

**Blackburn with Darwen Health & Wellbeing Board
Minutes of a Meeting held on Monday, 8th December 2014**

PRESENT:

Councillors	Frank Connor
	Mustafa Desai
	Michael Lee
Clinical Commissioning Group (CCG)	Dr Pervez Muzaffar
	Joe Slater
Lay Members	Arshad Rafiq
NHS England	--
Voluntary Sector	Angela Allen
	Vicky Shepherd
Healthwatch	Sir Bill Taylor
Council	Linda Clegg (DCS)
	Dominic Harrison (DPH)
	Sally McIvor (Executive Director, DASS, People)
Council Officers	Ben Aspinall
	Ken Barnsley
	Suzanne Gilman
	Gifford Kerr
	Donald Read
	Laura Wharton
	Christine Wood
CCG Officers	Claire Jackson
Other	Nancy Palmer (Chair, LSCB)
	Shirley Williams (Chair, LSAB)

1 WELCOME AND APOLOGIES

Joe Slater (Vice-Chair) welcomed everyone to the meeting. Apologies were received from Councillor Mohammed Khan, Dr Chris Clayton, Mark Fowell, Debbie Nixon and Carole Pantelli

2 MINUTES OF THE MEETING HELD ON 22nd SEPTEMBER 2014

RESOLVED - That the minutes of the last meeting held on 22nd September 2014 be confirmed as a correct record subject to the following amendment on

page 4, paragraph 5, line 3 “and the delivery of early help for children and families” to be replaced with “Transforming Lives delivery model in Blackburn with Darwen”.

3 PUBLIC FORUM

In accordance with procedure rules for questions/statement by members of the public, the following questions/statements had been received, details of which are set out as follows:-

Name of Person asking question	Subject Area	Response by
Mr Peter Soothill BwD Council on behalf of the Community Transport Steering Group	Highlighting the concerns of the steering group of the impact of the reduction on community transport and the effects re social isolation	Dominic Harrison

4 LOCAL SAFEGUARDING CHILDREN’S BOARD ANNUAL REPORT (2013-2014)

Nancy Palmer, Independent Chair of the Blackburn with Darwen Local Safeguarding Children’s Board (LSCB) was welcomed to the meeting to present the LSCB Annual Report (2013-14) and Business Plan (2014-2015).

The Board was reminded that LSCBs had been established in 2006 under the requirements set out in section 13 of the Children Act 2004 and that Blackburn with Darwen LSCB had published an Annual Report and Business Plan each year following the regulations coming into force.

The Board was also advised that from 2013, statutory guidance required the LSCB to provide the Health and Wellbeing Board with the report so that priorities in improving local safeguarding arrangements could also be prioritised in the local Health and Wellbeing Strategy. The challenges, principles, priority actions and key outcomes of the Blackburn with Darwen Health and Wellbeing Strategy were outlined in the report at appendix 1.

The Annual Report set out:

- How the various statutory functions of the LSCB had been fulfilled in 2013-2014; and
- How local safeguarding arrangements would be improved and prioritised in 2014-2015.

All priorities set out in the business plan aimed to ensure that children and young people in the Borough were ‘safe from harm’ and ‘felt safe from harm’.

The plan would be a key evidence document in any Ofsted Inspection of Safeguarding and Child Protection. For individual partners, their commitment and involvement in meeting the priorities set out in the business plan would be a key area of judgement in relation to their partnership work.

The Board was further advised that one of the statutory objectives of the LSCB was to ensure the effectiveness of what all partners do to safeguard children and young people. All agencies of the LSCB and of the Health and Wellbeing Board would be required to have regard to the recommendations of the LSCB.

One of the statutory objectives of the LSCB was to ensure the effectiveness of what all partners do to safeguard children and young people. All agencies of the LSCB and of the Health and Wellbeing Board would be required to have regard to the recommendations of the LSCB. All partners of the LSCB, including the voluntary sector, had been consulted throughout the process of producing the report.

The Board was presented with a summary of key points from the annual report which included:

- Partners had co-operated effectively to ensure continued progress in the arrangements for children's safeguarding
- The LSCB had fully implemented Working Together guidance during the year – this had involved the revision of the Continuum of Need & Response, a new Assessment Framework, new Information Sharing Protocol, revision of the LSCB's Policies and Procedures and the Chief Executive's role in appointing and holding to account of LSCB Chairs
- Good links with other strategic partnerships and their priorities had been made, but this remained an area of strategic focus, especially with the Health & Wellbeing Board through the CPB and links with Council Scrutiny groups
- Considerable focus had been given to the LSCB's statutory objective to monitor the effectiveness of local safeguarding arrangements; this was reflected in the report through additional reports and analysis provided in the annual report as follows:
 - Case file auditing activity, findings and action
 - Action taken following findings from case file reviews
 - Performance management and quality assurance activity at single-agency level
 - LSCB training activity
 - Analysis of cases reviewed by CDOP and action taken from the collated findings
- The report contained the progress made against the 2013-14 LSCB Business Plan
- The priorities for 2014-15 for the LSCB were set out - Neglect, Child Sexual Exploitation/Missing From Home, Children's Voice and Suicide/Self Harm
- From November 2013, LSCBs had been inspected by Ofsted, as part of the Local Authority Inspection, to ensure they were fulfilling their statutory objectives

Examples of multi-agency working were outlined in the report and highlighted to the Board demonstrating examples of listening to and working with children to

change their lives, resulting in and maintaining positive outcomes.

A discussion took place in which alignment of planning of the work of the LSCB, Children's Partnership Board (CYP) and the Health and Wellbeing Board was highlighted as essential in providing better outcomes for children and young people.

RESOLVED

1. That the Health and Wellbeing Board note the content of the LSCB Annual Report (2013-2014) and Business Plan (2014-2015); and
2. Assists the LSCB in prioritising the actions in the 2014-15 Business Plan

5 LOCAL SAFEGUARDING ADULTS ANNUAL REPORT (2013-2014) AND BUSINESS PLAN (2014-15)

Shirley Williams, Independent Chair of the Blackburn with Darwen Local Safeguarding Adults Board (LSAB) was welcomed to the meeting to present the LSAB Annual Report (2013-2014) and Business Plan (2014-15).

The Board was reminded that that Blackburn with Darwen LSAB had published an Annual Report and Business Plan document in each year since the Board had been formed in 2009. The report noted some of the national and local changes and provided examples of work that had been carried out by local organisations in safeguarding (protecting) adults at risk of harm as a result of abuse and/or neglect.

The Board was advised that from 2015, statutory guidance would require the LSAB to provide the Health and Wellbeing Board with the Annual Report so that priorities in improving the local safeguarding arrangements could also be prioritised in the Health and Wellbeing Strategy.

The Board was also advised that the 2014 Care Act had recently received Royal Assent. This set out for the first time a statutory legal framework, including a requirement to have a Safeguarding Adults Board, to protect adults at risk who had extra needs arising from disability or illness and were unable to protect themselves. The full requirements of the Act would not be implemented until 2015. Draft guidance had recently been issued for consultation.

It was reported that one of the key safeguarding matters of the last year had been the review into the abuse of learning disabled residents at Winterbourne View Private Hospital and the subsequent Government requirements for information and performance improvement plans from health and social care organisations. Blackburn with Darwen had worked regionally and locally to improve strategic oversight, operational processes and service responses. A recent Lancashire safeguarding review had also highlighted the need for continuous vigilance of the safety of older people with dementia, particularly of those living in care homes.

The local acute hospital trust had in the past year experienced significant scrutiny following the Keogh Review, including two Care Quality Commission (CQC) inspections. The trust had made significant progress with implementing

the improvement requirements. The CQC Report of July 2014, whilst significantly praising the positive management and cultural changes that had taken place, had also indicated the need for further improvements.

Some of the key points that arose from the Board's discussion were:

- Implications of the Mental Capacity Act – right to live your life
- Hearing the user voice
- Transition from child to adult – How can we assist better transition/school agency involvement?
- Attempt to bring repetition to the Children and Adult Board

RESOLVED

1. That the Health and Wellbeing Board note the content of the LSAB Annual Report (2013-2014) and Business Plan (2014-2015); and
2. Assists the LSAB in prioritising the actions in the 2014-15 Business Plan

6 MEMORANDUM OF UNDERSTANDING (MoU): SAFEGUARDING PARTNERSHIPS

A report was submitted from the Chair of the LSCB and the Children's Partnership Board (CPB) to advise the Health and Wellbeing Board of the Draft Blackburn with Darwen Memorandum of Understanding: Safeguarding Partnerships document that was currently under consultation.

A copy of the draft MoU was attached to the report at appendix 1. The document set out the key responsibilities and accountabilities for the Local Authority partnerships in Blackburn with Darwen relating to the safeguarding of children and adults, namely:

- Health and Wellbeing Board (HWBB)
- Children's Partnership Board (CPB)
- Local Safeguarding Children Board (LSCB)
- Local Safeguarding Adults Board (LSAB)
- Community Safety Partnership (CSP)

The above partnerships would be consulted to seek agreement for the MoU. The final MoU would be submitted to a future meeting of the Board for approval.

RESOLVED – That the Health and Wellbeing Board note the Draft MoU

7. BETTER CARE FUND – FEEDBACK ON SUBMISSION

A report was submitted to provide the Health and Wellbeing Board with:

- Feedback on Blackburn with Darwen's Better Care Fund (BCF) submission and National Consistent Assurance Review (NCAR) process; and
- To outline progress since the plan was submitted in September 2014; and

- Outline next steps

The Board was reminded that the BCF submission had been made on behalf of the HWBB on 19th September 2014 following agreement at the Board Development Session on 9th September 2014. A copy of the submitted plan was attached to the report at appendix 1. The plan had been assessed through the National BCF team with findings moderated through the National Consistent Assurance Review (NCAR) process. Details of the NCAR process which included four key elements and also an assessment against four categories were outlined in the report. Feedback had been received in relation to the submission by the Chair of the Board on 29th October 2014.

It was reported that Blackburn with Darwen's Better Care Fund plan had been '**Approved with Support**'. Areas identified for development and additional actions required within the plan were outlined in the report. Although the areas of support the review had identified were essential to successful delivery, in the medium term, they were not considered material at the current stage.

It was reported that ongoing support and oversight would be handled by NHS England regional and area team, who would appoint a Relationship Manager to agree a timetable with the local area to complete the agreed actions. The Relationship Manager would coordinate and track the agreed actions, assessing additional evidence supplied and moving to a full approved status. HWBB chair would be informed if the plan had received full approval by end of December.

The Board was also advised of the requirement to develop a robust Section 75 agreement across the Local Authority and Clinical Commissioning Group (CCG) which would outline arrangements and mechanisms for risk sharing and contingencies in relation to delivery of the Better Care Fund. Work had commenced on developing the section 75 agreement and a draft would be available for review by Health and Wellbeing Board members in March 2015, prior to formal sign off by the Local Authority and CCG.

The Board was further advised of future reporting arrangements which were anticipated to be on a quarterly basis, in relation to performance, finance and pay for performance.

Some of the key points that arose from the Board's discussion were:

- Working with Communications and engagement to promote services e.g. Healthy Pharmacies
- Promoting self care
- Messages to children/young people
- Promoting/advertising Extra GP session available to lessen the impact on A/E services

RESOLVED

1. That the Health and Wellbeing Board note the content of the report including feedback from the Better Care Fund national team.
2. Note progress made since submission and next steps.
3. Accept at the next meeting of the Board in March 2015 a report outlining the section 75 agreement, feedback on progress and performance updates.

8. TOBACCO FREE LANCASHIRE STRATEGY

A report was submitted requesting that the Three-Year Tobacco Control Strategy for Lancashire 2014-2016 be formally adopted as the overarching tobacco control strategy for Blackburn with Darwen. A link to a copy of the strategy was included in the report.

The Board was advised that Tobacco Free Lancashire (TFL) was a partnership made up of representatives from Local Authorities, the County Council, NHS Trusts, Clinical Commissioning Groups, Lancashire Constabulary, Lancashire Fire and Rescue and other partners organisations across Lancashire County, Blackburn with Darwen and Blackpool.

The Board was also advised that the Partnership was chaired by elected Members of Lancashire County Council, Blackpool Council and Blackburn with Darwen Council to ensure direct alignment and effective communication with the respective Health and Wellbeing Boards.

It was reported that TFL's three-year strategy mirrored the Government's national tobacco plan 1, as well as local priorities. It would be supported by a detailed delivery plan which would be updated on an annual basis to reflect progress. A key aim of the strategy was to reduce the damaging impact of tobacco so that smoking was history for the children of Lancashire. Details of funding and commissioning tobacco control were outlined in the report.

Key issues including the six internationally recognised strands of comprehensive tobacco control measures (World Health Organisation's Framework Convention on Tobacco Control – FCTC) were outlined in the report.

It was reported that once adopted, the Tobacco Free Lancashire Tobacco Control Strategy would become the overarching Tobacco Control Strategy for Blackburn with Darwen.

The Board was advised that the Council had a duty to take appropriate steps to improve health outcomes of people in the Borough. This included taking such steps in order to control smoking. The strategy would also support the Council's legal responsibility for the delivery of public health.

Some of the key points that arose from the Board's discussion were:

- Smoking and pregnancy
- Making tobacco less affordable

- Young people and smoking – safeguarding issues
- Smoker exclusion areas
- E-cigarettes
- Shisha establishments
- Counterfeit sales/illegal enforcement

RESOLVED

1. That the Health and Wellbeing Board note the contents of the Tobacco Free Lancashire Tobacco Control Strategy; and
2. That the Tobacco Free Lancashire Tobacco Control Strategy be adopted as the overarching tobacco control strategy for Blackburn with Darwen.

9. REVIEW OF THE JOINT HEALTH AND WELLBEING STRATEGY

A report was submitted to update the Board:

On progress towards updating the Joint Health and Wellbeing Strategy (JHWS) and associated structures for delivery; and

To present for agreement a revised structure (as attached to the report at appendix 1) for the JHWS along with proposals for how the Board would work with stakeholders to develop this into more detailed set of actions.

The Board was reminded that the current JHWS was due to be reviewed in April 2015 and that whilst much of the evidence, thinking and engagement work upon which the original strategy was based still remained relevant, it was important to take account of:

- The expanded body of evidence available locally through the Integrated Strategic Needs Assessment (ISNA)
- Outcomes of local engagement activity that had been strengthened under the auspices of the Health and Wellbeing Board
- The changing health, social care and wider public sector landscape as a result of financial pressures and government reform, and role of the Health and Wellbeing Board and JHWS within this
- Opportunities presented by new ways of working as a result of nationally and locally led programmes for transformation and integration.

The Board was also reminded that at the meeting of the Health and Wellbeing Board (HWB) on 22nd September 2014, the Board had agreed to reduce the number of themes of the JHWS from five to three as set out below:

- Start well – children and young people aged from 0-25 years
- Live well – People of working age
- Age well – people aged 50+

The Board had also agreed to commence a wider review of the JHWS in order to

ensure it continued to be fit for purpose. Objectives of the review were outlined in the report. It was reported that the first phase of the review, carried out during October and November 2014, had been a scoping exercise undertaken with HWB members and other key stakeholders to consider the priorities of the JHWS and make initial recommendations for revisions going forward.

The Board was reminded that as part of the initial scoping, the following had been agreed as things the Board wanted to build on and things the Board wanted to do differently at the Policy Development Session that had taken place in October 2014.

Things we want to build on/do more of:

Our approach:

- Tackle the wider determinants of Health and Wellbeing
- Focus on things we can do together to make the biggest difference
- Take action across the life course

Maintain a set of principles for delivery, to be updated as part of the review process

Things we want to do differently:

- Simplify the structure of the strategy, as set out above
- Ensure the priorities under each theme:
 - Clearly lend themselves to coordinated input from partners
 - Are evidence based to support specific action
 - Can be targeted according to need
 - Result in actions that strongly reflect the priorities and principles of the strategy and are outcome focussed and measurable
- Strengthen mechanisms for delivery
- Put in place effective arrangements for performance and outcome monitoring.

The key issues requiring decision or agreement by the Board were outlined in the report and at appendix 1 setting out the proposed framework for the revised JHWS which included the challenges, principles, priority actions for agreement and further development including the following cross cutting themes within the three delivery themes and delivery groups (Start Well, Live Well and Age well):

- Prevention and early intervention
- Mental Health and wellbeing
- Poverty and financial inclusion

Proposals for establishment of a Joint Health and Wellbeing Strategy Lead Group, Performance and outcome monitoring arrangements were also outlined in the report.

The above proposals would have implications for a number of other policies and plans across the Health and Wellbeing partnership and would be considered as part of the review process.

A discussion took place around the above proposals in which it was suggested that each delivery development group would take away a small number of actions for implementation. It was also suggested that the Age Well Priority Action be amended as follows:

1. Develop BwD as a dementia friendly community (no amendment)
2. Coordinate and plan developments that address social isolation and loneliness and identify possible gaps in provision, including transport.
3. Develop an holistic approach to tackling the wider determinants of health of older people, including finance, employment, housing and fuel poverty.

Some of the key points that arose from the Board's discussion were:

- Identifying new opportunities in Mental Health promotion - unemployment – creating new opportunities in the work place
- Preventative measures in relation to mental health – Keeping existing staff in employment
- Reporting mechanisms – demonstrating case scenarios, how this has affected residents – not just data
- Early diagnosis of mental health issues in children/young people
- Interconnectivity between the three themed areas

RESOLVED

1. That the Health and Wellbeing Board agree the revised structure and draft priorities for the JHWS as set out in Appendix 1 of the report subject to the amendment (Age Well 50+ Priority Action) as detailed above and agreed at the meeting.
2. Agree the mechanisms for ensuring implementation of the strategy, in particular the proposed role of the LSP Prosperous Group in supporting the Live Well theme.
3. Support the approach to working with the Board and stakeholders to develop the framework into a more detailed set of principles, priorities and actions.

10. INTEGRATED STRATEGIC NEEDS ASSESSMENT – CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELLBEING

A report was submitted to present the final draft report and recommendations of the Integrated Strategic Needs Assessment (ISNA) on Children and Young People's Emotional Health and Wellbeing. The ISNA was available as a comprehensive full version and also as an 'ISNA lite' which was a summary version. Links to both versions were included within the report.

The Board was advised that under the Health and Social Care Act (2012), Local Authorities and Clinical commissioning Groups (CCGs) had a statutory duty to undertake a Joint Strategic Needs Assessment. In Blackburn with Darwen this process was known as an Integrated Strategic Needs Assessment.

The Board was reminded that at the meeting held on 23rd June 2014, it had endorsed the completion of an ISNA on children and young people's emotional health and assets of local children and young people aged 0-25 years. The ISNA would support a shared understanding and insight of local issues, and would contribute to the development of relevant local strategies and commissioning approaches.

It was reported that the ISNA Leadership Team and Children's Partnership Board had identified children and young people's emotional health and wellbeing as a key topic for ISNA development. This had been approved by the Health and Wellbeing Board as part of the agreed development programme of priorities for 2014/2015. The ISNA profiled the local needs and assets of children and young people 0-25 years to inform the insight, commissioning and delivery of health and social care services.

The Board was advised that the key issues for the ISNA were:

- The ISNA was a working document and would be updated as new data, intelligence and evidence became available.
- The ISNA would be one of a suite of resources available through the Knowledge Hub that would provide insight into local needs and aspirations to support outcome based commissioning for children and young people.

The Board was advised that a task and finish group had been established to oversee the ISNA process. The final draft of the ISNA had been circulated to the Children's Partnership Board for comment and had been presented to the ISNA Leadership Group.

Attached to the report was a plan on a page version of the ISNA which included details of the 14 key recommendations of the ISNA engagement work which had been presented to the Children's Partnership Board and the ISNA Leadership Team for consideration and comment. The ISNA Leadership Team had approved the final document for endorsement and sign off by the Health and Wellbeing Board at its meeting on the 8th December 2014.

Some of the key points that arose from the Board's discussion were:

- Voice of children/young people being heard
- High rates of self harm involving young people
- Developing 'whole school approaches' to promote mental health and wellbeing
- Development of a Public Mental Health Strategy
- Adverse childhood experiences
- Undiagnosed mental health issues of young people

RESOLVED

1. That the Health and Wellbeing Board note the final ISNA report and recommendations; and

2. Delegate responsibility to the Children's Partnership Board to incorporate the recommendations of the ISNA into their action plans and enact the findings of the ISNA on behalf of the Health and Wellbeing Board.

11. PROVIDER ENGAGEMENT IN THE WORK OF THE HEALTH AND WELLBEING BOARD

A report was submitted to set out proposals for the strengthening of provider engagement in the work of the Health and Wellbeing Board (HWB).

It was reported that determining appropriate mechanisms for provider engagement in the work of Health and Wellbeing Boards was a complex task given the range of interrelated risks and challenges such as, the number and diversity of providers, the ability of small providers with less capacity to engage and how to include new types of providers, such as social enterprises and user-led organisations.

The Board was advised that in a recent letter to Health and Wellbeing Boards, the Secretary of State had emphasised the value of effectively engaging with providers, either as members of the board, or through secondary mechanisms such as partnership groups, provider forums, or workshops and highlighted that the way in which engagement happened with providers should be locally decided and not mandated centrally.

The Board was further advised that since the HWB had been established as a statutory board in April 2013, it had developed its terms of reference and sub structure to drive implementation of health and wellbeing priorities and strategy. Existing mechanisms for the engagement of local providers in the work of the HWB had evolved to include:

- Communications relating to the work of the Board – Annual report, web page, publicly available agenda and papers
- Representation of the CCG and Local Authority as statutory members of the Board
- Representation on the board of wider voluntary, community and faith sector (VCFS) networks
- Annual Healthtalk event (not specifically aimed at, but involving, providers)
- Groups and forums linked to the HWB that incorporate providers including:
 - VCFS Families Health and Wellbeing Forum
 - 50+ Partnership
 - Children's Trust Board
 - Clinical Commissioning Group

The Board was reminded that at the HWB meeting on 22nd September 2014 it had been agreed that a provider forum or group be established to enable quality engagement with the widest range of providers possible. It had also been agreed to explore existing local provider groups and forums to identify the most effective means of engaging providers within the work of the HWB with the minimum of duplication. What/Who was meant as local providers and the benefits of engaging with them were outlined in the report.

The report proposed that the Local Public Service Board (LPSB) become the agreed overarching provider forum for provider engagement in the work of the Health and Wellbeing Board. The key benefits of this approach were outlined in the report. The report also outlined the way in which the LPSB would facilitate a wider framework of provider engagement.

The Board was advised that Membership of the LPSB would be reviewed in response to the recommendations set out in the report. Lancashire Care Foundation Trust would be invited to become a member and nominations would be sought to secure representation from the voluntary, community and faith sector.

Members were advised that the Board was able to appoint sub-committees from its membership and may appoint additional persons to the Board and that Sub-committees formed should have their own terms of reference outlining its role, remit and any powers delegated from the HWB.

The Board was reminded that all voting members of the HWB would be required to comply with the duties/restrictions under the Localism Act 2011 relating to Disclosable Pecuniary Interests, and comply with the Code of Conduct.

RESOLVED

That the Health and Wellbeing Board agree:

1. That the Local Public Service Board becomes the named forum for provider engagement in the work of the Health and Wellbeing Board.
 2. That the Local Public Service Board facilitates through their work programme a wider framework of provider engagement (beyond membership of the LPSB) as agreed with the Health and Wellbeing Board.
 3. That a sub group of the Health and Wellbeing Board be formed comprising members of the Local Public Service Board.
12. **Healthtalk 2014**

The Board was updated on the recent Health talk event that had taken place on 25th November 2014 which had built on the success of the first Healthtalk event that had taken place last year.

The event had been an opportunity for 80 residents from all over Blackburn and Darwen to have a conversation about all the things going on in localities that make people healthy and sustain good health and wellbeing. It had also been part of the Health and Wellbeing Board Communications and Engagement

approach to develop locality stories and review the Health and Wellbeing Strategy.