



REPORT OF: Executive Member for Health and Adult Social Care

REPORT TO: Health and Adults Overview and Scrutiny Committee.

ON: 22nd January 2014.

RE: Health and Wellbeing Board update.

1. Purpose of the Report

For Members of the Health and Adults Overview and Scrutiny Committee to receive an update on the Health and Wellbeing Board work programme.

2. Background

When Blackburn with Darwen Health and wellbeing Board came out of shadow form earlier in the year there remained a commitment for the Health and Adults Overview and Scrutiny Committee to receive a twice yearly update on the work of the Board. Although the Scrutiny Committee has been closely involved with some of the work programme of the Board, and indeed delivered some of these initiatives in partnership, this paper nevertheless fulfils one of those commitments to report formally the work of the health and Wellbeing Board to the Committee.

3. Recommendations

To note the report and the progress made to date by Blackburn with Darwen Health and Wellbeing Board.

4. Outline work programme

Board meetings:

Since becoming a statutory partnership of the Council In April 2013 the Health and Wellbeing Board have continued to alternate business meetings and development sessions to ensure that progress is kept under review and learning consolidated during its first year in full statutory operation.

The Board have identified a number of areas for review where as a partnership they feel that they can lend particular support, some of which are highlighted below;

Mental wellbeing:

National estimates indicate that one in four people will experience a mental health problem at any one time, and local estimates indicate this could be as high as one in three for Blackburn with Darwen residents. As such improving mental health and wellbeing is a key cross cutting ambition of the health and wellbeing strategy. The Board have chosen to place a particular focus on actions to improve mental health and wellbeing and have returned to this topic a number of times over the year.

Public health and the Clinical Commissioning Group have worked together as part of a review of statutory mental health commissioned services, to support the service recovery plan to reduce unacceptable waiting times for Lancashire Care Foundation Trust Mental Health services. A jointly authored update paper was discussed at the Health and Wellbeing Board Development session in November to outline progress and plans as a result of the ongoing review of mental health care pathways and services.

The Local Authority's Health and Social Directorates are working closely with the voluntary, community and faith sector via a consortia approach to facilitate the development and coordination of a range of evidence based mental wellbeing interventions for common low to moderate mental health, and where social problems are having a negative impact on mental wellbeing.

A 'mental wellbeing hub' is to be piloted during January to March to trial new ways of working whereby appropriate individuals are referred, triaged and then offered a choice of mental wellbeing interventions to meet the identified mental wellbeing need(s), who will have a follow up review. Interventions available via the consortia include asset based approaches, such as social prescribing, self-help, peer support, befriending schemes, Time banks/skills exchange, Books on Prescription, volunteering, mental health awareness and skill development courses, as well as 1-1 counselling, therapeutic sessions, cognitive behaviour therapy (CBT) and access to the national programme Increased Access to Psychological Therapies (IAPT).

The third sector hosted 'mental wellbeing hub' will also facilitate reciprocal referrals and signposting to other appropriate lifestyle (physical health) and to wider determinant support services via the emerging 'Wellbeing Service' to be hosted by the Culture, Leisure, Sport and Young People department.

Keogh review:

In September 2013 representatives of the Board were involved in discussions with East Lancashire Hospitals Trust regarding local action taken or planned following the Keogh review. Further to these discussions a collaborative inquiry is planned with colleagues in Pennine Lancashire to formally scrutinise the outcomes of the second Keogh Review risk summit. However we still await the date of this second (follow up) risk summit, which remains entirely in the gift of the Trust Development Authority (TDA) to set. It is important that we wait for the outcomes of the second risk summit so that we have expert views

on the progress that has been made. This will form the framework on which we focus our attention to support an outcome of better healthcare for those East Lancashire Hospitals Trust service users.

Winter planning (Annual Resilience Plan):

The winter element of the local Annual Resilience Plan covers the period of 1st November 2013 through to 4th April 2014. During this period historically, there has always been a greater demand for health and social care services. The Board prioritised this topic for discussion at their development session in November in order to provide assurance to Board members about the sufficiency of proposed actions set out in the Plan, agree any further actions that could be taken to support winter pressures across the partnership and ensure that the Health and Wellbeing Board are making a contribution to the development of resilience plans locally. A follow up report will be discussed at the January 2014 meeting of the Board.

Developing links between Scrutiny, Healthwatch & HWB

Scrutiny - Vaccination & immunisations session:

Background

Following requests made earlier in the year for a expert panel of representative bodies to attend Committee to advise on the implementation of the new operating model, the Chair was delighted to welcome an expert panel from NHS England and Public Health England to the meeting.

Methodology

In advance of the topic coming before Overview and Scrutiny, the Committee agreed that they would review the vaccinations and immunisations services for Blackburn with Darwen using a Collaborative Inquiry model: Most approaches to performance review or reform are top-down or expert-led reviews. As the Committee membership is entirely lay members in this field, as are the Lead and Executive Members, a collaborative approach of the Lead Member, Scrutiny Committee members supported by Critical Friends from the newly incorporated Public Health department was adopted.

This approach supported a five stage process of:

- Action research on the part of the Executive, the Committee and Critical Friends to the Inquiry; which on this occasion consisted of papers submitted in advance of the meeting that were scrutinised.
- An Inquiry meeting with attendance from Lead Member for Health and Adult Services, Health and Adults Overview and Scrutiny Committee, and Critical Friends; the Director of Public Health and two Public Health Consultants to consider both the briefing papers and the outcomes of a round table discussion with an expert panel.
- An evaluation session following the Inquiry, where participants would be asked for their thoughts views and opinions as to whether the questions asked had been answered satisfactorily, and what the next steps to test the outcomes of the Inquiry should be.
- Testing the findings.

- Outcome recommendations.

It should be noted that certain caveats were agreed in advance of the meeting: The Executive (or Lead) Member as Portfolio holder and decision maker was not attending to be scrutinised by the Committee, nor would be under any obligation or expectation to make decisions at the meeting. On this occasion the Lead Member having heard from an expert panel, (supported by Critical Friend experts from the Authority), heard the opinions and views of cross party Members from the Overview and Scrutiny Committee.

Health & Wellbeing Strategy

Delivery against the priorities and outcomes set out in the Health and Wellbeing Strategy continues to progress under the five programme areas of the strategy.

Programme Area 1: Best start for children and young people

Programme Area 2: Health and work

Programme Area 3: Safe and healthy homes and neighbourhoods

Programme Area 4: Promoting good health and supporting people when they are unwell

Programme Area 5: Promoting older people's independence and social inclusion

Action plans for each of the five programme areas were refreshed in September 2013 and a series of cross cutting themes for further joint activity across the programme area were identified. These included integration, risk profiling, data sharing, behaviour change, staff training, mental health and wellbeing and community engagement.

The ongoing implementation of the strategy is underpinned by a rolling programme of engagement set out in the Boards' Communications and Engagement Strategy.

Public and patient engagement:

The voice of patients and service users continues to be critical in influencing the Health and Well-being Board's activities and understanding of the needs of patients and communities.

The Health and Wellbeing Board hosted a public engagement day at King George's Hall on 31st October. Health Talk was a successful event attended by more than 150 residents and members of the public. On 31st October the Health and Wellbeing Board hosted 'Health Talk', a public engagement day which aimed to build on public engagement and involvement in the development of the health and wellbeing strategy priorities, promote key health messages and services, as well as raise public awareness and understanding of new roles and responsibilities across the health system. The event took place at King George's Hall and featured formal engagement with

invited residents about mental health and wellbeing, which has emerged as a key priority for each of the Board's five delivery groups. This was followed by the official launch of the Director of Public Health's annual report.

After the formal session, a marketplace was opened up to the wider public based on the five Health and Wellbeing Board priorities, with stalls including NHS Health Checks, exercise taster sessions, stop smoking support, telecare demonstrations and opportunities for the Council and partners to engage with attendees.

Health and Wellbeing Board meetings will continue to be open for the public to attend and a record of the meetings' discussions and decisions is published on the Council's website.

The Board's full intentions with regards to engagement are outlined within the Communications and Engagement Strategy that is being considered at their meeting in January.

Areas for development:

The Board has made good progress since April 2013, however there is still much to do to ensure that the Board are able to fully and effectively discharge its existing and emerging responsibilities.

Performance and governance arrangements:

Whilst statutory members of health and wellbeing boards are formally accountable, through their own arrangements, to different parts of the health system, they also have a shared responsibility for developing and contributing to the delivery of the joint health and wellbeing strategy. Governance and assurance of the whole system including the health and wellbeing strategy, broader health and social care outcomes and the functioning of the system as a whole (including NHSE and PHE commissioned local health services) and social care is not yet optimised as each of the statutory partners currently monitor their performance in isolation from each other. This is not uncommon nationally, due to the relative infancy of the new health infrastructure, but it is an issue that is required to be considered as the Board moves forward in its development.

Role in signing off Better Care Fund:

Recent national guidance on the development of the Better Care Fund creates an opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled budget. It encourages Health and Wellbeing Boards to extend the scope of local plans and pooled budgets. The Better Care Fund outlines the need for CCG's and Local Authorities to engage with all providers, both NHS and social care, to develop a shared view of the future shape of services. Plans will include vision for health and care services, aims and objectives of local integrated care, how local areas will meet the national conditions, risks, outcomes and financial plans.

Health and Wellbeing Boards are expected to sign off the plan on behalf of its constituent CCGs and Local Authorities as set out in the better Care Fund Guidance issued in December 2013. An initial draft will be submitted to NHS England and the Local Government Association by 14th February 2014 and the final submission as part of CCG's Strategic and Operational Plans by 4th April 2014.

**Cllr Mohammed Khan
Executive Member for
Health and Adult Social Care.**