

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD  
MINUTES OF A MEETING HELD ON TUESDAY, 18<sup>th</sup> JUNE 2019**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Maureen Bateson
	Julie Slater
<b>Clinical Commissioning Group (CCG)</b>	Roger Parr
<b>Lay Members</b>	Joe Slater
<b>Voluntary Sector</b>	Vicky Shepherd
<b>Council</b>	Gifford Kerr
	Jayne Ivory
	Kerry Riley
	Sayyed Osman
	Laura Wharton
<b>Age UK</b>	Vicky Shepards

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Cllr Desai, Damian Riley, Angela Allen and Julie Higgins

**2. Minutes of the meeting held on 5<sup>th</sup> March 2019**

**RESOLVED** – That the minutes of the last meeting held on 5<sup>th</sup> March 2019 were agreed as an accurate record and were duly signed by the Chair.

**3. Declarations of Interest**

There were no declarations received.

**4. Public Questions**

The Chair informed the Board that no public questions had been received.

## **5. Age Well Update**

The Director of Adults and Prevention, Sayyed Osman, gave an update on the Age Well Steering Group. It was noted that there were 7 priorities for the Age Well Steering Group including:

- Age Friendly Place
- Dementia
- Social Isolation
- Digital Inclusion
- Poverty and Housing
- Promoting Healthy Life Expectancy
- Oversight of End of Life Care

The Committee were informed of the challenges and the next steps for the Age Well Steering Group

**RESOLVED** - That the Director of Adults and Prevention, Sayyed Osman, be thanked for his presentation

## **6. Local Area SEND Update**

The Director of Children's Services, Jayne Ivory, gave an update on the SEND inspection Briefing. It was noted that Ofsted and the Care Quality Commission (CQC) were tasked to provide an independent external evaluation of how well a local area effectively carried out and met their duties in relation to children and young people with SEND.

The inspection started on 17<sup>th</sup> June and will conclude on 21<sup>st</sup> June. To review progress against the implementation of the SEND reforms and outcomes for children and young people a series of meetings/visits will take place. The meetings and visits timetable will usually involve:

- Staff from adult and children's social care, health and education
- Children and young people aged 0-25 with SEND and their parents/carers
- Early years providers, including children's centres
- Schools
- Pupil Referral Units and alternative providers
- Colleges
- Respite/short-break providers
- Health providers
- Parent Carer Forum

Key lines of enquiry will be determined by the lead inspector, informed by information gathered from the local area's Annual Peer Review Self Evaluation Report, the parent/carer webinar and other sources of information including:

- Outcomes (as described in the Code of Practice) for children and young people with SEND
- Attendance and exclusion information
- Data relating to the identification of SEN at SEN support and education, health and care (EHC) plan levels
- Evaluations from service users and how these have influenced commissioning and changes to service delivery
- Information about the destinations after leaving school, including about young people not in education, employment or training
- Performance towards meeting expected timescales for statutory assessment
- Inspection reports for the local area, its services and providers
- The published local offer
- The local authority short break statement
- Schools' and nurseries' published SEN information reports
- The joint strategic needs assessment
- The joint health and well-being strategy
- SEND strategic plans devised and used by the local area
- The level of appeals to the First-tier Tribunal (Health and Social Care Chamber) (Special Educational Needs and Disability), including cases resolved prior to tribunal hearing. Also, the level of appeals at the Single Route of Redress
- Complaints to Ofsted and the CQC
- Any relevant serious case reviews and their outcomes

**RESOLVED** – That the Director of Children's Services, Jayne Ivory, to present an update at the next Health and Wellbeing Board meeting

## **7. Lancashire and South Cumbria Children and Young People's Wellbeing and Mental Health Transformational Plan 2015-2020/21**

The Plan aims to improve the resilience, emotional wellbeing and mental health of children and young people, especially those who are at increased risk due to their vulnerability, making it easier for them and their families to access help and support when they need it and improving the standard of mental health services across Lancashire and now, South Cumbria.

It was noted that there were four key areas of work going forward to 2021;

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Ensuring appropriate support and intervention for CYP in Crisis
- Improving Service Quality

Building on the Future in Mind principles of promoting, protecting and improving our children and young people's mental health and wellbeing, the programme has adopted the THRIVE model to underpin the development and redesign of services. THRIVE wraps services around children and young people allowing access to the correct level of support at the time that it is needed using a multiagency model.

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

## **8. Public Health Annual Report**

The Consultant in Public Health, Gifford Kerr, gave an update on Public Health 2018/19. It was noted that the 2018/19 report addresses the growing issue of child poverty, which is a matter of increasing concern across the UK. It coincides with the publication of modelled estimates suggesting that Blackburn with Darwen has the fifth highest child poverty of any UK local authority, and Bastwell the highest of any ward.

The report looked at how child poverty was defined and measured, examines national trends including the effect of 'austerity' policies, and presents evidence on the causes and effects of child poverty, including the effects upon health.

It was recommended that the Health and Wellbeing Board should champion partnership work to tackle child poverty. This work should follow good practice guidelines, target identified drivers of child poverty, and aim to either 'prevent' or 'undo' the problem, or 'mitigate' its impacts. An ambition is expressed to close the child poverty gap between Blackburn with Darwen and the rest of the country by 2030.

**RESOLVED** – That the Consultant for Public Health to present an update at the next Health and Wellbeing Board meeting

## **9. PAN Lancashire Health and Wellbeing Board**

The Public Health Specialist, Laura Wharton, gave a verbal update on the PAN Lancashire Health and Wellbeing Board. It was noted that there was concern regarding the Integrating Care Partnership and moving forward with the Health and Wellbeing Board.

An update would be brought to the next Health and Well Being Board meeting.

**RESOLVED** - That the Director of Public Health to present an update report to the next Health and Wellbeing Board meeting

## **10. Joint Commissioning and Better Care Fund**

The Committee received a presentation from Kathrine White on the Joint Commissioning and Better Care Fund and referred to the Delayed Transfer of Care (DToC). DToC relates to people staying in hospital longer than is needed once patients are well enough to leave.

It was noted that DToC was tracked and reported and the target to achieve was less than 3.5% which was monitored by NHS England. The target for Blackburn with Darwen was 2.62%.

It was reported that the reasons for patients being delayed are:

- 27.1% are due to a lack of completion of assessment in a timely manner – capacity and staffing issues
- 16% are due to a disputes between either the patient or family choice – patients have refused a reasonable offer
- 15% due to delay in next step to another NHS facility such as mental health, intermediate care or rehab services.

The second part of the presentation focused on residential admissions and that patients being discharged from hospital into residential care was high alongside the proportion of older residents in long term residential or nursing care. However, the overall quality of provision was good.

It was noted that in Blackburn with Darwen there was 26 care hours for Older people; 7 Nursing homes (4 supporting people with dementia) and 19 Residential Homes (10 supporting people with dementia) and the average occupancy was around 96%.

**RESOLVED** – That Katherine White be thanked for her presentation.

## **11. Sport England's Local Delivery Pilot**

The Committee received a presentation on Pennine Lancashire's Local Delivery Pilot. It was noted that the pilot aimed to start with people and place, to focus on the inactive and under presented, as well as involve all of the partners.

The Together an Active Future pilot targeted certain audiences, in particular, people who were inactive, people with/or at risk of having mental wellbeing challengers and people affected by life events.

Over the next six to eight weeks there would be various activities scheduled such as:

- Together an Active Blackburn with Darwen workshop on 14th June which had 60 people booked on from a wide range of groups and organisations
- At least 2 further follow-up sessions planned to explore collaboration opportunities from 14th June
- Present to all 4 PCNs by end of July meeting cycle
- Blackburn with Darwen collaboration including leisure, PH, adults & prevention, VCFS & CCG colleagues to populate the Pathfinder plan templates informed by local insight, data, priorities and ideas shared from the engagement events.
- Support development of Place based approach in Blackburn Central ward alongside Social Integration programme

**RESOLVED** – That the Health and Wellbeing Board noted and endorsed the content of the report

## **12. Lung Health Check Programme for Blackburn with Darwen**

The Committee received a presentation on Targeted Lung Health Checks within Blackburn with Darwen. It was noted that lung cancer had a poor survival rate and was the commonest cause of cancer deaths with around 35,000 deaths per year.

The lung health check was a 4 year programme aimed at people between the age of 55 and 74 that had ever smoked, which included 17,000 patients. The 17,000 patients would be invited to a Targeted Lung Health Check where half would attend and around 140 would be identified having lung cancer. The outcome for the health check is to save lives, improve lung health, stop smoking and reduce health inequalities.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....