

**Blackburn with Darwen Health and Wellbeing Board  
Minutes of a Meeting held on Tuesday, 8<sup>th</sup> March 2016**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Maureen Bateson
	Mustafa Desai
<b>Clinical Commissioning Group (CCG)</b>	Graham Burgess
	Dr Chris Clayton
	Dr Penny Morris
<b>East Lancashire Hospital Trust (ELHT)</b>	J Wood (substitute for Kevin McGee)
	Catherine Simm
<b>Lancashire Care NHS Foundation Trust (LCFT)</b>	Max Marshall
<b>Lay Members</b>	Arshad Rafiq
	Joe Slater
<b>NHS England</b>	--
<b>Voluntary Sector</b>	Vicky Shepherd
	Angela Allen
<b>Healthwatch Council</b>	Abdul Mulla (substitute for Sir Bill Taylor)
<b>Council</b>	Harry Catherall
	Linda Clegg
	Dominic Harrison
	Sally McIvor
	Sayyed Osman
	Steve Tingle
<b>Council Officers</b>	Philippa Cross
	Gifford Kerr
	Sayyed Osman
	Christine Wood
<b>CCG Officers</b>	Claire Jackson
	Debbie Nixon
<b>Other</b>	Sarah Swindley (Women's Centre)

**1 WELCOME AND APOLOGIES**

Councillor Khan (Chair) welcomed everyone to the meeting, in particular Joe Slater and Arshad Rafiq. Joe and Arshad had been recently been reappointed to the Board to the positions of community representative Members.

Apologies were received from Kevin McGee, Damian Riley, Sir Bill Taylor, Graham Urwin and Councillor Michael Lee

## **2 MINUTES OF THE MEETING HELD ON 15<sup>th</sup> DECEMBER 2015**

**RESOLVED** - That the minutes of the last meeting held on 15<sup>th</sup> December 2015 be confirmed as a correct record.

## **3 DECLARATIONS OF INTEREST**

Joe Slater declared an interest in agenda item 9 (Better Care Fund) (Chair of the Board of Trustees of Child Action North West which hold contracts with the Council to delivery services) and remained in the room during discussion and decision on the item.

## **4 PUBLIC FORUM**

No questions had been received.

## **5 LIVE WELL – THEMATIC UPDATE - PRESENTATION**

A presentation was delivered to update the Board on the delivery of the ‘Live Well’ theme. Members were advised of activity that had taken place in relation to each of the following that had been identified in the Joint Health and Wellbeing Strategy as priority areas:

- To develop and support opportunities for employers to improve workplace health and wellbeing
- To develop BwD as a healthy place – where people have access to healthy homes; healthy neighbourhoods and health promoting services
- Encourage people to take control of their own health and wellbeing

The presentation also advised of key priorities for 2016-18 that had been identified in relation to each of the above areas.

Issues facing working age people were also identified within the presentation along with case studies evidencing positive outcomes in the lives of individuals who had become involved with MEAM (Making Every Adult Matter) and the Volunteering on Prescription service. The focus on vulnerable people (eg Learning disabilities, vulnerable women, mental health) groups and places were also detailed within the presentation. Responses to the Blackburn with Darwen Work Well survey were also highlighted within the presentation.

A discussion took place and some of the key points that arose were:

- Regulation of Private Rented Properties
- Houses of Multiple Occupation (HMO's)
- Influence of HWB in the planning process
- Role of carers
- Benefits of community assets/volunteers
- Encouraging people to take control of their own lives
- The requirement for evidenced based outcomes
- How to encourage people to take control of their own lives

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

## **6 UPDATE ON CHILDREN’S EMOTIONAL WELLBEING AND MENTAL HEALTH IN BLACKBURN WITH DARWEN**

A report was submitted to update the Board on the local delivery of mental health services for children and young people, providing an overview of service performance, immediate development and challenges. The report also included an update on the Pan-Lancashire Transformation Programme.

Following publication of Future in Mind: Children and Young People’s Mental Wellbeing (2015, DoH, NHS England) of the report, commissioners and providers had developed the Mental Health Emotional Wellbeing and Resilience Plan which had been submitted to NHS England and had received final assurance in December 2015.

It was reported that the Plan was a Pan-Lancashire document which had included Lancashire County Council, Blackburn with Darwen (BwD) and Blackpool Unitary Authorities and 8 Clinical Commissioning Groups (CCGs).

It was also reported that delivery of the plan would be supported by the annual funding allocation of £332,082 for BwD of which £94, 796 of the funding would be allocated to the Community Eating Disorder Service, with an associated access target of 2 week wait. The Board was also advised that BwD funding had been allocated on 3 levels:

- Pan Lancashire schemes
- Pennine Lancashire schemes
- Blackburn with Darwen schemes

The Board was also advised that allocations and key performance indicators would be monitored quarterly through submissions to NHS England.

Services provided by East Lancashire Child and Adolescent Service (ELCAS) Service, (a specialist service for children and young people with mental illness which had historically been termed 2/3+ provision) were outlined in the report.

The Board was further advised that considerable additional resources had been allocated to Children and Adolescent Mental Health Services (CAMHS) some of which were to support the development of local plans and Pan Lancashire provision. It was reported that CCGs had released the resources to providers to deliver on local priorities. Local priorities were outlined in the report. Local priorities were time limited projects, using non recurrent resources, following which it was envisaged that services would be procured on a Lancashire basis.

Performance indicators for each referral area for quarters one and two for 2015/16 were outlined in the report which included details for Looked After Children and waiting times. The Board was advised that although waiting times remained a challenge, ELCAS had the shortest waiting time referrals to treatment across Lancashire.

Local Governance arrangements were outlined in the report along with a Governance Structure for the Commissioning of Children's Emotional Wellbeing and Mental Health Services, which was attached to the report at Appendix A. A link to the Transformation Plans that had been published was included in the report at <http://www.blackburnwithdarwenccg.nhs.uk/health/child-health/camhs/> along with details of how the Transformation plan would be delivered.

Details relating to Increasing Access to Psychological Therapies (IAPT), Preventative Measures, Adverse Childhood Experiences (ACE), Tier 4 provision, Learning Difficulties, challenging behaviour and ward admissions following self-harm episodes were outlined in the report.

Key issues were highlighted as:

Access to specific in-patient services  
Mental Health and Learning Disability – managing the challenge  
Ward admissions following self-harm

A discussion took place and some of the key points that arose were:

- Concern at the increase in referrals
- Involvement of schools in the development and delivery of the plan
- Lack of specialist placements within the Borough (families travelling long distances)
- Young people referred without a diagnosis
- Effects of child poverty on mental health

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

1. Note the performance of local mental health services for children and young people; and
2. Note the challenges outlined and support the continued joint commissioning of the services to prevent fragmentation; and
3. Note progress in gaining NHS England assurance of the Transformation Plan and support publication with associated funding allocation; and
4. Note Pan Lancashire governance structures for delivery of the Transformation Plan and support joint leadership implementation of the plan across Blackburn with Darwen; and
5. That a progress report be submitted following a period of six months.

## **7 HEALTHIER LANCASHIRE**

The Board was updated on the huge programme of work that was currently underway to develop the Healthier Lancashire programme which would improve health outcomes alongside the development of a Sustainability and Transformation Plan. The next agenda item went into further detail as noted below.

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

## **8 HEALTH AND CARE SYSTEM PLANNING – 2016 ONWARDS**

A report was submitted to provide the Board with an update on NHS planning guidance and Local Government policy drivers. The report outlined the planning requirements for health and care at Pan Lancashire, Pennine and Blackburn with Darwen CCG levels including the development of a five year system wide Sustainability and Transformation Plan (STP). The report also outlined the proposed arrangements at Pennine Lancashire level to deliver integrated health and care.

The Board was reminded of the Five Year Forward view for the NHS which had been published in October 2014. The Forward View had set out a number of ways that the NHS needed to change which were outlined in the report and had advocated a more preventative focus was required to improve the nation's health and wellbeing. Preventative and new approaches required by the Forward View were also outlined in the report.

The Forward View, which incorporated the Better Care Fund, had confirmed that the health and care infrastructure was required to undergo massive transformation by 2020 in order to bridge a national £30 billion funding gap and be fit for purpose to meet the changing needs of the population.

The Board was also reminded that following the Forward View, the Government had set the NHS an ambitious mandate for 2016-17 to drive forward delivery. Key objectives to 2020 and how the NHS would achieve them were outlined in the report. In response to the mandate, NHS England had released planning guidance which had set out how NHS organisation and their partners would be expected to deliver the mandate and plan to meet the Five Year Forward View by 2020. Requirements of the guidance were outlined in the report.

The Board was again reminded that all authorities across Lancashire were consulting on proposals for a combined authority, which would lead to greater collaborative working between all councils and more cost-effective policy, interventions and improved outcomes for our local population. Proposed key objectives of the Lancashire Combined Authorities were outlined in the report.

It was reported that the Healthier Lancashire Programme in 2015 had lead a commissioned review into the health and care system and the financial challenges being faced, with a view to gaining a region-wide view of the scale and consistency of the challenge faced. Findings of the review were outlined in the report.

Local footprint for delivery of the STP had been determined as Lancashire and South Cumbria by NHS England to be constructed from 5 Local Health and Care Economy plans which were being formed by the constituent bodies within those economies Pennine Lancashire would form the local footprint for Blackburn with Darwen.

It was further reported that agreement had been reached for Chairs and political leaders to form the Pennine Lancashire System Leaders Forum which would provide overarching governance and accountability for the programme of change. A copy of the agreed governance structure for Pennine Lancashire was attached to the report at appendix 1.

The Board was advised that BwD CCG was required to develop a one year Operational Plan by April 2016 which would need to be agreed by NHS England and NHS Improvement. The plan would be regarded as year one of the 5 year STP. Requirements of the Operational Plan were outlined in the report.

It was reported that a programme of consultation and engagement would be mobilised as part of the development and delivery of plans and that communication and engagement sub groups had been established for both Pan and Pennine Lancashire programmes.

A discussion took place and some of the key points that arose were:

- Recognising the challenge of Healthier Lancashire
- Targets
- A/E Performance
- Contribution of voluntary sector
- Need for integrated health care

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

1. Note the Healthier Lancashire and Pennine Lancashire structures to govern the development and delivery of plans; and
2. Note the requirement for CCGs to develop one year operational plans for 2016/17

**9. BETTER CARE FUND – QUARTER 3 SUBMISSION AND PLANNING FOR 2016/17**

A report was submitted to:

1. Provide Health and Wellbeing Board (HWB) members with an overview of Better Care Fund (BCF) performance reporting for quarter 3 (October to December 2015) including progress in relation to delivery of the plan since the previous report to Board members in December 2015; and
2. Provide HWB members with an overview of BCF financial and performance reporting for quarter 3 including progress in relation to delivery of the plan; and
3. Provide HWB members with an update on planning for 2016/17 including timescales for submission.

Details of deadlines for the quarter 3 submission were outlined in the report along with new metrics to be incorporated within the quarter. The Board was advised that one of the national conditions would not be achieved by March 2016 as follows:

“Is the NHS Number being used as the primary identifier for health and care services?”.

The Board was further advised that plans were in place to ensure that the above condition would be achieved by June 2016 at the latest. It was reported that all other national conditions had been achieved.

It was further reported that at the end of quarter 3, the emergency admissions reduction target of 2.2% had been achieved for Blackburn with Darwen. Whilst activity had reduced, the cost of activity had increased due to the complexity of patients. Good progress had been made towards achieving residential care, reablement, dementia and delayed transfer of care targets. A highlight of progress against individual schemes was attached to the report at appendix 1.

The reported underspend at the end of quarter 3 was £273,000. The current position in relation to the Pay for Performance (P4P) element of BCF (for the first 3 quarters of the P4P period was outlined in the report. Recommendations of the Joint Commissioning and Recommendations Group (JCRG) in relation to the P4P allocation and the forecast underspend were outlined in the report.

Requirements for submission of quarter 3 and planning for 2016/17 were outlined in the report along with conditions that had been set by NHS England to access 2016/17 BCF funding. Assurance and timescales for submission were also outlined in the report.

The report suggested that due to the delay in the release of guidance, that the BwD BCF plan for 2016/17 be signed off by the Chair of the HWB following approval by Executive Joint Commissioning Members.

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

1. Note the BCF quarter 3 submission and progress made against delivering the BCF plan; and
2. Accept the recommendations of the Joint Commissioning and Recommendations Group in relation to the quarter 3 financial position; and
3. Note the requirements and timescales for 2016/17 planning; and
4. Approve delegation of sign off for 2016/17 Better Care Fund plan to the Chair of the Health and Wellbeing Board.

## **10. OFSTED INSPECTION OF LOCAL AREA RESPONSIBILITIES FOR DISABLED CHILDREN AND YOUNG PEOPLE AND THOSE WHO HAVE SPECIAL EDUCATIONAL NEEDS**

A report was submitted to update the Health and Wellbeing Board regarding the new local area inspections related to children with special educational needs and disabilities (SEND) and the responsibilities of partners.

The Board was advised that the Department for Education had requested that Ofsted and CQC undertake inspections of the effectiveness of local areas in fulfilling their responsibilities towards disabled children and young people and those who had special educational needs, as part of the new duties contained in Part 3 of the Children and Families Act 2014.

It was reported that it would be a local inspection and at a minimum it would look at all partners, in particular, the Local Authority, health and schools, in meeting the needs of children and young people with special educational needs.

It was further reported that the two key areas to be evaluated would be:

- How effectively the local areas identified disabled children and young people and those who had special educational needs.
- How effectively the local area met the needs and improved the outcomes of disabled children and young people, and those who had special educational needs.

Further details of the process of inspection were outlined in the report. The Board was advised that the inspection would be very much focussed upon improving outcomes and experiences for children, young people and their families within the Borough with special educational needs and how well this could be evidenced.

The Board was advised that a Joint Commission Plan would be produced as a requirement of Section 3 of the Code of Practice which places responsibility with Education, Children's and Adult Social Care and the CCG.

A discussion took place in which it was suggested that a self/mock assessment process would be beneficial in preparing for the SEND assessment.

**RESOLVED** – That Each Board Member would identify a strategic lead for the SEND agenda within their agency would could:

Work across the partnership to develop a robust governance structure to ensure effective and timely engagement and implementation; and

Join the 0-25 SEND Board for Blackburn with Darwen, to ensure that the local area could fully meet the needs of our children and young people with SEND as set out within the Code of Practice; and

Would inform the development of a multi-agency commissioning plan.

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

A report was submitted to advise the Board of the range of multi-agency activities taking place across the Borough that together would evidence that the Health and Wellbeing Board (HWB) was meeting the seven key commitments of the Disabled Children's Charter for Health and Wellbeing Boards.

Members were reminded that the HWB had signed up to the Disabled Children's Charter, which had been developed by the charities Every Disabled Child Matters (EDCM) and the Tadworth Children's Trust, on 11<sup>th</sup> March 2015.

It was reported that the HWB was listed on the EDCM website as a charter signatory and was required to provide written evidence to be submitted to demonstrate how the HWB was meeting the seven commitments by 1<sup>st</sup> April 2016. Updating the evidence was an annual requirement.

The seven key commitments were reiterated to the Board along with evidence relating to each commitment of how the Board was meeting the criteria. The Board was requested to consider and approve the evidence submitted which would then be submitted to (EDCM) for publication on their website.



The Board was advised that the Children's Partnership Board and the 0-25 Complex Needs Strategic Partnership Board had been consulted on the evidence submitted.

**RESOLVED** – That the Health and Wellbeing Board approve the evidence outlined in the report to be submitted to Every Disabled Child Matters for publication on their website.

## **12. EQUALITY IMPLICATIONS**

The Chair asked Members to confirm that they had considered and understood any Equality Impact Assessments associated with the following item. This was confirmed.

## **13. BLACKBURN WITH DARWEN SUICIDE PREVENTION STRATEGY 2016-2019 – 'CREATING SUICIDE SAFER COMMUNITIES TO SAVE LIVES'**

A report was submitted to:

- Raise awareness to the Board of suicide and intentional self-harm being a local public health issue; and
- To request approval of the Draft Blackburn with Darwen Suicide Prevention Strategy and action plan; and
- To request that the Health and Wellbeing Board recommend approval of the Strategy and action plan to the Blackburn with Darwen Council Executive Board.

The Board was advised that self-harm and suicide rates in Blackburn with Darwen were higher than both regional and national averages. The Board was further advised that the National 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives' had identified six key areas for action which were outlined in the report.

The Blackburn with Darwen Suicide Prevention Strategy priority areas which were similar to national priority areas were outlined in the report along with the two overall local strategic objectives which were:

- To reduce the suicide rates in Blackburn with Darwen
- To provide support for those bereaved or affected by suicide

The Board was advised that the Draft Strategy had been developed through a detailed process of consultation with a wide range of stakeholders over a 12 month period.

It was reported that the Suicide Prevention Strategy Group would lead and monitor progress on the implementation of the action plan, and report to the HWB sub groups (Start Well, Age Well, Live Well groups), with accountability to the HWB.

A discussion took place in relation to the issue and some of the key points that arose were:

- Requirement for early intervention/prevention
- Correlation and deprivation

- Alcohol and substance misuse
- Depression

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

1. Note suicide is a significant public health issue requiring senior level leadership; and
2. Approve the Blackburn with Darwen Suicide Prevention Strategy and action plan.

#### **14 ANY OTHER BUSINESS**

##### **Councillor Ron O’Keeffe**

The Chair referred to Councillor Ron O’Keeffe, who would be retiring from his role following the local elections in May 2016. On behalf of the Board, the Chair thanked Councillor O’Keeffe for his many years’ service to the Council and for his contribution, in particular his work in Health and Adult Social Care and Health and Wellbeing.