Health & Wellbeing Board

Start well | Live well | Age well

Blackburn with Darwen
Health and Wellbeing Board

Tuesday 12th December 2017 at 5.30pm
Conference Room 1, Blackburn Town Hall

1. Welcome and Apologies
2. Minutes of the meeting held on 26th September 2017
3. Declarations of interest
4. Public Questions

ITEMS REQUIRING DECISION

ITEMS FOR INFORMATION ONLY OR FOR THE BOARD TO NOTE

5. Age Well Thematic Update (Sayyed Osman/Vicky Shepherd)
6. Better Care Fund update (Claire Jackson)
7. LSAB & LSCB Annual Reports, 2016-17. (Nancy Palmer)
8. Pharmacy Needs Assessment consultation report (Dominic Harrison)
9. Making Every Adult Matter (MEAM) (Sayyed Osman) – verbal update

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Blackburn with Darwen Health and Wellbeing Board
Minutes of a Meeting held on Tuesday, 26th September 2017

PRESENT:

Councillors	Mohammed Khan (Chair)
	Maureen Bateson
	Mustafa Desai
Clinical Commissioning Group (CCG)	
East Lancashire Hospital Trust (ELHT)	John Bannister on behalf of Kevin McGee
Lancashire Care NHS Foundation Trust (LCFT)	
	Apologies
Lay Members	Joe Slater
NHS England	Apologies
Voluntary Sector	Vicky Shepherd
	Angela Allen
Healthwatch	Andy Griffiths
Council	Dominic Harrison
	Linda Clegg
	Sayyed Osman
Council Officers	Laura Wharton
	Ben Aspinall
CCG Officers	Claire Jackson
Other	

23 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and apologies were received from: Sir Bill Taylor, Graham Burgess, Prof Max Marshall, Prof Eileen Fairhurst, Kevin McGee, Dr Damian Riley,

At this point the Chair advised the Board that Dr Chris Clayton Clinical Chief Officer at Blackburn with Darwen CCG and Chief Officer of the System Leaders Transformation Programme was in the process of leaving his posts to take up new challenges as the Accountable Officer (Chief Executive) of the four CCGs in Derbyshire. On behalf of the Board the Chair thanked him sincerely for all his efforts in his current role and wished him well in his future endeavours.

24 MINUTES OF THE MEETING HELD ON 20th JUNE 2017

As an action from the previous minutes, East Lancashire Hospitals Trust Director of Operations John Bannister advised the Committee in respect of the hospitals winter evaluation for 2016 and its preparedness for winter 2017.

RESOLVED –

1. That Mr Bannister be thanked for the update provided and
2. That the minutes of the meeting held on the 20th June 2017 be approved.

25 DECLARATIONS OF INTEREST

No Declarations were received.

26 PUBLIC FORUM

The Board were advised that on public question had been received as follows:

"Care Navigators - I should like to know publicly what my Health and Wellbeing Board feel about this sort of activity which is happening in East Lancashire". Mr Brian Todd.

In his absence a reply was given to the Board as follows by the Chair Cllr Khan and Dr Morris from East Lancashire CCG:

"There is a national requirement to develop Care Navigation within Primary Care as outlined in the General Practice Forward View, with a full implementation date of 2020 at the latest. Care Navigators will support enhanced signposting for patients to ensure they receive the most appropriate source of help so it is easier for patients to get an appointment with the GP when they need it, and shortens the wait to get the right help. It has to be introduced this year.

Blackburn with Darwen CCG has received funding for this year from NHS England with further funding over the next 2 years.

The specification for this new development, which will outline the detailed requirements, is still awaited from NHS England. In the meantime, Blackburn with Darwen CCG have been working with our GP Federation to develop a

model based on West Wakefield, which is identified as an area of good practice. East Lancs CCG have already used this model in one of their neighbourhoods and are about to roll it out further.

Once we receive further detail and information with regards to the model and implementation timetable across BwD, we will be engaging with residents and other stakeholders. We will ensure that the local authority are involved in aligning the Community, Voluntary Community and Faith Sector within the training."

RESOLVED –
That the response be Noted.

27 BETTER CARE FUND PLAN FOR 2017-19

Claire Jackson the Interim Director of Commissioning (Operations) explained that the purpose of the report was to: Provide Health and Wellbeing Board (HWBB) members with an overview of Better Care Fund (BCF) Plan submission for 2017-19 and to request that Health and Wellbeing Board (HWBB) members formally ratify the plan.

It was explained to the Board that as outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management of the plan is undertaken by Executive Joint Committee Group.

The Blackburn with Darwen BCF plan for 2017/19 was submitted on 11th September 2017, following an update on planning requirements to HWBB members in June 2017.

Health and Wellbeing Board members have received quarterly updates on 2016-17 BCF performance and the planning requirements for 2017-19 at previous meetings.

It was explained that the case for integrated care as an approach is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration across health, care and the voluntary sector.

The Spending Review set out an ambitious plan so that by 2020 health and social care is integrated across the country. Every part of the country must have a plan for this in 2017. This is also reflected in the NHS Planning Guidance 2016/17-2020/21 Delivering the Forward View. The Better Care Fund remains a key policy driver to support integration of health and care services at a local level.

Key issues were covered as outlined in the report.

RESOLVED –
That the Health and Wellbeing Board formally ratify the Better Care Fund Plan for 2017-19.

28 START WELL THEMATIC UPDATE

The Director of Children's Services (Linda Clegg) gave a presentation on the Start Well Thematic, which covered the following areas:
Start Well Priorities

- Ensure an effective, multi-agency Early Help offer provides the right help at the right time
- Improve children and young people's emotional health & wellbeing
- Support families through a consistent approach to parenting skills and support
- Embed routine enquiries about childhood adversity (REACh) into everyday practice

In November 2015, two additional sub-priorities were agreed:

- Local area effectiveness in fulfilling their duties for children and young people with special educational needs and disabilities
- Emergency hospital admissions, particularly due to respiratory infections

The Director of Childrens Services outlined a selection of achievements from 2016/17, namely:

- 22 Local Authority teams and partner agencies have achieved 'Investing in Children' membership in recognition of participation work with children and young people to design services
- Half of all children leaving care in the past 18 months have left through permanent options (Adoption, Special Guardianship, or Child Arrangement Orders)
- Children with Disabilities support hub Apple Trees judged 'Outstanding' by Ofsted
- Substantial growth in CAF cases to between 400 and 500 cases
- Youth Challenge Takeover event on Emotional Health & Wellbeing (Dec 2016)
    - Facilitated by Young People's Service in partnership with SLYNCS & Lancs MIND
    - 68 young people represented secondary schools, colleges & youth organisations
- Integrated Healthy Child Programme delivery model co-designed by partners,
    - re-tendered and mobilised the new 0-19 Public Health Nursing Service contract
    - co-location of Health Visitors, Schools Nurses & Child Health Support Teams into 4 Children's Centres
- Integration of Targeted Youth Support into Neighbourhood youth structure
    - better step down into universal provision and enhanced opportunities to build positive relationships
- Mental Health in Schools 'whole school approach' development programme led by St Thomas's Pupil Referral Unit
    - supported by Youth Mental Health First Aid (YMHFA) INSET days
    - staff wellbeing sessions facilitated by Lancashire Mind
- School Health Needs Assessment model (LCFT) has revealed significant differences in the self-harm rates and mental health risk factors of adolescents who are LGBT compared to their non LGBT peers. This is being used to:
    - Change policy & increase health worker and multi-agency awareness

- - Develop a proposal to the National Institute for Health Research (NIHR) to evaluate supportive interventions and as a feasibility study for a national evaluation.
- ‘Eat Well, Move More, Shape Up’ borough wide strategy launched with a focus on families
- Joint Declaration on Healthy Weight backed by the Local Authority & Clinical Commissioning Group
- Midwife to Health Visitor referral pilot (ELHT) was a success and will be rolled out to enable:
  - Seamless transfer of care from the midwife to the health visitor
  - early intervention by the 0-19 Children & Families Health Service
- Incredible Years programme for babies and toddlers aged 0-24 months
  - main trial has been commissioned following successful research pilot study.
  - 16 staff across Lancashire Care Foundation Trust and the Early Years & Early Help Service will be trained to deliver the Infant and Toddler Training Programme.

Child Health profile
It was explained that The Child Health Profile (CHP) was adopted as the Children’s Partnership Board’s outcome’s framework in March 2015, and provides an annual snapshot of child health and wellbeing for each local authority in England across 32 key health indicators.

The profile can be used to plan and commission services based on local need, and enable the benchmarking of outcomes at the local, regional and national level. This in turn supports partners to identify areas that are achieving outcomes and also areas which may require further development.

In terms of progress the Board were advised that the authority was doing better at:
- First time entrants to the youth justice system (in the top 3 of our statistical neighbours)
- Family homelessness (in the top 3 of our statistical neighbours)
- Immunisations
- Young people 16-18 year olds not in Education, Employment or Training
- Children under 16 living in low income families
- Children in care
- Smoking in pregnancy
- Under 18 conceptions
- Child mortality (1-17)

With key areas for prioritisation being:
- Infant mortality (although it has reduced)
- Children achieving a good level of development at the end of reception
- Children aged 10-11 years who are obese
- Children killed or seriously injured in road traffic accidents
- Children aged 5 with one or more decayed, missing of filled teeth
- Low birth weight of term babies
- Hospital admissions e.g. asthma, drugs and alcohol, injuries to children aged 1-14 years, dental, self-harm, mental health

Challenges were outlined as follows:
- Child Poverty (working and non-working families)

- Increased demand for statutory services and a rise generally across the sector
- Local prevalence of emotional health & wellbeing issues:
  - mental health, emotional wellbeing, self-harm & substance misuse
- Rising number of young people diagnosed with Special Educational Needs & Disabilities leading to challenges with:
  - provision & support, transport, play facilities, support into work & housing for adolescents
- Safeguarding challenges are increasing:
  - Child Sexual Exploitation, Prevent, Organised Crime Groups
- Continued national budget cuts to funding & policy changes
  - sustaining the viability of local services, such as the Youth Justice Service, Early Start & support for children in schools, funding for schools
  - cumulative impact
  - reduction in third sector support
  - impact on Early Help and Preventative Services

In summation the Director of Children Services advised that next steps would be:

- Maximise the opportunities that the third sector can contribute to
- Roll out emotional health & wellbeing skills within schools
- Develop an Emotional Health, Wellbeing & Resilience Toolkit resource that can be used by commissioners, services providers, schools, parents/carers, and children & young people to identify quality assured support
- Develop and integrated Adolescent Strategy and different way of working
- Work with partners to implement the Children & Young People's Emotional Health & Wellbeing Transformation Plan at local, Pennine and Pan Lancashire level
- Progress joint commissioning arrangements between the local authority and health
- Continue to develop and offer a variety of parenting programmes
- Promote a trauma informed approach in everything we do (ACE/REACh)
- Launch a refreshed Early Help Strategy & Outcomes Framework

RESOLVED – That the Start Well Thematic update be noted.

29 PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health explained that under Section 73b (5) and (6) of the National Health Service Act 2006 (inserted by Section 31 of the Health and Social Care Act 2012), he has a duty to produce an Annual Report. For many years this was the vehicle to present an assessment of the health of the local population, make recommendations for its improvement and report on progress. With the advent of the duty to produce both a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy, the focus on the Annual Report has reduced.

The previous report, published in early 2015, is an interactive electronic document with links to a number of video clips of local people talking about their own health and wellbeing. It is still relevant today and can be downloaded from the following link

https://www.blackburn.gov.uk/Lists/DownloadableDocuments/public-health-

report-2014.pdf

The report also gained national recognition, being awarded 3rd place in the Public Health Annual Report competition.

It was explained that the new report is set out in two parts:

- Health as a Social Movement

and

- The Integrated Strategic Needs Assessment (ISNA) Summary Review.

Simon Stevens, Chief Executive of the NHS, states in the Five Year Forward View that large scale social movements are now 'mission critical' for the future of the NHS, and the work reflected in the report is being developed as part of the Pennine Lancashire Transformation Programme.

The ISNA Summary Review was strongly commended by the Health and Wellbeing Board Peer Review team and its inclusion in the Public Health Annual Report will broaden its audience.

In respect of key issues, the Director of Public Health advised that a social movement for health refers to "*a persevering, people-powered effort to promote or resist change in the experience of health, or the systems that shape it*" and can have transformative effects on society (as has been shown by the success of the HIV and disability rights movements, for example).

The first section of the Report highlights how social movements can energise the major cultural change required to address current health and wellbeing challenges. A social movement for health is needed now because the existing model of health and social care service delivery is no longer fit for purpose to address the current causes and patterns of disease, and citizens are asking for much deeper involvement in choices related to their health and wellbeing.

In summation it was explained to the Board that the ISNA Summary Review forms the second part of the report and documents the social and environmental context of Blackburn with Darwen as a place and its impact on the health behaviours, physical and mental wellbeing of the population collectively, and residents as individuals. It begins with a profile of the borough's population and local economy, and is then arranged under the same three themes as the *Joint Health and Wellbeing Strategy*: 'Start Well', 'Live Well' and 'Age Well'. It demonstrates the scale of our challenge – doing more of what we have always done will not be sufficient to secure the improvements in health and wellbeing that people aspire to and are demanding – indicating again the need to fully embrace the power of social movements.

RESOLVED – That the Public Health Annual Report be noted.

30 HEALTHWATCH ANNUAL REPORT AND HOMELESSNESS REPORT

Andy Griffiths, Chief Executive of Blackburn with Darwen Healthwatch explained that Healthwatch BwD is the statutory consumer champion for health and social care in the borough. The organisation has undergone some significant change in the last 12 months. The annual report highlights our work over

the last financial year.

The Chief Executive advised that the annual report focused on the work undertaken during the last financial year, including their key engagement projects, signposting and information, our young person's project – Amplify, and the partnership work that is undertaken with stakeholders across the borough.

In respect key issues the Board were advised that as an organisation they have undergone significant change - new chief officer, new staff team and a new office.

The LDP/ STP poses a significant issue for Healthwatch and they continue to engage in the program and ensure residents voices are heard.

During 2016/17 Healthwatch had;

- Increased from 1500 residents to over 3000 residents who shared their experiences
- Engaged with over 2500 people on social media
- Increased our volunteering offer
- Signposted over 150 people into services
- Produced Human Rights and Mental Health Booklets in partnership with British Institute of Human Rights (BIHR).

Work included:

- 6 x Enter and views
- Adult Carers
- GP Surgeries
- Homelessness Project
- Future in Mind Events
- British Institute of Human Rights
- Development of Leapfrog Tools
- Healthtalks in partnership with PH
- Sensory Impairment
- Exploring Loneliness and Isolation
- NHS Leadership Program
- Amplify - including the development of a co-produced information booklet for young people

RESOLVED – *That* the Healthwatch Annual Report be noted.

31 ADDITIONAL ITEM - PHARMACEUTICAL NEEDS ASSESSMENT

Raised as an additional item the Board were made aware by the Director of Public Health that *o*verseeing the publication and updating of the Pharmaceutical Needs Assessment (PNA) is one of the HWB Board's statutory responsibilities.

The current Blackburn with Darwen PNA was published in March 2015, following a 60-day period of public consultation.

It was agreed by the Health and Well Being Boards across Lancashire, that the next PNA, to be published by the end of March 2018, would be developed on a pan-Lancashire footprint.

The pan-Lancashire PNA is currently being drafted and will go out for public consultation in early December.

The Consultation draft will be presented to the Blackburn with Darwen Health and Wellbeing Board on 12th December, with an update on the outcome of the consultation returning to the 6th March meeting.

RESOLVED – That the Pharmaceutical Needs Assessment reminder be noted.

32 ADDITIONAL ITEM – "FLU JAB" – BLACKBURN WITH DARWEN CCG

Dr Clayton and Dr Morris provide a brief update on the flu campaign, explaining that Blackburn with Darwen Clinical Commissioning Group were calling on those at greatest risk from flu to protect themselves and their families with a free flu jab as this year's flu campaign gets underway to address one of the key priorities of reducing asthma/emergency admissions.

The Board were advised that:

Flu is a highly contagious infection that anyone can catch, and it can be a really serious illness for some. Those at greater risk include people aged 65 or over, pregnant women, and those with health conditions such as severe asthma, chest or heart complaints and diabetes.

For the first time this year, young children aged two and three will be offered a nasal spray vaccine to protect them against flu. Young children's close contact with each other means they are more likely to transmit the virus to other more vulnerable groups.

The flu vaccine changes every year to fight the latest strains of flu, so even if you had a jab last winter you need another one this year. The jab doesn't contain the 'live' virus so it cannot give you the flu.

The best time to be vaccinated is at the start of the flu season from October to early November, so it's good to get in early in time for the winter.

Dr Morris further explained about the concerns raised in Muslim and Jewish communities as Fluenz for children contains porcine gelatine: The World Health Organisation has previously consulted with more than 100 Muslim Scholars and confirmed that the gelatine used is considered Halal and there is no religious reason not to receive vaccination. Transformation during the manufacturing process changes substances that are judicially impure into pure substances, and changes substances that are prohibited into lawful and permissible substances. Despite the above consensus, if parents or carers still do not wish

their child to receive the Fluenz vaccine they may be offered a licenced inactivated intramuscular injection.

RESOLVED – That the flu-jab update be Noted.

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Claire Jackson, Interim Director of Commissioning (Operations), BwD CCG Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA
DATE:	12th December 2017

SUBJECT: Better Care Fund Quarter 2 Report

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with an overview of Better Care Fund (BCF) performance reporting for quarter 2 (July – September 2017), including progress in relation to delivery of the plan since the previous report to Board Members on 26th September 2017.
- Provide HWBB members with an update in relation to Better Care Fund finance position at month 6.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF quarter 2 submission and progress made against delivering the BCF plan, including performance metrics.
- Note the month six finance position

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management of the plan is undertaken through Blackburn with Darwen joint commissioning arrangements.

The Blackburn with Darwen BCF plan for 2017/19 was submitted on 11th September 2017, with a resubmission on the 25th of September 2017. The plan was approved on the 30th of October with an expectation that planned performance metrics are achieved.

There was no requirement to submit a quarter 1 report for April 2017 – June 2017 due to the delay in the release of the national guidance.

4. RATIONALE

Better Care Fund

As outlined within previous reports to the HWBB, the case for integrated care as an approach is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides a

compelling argument for greater collaboration across health, care and the voluntary sector.

The Spending Review set out an ambitious plan so that by 2020 health and social care is integrated across the country. Every part of the country must have a plan in place for 2017-19. This is also reflected in the NHS Planning Guidance 2016/17-2020/21 Delivering the Forward View. The Better Care Fund remains a key policy driver to support integration of health and care services at a local level.

5. KEY ISSUES

5.1 BCF Quarter 2 Submission

The BCF Quarter 2 submission was made on 23th November 2017 following sign off on behalf of the HWBB. There was no requirement to report on Quarter 1 given the BCF planning exercise had not been completed at that time.

There are a number of changes to reporting requirements for the BCF in 2017/18:

- Expenditure against the planned budget will be reported annually rather than quarterly
- A more detailed narrative of progress against delivery of BCF schemes is required
- Assessment and narrative on the implementation of the High Impact Change Model (HICM) for Transfers of Care is required
- There is a reduction in national conditions

5.2 BCF quarter 2 Performance

Reduction in non-elective admissions – currently on track to deliver

There continues to be a reduction in NEL hospital admissions. The impact is particularly positive in relation to the 50+ age group, which is in line with local investment decisions aimed at deflecting frail elderly and people with long term conditions from admission.

Integrated working at a neighbourhood level across health, care and the voluntary sector continues to support people to avoid hospital admission and remain independent.

Rate of permanent admissions to residential care – currently on track to deliver

The reported number of placements over this period reflects a positive picture and our approach to reducing the number of people entering long term care. It is important to note that in the vast majority of cases, service users go into short term care first and a proportion will be appropriate for a long term placement which may reflect in the figures in future periods.

The 2017/18 planned figure was set at 175 admissions (817.1 per 100,000 population). As at the end of September there were 73 admissions for people aged 65+, 345.9 per 100.000 population.

Blackburn with Darwen continues to provide in reach reablement, dedicated social worker support and access to therapy services to maximise the opportunity for service users to return home following a period of short term care.

Reablement – currently on track to deliver

The reablement target relates to the proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. The 2017/18 target was set as 91.4%. In quarter 1 there were 110 people still at home after 91 days, out of 122 admissions (90.2%). In quarter 2 there were 64 people still at home, out of 68 admissions (94.1%)

The last two quarters show an average of 92.1% which is above the planned target for the service.

The reablement service continues to be on track to achieve agreed 2017/18 target. Service delivery supports mainstream reablement, crisis, in-reach and Home First services.

Delayed Transfers of Care (delayed days)- currently not on track to deliver

Several schemes have been agreed to support the reduction in DToC and are progressing as planned:

- Active recruitment is underway to the Home First service in BwD, with plans for a fully mobilised service to be in place by December 2017
- An integrated discharge pathways leadership post is being recruited to. This post will lead the current Integrated Discharge function across health and care within Pennine Lancashire
- The Home of Choice policy has been agreed across Pennine Lancashire

There is significant work at hospital level to clearly identify and apportion DToC in line with current guidance. This will also provide consistency across Lancashire and South Cumbria.

A system diagnostic of discharge pathways commenced in in early November, as part of the Pennine Lancashire transformation programme, which will inform the future redesign of discharge pathways.

5.3 High Impact Changes

At quarter 2, BwD reported the following position in relation to the 8 High Impact Changes for Transfers of Care.

	High Impact Change	Self assessment	Evidence
1	Systems to monitor patient flow	Plans in place	All referrals coming into the discharge service are triaged to ensure patient flow through the correct pathway for a safe discharge with social care, health or community services.
2	Home first/discharge to assess	Plans in place	The simple Home First pathway supports an early discharge into home based reablement and residential rehab beds via the Trusted Assessment. This pathway is well established and performing well. The Enhanced Home First offer will be operational by December 2017.
3	Focus on choice	Plans in place	Patient groups have been involved in policy development which has been approved across Pennine Lancashire.
4	Enhancing health in care homes	Plans in place	Red bag scheme is being piloted in 6 homes and telehealth in 8 homes. INTs and reablement provide support to people in care homes.
5	Multi-disciplinary/multi-agency discharge teams	Established	An integrated discharge service is established and co-located, supporting patients to access the most appropriate discharge pathway.
6	Seven day service	Established	Weekend social worker offer in place to support assessment and discharge across 7 days.
7	Trusted assessors	Established	Trusted assessment is well established within the integrated discharge pathways. Trusted Assessment will also facilitate the Home First pathway.
8	Early discharge planning	Mature	Complex case and patient flow teams have been integrated to ensure patient flow through the correct pathway for safe discharge.

5.4 Scheme Updates

An update detailing the progress made locally to the area's vision and plan for integration set out in the BCF narrative plan for 2017-19 can be found in appendix 1. This includes milestones met, agreed variations to the plan and challenges faced.

5.5 Case Study
A case study highlighting the impact that integrated neighbourhood working has had on a patients experience and outcomes of care has been included within the quarter 2 report (appendix 2)

5.6 2017/18 BCF Finance Month 6 Update

The CCG minimum pooled budget requirement for 2017/18 was £11,169,000. This was an increase of £197,000 from 2016/17 requirement.

The total BCF budget for 2017/18 is £12,769,145 and is allocated as follows;

Spend on Social Care	- £5,812,187	(46%)
Spend on Health Care	- £4,191,560	(33%)
Spend on Integrated Care	- £2,165,033	(17%)
Contingency	- £600,365	(5%) (allocated 50/50 to BwD BC and CCG)

The BCF budget currently has a forecast underspend of £57,807. This is as a result of an under spend on the community equipment services and a delays filling a locality post.

Additional funding for Disabled Facilities Grant in 2017/18
As part of the Autumn Budget announcement on 22 November, the Government announced that an additional £42 million of funding will be provided nationally for the Disabled Facilities Grant (DFG) in 2017/18. This will increase the total national DFG budget for this year to £473 million.

This is additional and complementary to the DFG funding already included within the BCF. Given that BCF plans have already been agreed and that additional funding comes later in the financial year, the Government has decided that the quickest way to make it available to those qualifying for grants is for it to be paid directly to lower-tier LAs by the Department for Communities and Local Government. This additional funding will replicate the purpose and flexibilities of the existing DFG. Currently, LAs are able to spend DFG money on wider social care capital projects, and we will maintain this flexibility and encourage local areas to use the funding innovatively by working with others across health and social care. We are awaiting confirmation of an allocation for BwD and will update HWBB in due course.

5.7 Improved Better Care Fund (iBCF)
The total iBCF budget for 2017/18 is £4,306,752. A separate return has been made to update on delivery of the Improved Better Care fund schemes. Quarter 2 progress against plans is outlined below;

Supporting Pressures within the NHS:
The Enhanced Home First offer will support service users with more complex needs to be discharged home from hospital much sooner than would otherwise be the case. This will optimise outcomes for the individual and reduce the risk of a protracted hospital admission and/or admission into a care home setting. Recruitment is progressing well and Pathways have been documented. The Enhanced Home First pathway is currently being tested with small number of service users.
Pathways and processes for Continuing Health Care (CHC) are being reviewed. This will include a realignment of assessment capacity from the hospital into the community. There is a clear commitment across the Partnership to achieve a significantly lower percentage of CHC assessments being completed in hospital.

Social Care Pressures:
The iBCF has also been utilised to support significantly increasing costs and demand for services. Demand management strategies are in place, including strength based approaches, to ensure effective pathways into Integrated Neighbourhood Teams and a clear focus around community engagement and universal services. Additional social work capacity has been put in place to undertake Deprivation of Liberty

assessments (DoLS).

Stabilisation of the social care market:
Fees increases to stabilise the social care market have been agreed and implemented for 2017/18. This includes addressing the pressures associated with the increase in the National Living Wage. The cost of the fee increases for 17/18 is in excess of £1.6m.

5.8 Section 75 Agreement:
Following the allocations of the new Section 31 grant for Improved Better Care Fund (iBCF) to Local Authorities in 2017/18 it has been agreed that an in depth review of the Section 75 agreement would be undertaken to include changes to the BCF and iBCF funding. This is currently being progressed.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. Any further impact due to changes in National Policy or planning guidance will be reported as they arise.

7. FINANCIAL IMPLICATIONS

No further financial implications have been identified for quarter 2. This report outlines the budget position at month 6.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members as part of the initial plan submission.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Learning from the Pennine Lancashire 'Together a Healthier Future' engagement has informed the development of the 2017-18 BCF plan. Consultation and engagement has formed part of business case development for any new or redesigned BCF schemes.

CONTACT OFFICER:	Claire Jackson Sayyed Osman
DATE:	28th November 2017
BACKGROUND PAPER:	Previous BCF reports to HWBB members

Appendix One

Better Care Fund Scheme Updates- Quarter 2

Scheme one: Voluntary Sector

i. Information Advice and Guidance

- A comprehensive review process has been completed to guide commissioning intentions beyond March 2018 when the 3 years funding ends. The service specification for Phase 1 set out its purpose for a consortium based commissioning approach to deliver services for information, advice and guidance within the Borough of Blackburn with Darwen including a single point of contact. The contract will now be extended to March 2019 to enable learning from best practice.

ii. **Phase 2 Integrated Carer Services**

- The aim of the service is to deliver information, advice and guidance to all age carers who live in Blackburn with Darwen, or (by arrangement) who care for someone who does. Over the past quarter they have provided a more in depth service to those Carers with more complex needs, and those who face barriers to full participation in the assessment process.

- Over the past 3 months there has been integrated sharing of resources and attendance at staff meetings which are now fully integrated and cross service location is in place. Fund raising has increased significantly due to recent new fundraising role and the Carers Champions are increasing in number and identification. Through partnership working with Shelter the numbers of carers in receipt of relevant benefits is increasing.

iii. **Phase 3 Keeping Well and Healthy Homes**

The delivery of the Keeping Well project began in June 2017.

Keeping Well:

- Phase three aligns the Age UK 'Here to Help', MIND 'Achieving Self Care' and Care Networks 'care navigator' to support community capacity and resilience, improve wellbeing through self-care and offer targeted approach to reduce demand on health and social care.

- The service aims to improved Wellbeing, health perception, decreased loneliness, improve access to volunteering opportunities, reduce GP consultations and contact for non-medical needs and reduce prescription rates.

Stakeholder feedback:

"I really love the programme, the patients really benefit from it and it has reduced GP appointments for our practice" (GP)

*"I'm really happy with the service and really appreciate the care you give to patient's needs. It improves patient wellbeing and I look forward to continuing to work with you." (*GP)

Healthy Homes:

- The Healthy Homes service was commissioned in 2017 for one year, following objective setting this has now been extended to two years to align with the wider voluntary sector offer. The launch of the service is set for November 2017 and staff have now been employed into post to provide awareness raising, advice and signposting to reduce health harms relating to housing in Blackburn with Darwen (BwD)

Co-ordination of Dementia services

- A review/standardisation of the service to be completed by Pennine Lancs CCG's and LCFT MAS Service to address the issues and the development of the service and pathways is currently being undertaken for the MAS service.

Scheme Two: Integrated Neighbourhood Teams

- Four locality Integrated Neighbourhood Teams (INTs) continue to be developed across Blackburn with Darwen. The weekly meetings include regular attendance by all relevant stakeholders including social workers, community nursing teams, hospice specialist nurses, mental health teams, therapists, and reablement teams, voluntary sector organisations and Lancashire Fire and Rescue Service.

- The Darwen INT fully co-located within Darwen Health Centre during the first quarter of 2017. This move has further aligned ways of working across the teams and has had a positive impact on patient and service user

care. Workforce development and engagement strategies are ongoing to support staff to operate as a single team.

- Plans are currently underway to relocate the West INT to Barbara Castle Way Health Centre by February 2017. Timescales, costs and issues are being worked through.

- Engagement with individual GP practices is ongoing and integral to the success of the INTs. A wide range of patient stories have been developed to highlight the benefits of integration between health, social care and voluntary sector organisations. The patient stories are being used to engage GP's and key stakeholders. The case studies will also be used to evidence cost effectiveness and improved patient outcomes as a result of the INTs.

- Across Pennine Lancashire 'hospital markers' have been agreed for the INTs, the Intensive Home Support Service (IHSS) and District Nursing Teams. The purpose of the hospital marker is to inform the community team when an individual has been admitted to the acute trust. This will support early discharge planning and enable a review of support needs.

- The Integrated Neighbourhood Co-ordinators have been involved in an extensive piece of work to identify the top 4 over 85 year old patients from each GP practice with high acute admission costs, using the risk stratification tool. The exercise demonstrated a high number of patients who were already known to the INTs, distinguished those who had multiple acute conditions that needed to be in hospital and identified those whose needs could have been met in the community. Those patients not already known to the INTs were referred for support, once consent had been gained. Plans are in place to repeat this piece of work.

- Partnership working between the four INTs and Transforming Lives continues to develop and strengthen. This has improved access to the whole spectrum of support available across the system.

Scheme Three: Intermediate Care

- The development at Albion Mill is progressing as planned and represents an innovative approach towards bed based intermediate care. The build is due to start in November 2017 with completion by May 2019. The project is well supported with a representative steering group that will drive progress, monitor risks and report through the appropriate governance processes. A procurement timescale has been developed for the nursing and therapy element of the model and a local vision has been developed that will be used to launch a soft market test with potential providers. This model includes principles that are detailed within the Pennine Lancashire Out of Hospital Business Case and will readdress the balance of step up and step down support, focusing on supporting patients to regain their independence and return home with additional wrap around care if required.

- The local model includes a 'community hub' that will be used by all members of the community, residents of the intermediate care facility and their family members. This will include an offer of advice and guidance, the opportunity to build personal resilience and the opportunity to increase confidence in the range of support services and equipment available to promote independence and self-care.

Scheme Four: Integrated discharge service & Home first

- The Enhanced Home First offer will support service users with more complex needs to be discharged home from hospital much sooner than would otherwise be the case with wrap around access to crisis, reablement, therapy and social care. This will optimise outcomes for the individual and reduce the risk of a protracted hospital admission and/or admission into a care home setting. Recruitment is progressing well and Pathways have been agreed and documented. The Enhanced Home First pathway is currently being tested with small number of service users.

- The simple Home First pathway supports an early discharge into home based reablement and residential rehab beds via the Trusted Assessment. This pathway is well established and is performing well. Discharge from hospital is achieved either same day or the following day, once a Trusted Assessment has been received and validated.

- Weekend social workers: Additional investment has been added to remodel the weekend offer into 4 day rather than 2 day offer as a means to improve patient experience and avoid hand over delays. Staff consultation and recruitment is underway.

Scheme Five: Intensive Home Support Service

- Work is ongoing to align the IHSS offer with neighbourhood and Home First provision to support step up and down from hospital.

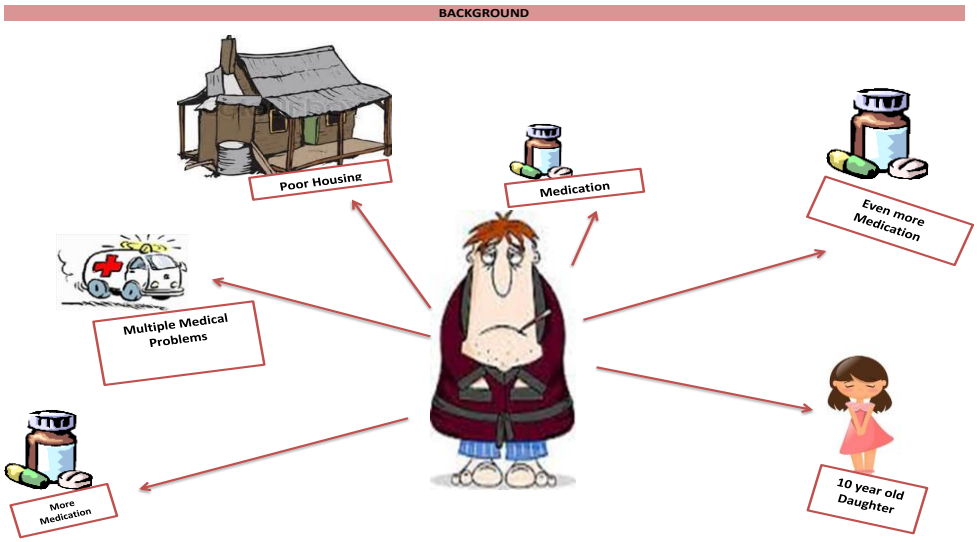
- The Chronic Obstructive Pulmonary Disease (COPD) team is working with the Acute Respiratory assessment Unit to support patients with both COPD and asthma. The team will carry out community reviews and promote self-care strategies.

Scheme Six: Directory of Service / Navigation Hub

- CCGs are working across Pennine Lancashire to develop an Integrated Urgent Care model based on the National requirements. The current navigation hub will be incorporated into the integrated urgent care model to support increased clinical advice to professionals 24/7.

Appendix Two:

Blackburn with Darwen Integrated Neighbourhood Teams case study



Background:

- David (not his real name) was referred to the Complex Case Manager (CCM) following a GP Multi-Disciplinary meeting. At this meeting the CCM was concerned about his health conditions, the home environment and the wellbeing of his young daughter.

- The CCM agreed to visit him at home for an assessment and he was subsequently brought to the weekly INT meeting for further discussion.

Summary of Medical, Physical and Social Conditions:

- David was 55 years old and diagnosed with multiple medical problems including severe Chronic Obstructive Pulmonary Disease (COPD), Epilepsy, Asthma and fluctuating blood pressure. It was identified that he was also suffering from poor mobility, substance misuse and high levels of pain which affected his activities of daily living and ability to care for his daughter.

- David's daughter provided support with meals, washing and cleaning. Various services had raised concerns about her welfare and general wellbeing and contingency plans were in place to ensure her safety should David be admitted to hospital or his health deteriorate further.

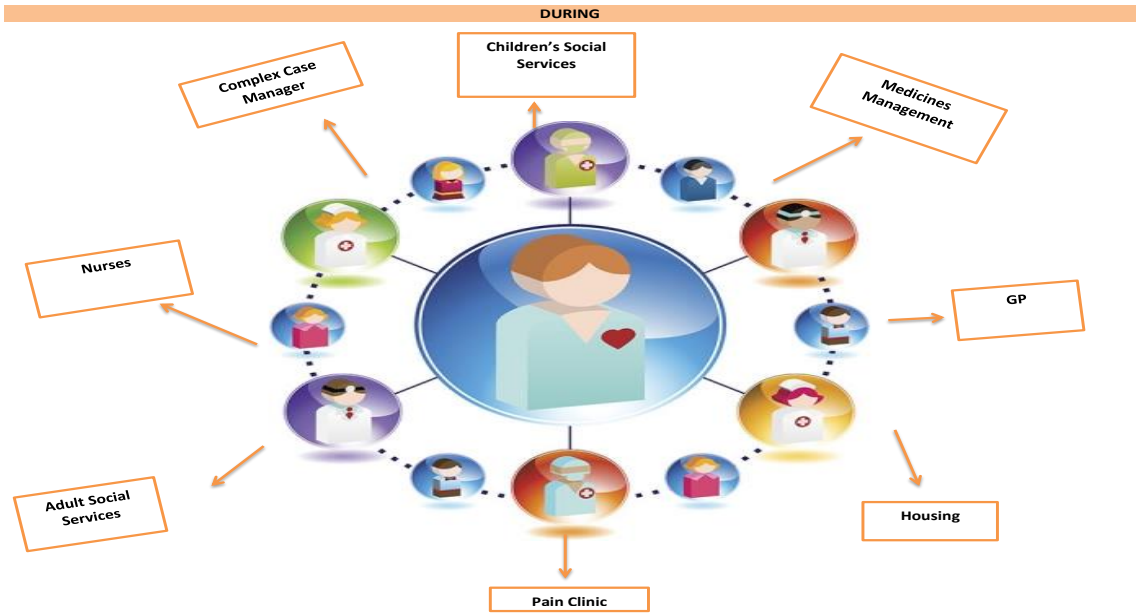
- The home environment was initially a concern due to excessive damp. David was initially reluctant to accept any help or support as he feared he would be assessed as being unable to care for his daughter. These concerns were addressed and assurance given that this would be considered only as a last option.

Discussion at the GP MDT Meeting:

- David was initially referred to the CCMs for uncontrollable asthma however the risk stratification tool identified David as a high risk patient. There was also a referral into Blackburn with Darwen Transforming Lives team due to concerns regarding social circumstances and his daughter's wellbeing.

- David was taking a number of high dosage medications for his heart, chest, stomach, blood pressure, pain, bladder and diabetes. This resulted in him taking daily medication in excess of 49 medications, causing him to be drowsy and explained why he was spending excessive time in bed and struggling to look after his daughter.

- It was agreed for Complex Case Manager and Medicine Management to work together to identify which medications could be potentially reduced taking into account all his co-morbidities.



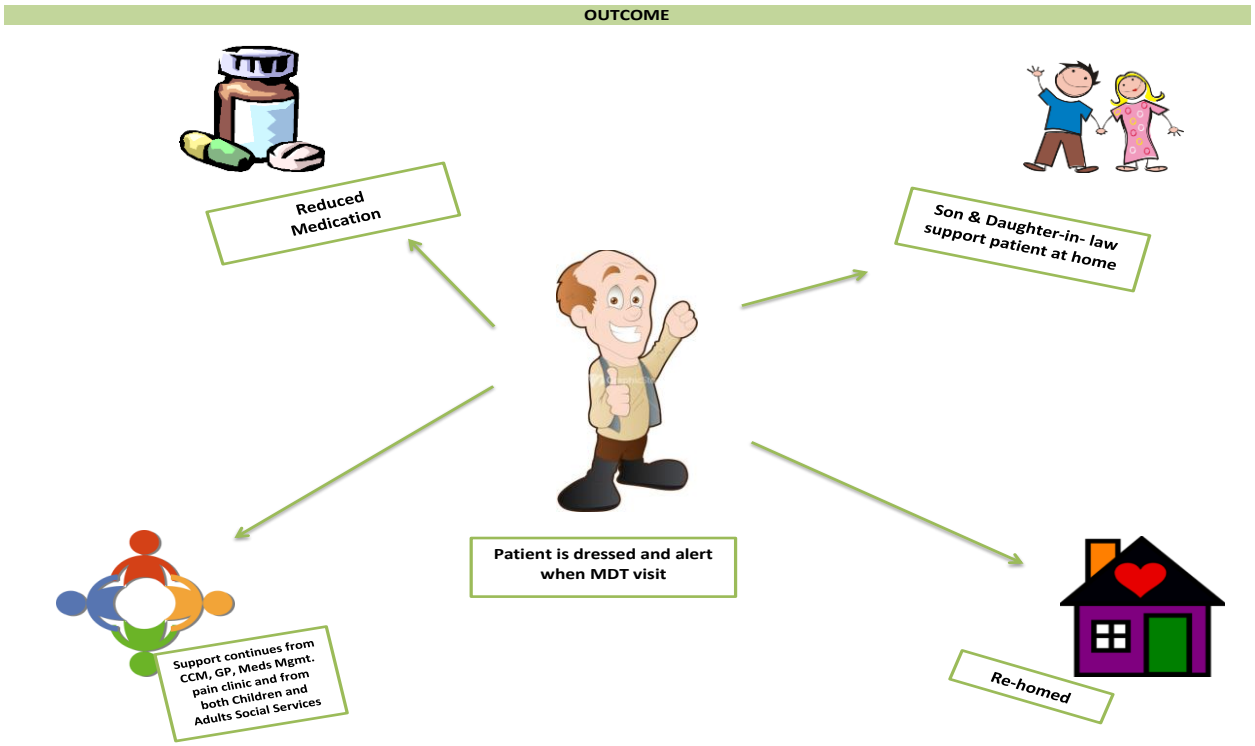
INT Weekly Meeting:

The CCM brought this David for discussion at the weekly INT meeting and the following professionals became involved in his care:

- The **Complex Case Manager** took on the role as case manager for David to ensure that all services had one point of contact and care was joined up and co-ordinated. The complex case manager worked closely with David to ensure that trust was gained and that he stayed at the centre of the plans. It was identified that David would benefit from other services and he gave consent for these referrals to be made.
- **Medicines management** and the complex case manager worked closely together to review David's medication and formulate a plan to reduce it further. They started to reduce the medications over many weeks and David was closely monitored to observe any side effects. There was close liaison with the GP to ensure there was no miscommunication.
- **Housing Officers** reviewed David and deemed it appropriate that he and his daughter were rehoused. Suitable accommodation was identified and David and his daughter were supported with this move.
- **Transforming Lives** Key Worker developed a positive relationship with David over time and supported him to develop a more positive routine.
- The **Social Worker** assessed David and arranged a care package to assist with his personal care, showering and washing which significantly improved his wellbeing and self-esteem. The social worker also identified that David's daughter is a young carer and she was linked to appropriate support for herself.
- The **Pain Clinic** tried to engage David and an appointment was offered – ultimately he did not accept this service.
- **Medicines Management** Team have successfully reviewed and have been able to reduce David's medication to 15 per day, resulting in him being less drowsy and being able to more effectively care for himself and his daughter. When the multidisciplinary team visited the David they have reported that he appears alert and is engaging much more fully in activities of daily living.
- David's **son and daughter in law** are now more connected with the family and are providing informal support to himself and his daughter.

An Integrated Neighbourhood Team Approach:

- The INT worked with David to manage and improve his health conditions, personal care, social circumstances and parental responsibilities.
- All agencies worked together and planned support as an integrated team to support both father and daughter staying at home with a better quality of life.
- Regular integrated care meetings and Children & Families meetings enabled joined up care planning and enabled a clear understanding of progress and ongoing needs.
- The multidisciplinary team worked very closely with other services including mental health, young carers and daughter's school to help support daughter. The team worked with daughter to recognise the signs when David is unwell and she now feels confident to access support for herself and summon support for her father as necessary.
- The multi-disciplinary team built up trust and rapport with David and his daughter in order to support them as a family unit.
- David continues to receive support from Complex Case Manager, Social Work, General Practice, Medicines Management, and Children's Social Care.



HEALTH AND WELLBEING BOARD

Health & Wellbeing Board

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TO:	Health and Wellbeing Board
FROM:	Nancy Palmer (Independent Chair of the Local Safeguarding Adults Board, LSAB & Local Chair of the Local Safeguarding Children Board, LSCB)
DATE:	30.11.2017

SUBJECT: 2016-17 Annual Reports of the LSAB & LSCB

1. PURPOSE

To present the Board of the Annual Reports for the Safeguarding Boards for the 2016-17 period.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is asked to note the Annual Reports and seek co-operation from agencies of the H&W Board to assist in implementing the priority areas.

3.BACKGROUND

LSCBs were established in 2006 under the requirements set out in section 13 of the Children Act 2004. From 2013, statutory guidance requires the LSCB to provide the Health & Wellbeing Board with the report so that priorities in improving the local safeguarding arrangements can also be prioritised in the local Health & Wellbeing Strategy.

Safeguarding Adult Boards (SABs) were established by statute in April 2015 under section 43 of the Care Act 2014. Similar to LSCBs, BwD LSAB is required to provide the Health & Wellbeing Board with their Annual Report.

4.RATIONALE

The Annual Report sets out (a) how the various statutory functions of the Safeguarding Boards have been fulfilled in 2016-17; and (b) how local safeguarding arrangements will be improved and prioritised in 2017-18.

All priorities set out in the business plans aim to ensure that children, young people and adults at risk of abuse and neglect in the borough are ‘safe from harm’ and ‘feel safe from harm’.

5. KEY ISSUES

The document will be a key evidence document to promote local accountability about the safety of local residents. For individual partners, their commitment and involvement in meeting the priorities set out in the business plans will be a key area of judgement in their partnership work.

6. POLICY IMPLICATIONS

One of the statutory objectives of the Safeguarding Boards is to ensure the effectiveness of what all partners do to safeguard children, young people and adults at risk of abuse and neglect. All partner agencies of the Safeguarding Boards and of the Health and Wellbeing Board will be

required to have regard to the priority areas set out in both reports.

7. FINANCIAL IMPLICATIONS

The Safeguarding Boards are funded through contributions by partner agencies. The Annual Reports sets out the budget and spending in 2016-17; resource implications of the 2017-18 priority areas will be met from the budget already agreed with Council Finance Officers (agreed for the 2017-18 period in August 2017).

8. LEGAL IMPLICATIONS

The LSCB fulfils the legal obligations as set out in the Children Act 2004 and other associated legislation.

The LSAB fulfils the legal obligations as set out in the Care Act 2014.

9. RESOURCE IMPLICATIONS

No additional resource implications identified.

10. EQUALITY AND HEALTH IMPLICATIONS

The EIA & HIA checklists have been completed that indicate that a full impact assessment will not be required.

11. CONSULTATIONS

All partners of the LSCB & LSAB, including the voluntary sector, have been consulted throughout the process of producing the document. Children, young people and adults are consulted and their views are included within the reports.

VERSION:	

CONTACT OFFICER:	Abdul Ghiwala & Dawn Walmsley
DATE:	30.11.2017
BACKGROUND PAPER:	LSAB Annual Report 2016-17v1.0.docx LSCB Annual Review 16-17 Business Plan 1

HEALTH AND WELLBEING BOARD

Health & Wellbeing Board

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TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health
DATE:	12 December 2017

SUBJECT: Public consultation, Pan-Lancashire Pharmacy Needs Assessment 2018-2021

1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on the pan-Lancashire work that has been undertaken to review and update the current Pharmacy Needs Assessment (PNA) and the required period of public consultation.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is asked to

- Consider and comment on the draft pan-Lancashire Pharmacy Needs Assessment by 9th February 2018
- Invite its partners to consider and comment on the draft pan-Lancashire Pharmacy Needs Assessment by 9th February 2018
- Receive a further report and sign off the final pan-Lancashire Pharmacy Needs Assessment in March 2018
-

3. BACKGROUND

Local Government took on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA).

The PNA aims to identify whether current pharmacy service provision meets the needs of the local population and considers whether there are any gaps in service delivery.

The PNA is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The PNA also informs commissioners such as the clinical commissioning group (CCG) and local authority, of the current provision of pharmacy services and where there are any gaps in relation to the local health priorities.

4. RATIONALE

From 1st April 2013 every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmacy services for its local population, known as the Pharmacy Needs Assessment (PNA).

A published PNA has a maximum lifetime of three years.

A pan-Lancashire steering group was set up to review and update the current PNAs published in spring 2015 for each of the three Health and Wellbeing Boards.

Following the commitment made in summer 2016 to establish a single Health and Wellbeing Board for Lancashire, the Directors of Public Health agreed that a single document, covering the whole area should be produced.

5. KEY ISSUES

The key issues for the PNA are:

- It is a statutory responsibility of the Health and Wellbeing Board.
- Pharmacies provide a wide range of services beyond core contracts
- The PNA is the basis for future pharmacy commissioning intentions
- Pharmacies may challenge commissioning decisions and therefore the PNA must be robust to ensure decisions are made on relevant and appropriate evidence.

Format

The PNA includes chapters on the following:

- The process for undertaking the PNA
- The context of the PNA
- Current provision of NHS Pharmacy services
- Local health needs
- Locally commissioned pharmacy services
- Future population changes

Findings

The recommendations of the draft PNA that is being consulted on, are as follows :

1) The pan-Lancashire area is well provided for by pharmaceutical services and there is no need for additional pharmaceutical contracts. However, additional services negotiated via the Community Pharmacy Lancashire (CPL) from existing pharmacies would benefit the population.

2) Services pharmacies provide may not be fully known to citizens. There is an obligation for all pharmacies and social and healthcare agencies to publicise and promote pharmacy services.

3) The extended opening hours of community pharmacies are valued and these extended hours should be maintained. All pharmacies and healthcare agencies should be encouraged to publicise and promote pharmacy services.

4) Commissioners are recommended to commission services in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In conclusion, the Pharmacy Needs Assessment identifies that; the PNA should be the basis for all future pharmacy commissioning intentions, pharmacies provide a wide range of services above core contracts and there was no identified need for additional pharmacies.

Process and Deadlines

As part of developing their PNA, Health and Wellbeing Boards must undertake a public consultation for a minimum of 60 days.

The consultation on the draft PNA runs from 11 December 2017 to 9th February 2018.

The consultation can be accessed from the Health and Wellbeing Board webpage at **http://www.blackburn.gov.uk/Pages/Health-and-wellbeing-board.aspx**

Health and Wellbeing Board Partners, as key stakeholders, are invited to submit responses.

Amendments will be made to the draft after the public consultation and a further report presented to the March 2018 Health and Wellbeing Board, requesting sign off of the final pan-Lancashire Pharmacy Needs Assessment.

6. POLICY IMPLICATIONS

There are no direct policy implications

7. FINANCIAL IMPLICATIONS

The findings of the PNA have no financial implications

8. LEGAL IMPLICATIONS

The statutory responsibility for PNAs transferred from PCTs to the Health and Well-being Boards on the 1 April 2013, as a result of the changes introduced by the Health and Social Care Act 2012. At the same time, the responsibility for market entry decisions transferred from PCTs to NHS England. In particular, the Health and Well-being Board had a duty to deliver a Pharmaceutical Needs Assessment before April 2015 under Section 128A of NHS Act 2006 (as amended by the Health and Social Care Act 2012). Thereafter this assessment needs to delivered every 3 years The regulations setting out the responsibilities are contained in Part 2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('the Regulations').

The PNA assists in the commissioning of pharmaceutical services for local priorities and will be used by NHS England when making decisions on applications to open new pharmacies. These decisions may be appealed by pharmacies and challenged via the courts. Therefore it is vital to comply with regulations and that systems are put in place to keep the PNA up to date. The Regulations prescribe the matters which the Health and Well-being Board must have regard to when undertaking the PNA.

Regulation 8 sets out consultation requirements.

9. RESOURCE IMPLICATIONS

The resources for producing the PNA have been incorporated into Public Health plans and therefore there are no additional resource implications.

10. EQUALITY AND HEALTH IMPLICATIONS

The PNA aims to

- Identify gaps in provision or accessibility, including by area or population group
- Help support a healthier population

11. CONSULTATIONS

A 60 day public consultation on the draft PNA is being undertaken.

Those being consulted includes :

- any relevant local pharmaceutical committee (LPC) for the Health and Wellbeing Board area
- any local medical committee (LMC) for the Health and Wellbeing Board area
- any persons on the pharmaceutical lists and any dispensing GP practices in the Health and Wellbeing Board area
- any local HealthWatch organisation for the Health and Wellbeing Board area, and any other patient, consumer and community group that, in the opinion of the Health and Wellbeing Board, has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in the Health and Wellbeing Board area
- NHS England
- any neighbouring Health and Wellbeing Board

VERSION:	**0.3**

CONTACT OFFICER:	Dr Gifford Kerr, Consultant in Public Health
DATE:	5 December 2017
BACKGROUND PAPER:	