

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD  
MINUTES OF A MEETING HELD ON 11<sup>TH</sup> MARCH 2020**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Maureen Bateson
	Mustafa Desai
<b>Clinical Commissioning Group (CCG)</b>	Claire Richardson
	Carl Ashworth
<b>Voluntary Sector</b>	Angela Allen
<b>Healthwatch</b>	Abdul Mulla
<b>Council</b>	Dr Gifford Kerr
	Prof. Dominic Harrison
	Katherine White
	Jayne Ivory
	Sayyed Osman
	Laura Wharton
	Firoza Hafeji
	Rachel Surkitt

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Cllr Julie Slater and Dr Julie Higgins.

**2. Declarations of Interest**

There were no declarations of interest received.

**3. Minutes of the meeting held on 4<sup>th</sup> December 2019**

**RESOLVED** – That the minutes of the meeting held on 4<sup>th</sup> December 2019 be agreed as a correct record and signed by the Chair.

**4. Actions from the Previous Meeting**

Dominic Harrison gave a verbal update on work undertaken by the PAN Lancashire Child Death Overview Panel (CDOP). Information on transferring

responsibility for CDR/CDOP to Health and Wellbeing Boards would be shared at future meetings.

## **5. Better Care Fund Update**

Katherine White, Head of Integration, Community and Strategy, summarised the Better Care Fund Update report and provided a summary for Quarter 3 of performance and delivery, as well as providing an update for end of Quarter 2 on the BCF and Improved BCF, and iBCF finance position.

The report also provided a summary of performance against metrics BCF targets up to Quarter 3 2019/20 with a narrative summary. It was noted that all the targets were on track besides metric 4, Delayed Transfers of Care. Strategies were in place to ensure the targets were met.

**RESOLVED** - That the Health and Wellbeing Board noted the Better Care Fund Quarter 3 2019/20 performance and financial position.

## **6. Pharmacy Needs Assessment**

Dr Kerr updated the Board Members on the PAN Lancashire work that had started to review and update the current Pharmacy Needs Assessment (PNA), and the required period of public consultation.

Members heard that the 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 aimed to identify whether current pharmacy service provision met the needs of the local population and considered whether there were any gaps in service delivery.

The key issues and matters were shared with the Health and Wellbeing Board which must be regarded whilst developing the PNA.

Dr Kerr highlighted that as part of developing their PNA, Health and Wellbeing Boards must undertake a public consultation for a minimum of 60 days, which was planned for the autumn.

**RESOLVED** – The Health and Wellbeing Board:

- Note the report
- Note that a further update will be provided in Autumn 2020

## **7. Update: COVID 19 – Lancashire and Cumbria Response**

The Director of Public Health, Dominic Harrison, shared a presentation on COVID 19 alongside a verbal update.

Members were informed that the situation was changing on a daily basis and was being led by the Government and Public Health England.

The Board looked at the potential impact of the virus and the current advice and

guidance. They also examined the way in which the council was disseminating information and advice and how we as an authority were working with partners to keep the community safe.

The fundamental objectives are to deploy phased actions to **Contain, Delay, and Mitigate** the outbreak, using **Research** to inform policy development, as described below. The different phases, type and scale of actions depended upon how the outbreak unfolded over time.

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.
- **Research – cross cutting:** to better understand the virus and actions that will lessen its effect; innovate responses including diagnostics, drugs and vaccines; and inform models of care

**RESOLVED:** The verbal update was noted.

## **8. Public Health Apprenticeships/Workforce Transformation**

Laura Wharton, Public Health Consultant gave a verbal update on Public Health Apprenticeships/Workforce Transformation.

The Board heard that new posts would be created and 20% on job training would be provided by Blackburn College.

The Board were recommended to approve the proposal.

**RESOLVED –** That the Health and Wellbeing Members approved the proposal for Public Health Apprenticeships/Workforce Transformation.

## **9. Integrated Care System Strategy and Population Health Plan Priorities**

The Board received a report on Integrated Care System Strategy from Claire Richardson, Director of Population Strategy and Transformation and Carl Ashworth, Director of Strategy and Transformation.

The draft strategy identified the Population Health Plan priorities which aimed at improving the health and wellbeing outcomes of the communities. A system wide approach to develop the Implementation Plan was under way, managed through the Population Health Steering Group of the Integrated Care System.

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

- Received and endorsed the draft Integrated Care System Strategy
- Confirmed commitment to the Population, Health Plan priorities identified in the draft Strategy
- Will engage with and support the development of the Integrated Care System Population Health Implementation Plan
- Endorsed the alignment of the existing population health and prevention activity across the Integrated Care System work streams and Integrated Care Partnership/Multi-speciality Community Provider plans (in West Lancashire)

## **10. Integrated Care system Commissioning Reform**

Members received a report from Claire Richardson, Director of Population Strategy and Transformation and Carl Ashworth, Director of Strategy and Transformation on Integrated Care System Commissioning Reform

An update was provided on the upcoming discussions about the evolution of NHS commissioning in the Blackburn with Darwen CCG and Pennine Lancashire area, and across Lancashire and South Cumbria over the next two years.

Based on the collective vision to continue the journey of integrated care in neighbourhoods, local places and across Lancashire and South Cumbria, commissioning leaders had identified a number of options for the commissioning arrangements which can best support the next stage of development. Each option was assessed against the following criteria:

- Tackle inequalities and improve outcomes for patients
- Get our resources and capacity in the right place to support our integrated place-based models in Primary Care Networks, local health and care partnerships and (where there was value in acting collectively) across the Integrated Care System
- Reduce duplication of commissioning processes, governance arrangement and the use of staff time
- Support a consistent approach to standards and outcomes
- Be affordable, reduce running costs and support longer term financial sustainability
- Offer the potential for further development of integrated commissioning between the NHS and Local Authorities
- Be deliverable
- Be congruent with the NHS Long Term Plan expectation that there will “typically” be a single CCG for each Integrated Care system area.

The Case for Change document identified options which would lead to the creation of a single CCG for Lancashire and South Cumbria.

Members heard that no decisions had been taken at this point in time about future configuration of CCGs. The formal decision about any option to change the

number of CCGs will be taken according to each CCGs constitution through a vote of member GP practices, which was planned to take place in May 2020.

If the outcome of the vote was to support the creation of single CCG, then a full set of merger submission documents would be prepared in line with NHS England guidance. A formal merger application would be submitted to NHSE by 30<sup>th</sup> September 2020 with the aim of a single CCG for Lancashire and South Cumbria operating in shadow form from October 2020 and being fully established on 1<sup>st</sup> April 2021.

A lengthy discussion took place on the proposal and Members shared their opinions on a single CCG which identified that Blackburn with Darwen Health and Wellbeing Board were not in favour of a single CCG and did not approve the proposal shared.

The Chair advised Laura Wharton to create a document to highlight key issues identified by Members regarding the single CCG and forward to Dr Julie Higgins and Amanda Dole for noting.

**RESOLVED** – That the Health and Wellbeing Board noted the report.

**11. PAN Lancashire Health and Wellbeing Board – next steps**

Laura Wharton informed Members that the next Board meeting was scheduled to take place on 17<sup>th</sup> March 2020 where further information would be shared on the single CCG proposal.

**RESOLVED** – That Laura share the key issues identified by Members on the single CCG proposal at the next PAN Lancashire Health and Wellbeing Board meeting.

**12. Date of Next Meeting**

The next meeting of the Board was scheduled to take place at 5.30pm on 3<sup>rd</sup> June 2020.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....