

**Blackburn with Darwen Health & Wellbeing Board**  
**Minutes of a Meeting held on Wednesday, 11<sup>th</sup> March 2015**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Frank Connor
	Mustafa Desai
	Michael Lee
<b>Clinical Commissioning Group (CCG)</b>	Dr Chris Clayton
	Joe Slater
<b>Lay Members</b>	Arshad Rafiq
<b>NHS England</b>	--
<b>Voluntary Sector</b>	Vicky Shepherd
<b>Healthwatch</b>	Sir Bill Taylor
<b>Council</b>	Linda Clegg (DCS)
	Dominic Harrison (DPH)
<b>Council Officers</b>	
	Gifford Kerr
	Leah Maguire
	Tamasin Knight
	Vicky Snape
	Laura Wharton
	Christine Wood
<b>CCG Officers</b>	Claire Jackson
	Debbie Nixon
<b>Other</b>	

## 1 WELCOME AND APOLOGIES

Councillor Mohammed Khan welcomed everyone to the meeting. Apologies were received from Angela Allen, Mark Fowell, Dr P Muzaffar, Sally McIvor and Carole Pantelli.

The Chair advised that Carol Panteli had recently left NHS England and her membership on the Board would cease.

**RESOLVED** – That a letter of thanks on behalf of the Board be sent to Carol Panteli.

## **2 MINUTES OF THE MEETING HELD ON 8<sup>th</sup> DECEMBER 2014**

**RESOLVED** - That the minutes of the last meeting held on 8<sup>th</sup> December 2014 be confirmed as a correct record.

## **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:-

<b>Name of Person asking question</b>	<b>Subject Area</b>	<b>Response by</b>
Mr Brian Todd	Use of hearing aid systems at meetings of the Health and Wellbeing Board	Councillor Mohammed Khan
Councillor Roy Davies	PFI Contract at Royal Blackburn Hospital	Councillor Mohammed Khan
Mr Brian Todd	Availability of HWB Agendas	Councillor Mohammed Khan

**RESOLVED** – That the question submitted from Councillor Roy Davies relating to the PFI contract at Royal Blackburn Hospital be forwarded to ELHT.

## **4 SCHEDULED CARE SERVICE REDESIGN PROGRAMME**

A report was submitted to provide an overview to the Board of the proposed programme of service redesign across the Blackburn with Darwen Scheduled Care health system.

The Board was advised that Scheduled Care was the name given to those routine services or treatments for pre-arranged appointments or scheduled operations. Scheduled care was provided by medical specialists in a hospital, community or other medical care setting with appointments being arranged and referred by a GP or health centre.

The Board was further advised that Blackburn with Darwen Clinical Commissioning Group (CCG) had undertaken a review of the current scheduled care system, which had been a joint piece of work, working with the ELHT, resulting in a series of service redesign projects being developed to address current pressures within the health economy and improve the quality of patient care and experience. This would include the increased provision of some specialities to be delivered in a community setting rather than acute/hospital setting. The proposal was in line with the Blackburn with Darwen CCG 5 Corporate Objectives, which were outlined in the report.

It was reported that following the review of the current system, four key

specialities had been identified as areas for improvement, Dermatology, Ophthalmology, Muscular Skeletal/Pain Management/Rheumatology and Urology. Detailed business plans were being developed in the four identified areas to propose changes to be implemented across the next 12 months.

It was further reported that in line with NHS England guidance on Planning and Delivery Service Changes for Patients (December 2013) the CCG was seeking feedback and support from the Health and Wellbeing Board in relation to the Scheduled Care service redesign work programme, as part of the requirement of the holistic engagement and governance process outlined by the CCG

The Board was advised that as the proposed changes to services were within current provider contracts, it was anticipated that the new service models would be provided within current resources, although the resources may be distributed differently across the health economy.

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

- Local development capacity in primary care
- Public engagement
- Confirmation that services provided from not within this area would still be maintained/commissioned e.g. Christies Hospital
- Confirmation that the recent announcement by NHS England Chief Executive, Simon Stevens re 29 'Vanguard areas' would relate to the operational plan and would not have implications for the Scheduled Care Service Redesign Programme

**RESOLVED** – That the reported be noted.

## **5 BETTER CARE FUND**

A report was submitted to:

- Update the Health and Wellbeing Board on formal approval of Blackburn with Darwen's Better Care Fund (BCF) Plan; and
- Provide an update on the development of the formal Section 75 agreement between the Local Authority and CCG to support BCF delivery; and
- Provide an update on BVF budget and performance reporting
- Outline progress in relation to the delivery of the BCF plan since the previous report to the Health and Wellbeing Board in December 2014.

The Board was advised that formal confirmation of Blackburn with Darwen's BCF plan had been '**Approved**' and received by the Chair of the Board on 19<sup>th</sup> December 2014. The BCF funding would be made available subject to the standard conditions, as outlined in the report, which applied to all BCF plans.

The Board was also advised that the formal approval had outlined that Health and Wellbeing Boards may want to revisit their ambitions for the level of reduction of non-elective hospital admissions and that a review should include appropriate involvement from Local Authorities and be approved by the HWWB. The Board was advised that discussion had taken place across the Local

Authority and CCG resulting in the view that previously agreed trajectories should not change.

The Board was reminded of the statutory requirement for the BCF funds to be managed via pooled funding arrangements from April 2015 (Section 75 Agreement) and that failure to manage the funding in this way would result in the CCG and the Local Authority not receiving the allocated BCF funding. Matters covered in the Section 75 Agreement were outlined in the report.

It was reported that all services in the BCF plan would be operated as a pooled fund and the Board was reminded of the requirement for a Pay for Performance aspect (P4P) which was included with the BCF budget and which would be released to the Pooled Fund in proportion to achievement of the non-elective admission target. Future performance reporting arrangements were also outlined in the report.

Progress delivery updates in relation to the following schemes were outlined in the report, Dementia services, Voluntary Sector, Integrated offer for carers, Integrated Locality Teams, Director of Services/Co-ordination Hub, Intensive Home Support and Intermediate Care and integrated discharge.

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

- How to judge the impact – monitoring and measuring of individual schemes, benchmarking
- Reiterated that BCF does not bring new or additional resources but would be from within existing budgets

**RESOLVED** – That the Health and Wellbeing Board:

1. Note that Blackburn with Darwen's Better Care Fund plan has been formally approved; and
2. Note Section 75 development and agreed sign off process; and
3. Note the BCF agreed budget for 2015/16 and performance reporting; and
4. Accept at the next meeting of the Board in June 2015 a report outlining feedback on progress and performance updates

## **6 PHARMACY NEEDS ASSESSMENT**

A report was submitted to:

- Update the HWWB on the work that had been undertaken in relation to the Pharmacy Needs Assessment (PNA); and
- To note that the final copy of the PNA had been signed off by the Chair on behalf of the Board.

The Board was reminded that the PNA had been presented to the meeting of the Health and Wellbeing Board on 22<sup>nd</sup> September 2014, prior to a 60 day public consultation. It had been agreed at the meeting, that sign off of the final PNA would be delegated to the Chair of the Board. Details of the 60 day public consultation process and feedback were outlined in the report. A copy of the PNA was attached to the report.

Members were advised that the key considerations of the final PNA were:

- The PNA would be the basis for all future pharmacy commissioning intentions
- Pharmacies provided a wide range of services above core contracts
- At the present time, there was no identified need for additional pharmacies

It was reported that the Chair of the Board had received the final version of the PNA and sign off had been completed prior to the completion date of 1<sup>st</sup> April 2015.

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

- Promoting the services of pharmacies to the public
- Reducing the burden on the health care system
- Supporting local pharmacies
- Debate with wider stakeholders

**RESOLVED** – That the Health and Wellbeing Board:

1. Note sign off of the final PNA by the Chair of the Health and Wellbeing Board; and
2. Publishes the final PNA on the Health and Wellbeing Board website.

## **7. JOINT HEALTH AND WELLBEING STRATEGY 2015-2018**

A report was submitted to update the Health and Wellbeing Board on progress and next steps towards refreshing the Blackburn with Darwen Joint Health and Wellbeing Strategy (JHWS) for the period 2015-2018.

Attached to the report at appendix 1 was a copy of a 'Blackburn with Darwen Joint Health and Wellbeing Strategy Refresh 2015-2018' which set out the framework and thematic priorities for the revised JHWS that had been agreed by the Board in December 2014.

The key issues in relation to developing the action plans, further planned consultation and engagement, cross cutting themes and performance and outcomes framework were outlined in the report.

It was reported that the proposals, as set out in the report, would be consulted upon with relevant stakeholders including members of the community and community representatives and via members of the Board with the constituent organisations of the Board. The majority of the activity would be led by the partnership delivery groups as referred to in the report.

**RESOLVED** – That the Health and Wellbeing Board note the progress made in refreshing the Joint Health and Wellbeing Strategy as follows:

1. The process and timescales for developing the detailed action plans associated with each theme. (as detail in the report)
2. Plans for engaging with wider stakeholders and members of the public. (as detailed in the report).
3. The timescales for final sign off of the strategy, action plans and associated performance and outcomes framework (as detailed in the report).

## **8. PUBLIC HEALTH ANNUAL REPORT 2014**

A report was submitted to inform the Board of the Public Health Annual Report (PHAR) 2014. A link to the digital report was included in the report.

The independent report of the Director of Public health, launched in January 2015, was set out in three sections – Start Well, Live Well and Age Well identifying key health risks and opportunities for people in Blackburn with Darwen, making recommendations for action that local organisations, communities and individuals could take to improve health and wellbeing over the year.

The Board was advised that the report was part of an ongoing programme of consultation and engagement for health and wellbeing in the Borough and had been produced in consultation with Council directorates, partner organisations and community groups, drawing on the findings of the Integrated Strategic Needs Assessment. The videos contained in the report highlighted the outcomes of consultation with members of the public.

It was hoped that community groups, residents and members of the Board would consider how to use the videos and interactive diagrams within the report, to kick start discussions about health and wellbeing to improve the places residents lived, worked and played.

**RESOLVED** – That the Health and Wellbeing Board note the Public Health Annual Report 2014.

## **9. NHS FIVE YEAR FORWARD VIEW**

A report was submitted to inform the Board of the NHS Five Year Forward View.

The Forward View, published in October 2014 had set out a clear direction for the NHS, showing why change was needed and what it would look like. Attached to the report was a copy of the Executive Summary which stated that some of what was needed could be brought about by the NHS, but that other actions would require new partnerships with local communities, Local Authorities and employers.

It was reported that the Forward View had identified three 'gaps' that must be addressed, Health and wellbeing gap, Care and quality gap and Funding gap. NHS England was now embarking on work with other NHS national bodies and wider stakeholders to implement the commitments in the Forward View. Next steps included engagement with NHS staff and partners, refining outcomes and programmes of work and agreeing governance and designing a delivery programme. A link to a full copy of the NHS Five Year Forward View was included within the report.

It was further reported that the Chair and Vice Chair of the Board had recently attended a joint meeting of the three Health and Wellbeing Boards (Blackburn, Blackpool and Lancashire) to discuss a Lancashire system response to the Five Year Forward View. A link to a copy of a Lancashire System Response purpose document to the Five Year Forward View, published in December 2014, by the Healthier Lancashire Programme was also included within the report.

The Board was advised that a response to the purpose document should influence the local priorities and plans for improving health and wellbeing and that a report would be submitted to a future meeting of the Health and Wellbeing Board.

Details of the programme of consultation that had been led by the NHS were outlined in the report.

**RESOLVED** – That the Health and Wellbeing Board note the NHS Five Year Forward View and the Healthier Lancashire Programme Purpose Document

#### **10. NHS BLACKBURN WITH DARWEN CCG DRAFT OPERATING PLAN 2015/16**

A report was submitted to:

- Provide an overview of the Clinical Commissioning Group's (CCG) Annual Operating Plan 2015/16; and
- To provide an update on how the CCG would deliver the second year of its Five Year Strategic Plan in conjunction with a range of partners across the local health economy.

The report referred to the publication of the NHS Five Year Review (5YFV) (as referred to in minute 9) in October 2014, advising that the draft operating plan for 2015/16 had set out the foundations supporting the delivery of the 5YFV which included better prevention, empowering patients, engaging diverse communities

and developing new models of care. A copy of the draft plan was attached to the report.

The report also outlined how BwD CCG would progress the objectives of the CCG's 5 year strategic plan during 2015/16, whilst taking into consideration adaptations required following the publication of the 5YFV. Key issues in relation to Alignment to the Better Care Fund, Integrated Service Delivery, New Models of Care and Mental Health and the draft plan were also outlined in the report.

It was reported that the final plan would be presented to the BwD CCG Governing Body in April 2015 for approval.

Some of the key points that arose were:

- Recognition of work since Keogh
- ELHT – Best improved – Massive turnaround in terms of outcomes
- Inclusion of Children and Young People within the plan

**RESOLVED** – That the Health and Wellbeing Board:

1. Note the contents of the report and alignment of CCG plans to Blackburn with Darwen's Better Care Fund plan; and
2. Note the requirement that the first draft narrative plan had been submitted to NHS England on 27 February 2015, in line with national reporting time-scales.

#### **11. DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELLBEING BOARDS**

A report was submitted to outline to the Board the benefits of and also to request that the Board signed up to the Disabled Children's Charter, and associated seven key commitments and to request that the Board delegated the monitoring of the Charter commitments to the Blackburn with Darwen's Children's Partnership Board.

The Board was advised that the Charter, a copy of which was attached to the report, had been developed by the charities Every Disabled Child Matters and the Tadworth Children's Trust. The Board was also advised that the charter supported Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families including children and young people with special educational needs (SEN) and health conditions.

The benefits of signing up to and seven key commitments of the Charter were outlined in the report.

**RESOLVED** – That the Health and Wellbeing Board:

1. Note the content of the Disabled Children's Charter for Health and Wellbeing Boards (as attached to the report)

2. Sign up to the Disabled Children's Charter and associated seven key commitments.
3. Delegate implementation of the Charter commitments to the Blackburn with Darwen Children's Partnership Board.
4. That reports be submitted to future meetings of the Health and Wellbeing Board from the Children's Partnership Board providing assurance against delivery of the commitments.

## **12. MENTAL HEALTH CRISIS CARE CONCORDAT**

A report was submitted to brief the Health and Wellbeing Board on work being undertaken to deliver the obligations set out in the Mental Health Crisis Care Concordat and to seek the approval of the Board for the concordat action plan and the governance arrangements to deliver it.

The Board was advised that the Mental Health Concordat was a commitment from a number of key national organisations to work together to support the development of local systems to achieve systematic and continuous improvement for crisis care for people with mental health issues across England. A link to a full copy of the concordat was included as a link within the report. The concordat was arranged around four key themes which were outlined in the report.

The Board was advised that in every locality in England, local partnerships of health, criminal justice and local authority agencies would develop, agree and sign off Mental Health Crisis Declarations. These statements would then be supported and implemented through a multi-agency action plan with local actions delivering services that would meet the principles of the national concordat. Progress in relation to the concordat at a local level was outlined in the report.

It was reported that Blackburn with Darwen Clinical Commissioning Group (CCG) had been nominated by all CCG's in Lancashire to take this work forward on their behalf on a Lancashire foot print. A declaration which had been agreed by 23 key local partners had been submitted to the Department of Health in December 2014.

Attached to the report at appendix 1 was a copy of the Pan-Lancashire Action Plan which had been prepared in extensive consultation with all key partners including representatives of service users, carers and local communities and which the Board was requested to agree to enable the plan to be submitted by the required deadline date of 31<sup>st</sup> March 2014. Attached to the report at appendix 2 was a list of action plan signatories (Organisations committed to working together to improve mental health crisis care)

The Board was also advised that a Police Liaison Scheme had been commissioned at the Accident and Emergency Unit at the Royal Blackburn Hospital to assist with the significant number of people that were presenting with complex problems.

Some of the key points that arose were:

- Mental Health in the BME community
- Significant impact of the MASH team
- Training for teachers

**RESOLVED** – That the Health and Wellbeing Board:

1. Note the contents of the report; and
2. Approve the Crisis Concordat Action Plan for Blackburn with Darwen.

### **13. MENTAL WELLBEING ACTION PLAN**

A report was submitted to provide an update to the Board on the development of the Mental Health and Wellbeing Action Plan.

The Board was advised that statistics reflected that residents of Blackburn with Darwen experienced poor mental wellbeing and poor mental health. The aim of the action plan was to improve the mental health and wellbeing of all residents of Blackburn with Darwen and to reduce inequalities.

Attached to the report at appendix 1 was a copy of current interventions to promote public mental health and wellbeing in Blackburn with Darwen. Also attached to the report was a copy of the draft action plan which was currently undergoing a consultation process. Details of the consultation process were outlined in the report.

Members of the Board were requested to provide comments on the draft plan no later than 20<sup>th</sup> March 2015 which would be incorporated into the final action plan.

**RESOLVED** –

1. That the draft plan be noted
2. That comments relating to the draft plan be forwarded no later than 20<sup>th</sup> March 2015.

### **14. NOMINATIONS FOR THE LSP PROSPEROUS GROUP**

The Board was advised that two nominations had been received for Health and Wellbeing Board representation on the LSP Prosperous Group as follows:

Angela Allen  
Dr Pervez Muzaffar

**RESOLVED** – That Angela Allen and Dr Pervez Muzaffar be proposed as HWB representatives on the LSP Prosperous Group.