



**Blackburn with Darwen Health & Wellbeing Board  
Minutes of a Meeting held on Tuesday, 30<sup>th</sup> June 2015**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Maureen Bateson
	Mustafa Desai
<b>Clinical Commissioning Group (CCG)</b>	Dr Chris Clayton
	Dr Penny Morris
	Joe Slater
<b>Lay Members</b>	Angela Allen
<b>NHS England</b>	Kerry Crooks (substitute for Graham Urwin)
<b>Voluntary Sector</b>	Vicky Shepherd
<b>Healthwatch</b>	Sir Bill Taylor
<b>Council</b>	Dominic Harrison (DPH)
	Sally McIvor (Executive Director, People)
	Steve Tingle (DASS)
<b>Council Officers</b>	Anne Cunningham
	Philippa Cross
	Andrea Gregson
	Gifford Kerr
	Christine Wood
<b>CCG Officers</b>	Claire Jackson
<b>Other</b>	Dr Mohammed Umer

**1 WELCOME AND APOLOGIES**

Councillor Mohammed Khan welcomed everyone to the meeting in particular new Members on the Board, Councillor Maureen Bateson, Steve Tingle (BwD) and Dr Penny Morris (CCG) who would replace Dr Pervez Muzaffar whose term of office

had recently ended. Councillor Khan advised that Graham Urwin (NHS England) would replace Carol Panteli on the Board.

Apologies were received from Linda Clegg, Mark Fowell, Councillor Michael Lee and Graham Urwin.

## **MATTERS ARISING**

### **PUBLIC HEALTH ANNUAL REPORT**

The Board was advised that the BwD Public Health Annual Report had been commended at a national level and attained 3<sup>rd</sup> place in the Association of Directors of Public Health's Annual Report competition. Councillor Khan congratulated Dom Harrison and his team.

### **CUTS TO THE LOCAL GOVERNMENT PUBLIC HEALTH BUDGET**

The Chair advised the Board that he had written to the Rt Jon Jeremy Hunt MP, to express surprise and disappointment at the previously unannounced proposals to make cuts 'in year' to the public health budgets of Local Authorities. The Chair had also suggested a more constructive and strategic approach to the efficiencies which was thought would achieve the financial aims of the proposals, whilst improving both health outcomes and NHS system productivity. A response to the letter had not yet been received.

## **2 PRIME MINISTER'S CHALLENGE FUND**

A presentation was delivered, which provided the Board with an overview of the Prime Minister's Challenge Fund. The Board was informed that in October 2013, the Prime Minister had announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services. The first wave of twenty pilots had been announced in April 2014.

Further funding of £100m for 2015/16 had been announced in September 2014 for a second wave. Following a selection process, in March 2015, a further 37 pilot schemes covering 1,417 practices, serving over 10.6m patients were approved. The sites were being chosen to lead the way in testing innovative ways of increasing access and delivering wider transformational change in General Practice. The fund would also support GPs to play an even stronger role at the heart of more integrated out-of-hospital services that delivered better health outcomes, more personalised care, and excellent patient experience.

Blackburn with Darwen were successful in a bid to 'Improve Access to Primary Care in Blackburn with Darwen' and had been awarded £3.165m to pilot this service.

The rationale, the aims of the scheme and what would be delivered locally were highlighted within a presentation to HWBB members.

**Rationale:**

- Unequal levels of satisfaction for access to a GP
- Increased demand complexity of diseases
- Limited workforce capacity
- Increased use of A&E

**Aims:**

- To simplify access for patients and improve experience and convenience
- To improve access by creating alternative and overflow services mainly for acute problems
- To improve efficiency and productivity of General Practice

**How the aims would be achieved was also highlighted as follows:**

- A Primary Access Centre which would be located within A&E and would be a base for out of hours services on a 24/7 basis with primarily booked appointments
- Locality Primary Care Clinics, one to be located in each locality (4) and would operate at peak demand times, 4pm-8pm and Saturday morning.
- Patient Signposting- Doctor First/GP access. Patients being managed by telephone or by face to face contact if required /wanted. This would be more convenient for patients and would allow more patient access to GP services.
- Access to Healthcare would be achieved by improving the utilisation of pharmacists and promoting self care from the high number of pharmacists locally within Blackburn with Darwen which would inform of appropriate pathways to improve management of minor illnesses.

NHS England would oversee the pilot which would be part of a national and evaluation programme.

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

### **3 BETTER CARE FUND AND JOINT COMMISSIONING GROUP – QUARTERLY UPDATE**

A report and presentation were submitted to update the Board on the delivery of the Joint Commissioning Programme across the Local Authority and CCG for quarter 1. HWBB members were provided with an overview of BCF performance reporting for quarter 1 and progress in the delivery of the BCF plan since the previous report to Board in March 2015.

The Board was advised that the deadline for submission of quarter 1 had been 29<sup>th</sup> May 2015. Due to the timings of HWBB meetings, the content of the submission

had been agreed by the Executive Joint Commissioning Group members prior to sign off the by HWBB Chair. A summary of responses to the submissions was outlined in the report. The Board was also advised that the submission had required an update on delivery of the plan. Details of progress against individual schemes were outlined in the report in relation to the following:

- Dementia services
- Voluntary Sector
- Integrated offer for carers
- Integrated Locality Teams (ILTs)
- Directory of Services (Dos)/Co-ordination Hub
- Intensive Home Support
- Intermediate Care and Integrated discharge

Further submissions would be required on a quarterly basis and would be reported to the HWBB in September and December 2015 and March 2016.

Board Members were also advised of new guidance on national BCF reporting requirements which had been released in May 2015. The guidance had outlined revisions to local area reporting, and had aimed to simplify the process and requirements. The revised submissions data requirements of the HWBB were also outlined in the report.

Details of consultation and engagement that had taken place were provided. An event had taken place on 25<sup>th</sup> March 2015 'Shaping the future of Primary Care Nursing and Integrated Community Services' for which GPs, Community Health, Social Care and Voluntary Sector representatives had been in attendance. Board Members were also advised of a DVD that had been produced to support communication, engagement and staff development in relation to integrated locality working. [https://www.youtube.com/watch?v=RPCJFyfV\\_il&feature=youtu.be](https://www.youtube.com/watch?v=RPCJFyfV_il&feature=youtu.be)

Some of the key points that arose from the discussion were:

- How do we coordinate more joined up services
- How do we get joined up messages across to staff and public in an effective and joined up way. The development of an improved HWBB website and co-ordinated social media activity could support this
- How do we encourage and support behaviour change and individuals taking responsibility for their own health and care

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

- 1 Note the contents of the report; and
- 2 Accept at the next meeting of the Board meeting in September 2015 a report outlining feedback on progress and quarter 2 submission update in relation to the Better Care Fund; and
- 3 Accept at the next meeting of the Board in September 2015 a report outlining the key priorities, work programme and progress update of the Executive Joint Commissioning Group.

#### **4 LEARNING DISABILITY JOINT HEALTH AND SOCIAL CARE SELF-ASSESSMENT FRAMEWORK**

A report and presentation were submitted to brief the Health and Wellbeing Board on the Learning Disability Joint Health and Social Care Self Assessment Framework (LD SAF) 2014. The SAF had been signed off by the Executive Joint Commissioning Group on behalf of the HWBB.

The Board was advised that the LD SAF was a national tool used to assess and rate the quality of local services used by people with learning disabilities. The SAF encouraged local areas to self-assess service delivery against national benchmarks in a number of areas including Staying Healthy, Staying Safe and Living Well.

It was reported that the purpose of the self-assessment was to assist in understanding how services commissioned could be improved and to enable people and families who attended the Learning Disability Partnership Board to be involved in how services were rated and improved.

Overall performance on the LDSAF 2014 was good and had demonstrated improvement over the 2013 submission with fewer red ratings and more amber and green ratings. The Board was advised that an action plan had been produced which had identified areas for development, which were outlined in the report. The action plan would be monitored by the Joint Commissioning and Recommendations Group on a monthly basis.

Some of the key points that arose from the discussion were:

- Difficulty in comparing with previous self assessments as the assessment had recently been revised
- Inclusion of assessment of Autism services in future self assessments
- Services to residents with special needs who may not have been diagnosed with a learning disability
- There is a need to improve uptake of Annual Health Checks and Care Plans for people with a learning disability

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

1. Note the contents of the report; and
2. Support the production of a Local Improvement Plan and the joint work necessary to ensure that people with learning disabilities and complex needs have their health and social care needs met in Blackburn with Darwen in appropriate settings.

#### **5 RESILIENCE OUTCOMES IN 2014-15 AND PLANNING FOR 2015-16**

A report was submitted to update the Board on the delivery of operational resilience in 2014-15 and informing the development of the Pennine Lancashire Annual Resilience Plan for 2015-16.

Background to NHS England (NHSE) System Resilience guidance published in June 2014 was outlined in the report. The Board was advised of the need to

establish a sustainable year round delivery of the health and care system to ensure that patients received the best outcome, performance targets were met and standards within the NHS constitution were achieved. This was an on-going task for the health and social care economy and had resulted in system resilience funds that were primarily ear-marked for winter now being placed within CCG baselines for use at any point within the calendar year deemed appropriate by the local System Resilience Group (SRG).

The Board was advised that partners were currently engaged in the process of working through the proposed priority areas for resilience funding this year in line with the evidence of impact of schemes last year. It was noted that funding for resilience 2015-16 had been reduced significantly from funding available in 2014-15.

The report also outlined Governance Arrangements to support resilience across Pennine.

Performance updates in relation to Accident and Emergency attendances, Delayed Transfers of Care and 18 week Referral to Treatment were provided.

The Board was advised that SRGs had been requested to ensure that they had factored key high impact actions for the delivery of transformed Urgent care into their Operational plans for delivery this year. Nationally set high impact areas were outlined in the report.

It was reported that the high impact areas as detailed in the report had been integrated into the Blackburn with Darwen operation plan and that there were local plans in place to ensure that the CCG was overseeing the changes to the local health system within the next 12 months.

Some of the key points that arose from the discussion were:

- There is a need to better engage with the voluntary sector in the planning for resilience
- Suggestion of annual information campaigns
- £1.1 Billion shortfall in Adult Social Care budget (early intervention/prevention of admittance to hospital) nationally

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

- 1 Note the contents of the report and progress to date in relation to system resilience including agreed Pennine Lancashire governance arrangements; and
- 2 Accept an update on plans for 2015-16 will be presented to the HWWB and Executive JCG once agreed.

## **6 DEMENTIA STRATEGY UPDATE**

A report was submitted to update the Board as to progress with delivery of the Blackburn with Darwen Dementia Action plan.

The Board was reminded that Dementia diagnosis and the appropriate support of people with dementia and their carers was a key priority within Blackburn with

Darwen and formed one of the priorities with the Age Well section of the Health and Wellbeing Strategy.

It was reported that for the period October 2014 to March 2016, Age UK Blackburn with Darwen had been jointly commissioned by the Local Authority and CCG to host a Dementia Co-ordinator, who worked for the 50+ Partnership to co-ordinate, develop and deliver a local action plan, working with a range of partners across the public, voluntary and private sectors. Two key priorities for this work were outlined in the report as follows:

- To co-ordinate and progress developments and facilitate communication between all partners to ensure an effective and efficient whole-life pathway for individuals who developed dementia including an increase in diagnosis rates for people with dementia to meet agreed targets.
- To develop Blackburn with Darwen as a dementia friendly community.

Key deliverables identified for 2015/2016 within the draft Age Well section of the Health and Wellbeing Strategy were outlined in the report. It was reported that since the local dementia action plan had been developed, significant progress had been made in establishing an effective partnership approach to the challenge of dementia. Key achievements to date, future plans along with potential challenges and risks were highlighted within the report.

The Board also viewed a video of the 'Healthy Minds' Dementia Awareness Event that had taken place during Dementia Awareness Week in which 20 events had been held across the Borough. The purpose of the event had been about raising awareness of Dementia to the public and various organisations, the experiences of Dementia sufferers and carers and also to highlight services which may be available. The event had also been an opportunity for the public to raise concerns, wishes and needs in relation to dementia. The video included two speakers, a gentleman who had been diagnosed with early onset dementia and a Carer of a relative diagnosed Dementia.

Some of the key points that arose from the discussion were:

- Reduction in waiting times to Memory Assessment Service
- Uptake of services for the BME community
- Joined up services – ELHT/LCFT
- Systems in place- making links, not duplicating work

**RESOLVED** – That the report and the video be noted.

## **7 LANCASHIRE NHS SCREENING AND IMMUNISATION ANNUAL REPORT 2013/14**

A report was submitted to provide an overview of the national screening and immunisation programmes across Lancashire. Attached to the report was a copy of the Lancashire Screening and Immunisation Programme. The Annual Report provided an overview of screening and immunisation programmes locally in 2013/2014.

The responsibilities of the Department of Health, NHS England, Local Government and Public Health England were outlined in the report in relation to commissioning, delivery and performance monitoring. Details of the NHS Screening Programmes were outlined in the report at figure 1 along with details of the NHS Immunisation Programmes at figure 2. A link to the detailed immunisation schedule was also included within the report.

The Board was reminded that the Health and Wellbeing Board had a duty to promote local collaborative working, which was required to deliver effective screening and immunisation programmes.

Some of the key points that arose from the discussion were:

- Media campaigns
- Research campaigns
- Sharing best practice
- High incidence of illness
- Low uptake of services in particular the BME population
- Barriers & issues

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

1. Note the contents of the Annual Report and the local arrangements in place to monitor the performance, quality and safety of screening and immunisation programmes; and
2. Note that a report on the performance of national screening and immunisation programmes be presented to the Health and Wellbeing Board annually; and
3. Note that an update on the progress of work to improve screening uptake to be presented to the Health and Wellbeing Board in September 2015

## **8 INTEGRATED STRATEGIC NEEDS ASSESSMENT 2015/16**

A report was submitted to update the Board on the development of the Integrated Strategic Needs Assessment (ISNA), including:

Recent editions of the ISNA Summary Review, Story of Place and Locality Stories The Work Programme for 2015-16.

Members were reminded that at the meeting of the Board on 22<sup>nd</sup> September 2014, it had approved the four draft ISNA Locality Stories for Blackburn North, East, West and Darwen, and agreed a process for development through to March 2015.

Recent ISNA outputs in relation to the Summary Review 2014-15, Story of Place and Locality Stories were outlined in the report. The suggested ISNA work programme for 2015-16 was also outlined in the report.

The Board was also advised that the forthcoming Joint Health and Wellbeing Strategy would contain a two page summary of key points from the ISNA, and



would seek to address the main issues and priorities arising from it.

- Some of the key points that arose from the discussion were:
- Opportunity to include screening and uptake in Locality Stories
- European funding around Employment

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

1. Note and agree the latest ISNA Summary Review, Story of Place and Locality Stories; and
2. Approve the suggested work programme.

## **9 HEALTH AND WELLBEING PEER REVIEW FEEDBACK AND NEXT STEPS**

A report was submitted to update the Board on the recommendations of the Local Government Association (LGA) Health and Wellbeing Peer Review Challenge carried out in March 2015 and to share the associated implementation plan for approval.

The Board was advised that Peer challenges were conducted by the LGA and delivered by experienced elected Member and officer peers selected on the basis of their relevant experience and expertise. The BwD Challenge Team had carried out the review between 17<sup>th</sup> and 20<sup>th</sup> March 2015 following a period of pre-site consultation and preparation.

The Challenge had been based around five headline questions, all of which were outlined in the report. In addition to the questions, the Board has asked the peer team to comment on the following:

How we can increase the scale and pace of change and make the most of new and emerging opportunities to improve outcomes for local people, with a particular focus on governance and leadership across the system?

It was reported that numerous interviews and focus groups had taken place to capture the views of stakeholders, including Board Members, partners and practitioners. The findings of the review had been presented to an invited audience on 20<sup>th</sup> March 2015. The findings had also been set out in more details in a formal letter to the Chair of the Board and the Chief Executive of the Council. A copy of the letter was attached to the report at Appendix A. The keys findings of the review including headline messages, areas for action and next steps, were also summarised in the report.

The Board was reminded that a workshop session had taken place on 9<sup>th</sup> June 2015 to consider the review findings and to shape the local implementation plan. A copy of the draft implementation plan was attached to the report at Appendix B. The Board was requested to approve the plan.

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

1. Note the overall findings of the LGA Peer Review; and
2. Approve the implementation plan; and
3. Agree to receive 6 monthly updates on progress against the implementation plan