



Start well | Live well | Age well

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 Children's 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 or 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 overseeing 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.