

**Blackburn with Darwen Health and Wellbeing Board
Minutes of a Meeting held on Tuesday, 21st June 2016**

PRESENT:

Councillors	Mohammed Khan (Chair)
	Maureen Bateson
	Mustafa Desai
Clinical Commissioning Group (CCG)	
	Dr Chris Clayton
	Dr Penny Morris
East Lancashire Hospital Trust (ELHT)	Kevin McGee
Lancashire Care NHS Foundation Trust (LCFT)	Max Marshall
Lay Members	Joe Slater
NHS England	--
Voluntary Sector	Vicky Shepherd
	Angela Allen
Healthwatch Council	Sir Bill Taylor
	Harry Catherall
	Linda Clegg
	Dominic Harrison
	Sally McIvor
	Steve Tingle
Council Officers	Philippa Cross
	Gifford Kerr
	Sayed Osman
	Christine Wood
CCG Officers	Claire Jackson
Other	Sam Nicol

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and apologies were received from Graham Burgess, Damian Riley and Arshad Rafiq.

2 MINUTES OF THE MEETING HELD ON 8th March 2016

RESOLVED - That the minutes of the last meeting held on 8th March 2016 be confirmed as a correct record subject to

3 DECLARATIONS OF INTEREST

Declarations of interest were received from Joe Slater and Kevin McGee (item 5 – Better Care Fund) and Angela Allen (item 7 Healthy Child Programme). All remained in the meeting during discussion and consideration of the items.

4 PUBLIC FORUM

No questions had been received.

5 BETTER CARE FUND UPDATE

A report was submitted to provide the Health and Wellbeing Board (HWBB) with an overview of Better Care Fund (BCF) performance reporting for quarter 4 (January-March 2016) including progress in relation to delivery of the plan since the previous report in March 2016; and also to update on the 2016/17 BCF plan submission.

The Board was advised that the quarter 4 submission had been made on 27th May 2016 following agreement with Joint Commissioning and Recommendations Group members and the Vice Chair of the Health and Wellbeing Board. It was reported that the quarter 4 submission template had included a request for an additional section which permitted local areas to provide an overview of delivery against national requirements. Details of the national requirements and responses of the HWBB were outlined in the report.

It was reported that local areas were also required to provide feedback on the success and challenges faced during 2015/16 in relation to the delivery of the BCF plan. Responses to the successes and challenges that had been submitted on behalf of the HWBB were outlined in the report.

The Board was advised that the BCF Plan was currently on track to deliver against the plan that had been submitted. Attached to the report at appendix 1 were details of the progress of BCF schemes during quarter 4 in relation to the following areas:

- Early Intervention and Prevention
- Integrated Locality Teams (ILTs)
- Intermediate Care Including integrated discharge and discharge to assess
- Intensive Home Support
- Care Navigation Hub/Director of Services (DoS)
- Better Care Fund 2016/17

It was reported that the BwD 2016/17 BCF plan had been submitted to NHS England on 3rd May 2016 following sign off from the Chair of the Board. Details of what had been included in the plan were outlined in the report.

The Board was advised that the main addition to the 2016/17 planning process was the requirement to develop a local action plan to reduce delayed transfers of care and improve patient flow. A locally agreed plan had been submitted which had included a 3% reduction in delayed transfers of care. This equated to a reduction of 134 bed days over a 12 month period.

The Board was further advised that feedback on the plan, including the approval category was anticipated to be received from NHS England during June 2016 and that following this, the BwD BCF plan would be circulated to HWBB members and published in line with national requirements.

RESOLVED – That the presentation be noted.

6 CQC INSPECTION REPORT FOR EAST LANCASHIRE HOSPITALS TRUST

Mr McGee gave an update on the hospital CQC inspection October 2015. Mr McGee was delighted to report that Royal Blackburn Hospital and Burnley General Hospital were rated as 'good' and indeed part of the services had been rated 'outstanding'.

RESOLVED – That the update be noted.

7 BLACKBURN WITH DARWEN HEALTHY CHILD PROGRAMME (HCP) TRANSFORMATION PROGRAMME

A report was submitted and presentation delivered providing an overview of the Healthy Child Programme 0-19 years/Transformation Programme.

The Board was advised that from 1st October 2015 Local Authorities (LAs) took over responsibility from NHS England for commissioning (ie planning and paying for) public health services for children aged 0-5 which is the health visiting service.

The Board was further advised that the Healthy Child Programme (HCP) was a national public health programme based on best knowledge/evidence to achieve positive outcomes for children and young people.

The transfer of health visiting (0-5 years) commissioning would support and further enable a joined up approach that had already begun within the LA, and to include wider service provision for children and young people 5-19, (now 0-19 years and up to age 25 for young people with Special Educational Needs and Disability (SEND)). This would enable greater working together and improving continuity of care for children and their families providing a progressive universal programme with delivery included from all agencies working with children and young people.

It was reported that the Healthy Child Programme Transformation Programme, 0-19/25 years, for BwD would be based upon national and local policy, legislation, guidance and evidence based.

It was further reported that a Local Authority and CCG Healthy Child Programme Steering Group had been established, reporting into the Joint Commissioning Recommendations Group, to oversee the development of the

HCP transformation programme. The public health nursing component would be going out to tender soon, and as part of the planned procurement rules, and process, three open access stakeholder engagement events had been held to ensure that the future model of the HCP programme had been locally shaped. Further, a specific event across Pan Lancashire had been held, bringing all local authorities and providers together to discuss the HCP, as per procurement rules and regulations. A HCP public health tender expert reference group had been formed to provide expertise and specialist knowledge to steer the development of the model to be tendered and tender requirements of bidders. The procurement process follows the Local Authorities governance process and decision making process.

It was further reported that a range of consultative studies had been undertaken with Children, Young People, Parents, Teachers and Professional groups in BwD in relation to the Healthy Child programme and wider health services for children and young people over the last 24 months; insight from this engagement would be used to inform service specifications.

Attached to the report was a copy of the national service specification for health visiting which would be used prior to consultation as part of the process.

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

- Integration of public services
- Improved outcomes
- Reduction of costs
- Tendering process

RESOLVED – That the Health and Wellbeing Board:

1. Note the report; and
2. Note the planned Children’s Public Health Services procurement plan for new services to be in place by 1st April 2017; and
3. Agree to receive updates on the transformation programme as progression takes place.

8 HEALTHIER LANCASHIRE AND SOUTH CUMBRIA STP UPDATE/PENNINE LOCAL DELIVERY PLAN UPDATE

A report was submitted to provide the Health and Wellbeing Board with an update on the development of the Lancashire and South Cumbria Sustainability and Transformation Plan (STP).

The Board was advised that new guidance issued by NHS England had advised that STPs were no longer required to be formally approved by HWBs prior to 30 June 2016. Plans that were submitted on or prior to 30th June 2016 would be a “work in progress”.

The Board was further advised that on 15th April 2016, the first draft of the Lancashire and South Cumbria STP had been submitted to NHS England and subsequently circulated to the Healthier Lancashire and South Cumbria stakeholder organisations, for information.

It was reported that following a meeting in May 2016 with 44 STP leads initial feedback had been supportive, particularly in relation to the collaborative work already undertaken through Healthier Lancashire. The feedback would be reflected in the next iteration of the STP which was due to be drafted and submitted to NHS England by 30th June 2016 (as previously detailed). An update on the development of the Case for Change was also outlined in the report.

Ten priority areas of focus were outlined in the report as follows:

- Primary Care
- Urgent and Emergency Care and 7 day hospital services
- New Care Models
- Cancer
- Mental Health
- Learning Disabilities
- Digital health
- Prevention
- Supporting people to manage their own health, wellbeing and care
- Provision of acute care

It was further reported that the final iteration of the STP would be required by October 2016. The development of the detailed content through the collaborative work of the Healthier Lancashire and South Cumbria Programme would be built around the 10 areas of focus as detailed.

The Board was advised that a programme of consultation and engagement would be mobilised as part of the development and delivery of plans. Communications and engagement sub groups had been established for the Lancashire and South Cumbria Change Programme.

A discussion took place in which it was agreed that it would be beneficial for the Board to receive an in depth presentation on the STP at the policy development session taking place in July 2016.

RESOLVED – That the Health and Wellbeing Board note the report.