March 2014, a strategic review of progress had been carried out to ensure that the Board and its strategy continued to be relevant and fit for the future in terms of addressing the needs of the Borough.

It was further reported that the review had involved interviews with Board Members and consideration of relevant documents in order to gain an understanding of:

- Strengths and achievement of the Board that need to be built on
- What isn't working as well in order to identify what needs to change and how
- Learning and best practice that could be applied locally
- Challenges that the Board needs to focus on in the future

Members were advised that the findings of the strategic review had been incorporated into a series of recommendations which had been discussed at the Board's Policy Development Session in February 2014. Following the session, further work had been undertaken to progress the recommendations. Subsequent proposals from the work undertaken were outlined in the report in relation to:

- Review of the Joint Health and Wellbeing Strategy (JHWS)
- Delivery of the Joint Health and Wellbeing Strategy
- Provider engagement in the work of the Board
- Integrated performance and outcome monitoring
- Locality working arrangements
- Updated structures for system governance

A copy of a proposed governance structure for the Health and Wellbeing Board which incorporated the proposals as outlined in the report was attached to the report at appendix 1.

RESOLVED

1. That the Health and Wellbeing Board approve the proposals as outlined in the report in principle; and
2. Agree that a report be submitted to the December 2014 meeting of the Board outlining a revised structure for the JHWS and its delivery, along with a plan for how the Board would work with stakeholders to develop into a more detailed set of principles, priorities and actions; and
3. Agree that the following new or revised sub groups of the Board would be established with detailed proposals brought to the October 2014 Policy Development Session for discussion and final sign off at the December 2014 meeting of the Board:
 - Provider engagement
 - Performance and outcome monitoring
 - Delivery of the JHWS
4. Note the emerging relationship between the Board and locality structures that were currently being developed, as outlined in item 5 (Overview of developments in partnership working across localities)

9. DRAFT REVISED HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

A report was submitted requesting that the revised Terms of Reference as outlined in section 5 of the report be agreed by the Board.

Members were reminded that the Board had agreed to review its Terms of Reference when it had been fully operation for twelve months in order to ensure that it remained fit for purpose and continued to deliver its remit efficiently and effectively.

It was reported that during the first twelve months of being fully operational, the Board had received several requests to review and potentially extend its current membership and that as a result of local elections and changes to portfolios and positions, it had been necessary to make changes within the existing membership which were reflected in the revised Terms of Reference.

Members were advised of the requirement of each member of the Board to complete and return a Register of Interest form which was attached to the report at appendix 1. Members were also advised that future agendas of the Health and Wellbeing Board would include a standard declaration of interest item and that Members would be reminded and have the opportunity to declare and interest at each meeting.

RESOLVED – That the Health and Wellbeing Board agree to revised Terms of Reference for the Board as outlined in section 5 (key issues) of the report.

10. PHARMACY NEEDS ASSESSMENT

A report was submitted to update the Board on work progressing locally, in relation to the Pharmacy Needs Assessment (PNA), and to present the draft assessment for comments. A copy of the draft PNA was attached to the report.

Members were reminded that from 1st April 2013, as a result of the Health and Social Care Act 2012, Health and Wellbeing Boards had a legal responsibility to produce a PNA, and that a full PNA was required to be completed and published by 1st April 2015.

Members were advised that the PNA was the key tool for identifying requirements at local level to ensure provision of high quality pharmaceutical services to local residents. It was designed to identify gaps in service provision, support commissioning and/or decommissioning and to ensure that the needs of the residents of Blackburn with Darwen were met. Key issues in relation to the PNA were outlined in the report, which included details of a forthcoming sixty day public and stakeholder consultation from 20th October 2014 until 19th December 2014. Members were also advised that a stakeholder event had taken place in March 2014 and a public consultation on pharmacies carried out via Healthy Living. Amendments to the draft PNA would be made following the consultation.

Members were further advised that:

- The PNA would be the basis for all future pharmacy commissioning intentions
- Pharmacies would provide a wide range of services above core contracts
- No need for additional pharmacies had been identified at the present time

RESOLVED

1. That Members would consider the draft PNA and forward any comments by 8th October 2014; and
2. That the Health and Wellbeing Board approve sign off delegation of the final PNA to the Chair of the Board prior to 1st April 2015.

11. ANNUAL RESILIENCE PLAN

A report was submitted to provide an update to the Health and Wellbeing Board on the development of the Pennine Lancashire Annual Resilience Plan.

Members were advised that NHS England (NHSE) System Resilience guidance had been published on 14th June 2014 setting out the requirements for operational resilience and capacity planning in 2014/15. A copy of the guidance was attached to the report at appendix 1.

Members were further advised that the guidance outlined a new collaborative approach to system resilience and expanded upon current plans and infrastructure already in place. This included expanding the remit of system resilience to elective care as well as urgent care and introduced how the Better Care Fund could bring further opportunities to work more widely across health and social care and the voluntary sector.

The Guidance outlined key actions to be undertaken by the CCG which were outlined in the report. Grounds for and key issues in relation to the development of the plan including timescales for submission was also outlined in the report.

RESOLVED – That the Health and Wellbeing Board notes the content of the report and progress to date in relation to system resilience including agreed Pennine Lancashire governance arrangements.