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Blackpool Council

26 August 2014

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 3 September 2014 at 3.00 pm
at the Solaris Centre, New South Promenade

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned; and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 9TH JULY 2014 (Pages 1 - 4)

To agree the minutes of the last meeting held on 9th July 2014 as a true and correct record.

3 DEVELOPMENT UPDATE (Pages 5 - 8)

To consider an update on the revised Joint Health and Wellbeing Strategy priorities

4 STRATEGIC COMMISSIONING GROUP UPDATE (Pages 9 - 20)

To receive an update on the work of the Strategic Commissioning Group including the minutes of the meeting of the group held on the 6th August 2014

5 PERFORMANCE UPDATE QUARTER 1 2014-2015 (Pages 21 - 30)

To receive a presentation on the Performance Update for Quarter 1 2014-2015.

6 DISABLED CHILDREN'S CHARTER (Pages 31 - 38)

To receive a report on the Disabled Children's Charter and to consider signing the Charter for the next twelve months

7 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 39 - 50)

To consider a report updating the Board on the development of the Pharmaceutical Needs Assessment.

8 BETTER CARE FUND PLAN UPDATE (Pages 51 - 56)

To receive an update presentation on the Better Care Fund.

9 HEALTHWATCH ANNUAL REPORT (Pages 57 - 90)

To consider the Healthwatch annual report

10 DATE OF NEXT MEETING

To note the date and venues of the next meeting.

22nd October 2014- City Learning Centre

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Lennox Beattie Executive and Regulatory Manager, Tel: 01253 477157 , e-mail lennox.beattie@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 9 JULY 2014

Present:

Councillors Collett and Taylor, Simon Bone, David Bonson, Gary Doherty, Richard Emmess, Roy Fisher, Dr Arif Rajpura, Joan Rose, Dr Leanne Rudnick and Professor Heather Tierney-Moore

In Attendance:

Scott Butterfield, Corporate Development Manager, Blackpool Council
Dr Mark Johnson, Blackpool Clinical Commissioning Group
Ibby Masters, Deputy Police and Crime Commissioner Lancashire Constabulary
Kelly Miller, Commissioning Manager, Blackpool Council
Lennox Beattie, Executive and Regulatory Manager- Blackpool Council
Stuart Noble, Lancashire Constabulary
Traci Lloyd-Moore, Health and Wellbeing Board Project Officer, Blackpool Council

Apologies

Apologies were submitted on behalf of Councillors Blackburn and Clapham and Richard Bayly, Delyth Curtis, Dr Amanda Doyle, Sue Harrison, Jane Higgs and Ian Johnson

1 APPOINTMENT OF CHAIRMEN

In the absence of the Chairman and Vice-Chairman, the Board considered the appointment of a Chairman for the meeting.

Resolved:
That Mr Roy Fisher be appointed Chairman for the meeting.

2 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

3 MINUTES OF THE LAST MEETING HELD ON 4TH JUNE 2014

Resolved:

That the minutes of the meeting held on the 4th June 2014 be approved as a correct record.

4 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE - LOCAL GOVERNMENT ASSOCIATION, ACTION LEARNING SET, JUNE 2014

The Board considered a summary report on the Local Government Association's Action Learning Set held in June for Local Authorities that had completed the health and wellbeing peer challenge in 2014.

Ms Lloyd-Moore highlighted the key themes and issues raised at the meeting she had attended last month in London which included the role of Health and Wellbeing Boards in leading whole systems change; consideration of the impact of upstream and downstream interventions, the role of the voluntary and community sector and approaches to shared accountability for health outcomes across the system.

Resolved:

1. That the update be noted.

2. To agree to consider the main discussion points further at the next Board Development session.

5 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE - DEVELOPMENT SESSION REPORT AND IMPROVEMENT PLAN (DRAFT)

The Board considered an initial report outlining the key outcomes of the development session and a first draft of the improvement plan including the four priorities areas the Board members had identified as the main drivers to focus on in the longer term.

Resolved:

1. To agree the principles of the improvement plan.

2. To refer the plan to the Strategic Commissioning Group and the Board's next development session for future consideration.

6 DEVELOPMENT UPDATE - ANNUAL REPORT

The Board considered the draft annual report for the Health and Wellbeing Board which outlined the progress the Board had made since becoming a formal statutory committee and future areas of work.

Resolved:

1. To note the report

2. To forward comments by the 21st July 2014 to Ms Lloyd-Moore on the draft annual report.

3. To hold a second stakeholder event in recognition of the work undertaken by the Board outlined the annual report and to look at future areas of work.

7 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received a verbal update on the work of the Strategic Commissioning Group including the minutes of the meeting held on the 18th June 2014. David Bonson noted that the CCG Strategic Plan would be presented as a separate item at the meeting, but highlighted work around the Better Care Fund plan explaining that the Programme Board had established a series of workstreams to develop the model and an officer to support implementation was now in post. He added that work was also being undertaken to expand HIV services at the Acute.

Resolved:

To note the update.

8 CHILDREN AND FAMILIES BILL, SPECIAL EDUCATIONAL NEEDS

The Board received an update on the changes for services to children and young people aged 0-25 years old from Dr Simon Jenner, Chief Educational Psychologist, Blackpool Council.

Dr Jenner explained that the Children and Families Act 2014 has introduced large scale change in relation to such provision.

The key changes which were outlined were the creation of a local offer, joint commissioning between health and local authority, education, health and care plans replacing statements, full involvement of parents and young people in the creation of individual plans and the option of personal budgets for families and young people.

It was further noted that the report had been approved by the relevant Cabinet Member.

Resolved:

1. To endorse the approach taken by Blackpool Council and Health partners.

2. To receive an annual update on the progress of further implementation.

9 QUALITY CARE LEARNING DISABILITY HEALTH ASSESSMENT

The Board received an update on the Learning Disability self-assessment from Kelly Miller (Divisional Commissioning Manager- Blackpool Council).

Members of the Board asked questions around those targets rated amber and agreed that it should be a key priority to work towards improvements in those areas.

Resolved:

1. To note the report.

2. To receive the next self-assessment report in December 2014

10 BLACKPOOL CLINICAL COMMISSIONING GROUP STRATEGY 2014/2019

The Board received a presentation on the Clinical Commissioning Group's strategic plan for the period 2014-2019 from Dr Mark Johnston.

Dr Johnston explained that the plan had been developed in line with the NHS England's Planning Guidance for NHS Clinical Commissioning Groups and had been submitted to NHS England on 20th June. He outlined the planning timeline and the current position of the plan which would involve peer review, modelling and sense checking. He stated that this is the overarching plan for commissioning healthcare services in Blackpool and is supported by a series of smaller plans including a two year operational plan, financial plan and Better Care Fund plan.

Dr Johnston added that the three cross cutting themes of Cardiovascular Disease, Respiratory Disease and Mental Health set out in the plan link across to the priorities of the Health and Wellbeing Board and Public Health and given that social isolation as a cross cutting theme impacts on all of these issues, greater focus would be given on upstream interventions and as a result.

Dr Johnston introduced the proposed neighbourhood model which had been informed by mosaic profiles, practice locations and existing services, stating that six neighbourhoods 'hubs' would be developed – covering the far north, north, central west and east, south central and south. He stated that new system will look very different, with clusters of GP practices working together, supported by appropriate services co-ordinating care closer to patients' homes. Each neighbourhood would comprise of Self-care support, the GP practice identifying patients needs, groups of GP practises co-ordinating community care, delivering community based services which involved 7 day working and care for patients with complex needs and Hospital care when it is not safe for patients to be treated in their own home or close to home. Dr Johnston encouraged the Board to sign up to the principal vision set out in the plan.

Members of the Board noted the plan and welcomed a further update at a future meeting.

Resolved:

1. To note the presentation.

2. To actively support the Blackpool CCG's vision for the future

Chairman

(The meeting ended at 4.50 pm)

Any queries regarding these minutes, please contact:
Lennox Beattie Executive and Regulatory Manager
Tel:
E-mail:

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Traci Lloyd-Moore, Health and Wellbeing Board Development officer
Relevant Cabinet Member	Councillor Eddie Collett, Cabinet Member for Public Health
Date of Meeting	3rd September 2014

Health and Wellbeing Board Development Update – Joint Health and Wellbeing Strategy Revised Priorities

1.0 Purpose of the report:

1.1 To consider the four revised priorities identified at the Board's last Away Day.

2.0 Recommendation(s):

2.1 To consider and agree the revised priorities.

3.0 Reasons for recommendation(s):

3.1 At the last Away Day, members of the Board identified four 'key drivers' to focus on over the longer term. These were presented to the Board in July together with the key outcomes of that session and the first iteration of an improvement plan. In order to further develop the improvement plan and to support initial arrangements for refresh of the Joint Health and Wellbeing Strategy in 2015, the Board is being asked to consider and agree the four drivers which are set out in section 5 of this report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

There are no alternative options to be considered

4.0 Council Priority:

4.1 The relevant Council Priority is
"Improve health and well-being especially for the most disadvantaged"

5.0 Background Information

5.1 The Health and Wellbeing peer challenge outlined six key recommendations which were discussed in detail at the Board's last Away Day. One of the recommendations proposed the joining up of priority actions, with the Board asked to select the top three to focus on and deliver over the longer term.

5.2 In considering its future direction, Board members who attended the Away Day identified four key 'drivers' that would have the biggest impact against the 21 priorities set out in the current Joint Health and Wellbeing Strategy and for which the Board could most influence or add leverage to as a partnership. These are set out in the table below.

Driver/ Priority Area	**Stabilising the Housing Market**	**Substance misuse alcohol drugs and tobacco**	**Social Isolation/ Community Resilience**	**Early Intervention**
Suggested Board Action or Role	Work with partners to improve HMO stock via selective licensing	Address lifestyle issues by supporting education programmes and policy intervention e.g. Local EMRO	Address social isolation for all ages and build community resilience Obtain clarity on partner contribution and ensure services are joined up	Encourage more upstream intervention at the earliest stage of life possible to make the most gains. Better Start being the catalyst for change.

5.3 The key actions and outcomes from the Away Day including the 'drivers' outlined above were used to shape an improvement plan, which the Board approved in principle, in July. In moving forward, and in order to finalise the improvement plan the Board are being asked to consider whether these are the right areas of focus for the next Joint Health and Wellbeing Strategy. Once agreed, the following key activities will be led by the Strategic Commissioning

Group:

Activity	Lead	When by
Undertake a review of priorities not yet considered through formal debate to support the transition from the current strategy to a revised version. These include: **Physical Activity, Substance Misuse, Dementia, Frail Elderly, Carers and Young Carers, Safeguarding and Domestic abuse, Long Term Conditions and Disabilities, Economy, Employment and Workforce, Education and Aspiration, Environment, Transport, Crime and Anti-Social Behaviour.** This will identify the leads responsible for the priority and a synopsis of the key strategies, plans, interventions or activities in place and provide the Board with an overall picture of how each priority is being addressed, with clarity and assurance around the governance, reporting and management arrangements. As the Board will not wish to lose sight of continuing progress and to be able to assess future impact against the four key drivers, consideration will need to be given to the how these connect with the 21 priorities; the level and frequency of assurance from leads that progress is being made and the type of performance management arrangements required	Strategic Commissioning Group	Oct 14
Undertake a full review of the actions, assigned leads and timescales set out within the improvement plan, making any changes as required.	Strategic Commissioning Group	Nov 14
To hold a development session, facilitated by the LGA on 3rd December this will primarily focus on implementation of the improvement plan and the transition from the existing strategy to the new version.	LGA	Dec 14
Undertake a scoping exercise to identify the key actions and activities the Board will commit to undertake against each 'key driver' which will be supported by an assessment of spend across each one. A revised substructure to support delivery of the priorities will then need to be developed.	Strategic Commissioning Group	Spring 2015

5.4 Does the information submitted include any exempt information? No

5.5 **List of Appendices:**

None

6.0 Legal considerations:

6.1 None

7.0 Equalities considerations:

7.1 It is intended that reducing the number of strategic priorities will allow the Board to work with greater precision and achieve greater impact in tackling the key health challenges set out in the current Joint Health and Wellbeing Strategy, and as part of the refresh an equality impact analysis will be conducted.

8.0 Financial considerations:

8.1 None

9.0 Risk management considerations:

9.1 None

10.0 Internal/ External Consultation undertaken:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Delyth Curtis, Director Adult Services, Blackpool Council
Relevant Cabinet Member	Councillor Eddie Collett, Cabinet Member for Public Health
Date of Meeting	3rd September 2014

STRATEGIC COMMISSIONING GROUP UPDATE

1.0 Purpose of the report:

1.1 To receive a verbal update on issues related to the Strategic Commissioning Group.

2.0 Recommendation(s):

2.1 To note the update

3.0 Reasons for recommendation(s):

3.1 The Board has as a key responsibility to receive regular updates on the work programme of the Strategic Commissioning Group and to review future actions. The notes of the meeting of the Strategic Commissioning Group on 6th August 2014 are attached for information at Appendix 4a.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

There are no alternative options to be considered

4.0 Council Priority:

4.1 The relevant Council Priority is

"Improve health and well-being especially for the most disadvantaged"

5.0 Background Information

5.1 The main items considered at the meeting include an overview of updated guidance on the Better Care Fund and progress in revising the locality plan against the new guidance; an update on JHWS Performance for Qtr 1 2014-2015, which will be covered separately on the Board agenda; a discussion on future support officer arrangements for the Board and the outcome of a subgroup mapping exercise.

5.2 Does the information submitted include any exempt information? No

5.3 **List of Appendices:**

Appendix 4a – Strategic Commissioning Group Notes and Actions 6th August 2014

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

Strategic Commissioning Group
Notes and Actions
6th August, 1:30-3:30pm
Pitchview Room, Stadium

Present	Delyth Curtis, Director Adult Services, Blackpool Council (Chair) Dr Amanda Doyle (OBE), Chief Clinical Officer, Blackpool CCG David Bonson, Chief Operating Officer, Blackpool CCG Dr Mark Johnston, Associate Director Acute Commissioning and Service Redesign Blackpool CCG Jane Higgs, Director of Operations and Delivery NHS England (Lancashire) Steve Thompson, Director of Resources, Blackpool Council Helen Lammond-Smith, Head of Commissioning, Blackpool CCG Andy Roach, Director of Integration and Transformation, Blackpool CCG Judith Mills, Public Health Specialist, Blackpool Council Wendy Swift, Director of Strategy/Deputy Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust
Also present	Scott Butterfield, Corporate Development Manager, Blackpool Council Clare Cosgrove, Blackpool CCG Traci Lloyd-Moore, Health and Wellbeing Project Officer, Blackpool Council
Apologies	Dr Arif Rajpura, Director of Public Health, Blackpool Council Liz Petch, Public Health Specialist, Blackpool Council Lynn Donkin, Public Health Specialist, Blackpool Council Gary Raphael, Chief Finance Officer, Blackpool CCG Jane Cass, Head of Public Health, NHS England (Lancashire)

1.	**Apologies** Apologies were noted.
2.	**Welcome and Introductions.** Del welcomed everyone to the meeting. In a change to the agenda, Del announced that in light of the recently published revised guidance on the Better Care Fund, Sarah Lambert's update on Better Start would be presented at the September meeting and focus today would be given to the implications of the guidance on Blackpool's BCF plan which would be taken under item 4.

3.	**Notes and actions from previous meeting.** Notes from the previous meeting were agreed. **Actions from previous meeting:** <u>Police representation on the Better Care Fund Programme Board</u> Helen Lammond-Smith reported that she had met with Stuart Noble who had expressed an interest in linking into the subgroups of the Out of Hospital Strategy Steering Group and Better Care Fund workstreams; specifically around ICT/Shared Information, social isolation and neighbourhoods. Stuart could deploy the appropriate police reps to engage with these groups. Andy Roach agreed to take this forward. Helen to forward email correspondence to Andy. <u>HWB Project Officer Post</u> On the agenda. <u>Blackpool CCG 5 Year Strategic Plan</u> Dr Mark Johnston confirmed the plan had been submitted and the headlines presented at July Health and Wellbeing Board. <u>HIV pilot</u> Dr Amanda Doyle reported that HIV would become a CCG commissioned service from April 2015. Judith Mills added that the HIV champion had now left the post but had helped to improve take up. Judith was now working with the Acute to develop a new model and confirmed that in terms of costs Fylde and Wyre CCG would be involved in discussions. <u>Fylde Coast End of End of Life Strategic Group</u> Traci confirmed that she would liaise with Jeannie Harrop about presenting a full update on changes to End of Life Care pathway to the Health and Wellbeing Board. <u>Improvement Plan</u> Traci confirmed that she had made some initial amendments to the plan and that it was on the agenda for a view from the group. <u>JSNA (VCS) Event report</u> Traci confirmed that Richard Emmess had been invited to present the report at September Health and Wellbeing Board. <u>Terms of Reference</u> On the agenda. <u>September Health and Wellbeing Board</u> On the agenda.

4.	**Better Care Fund Update.** Dr Mark Johnston outlined the key elements of the revised BCF guidance with the main thrust of change relating to the exposed risk to the Acute Trust which needed to be addressed in the plan. There was now one single measure linked to performance and only two questions in the updated plan remained the same the others were new or had been revised. Mark added that fundamentally the new guidance would not change Blackpool's plan, explaining that himself, Jayne Bentley and Traci Lloyd-Moore had started to cross reference the current plan with the revised guidance to identify the gaps and that much of the detail should be available in other plans such as the CCG Strategic Plan. He outlined key tasks as 1. that the first full draft would be ready within 10 days and presented to the BCF programme Board and by this stage we should be clear where the gaps are and how they can be filled and 2. that the sections of the plan that would not be ready included Annex 1 and 2 which required the Acute response and a detailed business case. Del stated that we would need to present the key points to the Health and Wellbeing Board on 3 September with clarity around outcomes and risks and what we needed to do to achieve them. Mark replied that the final version of the plan wouldn't be ready in time but that the key points can be presented to the Board and would also be presented to the CCG Governing Body on 2 September. Amanda added that whilst we needed to address measures, the feedback from NHSE on the existing plan showed that we are in a good position. Del agreed but advised that we need to understand the financial risks for the Council and this work was not yet complete. Jane Higgs outlined 4 key points in relation to Blackpool's plan, we need to: 1. Confirm deliverability 2. Link to strategic plan questions (checkpoint 3) 3. Link to Fylde and Wyre and the Acute Trust as risk will need to be managed 4. Report back to health and wellbeing board to confirm the plan hasn't changed but that the risk has shifted. Adding that the basics are the same but there is more focus on local government and emphasis on shared management of risks across the system Del queried whether council would receive Section 256 monies in the next financial year. Mark replied that this had been queried and he was awaiting confirmation from NHSE whether this will form part of the £4.1 million coming to the CCG as part of the pooled budget. Del summarised the process going forward as follows: ○ Produce a headline report for the health and wellbeing board for 3 September ○ The BCF programme board to hold fortnightly meetings linked to the new checkpoints (which were scheduled) ○ Del to arrange a briefing with the Leader to seek delegated authority to sign off the plan

	Jane added that by Checkpoint 2 on 27 August, the expectation would be that local areas would have better assurance around deliverability, with sign up from acute providers. Clare Cosgrove then provided an outline of the financial element of BCF explaining that the 3.8bn had been split into £1bn designated to performance and £2.8bn non performance. The 1bn had been split into two areas NHS Commissioned Out of Hospital Strategy and Reduction in non-elective admissions. Clare added that what is paid into BCF is proportional so if we do more there is no extra money. She added that the BCF pooled budget would be paid in quarterly instalments based on performance. Noting that the risk is paying for something that has not yet been confirmed. Clare concluded that if we do everything in the plan we get all the funding if we don't it will be proportional, if we go above the level in any quarter we won't get anything as it's cumulative. Clare had based the figures on existing data from Gary Raphael. Jane remarked that ambulatory care pathways needed to be expanded to support BCF; the group agreed but stressed that we needed to ensure the money was in the system. Del queried how much work was needed to complete the financial element of the submission. Clare explained that she needed to determine the number of cases being taken out, and as the template is formula driven she would need to re-check the figures. **Action:** ○ Mark to produce a presentation for September Health and Wellbeing Board ○ Del to organise a briefing with the Leader to update him on BCF and seek delegated authority ○ Mark, Jayne and Traci to continue to update the plan and present this at the next meeting of the BCF programme board
5.	**Subgroup mapping** Helen Lammond-Smith tabled a chart that she had developed following a subgroup mapping meeting on 4 August. The chart outlined existing groups which currently have a relationship with the Health and Wellbeing Board and feed into the priority areas and those which have less connectivity with the Board's agenda. The group queried how the Children's Trust linked in, in relation to Better Start and the Health and Wellbeing Board and noted that for groups with less connection such as B:Safe it was key to encourage them to develop a dialogue. Scott Butterfield commented that more clarification was needed with regard to the remit of Children's Trust and he was currently working with them to review and revise arrangements. David Bonson added that the Strategic Commissioning Group required clarity about their agenda. Del queried whether we could work in a smarter way with some groups continuing as they are but some merging; with chairs feeding into a partnership board that would in

	turn report into the Board. The group agreed that as a starting point the draft partnership report written by Traci and the chart from Helen should be merged and updated and brought back to the group in September to progress discussions, so that options/recommendations on a future substructure can be taken forward with the Health and Wellbeing Board. **Action:** Helen to forward the subgroup chart to Traci who will update the partnership report for discussion in September with a view to final recommendations being presented to the Board in October.
6.	**SCG Terms of Reference** Traci outlined changes to the TOR, notably within the scope and relationships sections; which included the new programmes/groups that SCG now has a connection with as follows: the Better Care Fund and BCF Programme Board; the three Big Lottery Fulfilling Lives programmes, Quality Surveillance Group and the Fylde Coast Strategic End of Life Group. Del asked that a line regarding quoracy be added. The group agreed with the amended TOR in principle. **Action:** Traci to include quorum in the TOR and circulate for final approval
7.	**Health and Wellbeing Board Project officer post** Scott talked through the proposal setting out the options for a replacement health and wellbeing project officer in light of Traci's take up of a new post in Adult Services. Scott explained that there was a need for continuation of support but given current resource pressures, there was less available to support a full time equivalent post. Furthermore as the initial strategic development of the Board was now complete, the proposal was to create a part-time two year post at scale H1 with buy-in from member organisations in terms of time or in kind support. Scott added that any additional Board development would need to be budgeted for by the Board, but there was commitment from the Corporate Development Team to provide strategic support where appropriate. He added that if funds could be found the post could be worked up to a full time post to take on additional work for the Corporate Development Team but this was an ongoing discussion within his service. The group agreed that the Board would still require a support officer and agreed to the principles set out in the proposal with Public Health, Adult Services and the CCG each contributing £3697 towards the post. Del stated that this would need to be ratified by the Health and Wellbeing Board. **Action:** Scott to prepare a report for the Health and Wellbeing Board for formal approval

8.	**Extensivist model update** Andy Roach reported that Mark O'Donnell was leading on this work and confirmed that the clinical blueprint was complete and an executive summary produced. Development would continue through the Implementation Group which included members of the Clinical Design Team. The Final draft of the Out of Hospital Strategy would be ready on 27 August and followed by clinical and public engagement. Andy added that a report would be brought to the Health and Wellbeing Board in due course **Action:** Andy to prepare a presentation with the exec summary for October Health and Wellbeing Board
9.	**JHWS Performance Update Qtr1 2014-15** Traci presented the dashboard summary on behalf of Karen Nolan noting the indicators which had improved or declined in performance and highlighting those for which data was not available due to time lag. The group raised some concern about some of the data being significantly out of date and queried why this was the case. Judith Mills explained that some of the data for example child dental health was conducted in five year phases over different age groups hence the data 2008-9 was the most up to date data available. The group advised that if this is the case an alternative indicator needed to be found. David added that commentary would be required for those indicators where data was available. Del tasked Traci with producing a template and sending this to indicator leads for completing so that the exception report could be populated. **Action:** Traci to produce and circulate a template to indicator leads requesting technical summaries for the indicators that have been updated
10.	**Draft Improvement Plan** Traci briefly presented the plan and asked if this could be included on the next agenda so that it could be worked up for discussion at the next development session which she was proposing take place in early December. The group agreed to include the plan on the next agenda. Del queried whether the Board had formally agreed the four revised priorities identified at May's development session as this would enable them to move forward with the plan. Traci explained that these had been included in a report on the outcome of the development session presented at July Board, adding that the plan had been agreed in principle. However Traci stated that she would prepare a follow up report seeking formal approval from the Board against the four priorities. **Action:** Traci to prepare a follow up report for September Board seeking formal agreement of the

	four revised priorities
11.	**Health and Wellbeing Board – September Agenda** Traci confirmed the key items as – Disabled Children's Charter, JHWS Performance, Better Care Fund, PNA Consultation, Healthwatch annual report and a report on the JSNA Event with the Third Sector.
12.	**Agenda Items for SCG next meeting** Traci confirmed the key items as - Better Start Update, Quality Surveillance Group Update, Draft Tobacco Strategy, Welfare Reforms, Improvement Plan, Partnership/Subgroup report, Social Isolation update
13.	**AOB** Traci presented 3 further items for consideration: **Local Vision** Traci informed the group that at her last briefing with the Leader she had informed him about a programme called Local Vision which had been promoted at the LGA Action Learning Set in June. The Leader had tasked Traci with obtaining further information so that a collective view could be taken as to whether to take part. Traci explained that Local Vision formed part of the LGA Systems Leadership programme which provided support through an 'enabler' to work with a local area to tackle the main health or social care issues affecting their locality. This would involve the submission of an application describing the issue(s), supported by evidence of sign up from local partners including the Health and Wellbeing Board and a contribution of £10,000. Subject to the application being successful, the LGA would match this with an additional £27,000 worth of resource/support to include the 'enablers' time. Traci noted that the deadline for applications was 8th August so the timing was very tight, but if there was interest there may be some flexibility around the submission date. The group consensus was that given the current agenda, taking up this type of opportunity would be beneficial at a later stage and an application could not be submitted at this time. Traci said that she would inform the LGA that they would not apply in this round and would ask for future dates. **Board meeting arrangements** Traci informed the group that she would be working with Lennox Beattie to develop the Boards meeting schedule for next year. The group advised that they would be keen for the Board to return to monthly meetings given the ongoing substantial agenda which should include more opportunities for development sessions. Traci agreed to raise this with Lennox. She also proposed running the next development session in early December once the improvement plan was finalised. The group agreed with this in principle but advised that this should be discussed at the next Board meeting.

	Traci added that she had had a discussion with the Leader regarding the hosting of future Board meetings and he was supportive of each member organisation hosting one of the Board's public meeting to ensure ownership of the agenda across the 'partnership'. Traci stated that she had raised this initially with Mark Towers and Lennox Beattie in Democratic Services who welcomed the proposal but required further clarity about how the arrangement would work in practice and stressed that the key issue would be to ensure the core business of the Board was not lost. The group agreed with the principle but emphasised that the agenda needed to be set by them with input from the hosting organisation. **Stakeholder Event** Traci reported that at their July meeting, the Board had agreed to hold a second stakeholder event to celebrate the achievements outlined in the annual report and to look to future work. The group agreed with the principle but advised that the event should give more focus to new developments and future areas of work and that the programme should be developed at a future meeting. **Actions**: ○ Traci to contact the LGA to confirm that a bid would not be submitted to Local Vision bid at this time and to ask for future dates ○ Traci to produce a report confirming the Board meeting schedule for 2015 including development session and hosting arrangements ○ Traci to identify potential dates for the next stakeholder event and draft an initial paper outlining the purpose and focus of the event
14.	**DATES OF FUTURE MEETINGS** All meetings will run 1:30-3:30pm as follows : • Thurs 25 Sept (Boardroom) • Thurs 6 Nov 14 (Anteroom) • Thurs 11 Dec 14 (Anteroom) • Thurs 29 Jan 15 (Boardroom) • Thurs 26 Feb 15(Boardroom)

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Traci Lloyd-Moore, Health and Wellbeing Board Development Officer
Relevant Cabinet Member:	Councillor Eddie Collett, Cabinet Member for Public Health
Date of Meeting:	3rd September 2014

Health and Wellbeing Board Performance Update Quarter 1 2014-2015

1.0 Purpose of the report:

1.1 To review performance of the Joint Health and Wellbeing Strategy for the period Quarter 1 2014-215

2.0 Recommendation(s):

2.1 To consider and comment on quarterly performance including key highlights.

2.2 To identify any key issues arising and review future actions.

3.0 Reasons for recommendation(s):

3.1 The Board has as a key responsibility to receive regular updates on performance of the agreed indicator set for the Joint Health and Wellbeing Strategy in order to assess its impact of the strategy and the achievement of Board outcomes and priorities.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is

"Improve health and well-being especially for the most disadvantaged"

5.0 Background Information

5.1 The sources used to develop the indicator set include:

- Public Health Outcomes Framework
- NHS Outcomes Framework
- Adult Social Care Outcomes Framework
- CCG Outcomes Framework
- CHIMAT Child Health Profiles

5.2 The indicators have been categorised into the three core themes as set out in the Joint Health and Wellbeing Strategy

- Healthy Lifestyles
- Health and Social Care
- Wider Determinants of Health

5.3 In order to provide a more usable and relevant mechanism for monitoring the JHWS the Strategic Commissioning Group identified a subset of key indicators from this list. These are presented as a performance summary dashboard attached as appendix a. The dashboard is accompanied by an exception report which provides commentary from performance leads against indicators for which data is available. That indicators that have not been updated is attributable to the following factors a) a delay in publishing data which results in a time lag and/or b) the data is only produced on annual basis.

5.4 Does the information submitted include any exempt information? No

5.5 **List of Appendices:**

Appendix 5a: Health and Wellbeing Baord Performance summary dashboard Qtr 1 2014-2015
Appendix 5b: Exception Report

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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Domain	Indicator	Trend	Blackpool Value	England Avg	Eng Worst	England Range	Eng Best	Data Year
Healthy Lifestyles	Smoking status at time of delivery	→	**21.7%**	11.8%	1.7%		27.4%	2014/15 Q
	Hospital admissions due to substance misuse (age 15-24 years)	←	**218.4**	75.2	218.4		25.4	2010-2013
	Teenage mothers (age under 18 years)	←	**2.9%**	1.2%	3.1%		0.2%	2012/13
	Chlamydia diagnoses (15-24 year olds) - CTAD	▪	**5096**	1979	6132		703	2012
	Teenage conception rate (age under 18 years)	→	**42.9**	26.7	52.0		8.8	2012
	Percentage of physically active and inactive adults - active adults	▪	**48.2%**	56.0%	43.8%		68.5%	2012
	Hospital admissions due to alcohol specific conditions (Under 18)	→	**93.0**	42.7	113.5		14.6	2010/11-2012/13
	Percentage of physically active and inactive adults - inactive adults	▪	**34.9%**	28.5%	18.2%		40.2%	2012
	Children's tooth decay (at age 12)	▪	**1.1**	0.7	1.5		0.2	2008/09
	Successful completion of drug treatment - opiate users	←	**7.5%**	8.2%	3.8%		17.6%	2012
	Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	←	**26.0%**	22.5%	32.2%		16.1%	2012/13
	People presenting with HIV at a late stage of infection	←	**36.4%**	48.3%	0.0%		75.0%	2010-2012
	Successful completion of drug treatment - non-opiate users	→	**58.7%**	40.2%	17.4%		68.4%	2012
	Successful completion of drug treatment - Alcohol*	→	**51.9**	0.0	0.0		0.0	2013/14 Q4
Health and Social Care	Children in care	←	**166**	60	166		20	2013
	Hospital admissions as a result of self-harm (10-24 years old)	←	**1152.4**	346.3	1152.4		82.4	2012/13
	Under 75 mortality rate from liver disease considered preventable	←	**38.2**	15.7	9.0		38.2	2010-12
	Under 75 mortality rate from respiratory disease	←	**81.6**	33.5	20.5		81.6	2010-12
	Children achieving a good level of development at age 5	←	**51.7%**	51.7%	27.7%		69.0%	2012/13
	Under 75 mortality rate from cardiovascular diseases considered preventable	←	**91.5**	53.5	29.3		95.2	2010-12
	Potential Years of Life Lost amenable to healthcare - male	→	**3490.0**	2267.0	1557.0		4018.0	2012
	Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	→	**26.6%**	47.2%	17.5%		83.3%	2012/13
	Hospital admissions caused by unintentional and deliberate injuries in children	→	**147.2**	103.8	191.3		61.7	2012/13
	Potential Years of Life Lost amenable to healthcare - female	→	**2511.7**	1911.0	3099.0		1090.0	2012
	Recorded diabetes	←	**6.9%**	5.8%	8.0%		3.6%	2012/13
	Permanent admissions to care homes (older people)	←	**998**	0	0		0	2013/14
	Delayed transfers of care attributable to social care	→	**4.9**	0.0	0.0		0.0	2013/14
	Delayed transfers of care	→	**11.1**	0.0	0.0		0.0	2013/14
	Population vaccination coverage - MMR for two doses (5 years old)	→	**84.9%**	87.7%	68.9%		97.0%	2012/13
	Permanent admissions to care homes (younger adults)	←	**22.1**	0.0	0.0		0.0	2013/14
	Overall satisfaction of carers with social services	▪	**42.7%**	42.7%	25.8%		65.4%	2012/13
	Emotional well-being of looked after children	→	**14.4**	14.0	9.4		21.5	2012/13
	Take up of NHS Health Check Programme - health check offered	→	**19.3%**	16.5%	0.7%		42.5%	2012/13
	Overall satisfaction of people who use services with their care and support	→	**65.9%**	0.0%	0.0%		0.0%	2013/14
	Children in care immunisations	→	**96.8%**	83.1%	0.0%		100.0%	2013
	Social Care Related Quality of Life	←	**19.0%**	0.0%	0.0%		0.0%	2013/14
	The proportion of people who use services who feel safe	←	**69.7%**	0.0%	0.0%		0.0%	2013/14
	Dementia - the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	*Indicator still in development in NHS OF*						
Wider Determinants of Health	Violent crime (including sexual violence) - violence offences	→	**27.1**	10.6	4.1		27.1	2012/13
	Children killed or seriously injured in road traffic accidents	→	**36.5**	20.7	45.6		6.3	2010-12
	GCSE achieved (5A*-C inc. Eng and maths)	←	**46.1%**	60.8%	43.7%		80.2%	2012/13
	Pupil absence	→	5.9%	5.1%	4.3%		6.7%	2011/12
	16-18 year olds not in education employment or training	←	8.1%	5.8%	2.0%		10.5%	2012
	Children in poverty (under 16)	←	**31.3%**	20.6%	6.9%		43.6%	2011
	Number of verifiable HMOs in administrative area	▪	**2134**	260	0		4938	2011
	GCSE achieved (5A*-C inc. Eng and maths) for children in care	→	**28.1%**	15.3%	0.0%		41.7%	2012/13

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HWBB Performance Framework
Qtr1 2-14-15
Exception Report

Key
Red – Decline
Green – Improvement
Blue - No update

Theme	Indicator	Current position for the period, including commentary from performance/Indicator lead where available
Healthy Lifestyles	Smoking status at time of delivery	There has been a reduction from 27.4% to 21.67% in Q1 of 2014/15.
	Hospital admissions due to substance misuse (age 15-24 years)	There has been an increase by 32.1 admissions per 100,000 population. There have been a number of reported admissions to Blackpool Accident and Emergency where legal highs have been indicated as the cause, the young people's service have prepared a "legal high" briefing paper and circulated it to all key services offering information, advice and support, A & E admissions will be monitored in 14-15.
	Teenage mothers (age under 18 years)	Teenage mothers have increased by 0.4%, Although the conception rate has decreased, more of those who are getting pregnant are going on to have their babies
	Hospital admissions due to alcohol specific conditions (Under 18) - These have decreased by 11.3 per 100,000	This is In line with a national decrease (13.1).
	Successful completion of drug treatment - Alcohol* -	The percentage of successful completions have increased by1.5%
Health and Social Care	Children in care –	There has been an increase in the number of children in care 16 per 100,000.
	Hospital admissions as a result of self-harm (10-24 years old) -	This indicator has changed to include 10-24 year olds so is not comparable with the last update. Blackpool is the worst in the

		country for this indicator at 1152.4 per 100,000 compared to the average for England 346.3.
	Children achieving a good level of development at age 5	There has been a decrease of 0.4 %
	Permanent admissions to care homes (older people)	This has increased from 954.8 in 12/13 to998 in13/14. These figures are provisional and there are no national figures for comparison as yet.
	Delayed transfers of care attributable to social care	There has been a reduction on last year from 6.4 to 4.9%, Figures are provisional and there are no national figures for comparison as yet.
	Delayed transfers of care	There has been a decrease in 13/14 by 0.7%..Figures are provisional and there are no national figures for comparison as yet.
	Permanent admissions to care homes (younger adults)	There has been an Increase by 4.6per 100,000 in admissions, Figures are provisional and there are no national figures for comparison as yet.
	Emotional well-being of looked after children	There has been an Improvement (+0.6) in the well-being of looked after children. Blackpool's value is higher than National average.
	Overall satisfaction of people who use services with their care and support	There has been a reduction in satisfaction from 67.3% to 65.9%. Figures are provisional and there are no national figures for comparison as yet.
	Social Care Related Quality of Life -	There has been a reduction of 0.6% in quality of life. Figures are provisional and there are no national figures for comparison as yet.
	The proportion of people who use services who feel safe	There has been a reduction of 7.6%

No updates

- Chlamydia diagnoses (15-24 year olds) – CTAD -No update
- Teenage conception rate (age under 18 years) -No up date
- Percentage of physically active and inactive adults - active adults – No update
- Percentage of physically active and inactive adults - inactive adults – No update
- Children's tooth decay (at age 12) – No longer available – have changed the indicator to 'Children
- with one or more decayed, missing or filled teeth
- Successful completion of drug treatment - opiate users – No update
- Excess weight in 4-5 and 10-11 year olds - 4-5 year olds– No update
- People presenting with HIV at a late stage of infection – No update
- Successful completion of drug treatment - non-opiate users – No update
- Under 75 mortality rate from liver disease considered preventable – No update
- Under 75 mortality rate from respiratory disease – No update
- Under 75 mortality rate from cardiovascular diseases considered preventable – No update
- Potential Years of Life Lost amenable to healthcare – male – No update
- Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth – No update
- Hospital admissions caused by unintentional and deliberate injuries in children – No update
- Potential Years of Life Lost amenable to healthcare – female – No update
- Recorded diabetes – No update
- Population vaccination coverage - MMR for two doses (5 years old) - No update
- Overall satisfaction of carers with social services – No update until 14/15
- Take up of NHS Health Check Programme - health check offered – No update
- Children in care immunisations – No update
- Dementia - the effectiveness of post-diagnosis care in sustaining independence and improving
- quality of life – Indicator still in development
- Violent crime (including sexual violence) - violence offences – No update
- Children killed or seriously injured in road traffic accidents – No update
- GCSE achieved (5A*-C inc. Eng and maths) –No update
- Pupil absence - No update
- 16-18 year olds not in education employment or training – No update
- Children in poverty (under 16) – No update
- Number of verifiable HMOs in administrative area – Data unavailable
- GCSE achieved (5A*-C inc. Eng and maths) for children in care – No update

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Dr Simon Jenner, Principal Educational Psychologist, Blackpool Council
Relevant Cabinet Member	Cllr I. Taylor, Cabinet Member for Children's Services
Date of Meeting	3rd September 2014

DISABLED CHILDREN'S CHARTER

1.0 Purpose of the report:

1.1 To update the Board on the Disabled Children's Charter (signed by the Board 3rd July 2013) and to agree to sign the Charter for the next twelve months.

2.0 Recommendation(s):

2.1 To note the progress made since the 2013 Charter was signed.

2.2 To agree that the Chairman on behalf of the Board signs the Disabled Children's Charter for the next twelve years.

3.0 Reasons for recommendation(s):

3.1 By doing the actions above Blackpool will demonstrate a commitment to meeting the needs of disabled children/ young people.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered: Not to sign for the next twelve months.

Not to sign the charter.

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Create safer communities and reduce crime and anti-social behaviour
- Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

5.1 Progress on the Charter since July 2013 (when signed by the Board) has been intrinsically linked with work to prepare locally for the council and health bodies to meet the requirements of the Children and Families Act 2014. Section 3 of this Act relates to new systems to work with children / young people with Special Educational Needs and/or disabilities and their families.

5.2 Each commitment will be commented on in turn.

1. "We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs."

It is difficult to accurately map every disabled child and young person since this depends on either the child, or parents, revealing this information in some cases. The Local Offer is a new statutory requirement on local authorities from 1-9-14. This site is being developed and will list all local support mechanisms available for children/ young people with a disability and/or SEN and their families. The age range covered will be 0-25 years.

2. "We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board"

The work around the development of the Local Offer, and other approaches for the Children and Families Act work has involved children and young people. An example is a DVD of their views that has helped inform policies and plans.

3. "We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board"

Parents have helped co-produce all local policies and plans relating to the Children and Families Act. They have been involved in all work streams and two large scale consultation events have occurred. New monitoring arrangements fully involve parents and local parent charities.

4. "We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account"

There is an overall strategic policy relating to SEN and disability. The monitoring of this is linked to the Children and Families Act work. After the implementation of the changes work will need to occur to ensure that close links occur between agencies (for instance via the new commissioning board) to monitor outcomes against specific targets.

5. "We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people"

Work is occurring in this area with the development of a new transition strategy. New processes are already in place. An example is the appointment of a post 16 SEN Officer who is involved with transitions for education placements from year 9 onwards.

6. "We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners"
7.

There has been a great deal of work in this area. An example is the new joint commissioning strategy between health and the local authority relating to children and young people with SEN and/or a disability. Work in this area will need to continue in 2014/15, for example in making assessments even more joined up. Services for children with sen/disability relating to social care and education fall within one management structure. No

8. “We provide **cohesive governance** and leadership across the disabled children and young people’s agenda by linking effectively with key partners”

The Children and Families Act work has enabled management structures and joint plans to be developed (for instance joint commissioning/ healthy lifestyles group). These will need to be further refined during the course of 2014/15

Does the information submitted include any exempt information?

5.3 **List of Appendices:**

Disabled Children's Charter

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 That disabled young people and children are treated with respect and have their rights met.

9.0 Financial considerations:

9.1 Actions are met within current financial resources and those committed by central government to changes in SEN and disability legislation for the next two years.

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Actions relating to the Children and Families Bill/ Act have involved co-production of plans with schools, the council, health bodies, parents of children/ young people with SEN and/or disability and the children/ young people themselves.

13.0 Background papers:

13.1 None

Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** .....
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Liz Petch, Public Health Specialist, Blackpool Council
Relevant Cabinet Member	Cllr Eddie Collett, Cabinet Member for Public Health
Date of Meeting	3rd September 2014

PHARMACEUTICAL NEEDS ASSESSMENT

1.0 Purpose of the report:

1.1 To receive a summary report on the Blackpool Pharmaceutical Needs Assessment prior to the finalisation of the document for formal consultation which will run from 20th October to 19th December 2014.

The Board is asked to consider and comment on the draft Pharmaceutical Needs Assessment (PNA) within the prescribed timescales and agree the process for sign off.

2.0 Recommendation(s):

2.1 To note the background papers with a summary of the main content and considerations in the Pharmaceutical Needs Assessment document (plan on a page).

3.0 Reasons for recommendation(s):

3.1 It is a statutory requirement for all Health and Wellbeing Boards to produce an updated statement of need for pharmaceutical services. The Board is responsible for ensuring the production of such an assessment by the deadline of April 2015.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered: Not to sign for the next twelve months.

None, Health and Wellbeing Boards must produce a Pharmaceutical Needs Assessment

4.0 Council Priority:

4.1 The relevant Council Priority is a:

'Improve health and well-being especially for the most disadvantaged'

5.0 Background Information

5.1 From 1 April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The Pharmaceutical Needs Assessment will help in the commissioning of pharmaceutical services in the context of local priorities.

5.2 A pan-Lancashire group has been established to co-ordinate production of the Pharmaceutical Needs Assessments for Blackpool, Lancashire and Blackburn with Darwen and representatives from each local Council has been working closely with NHS England in order to ensure delivery of the project plan to the agreed timescales.

5.3 Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local Pharmaceutical Needs Assessment. As these decisions may be appealed and challenged via the courts, it is important that Pharmaceutical Needs Assessment comply with regulations and that mechanisms are established to keep the Pharmaceutical Needs Assessment up-to-date. In accordance with these regulations, the Blackpool Pharmaceutical Needs Assessment will be updated every three years.

5.4 This Pharmaceutical Needs Assessment describes the needs for the population of Blackpool Local Authority.

5.5 The Pharmaceutical Needs Assessment includes information on:

- Pharmacies in Blackpool and the services they currently provide, including

dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.

- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

5.6 In conclusion of this Pharmaceutical Needs Assessment, it identifies that there is adequate service provision of pharmacies for the residents of Blackpool with a wide range of commissioned services available. This Pharmaceutical Needs Assessment does not identify any gaps in service provision.

5.7 A 60 day consultation period will be undertaken from 20th October to 19th December 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this Pharmaceutical Needs Assessment and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. Alongside the 60 day consultation a further stakeholder event will be held in Blackpool in order to promote the public consultation and identify views from key stakeholders (e.g. pharmacies).

Feedback gathered in the consultation will be reported and reflected in the final revised Pharmaceutical Needs Assessment report.

5.8 Does the information submitted include any exempt information? No

5.9 **List of Appendices:**

Appendix 6a What is a Pharmaceutical Needs Assessment

Appendix 6b Pharmaceutical Needs Assessment on one page

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 Full draft Pharmaceutical Needs Assessment

What is a Pharmaceutical Needs Assessment?

The Pharmaceutical Needs Assessment is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable Health and Wellbeing Boards to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health (DH) published an Information Pack to help Health and Wellbeing Boards undertake Pharmaceutical Needs Assessments.[1]

What is the purpose of the Pharmaceutical Needs Assessment?

This PNA will serve several key purposes:[2]

- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will help the Health and Wellbeing Board to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Blackpool and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

Legislative background

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Blackpool published their first PNA in 2011.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established Health and Wellbeing Board and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in

[1] Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

[2] Primary Care Commissioning. 'Pharmaceutical needs assessments.' March 2013. http://www.pcc-cic.org.uk/

Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.3

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the Pharmaceutical Needs Assessment should take account of the Joint Strategic Needs Assessment (and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.) The development of Pharmaceutical Needs Assessments is a separate duty to that of developing Joint Strategic Needs Assessments. As a separate statutory requirement, Pharmaceutical Needs Assessments cannot be subsumed as part of these other documents but can be annexed to them.

The Pharmaceutical Needs Assessment must be published by the HWB by April 2015, and will have a maximum lifetime of three years. As part of developing their first Pharmaceutical Needs Assessment, Health and Wellbeing Boards must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the Health and Wellbeing Board must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the Health and Wellbeing Board area.
- Any local medical committee (LMC) for the Health and Wellbeing Board area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the Health and Wellbeing Board area.
- Any local Healthwatch organisation for the Health and Wellbeing Board area, and any other patient, consumer and community group which in the opinion of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the Health and Wellbeing Board area.
- NHS England.
- Any neighbouring Health and Wellbeing Board.

The Health and Social Care Act 2012 also transferred responsibility for using PNAS as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. Pharmaceutical Needs Assessments will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g. CCGs.

[3] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made

The use of Pharmaceutical Needs Assessments for determining applications for new premises is relatively recent. It is expected that some decisions made by NHS England may be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore important that PNAs comply with the requirements of the regulations, that due process is followed in their development, and that they are kept up-to-date.

Primary Care Commissioning (PCC) has highlighted that failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises.[4]

Health and Wellbeing Boards will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. Health and Wellbeing Board s therefore need to establish systems that allow them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new Asssesment is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their Pharmaceutical Needs Assessments.

What are NHS pharmaceutical services?

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

[4] Pharmaceutical Needs Assessments: Right Service in the Right Place. 25 March 2013. http://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place

Local pharmacy services

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Local pharmacy services do not impact on the commissioning of new pharmacy contracts.

The 2013 regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced services' have changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

- **Public Health Services and Enhanced services**

The changes to enhanced services are summarised in the following excerpt from PCC:[5]

- **Public Health Services**

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

- **Enhanced Services**

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments produced by PCTs up to 31 March 2013 and by Health and Wellbeing Boards thereafter:

[5] Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013: http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service

- **Clinical Commissioning Groups**

CCGs now have the role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health services these services will be known as local services and then fall outside the definition of enhanced services, and so have no bearing on pharmacy applications.

What are pharmaceutical lists?

If a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled by NHS England. This is commonly known as the NHS 'market entry' system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a relevant list by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to the applications to meet a need, such as applications for needs not foreseen in the PNA or to provide pharmaceutical service on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list:

- Pharmacy contractors: a person or body corporate who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

What information will this Pharmaceutical Needs Assessment contain?

The information to be contained in the Pharmaceutical Needs Assessment is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Briefly, this Pharmaceutical Needs Assessment includes information on:

- Pharmacies in Blackpool and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The Pharmaceutical Needs Assessment is aligned with the Joint Strategic Needs Assessment and Health and Wellbeing Board Strategy for Blackpool.

Pharmacy Needs Assessment summary on a page

Background

- From 1st April 2013 HWB have a legal responsibility to produce a Pharmacy Needs Assessment (PNA)
- A full pharmacy needs assessment has to be completed by 1st April 2015
- The PNA will help in commissioning of pharmaceutical services and will be used by NHS England when making decisions on applications to open new pharmacies
- Supplementary statements need to be produced every 6 months if necessary
- A PNA has to be produced every 3 years

Chapter coverage

Chapter 1: Introduction
- **What is a PNA**
- **Purpose of a PNA**
- **Legislative background**

Chapter 2: Process
- **Stakeholder involvement**
- **Assessment of need for pharmaceutical services**

Chapter 3: Context for the pharmaceutical needs assessment
- **Integrated Strategic Needs Assessment**
- **Blackpool H&WB**
- **Characteristics of Blackpool**

Chapter 4: current provision of NHS pharmaceutical services
- **Service providers**
- **Accessibility**
- **Community pharmacy services**

Chapter 5: health needs and locally commissioned services
- **Focus on the role of community pharmacy in improving public health**
- **Key public health issues**

Chapter 6: future population changes and housing growth
- **Population changes in Blackpool**
- **Housing growth in Blackpool**

Next steps

H&WB Board to review and feedback any comments by Friday 30th September2014

Once amendments have been made PNA will go out for a 60 day consultation on the 20 October 2014 to the public and key stakeholders

Stakeholder evening to be held on 23rd October 2014 to promote the public consultation and engage with local pharmacies

Amendments will be made after public consultation. Final version of the PNA - Chair of H&WB for sign off or full H&WB for sign off – Feb 2015

Recommendations/Considerations

- There is adequate service provision of pharmacies
- Pharmacies provide a wide range of commissioned services
- The PNA does not identify the need for any additional pharmacies

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Dr Mark Johnston, Associate Director Acute Commissioning and Service Redesign, Blackpool CCG
Relevant Cabinet Member:	Councillor Eddie Collett, Cabinet Member for Public Health
Date of Meeting:	3rd September 2014

Better Care Fund Resubmission

1.0 Purpose of the report:

1.1 To receive a presentation to highlight key changes to the policy framework underpinning the Better Care Fund (BCF); including the additional requirements which local areas are now expected to address and the new schedule for revising and submitting locality plans. The presentation will also outline the progress made in updating Blackpool's Better Care Fund plan in light of these changes.

2.0 Recommendation(s):

2.1 To note the presentation.

2.2 To review the key policy changes underpinning the Better Care Fund and how these are being addressed locally.

2.3 To be assured that Blackpool's locality plan takes account of and robustly evidences the additional requirements set out in the new guidance.

3.0 Reasons for recommendation(s):

3.1 Health and Wellbeing Boards have a crucial role to play in preparing local plans ready for implementation of Better Care Fund from April 2015. On 25th July 2014 a letter was issued to Health and Wellbeing Board Chairs from the Director of the newly expanded Better Care Fund Programme Team describing the main changes to the Better Care Fund framework accompanied by updated technical and planning guidance and new plan templates. Health and Wellbeing Boards will need to be assured that local plans are sufficiently robust to meet the new requirements before being resubmitted for ministerial sign off in mid-September 2014.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

There are no alternative options to be considered.

4.0 Council Priority:

4.1 The relevant Council Priority is

"Improve health and well-being especially for the most disadvantaged"

5.0 Background Information

5.1 The £3.8bn Better Care Fund (BCF) was announced in the June 2013 spending review. The key ambition of the Fund seeks to transform local services to ensure people are provided with better integrated care and support – which is joined-up, personalised and provided closer to home.

5.2 In order to access the Better Care Fund, every local area developed a locality plan aligned to the two-year operational and five year strategic plans of their Clinical Commissioning Group. Plans must also meet certain national conditions including a commitment to seven day working, better sharing of information and protection of social care services. Draft and final plans were approved by Health and Wellbeing Boards in February and April 2014 respectively before being take forward for ministerial sign off.

5.3 Following a ministerial review in April it was recognised that whilst many plans reflected the ambition of the Fund, certain aspects required further development as follows:

- More evidence of financial risk and performance metrics;
- Sufficient provider engagement and agreement on the impact of plans;
- Greater clarity around the alignment of the Better Care Fund plan to wider plans and policies, such as how Better Care Fund schemes will align with and work alongside primary care;
- More evidence of robust finance and analytical modelling underpinning plans.

5.4 To address these requirements, NHS England has published updated guidance, revised plan templates and extended the timetable for revising and submitting locality plans.

5.5 The key changes to the Better Care Fund Framework are set out below:

Planning and Technical Guidance and Timescales

NHS England published updated guidance and plan templates along with a new timetable for revising and submitting plans with local areas working to three 'progress' checkpoints of 7 August, 27 August and 11 September. The final submission date has been extended to 19 September with ministerial sign off expected in early October 2014.

The expectation is that local areas will produce stronger plans which better articulate the following:

- The local vision for health and care services: and the schemes that will deliver this vision
- The case for change: a clear analytically driven (i.e. risk stratified) understanding of where care can be improved by integration
- A plan of action: A coherent and credible evidence-based articulation of the staff, services, resources and management that underpins a plan of action to shift activity away from the acute sector
- Strong governance: clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary
- Alignment with acute sector and wider planning: including two-year operational plans, five-year strategic plans, and plans for primary care
- Protection of social care: how and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out
- Engagement: a record of engagement with health and social care providers, patients, service users and the public

Support for health and wellbeing boards

NHS England Area Teams and Local Government regional leads will work closely with Health and Wellbeing Boards to help strengthen plans where needed. This will be two-tiered with general support available to all; and more bespoke support for areas that require further assistance. Areas team will provide regular updates to the central team on progress (at the checkpoints outlined above).

Pay for performance

Of the 3.8bn pooled budget, the £1bn allocated to the Pay for Performance framework has been revised so that a reduction in unplanned admissions is now the sole indicator underpinning this element of the Better Care Fund, and linked to a 3.5% reduction. Unplanned admissions are the biggest driver of cost in the health service that the Better Care Fund can affect. Plans will need to demonstrate clearly how they will reduce total emergency admissions, as a clear indicator of the effectiveness of local health and care services. If achieved, this could equate to a national payment for performance of £300m. The remaining £700m will be made available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services as agreed locally by Health and Wellbeing Boards.

Final assurance and approval of plans

Once plans are submitted, a two week review will be undertaken. The outcome of the review will form the basis of the assurance process ahead of plans being recommended to Ministers for sign-off.

5.6

Progress of Blackpool's locality plan

On 31 July 2014, local Better Care Fund planning leads including members of Blackpool Health and Wellbeing board met with NHS England Area Team representatives to discuss how well Blackpool was placed to meet the new requirements of Better Care Fund and to identify any support needs. Whilst the vision and core elements of Blackpool's existing locality plan are unchanged, the new requirements will have to be addressed and to this end, the Better Care Fund Programme Board has established a task and finish group to rework the plan accordingly. Work is also underway to re-examine and adjust performance figures in recognition of the new 3.5% reduction required in unplanned admissions.

5.4 Does the information submitted include any exempt information? NO

5.5 List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 The agreed Better Care Fund budget for Blackpool is £14million*which can be broken down as follows:

BCF Contributions	
Blackpool Council	£1.6 million
NHS existing	£1.6 million
NHS Social Care	£4.1 million
NHS New	£6.7 million
*Of the total, £10.4 million is fixed with the remaining £3.6 million subject to performance – which is equivalent to the national requirement of a 3.5% reduction in unplanned admissions.	

10.0 Risk management considerations:

10.1 Nationally, work is ongoing to define Better Care Fund risk share arrangements so that these can be further developed locally.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Arrangements for ongoing engagement with the public, service users, patients, GP's, primary and secondary care providers, staff and wider partners on Blackpool's Better Care Fund plan and locality model will continue under the oversight of the Better Care Fund programme Board supported by Communication leads from the Council, Clinical Commissioning Group and Healthwatch Blackpool.

13.0 Background papers:

13.1 None

Report to:	**Health and Wellbeing Board**
Relevant Board Member:	Joan Rose, Healthwatch Board member
Relevant Cabinet Member:	Councillor Eddie Collett, Cabinet Member for Health and Wellbeing
Date of Meeting	3rd September 2014

HEALTHWATCH BLACKPOOL ANNUAL REPORT

1.0 Purpose of the report:

1.1 To receive the first Healthwatch Blackpool Annual Report 2013 – 2014.

2.0 Recommendation(s):

2.1 To note Healthwatch Blackpool Annual Report.

3.0 Reasons for recommendation(s):

3.1 Healthwatch Blackpool has to produce an annual report as per the contract with Blackpool Council.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None, it is necessary for the Board to consider the annual report.

4.0 Council Priority:

4.1 The relevant Council Priority is:

"Safeguard and protect the most vulnerable"

5.0 Background Information

5.1 The Annual Report introduces Healthwatch Blackpool since its inception on 1st April 2013.

5.2 The Core Functions and Principles are identified and included IS the Governance arrangements and model in place with a selection of comments from members of the Executive Board and Advisory Group as well as the support team.

5.3 Stakeholder organisations views included identifying partnership working and to continue building positive relationships.

5.4 The report includes the work undertaken over the first year including Care Home Enter and Views, Patient Led Assessments of Care Environments (PLACE), Dentistry Survey, and Open Events. Also the founding of the Patient Participation Group Network with over half he Blackpool practices now represented.

5.5 The Financial information for 2013 / 2014 and that carried over to 2015 is given.

5.6 Future plans for 2014/2015 are identified to continue ongoing development, raising awareness of Blackpool Healthwatch and being a strong voice for health and social care issues raised by local people .

5.7 Does the information submitted include any exempt information? No

5.8 **List of Appendices:**

Appendix 9a– Healthwatch Annual Report

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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healthwatch
Blackpool

Healthwatch Blackpool
Annual Report 2013/14

Any enquiries regarding this publication should be sent to us at enquiries@healthwatch.co.uk

You can download this publication from www.healthwatch.co.uk

Contents

Healthwatch Blackpool: Every Voice Counts

Welcome to the first ever Annual Report from Healthwatch Blackpool.

Healthwatch Blackpool came into being on 1st April 2013, having been in 'shadow' form for the previous six months.

What is Healthwatch? We are an independent body, set up as part of a Government initiative, to act as a means for the voices of the people of Blackpool to be heard and their needs to be made known to those providing health and social services in Blackpool. There are many ways in which your voice can be heard and details of these can be found within this Annual Report.

Healthwatch Blackpool has had a very successful first year. Our two Open events, held at the Salvation Army Citadel and the Seasiders Stadium respectively were well attended, their aim being to inform and encourage participation in Healthwatch Blackpool. We were privileged to have our local Members of Parliament and commissioners of health services present to answer your questions at both Open Events.

We have been actively visiting areas where care is given, such as care homes and wards within Victoria and Clifton Hospitals and reporting on our findings. We will continue these 'enter and views' in the coming year.

We responded to a concern that adolescents were having difficulty in accessing dental services, which prompted an in depth survey of dental services in Blackpool, the findings of which can be found in this report.

All the hard work of the past year has been carried out by the members of the Healthwatch Blackpool Executive Board and the Advisory Group who give up their time voluntarily with welcome help from volunteers from the wider membership. All this has been achieved with the invaluable help of our support team from Groundwork Lancashire West & Wigan.

Many thanks to all.

Christina McKenzie-Townsend
Vice Chair

Our Governance, Our People

Healthwatch Blackpool is your local voice helping you get the best out of health and social care.

We can only give a strong voice with the active support of local people.

Our Executive Board

The Board has ten places, and the role of the Executive Board is to:

- Act in the capacity of a Director under the Companies Act
- Contribute to the strategic aim of Healthwatch Blackpool
- Ensure necessary financial and human resources are in place for the organisation to achieve its objectives
- Devise robust systems of risk control
- Performance manage

Our Vision

Healthwatch Blackpool will be the independent consumer champion for health, social care and wellbeing in Blackpool.

What we will do?

- Meet our statutory requirements
- Make a positive measureable contribution to the Joint Strategic Needs Assessment (JSNA)
- Make reports and recommendations to Healthwatch England (HWE) and advise the Care Quality Commission (CQC) on areas of concern and celebration.
- Work with commissioners and providers of services in order to meet the health and social needs of local people.
- Provide accurate information and signposting to services and support to enable access to health and social care.
- Provide information and support to help hard to reach groups, so that they are heard and are able to influence social care and health services.
- Ensure that all member organisations of Healthwatch have policies and procedures which have equality and diversity embedded in them.
- Signpost people if they need help to complain about NHS or social care services.

The Board has acted in accordance with the Equality Act 2010 and the Freedom of Information Act 2000.

Executive Board Members

Norma Rodgers, Chair (appointed April 2013)
Christina McKenzie-Townsend, Vice Chair (Appointed April 2013)
Wendy Dowling, Treasurer (Appointed April 2013)
Chris Palmer (Appointed April 2013)
Anne Clark (Appointed April 2013)
Joan Rose (Appointed April 2013)
Wendy Stevenson (Appointed May 2013)
Gavin Quick (Appointed August 2013)
Barbara Charlton (Appointed March 2014)

Voices from the Healthwatch Blackpool Board

Wendy Stevenson

Every day in the press the National Health Service features prominently. It is such an important institution, long-standing and ever changing – often attracting criticism and concern yet providing essential care and services to so many. Staffed in the main by truly dedicated people, it continues to play a vital part in people's lives. Because of my interest in health and care matters, I joined what was the Patients and Public Involvement Forum some years ago, which became the Local Involvement Network and have now moved on to being a Healthwatch Blackpool Board Member.

Together with colleagues from our Advisory Group, members of the Board are actively involved in the local area as volunteers in a wide spread of matters affecting both health and care services. As well as responding to issues raised by individuals, we work closely with Blackpool Clinical Commissioning Group and many other organisations to help improve services for those who use them. As examples of our work, we make regular visits to local hospitals – talking to patients, their families and staff. We are currently conducting a programme of visits to local nursing and care homes. We undertake surveys, take part in working groups and organise days throughout the year for the benefit of the local community and Healthwatch members. These sessions address important topics and involve local MPs and senior staff from the health and care sectors.

In its first operational year, Healthwatch Blackpool has made its mark on the local area and enjoys a good reputation for collaborative working and achieving results for local people. Blackpool continues to face many problems across a wide spectrum of health concerns and I am pleased to be able to play a part in making a difference to the health, care and well-being of the community.

Gavin Quick

I joined the Healthwatch Blackpool Executive Board in August 2013. Since taking early retirement in 2008, I have been doing a variety of voluntary work, including at Relate, and at Trinity Hospice,

Blackpool continues to face many problems across a wide spectrum of health concerns and I am pleased to be able to play a part in making a difference

Wendy Stevenson, Board Member

plus helping to found the Blackpool Patient Participation Group Network. I decided to help via Healthwatch in particular because it represents the people in the fields of public health and social care.

In addition, I am helping to addess the problems with dog fouling, fly tipping and anti-social behaviour through Clean Up Blackpool group (CLUB) and the area forum. In my spare time, I am a keen supporter of Manchester City, and enjoy playing games like Word with Friends on Facebook (always happy to friend people and play the game and other games with them).

Chris Palmer

In contrast to many of my fellow committee members, I do not have an NHS background. I qualified as a solicitor in 1980 and have spent the vast majority of my working life in private practice on the Fylde coast. I retired in March 2013.

My legal work was almost exclusively in public funded litigation. I developed a specialism in Child Care work serving for over 20 years in the Law Society's specialist Child Care Panel.

In recent years I have pursued an interest in psychology. In 2011, I was awarded a 2:1 B. Sc Honours degree by the Open University. I am now in the third year of a four year diploma course in person centered counselling. I have a particular interest in adult mental health issues. I am a volunteer at Blackpool Samaritans. My interest in publicly funded health and social care goes back many years, but it is only now with more free time that I feel I can make a significant contribution.

Building on the sound foundations of Blackpool LINk, I am committed to ensuring that Healthwatch Blackpool gathers, as effectively as possible, the views of all those wishing to express an opinion. Our aim is to form a local collective voice which will positively influence services in the interests of all the people of Blackpool.

Our Advisory Group Members

Norma Rodgers
Anne Clark
Carole Holmes
Bob Hooton
Christine McRoberts
Rachel Dandy
Wendy Stevenson
Gwynneth Mugonyi
Terry Bennett
Janet O'Hara
Heather O'Hara
Barbara Charlton
William Green
Gavin Quick
Martin Rukin
Brenda Hargreaves

Voices from the Advisory Group

Terry Bennett
Why did I join Healthwatch? I am just a normal healthy 72 years old. More so than most, I have never had any major illness but I have had experience of the debilitating effects of illnesses.

My father used to work at Haig Pit at Whitehaven and he developed Silicosis (coal dust on the lungs). This later progressed into emphysema, I can remember him being told that one lung had collapsed and the other was only 35% efficient. I witnessed for many years the struggle as he deteriorated – he could barely walk more than a couple of hundred yards without stopping to catch his breath.

We no longer have the large number of mines any more, but we do have a large number of elderly people suffering from debilitating conditions.

Barbara Charlton, MPH
I suppose I have been interested in health matters since I was a young girl growing up on our farm. Tuberculin testing of the dairy cows, high standards of hygiene, the need for sterilisation and rapid milk cooling to minimise the risk of contamination were always stressed as essential for good health.

It seemed a natural progression to become a nurse and after successfully completing my nurse training I worked my way through the ranks, eventually becoming a senior ward sister.
I then married and moved to Blackpool where I continued my professional career as a district nursing sister for several years. I then undertook my nurse tutor training which led to me working at the University of Central Lancashire (UCLAN) as a district nurse tutor.

In 1991 I completed a degree of Master of Public Health (MPH) at Liverpool University and continued teaching at UCLAN as a senior lecturer in the department of Health & Nursing Studies. While undertaking my MPH I realised how much Public Health had been an integral part a part of my life since I was a young girl.

I still maintain an active interest in public health and enjoy being an active board member of Healthwatch Blackpool where I can continue to use and pass on my lifetime of health and nursing experience.

Outside of Healthwatch I still maintain an interest in all things health related. I am an animal lover and two cats and one dog (a Bedlington terrier) own me! I used to ride

The Healthwatch Support Services Team: Ruth, Helen and Myles from Groundwork Lancashire West & Wigan

and still have two small ponies which I love dearly. When time allows I enjoy gardening and eating out with friends is high on my list of enjoyment.

Christine McRoberts
Five years ago I retired from the NHS after 40+ years. Retirement was great at first, but last summer I felt I needed a new purpose and challenge. I completed a survey on dental services and was sent information on Healthwatch Blackpool. After completing an application to join the Advisory Group, I attended my first meeting in October of last year. My life is certainly much more interesting and my experience and knowledge are put to good use.

Our Support Team

Support to Healthwatch Blackpool is provided by Groundwork Lancashire West & Wigan.

Helen Kay – Health & Wellbeing Manager, Ruth Large – Project Support Officer, and Myles Orum – Apprentice Office Admin Assistant are the hard working team.

Finding out people's experiences

Since Healthwatch Blackpool was established on the 1st April 2014, we have sought public opinion and feedback through a number of engagement events, such as our Open Events and by our attendence at events organised by others.

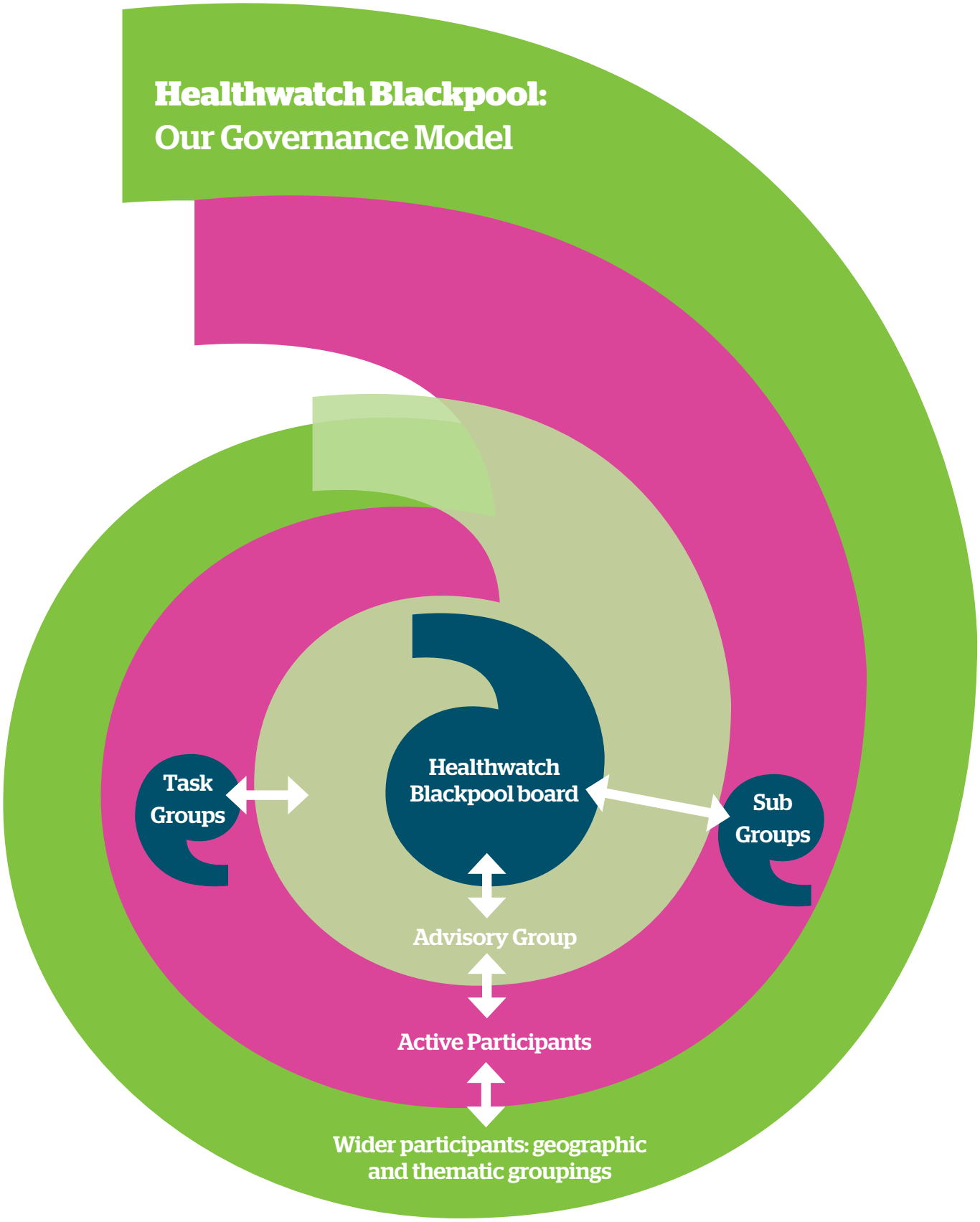
People have been encouraged to tell us what the service that they attended was like for them. We then work on those issues that the local population thinks most affect the community. The issues are then forwarded to the Issues Group whose role is to discuss and make recommendations on how each issue can be addressed. It could be that they are signposted to another organisation; that the issue is a one-off and therefore will be recorded to see if any similar issues are received in the future; or that further information is required and a request for information is made. Since Healthwatch Blackpool began, we have received 20 issues.

Healthwatch Blackpool has also received a number of enquiries from members of the public. These range from requests for information about a service to wanting to know how to go about making a complaint. During this period, we received 48 enquiries.

The Advisory Group's role is to represent Healthwatch Blackpool's members and report back to them and to the Healthwatch Blackpool Executive Board. If it has been recommended by the Issues Group that a working group should be set up to look into a particular issue, it is the role of the Advisory Group to do this. The Advisory Group are also the lead when undertaking any 'Enter and View'.

Members of the Executive Board and the Advisory Group have spent a lot of time continuing to build positive relationships with various representatives from Blackpool Council, Blackpool Clinical Commissioning Group, Blackpool Teaching Hospitals NHS Foundation Trust, Lancashire Care NHS Foundation Trust, and North West Ambulance Service. Staff members from the above organisations have willingly offered to come to a Healthwatch Blackpool event or meeting and talk to attendees, where they may be challenged and held to account on decisions that have been made.

Healthwatch Blackpool: Our Governance Model



Our First Year of Action

It's been a busy first year for our team and local volunteers. This section explains some of what we've been doing on behalf of the people of Blackpool.

Care Homes ('Enter and View')

The Blackpool Clinical Commissioning Group (CCG) requested Healthwatch Blackpool to carry out a series of visits to care homes in Blackpool. Although the national Care Quality Commission (CQC) inspect and write reports on every care home, it was agreed that it would be useful for Healthwatch Blackpool representatives to carry out local visits – as lay-people, we would be looking from a different, but important, perspective.

Although the CCG only commission services from some Blackpool registered care homes, it was decided that it would still be appropriate for Healthwatch Blackpool to visit them all as part of our planned programme. The Chief Nurse from the CCG and other staff attended a meeting of Healthwatch representatives to outline the main points the visits should cover.

Two of our board members attended a regional training course run by Healthwatch England, where a workbook was issued covering the main aspects relating to 'Enter and View' visits. 'Enter and View' is the terminology used to describe the visits which Healthwatch Blackpool representatives undertake. The two board members then ran a number of local training sessions for other board members and all the members of the Healthwatch Blackpool Advisory Group who wished to be involved in the care home visits.

A pro-forma was developed based on the '15 Steps' guidelines. This formed the basis for the visits and subsequent reports. The guidelines include physical and environmental aspects of each home, staffing, caring – including dignity, individual needs and communication, food provision, health and safety and policies and procedures. The training and reporting has been evaluated and adapted as the visits have progressed.

The visits, which began earlier in the year, are well underway and usually take place on a twice weekly basis. Healthwatch Blackpool staff contact the care homes in advance to notify dates for the visits, which always comprise two Healthwatch Blackpool representatives. Each report follows a standard format and includes recommendations for any areas where

it is felt improvements could be made. Reports are sent to each care home for their comments before being finalised and forwarded to the CCG.

The progress and feedback from the visits programme has been good and has highlighted areas of good practice as well as those for development. A further report will be issued when the visits have been completed.

All 'Enter and View' visits are announced two weeks prior to the visit.

The following members of the Executive Board and the Advisory Group are Authorised Representatives:

Norma Rodgers
Christina McKenzie-Townsend
Wendy Dowling
Chris Palmer
Wendy Stevenson
Anne Clark
Barbara Charlton
Gavin Quick
Carole Holmes
Bob Hooton
Christine McRoberts
Gwynneth Mugonyi
Terry Bennett
Janet O'Hara
Heather O'Hara
William Green

Involvement with Patient-led Assessments of the Care Environment (PLACE)

April 2013 saw the introduction of PLACE, which is a new system for assessing the quality of the patient environment. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care, and looks at how the environment supports the patients, covering issues such as:

- Privacy & dignity
- Food
- Cleanliness
- General building maintenance

Six Healthwatch Blackpool members are PLACE Assessors. Heather O'Hara, Advisory Group member, who has been involved as an assessor in PLACE visits, comments:

"These assessments take place on a regular basis in Mental Health Units, and are carried out by a mixture of individuals, consisting of health professionals, service users, lay people who have attended the training course, and members of Healthwatch Blackpool, Blackburn with Darwen, and Lancashire.

"I have been involved with this function for over 12 months, carrying out over 10 different inspections, and have found them to be very interesting and the variation of premises and

'Shaping the Future' Question and Answer session at our Open Event

service users has been an eye-opener to me. "The reason for these inspections is to check all areas which are used by Service users to ensure that they are clean and any repairs are dealt with, together with ensuring that hygiene regulations are adhered to, and food standards are as good as they should be. We do this by sampling the food which has been served on the day.

"At the end of the inspection the teams get together and mark the areas as either a Pass, Qualified Pass (meaning some work needs to be done) or Fail (higher priority).

"The team do not have any involvement with nursing or medical care, the CQC are responsible for that area."

Lancashire Care NHS Foundation Trust PLACE team were lucky enough to win Non Clinical Team of the Year Award, which was presented to them at the De Vere Hotel in March 2014.

Open Events

We have held two well attended Open Events this year. The first was on Friday 20th September 2013 and included 'Shaping the Future' Question and Answer session with a panel of representatives from Blackpool Clinical Commissioning Group and the Official Launch of Healthwatch Blackpool by Council Ivan Taylor

On Friday 31 January 2014 our second Open Event titled 'Shaping the Future for Better Care' included a presentation on 'Better Care – Future Plan' and 'Shaping the Future for Better Care' Question and Answer Session with a range of stakeholder representatives.

Dentistry Survey

Aim

To establish a baseline of data to identify the current uptake of both NHS and private dental services and treatments in Blackpool.

Our method

We distributed the survey via the Healthwatch Blackpool membership; care homes in Blackpool; primary and secondary schools in Blackpool; Blackpool dental practices; and attended Blackpool Area Forums.

The survey was also available via 'Survey Monkey' on Healthwatch Blackpool's website. Followers on Twitter were also informed about the survey. It is estimated that 700 copies of the survey were sent out.

In total, Healthwatch Blackpool received 286 responses. Although the survey was aimed at Blackpool residents, some people outside the area responded to the survey. These totals have not been deleted as it was not possible to ascertain if their dental services were in the Blackpool area.

Summary of findings

Of the 286 responses, 118 were male, 156 were female and 12 were undisclosed. The highest number of respondents live in the FY3 area of Blackpool. However, as a large number of respondents were from a single secondary school within that area, it is reasonable to assume this is the reason for the high response rate. The highest number of respondents were aged under 18 at secondary school; the second highest of respondents were aged 65+.

Whilst it is recognised that the information gathered only gives us a snapshot of whether people in Blackpool are registered with a dentist or not, the findings are interesting.

Recommendations

- Advertising the availability of NHS dentists needs to be increased
- The Dental Helpline needs to be advertised more effectively
- Availability of Dental Health promotion should be investigated and made available, throughout the town, highlighting the risks associated with poor dental health.

Conclusion

Overall, the survey did not indicate an issue with people accessing dental services. A copy of the findings will be sent to Blackpool CCG, Blackpool Public Health, NHS England North Team and Healthwatch England. It will also be made available on the Healthwatch Blackpool website.

Dental Survey Findings
All respondents

Where are you registered with a dentist?

In Blackpool	187
Outside Blackpool	52
Not Registered	43
No Declaration	4

How long did it take you to find a dentist?

Less than 1 year	120
1-2 years	11
3-5 years	4
More than 5 years	8
Unsure	79
No Declaration	21

Did you face difficulty in finding one?

Yes	25
No	199
No Declaration	15

When do you have a check up?

Every 6 weeks	1
Every 3 months	2
Every 6 months	170
Every 9 months	2
Every 12 months	40
More than 12 months	14
No Declaration	10

How would you rate your dental health?

Excellent	27
Very Good	65
Good	99
Fair	26
Poor	9
No Declaration	13

What was your last visit for?

Regular check up	168
Cleaning	34
Tooth or gum problems	48
Dentures	15
Braces	7
Other	7
No Declaration	12

How satisfied are you with your dental care?

Very Satisfied	146
Somewhat satisfied	50
Neutral	24
Somewhat dissatisfied	4
Very dissatisfied	5
No Declaration	10

Those not registered with a dentist only

Would you like to be registered?

Yes	26
No	14
No Declaration	2

Do you know how to register?

Yes	20
No	17
No Declaration	6

Are you aware of the dental helpline?

Yes	16
No	22
No Declaration	5

Being effective on the Health & Wellbeing Board

Blackpool's Health and Wellbeing Board has been in operation for over a year and has a commitment to engage and involve local people and wider stakeholders in its work.

The Health and Wellbeing Board's vision is to make Blackpool a place where ALL people can live, long, happy and healthy lives and the first year of operation has seen the development of the operational structure to bring the Joint Health and Wellbeing Strategy to life. The Board has developed a framework for measuring performance against its strategic priorities, made improvements to the Joint Strategic Needs Assessment (JSNA), is taking a strategic lead on integrated commissioning arrangements and improving connections and links with new and existing partners.

Now established, the Board intends to create formal partnership arrangements which show how it will be informed and influenced by those working across the health and wellbeing landscape with ongoing engagement with the public to which the Board is ultimately accountable.

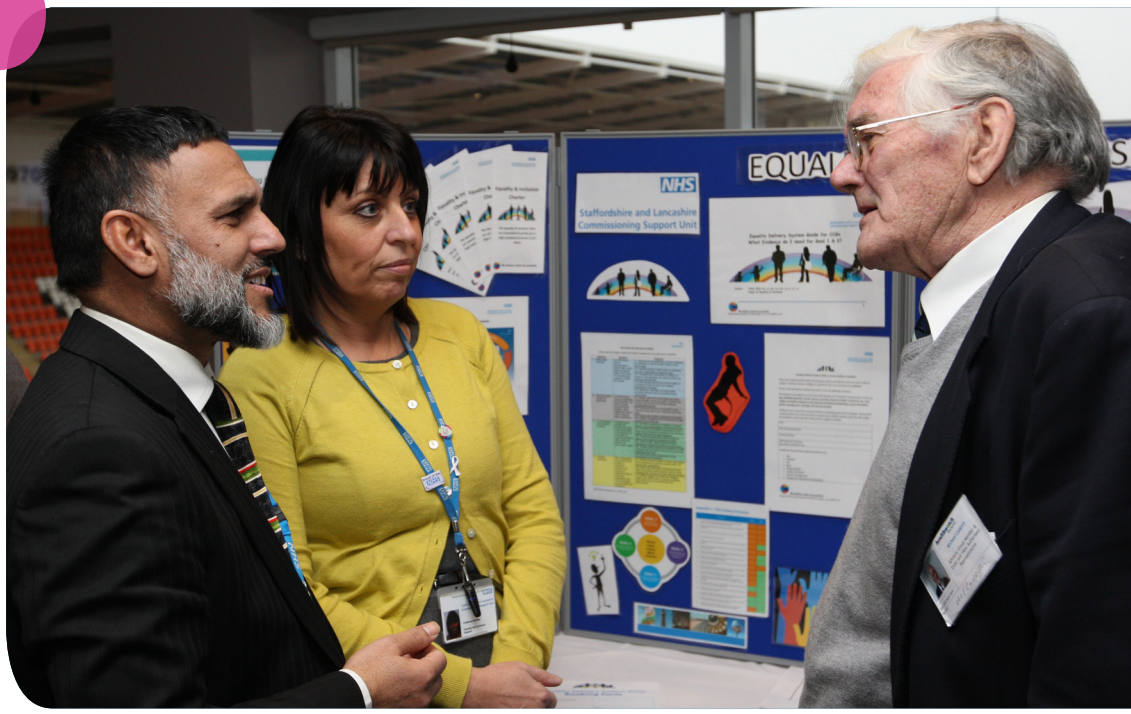
The Health and Wellbeing Board has made a commitment to mobilise the work of Healthwatch Blackpool and in working collaboratively on areas of mutual interest and responsibility including the on-going development and awareness raising of the JSNA and Better Care Fund.

Healthwatch Blackpool, as the voice of local people, is fortunate to have two executive board members on the Health & Wellbeing Board ensuring the needs of local people are known to those providing health and social care services in Blackpool.

Patient Participation Group Network

The lack of any feedback from the Patient Participation Group (PPG) event at the Hilton Hotel on 2nd October 2012 led to a decision by the Shadow Healthwatch Board in February 2013 to explore the feasibility of establishing a local PPG Network.

Coincidentally, Gavin Quick, secretary of ASK PPG, had already floated a similar idea at his own PPG meeting and had obtained support. Norma Rogers (Healthwatch Blackpool Chair) and Angela Winter (Clinical Commissioning Group Lay Member) met with him to discuss the way forward and agreed to organise an initial exploratory meeting to which all Blackpool GP Practices were invited to send representatives. Only eight surgeries responded, and those present raised serious doubts about the viability of the enterprise, but the decision to produce a calendar of six-weekly meetings



Attendees at our second Open Event titled 'Shaping the Future for Better Care'

helped to confirm the commitment of both Healthwatch and the CCG.

Looking back at the end of its first year, it is encouraging to see how far the Network has come, with well over half the Blackpool practices now represented, with a determination to achieve a hundred percent.

Co-chaired by Norma Rodgers and Angela Winter, with Gavin Quick as the minute taker, the network has recently drawn up its own terms of reference, identifying itself as an independent organisation, but closely supported by Blackpool CCG and Blackpool Healthwatch.

It fully appreciates the debt it owes to Sue Smith, Practice Manager, Stonyhill, who has not only hosted most of its meetings at South Shore Medical Centre, but also provided informed answers to some of its questions, along with a copy of the Lancashire (Blackpool) Framework for Minor Ailments Scheme.

A permanent agenda item is the reports from the practices, which are providing a growing collection of innovative suggestions, contributing to the aim of spreading best practice.

The focus is very much on self-care, and responsible use of resources, particularly prescription medicines, and this has been supported by a number of extremely informative presentations by outside speakers.

At the time of writing the network is in the process of organising an Event for all PPGs on September 17th at the Salvation Army Citadel, with Amanda Doyle as the guest speaker, and is also looking to develop its own website soon.

Stakeholder Involvement

A lot of work has taken place to build positive relationships with stakeholder organisations.

Representatives have attended our events and explained their work, and we've worked with them to improve local decision making.

Roy Fisher, Chairman of Blackpool Clinical Commissioning Group (CCG)
The CCG are involved in joint partnership working with Healthwatch as members of the Health and Wellbeing Board and the Council's Overview and Scrutiny Committee. The Healthwatch Chair is a member of the CCG's Governing Body, whilst Healthwatch members are also involved in the CCG's Patient and Public Involvement Forum. These roles help the CCG demonstrate its commitment to listening to the views of the patients and public which helps to inform our decision making.

Healthwatch have organised and facilitated two well attended, all day Public Listening Events which took place in September 2013 and January 2014. The CCG's involvement in the second event, 'Shaping the Future for Better Care' consisted of morning presentations, including the Commissioning Strategic Plan and the Better Care Fund. In the afternoon session, the CCG was represented by the Chairman and Chief Clinical Officer on a panel of major stakeholders in Blackpool addressing questions from the members of the public.

Helen Skerritt, Chief Nurse, Blackpool Clinical Commissioning Group (CCG)
As part of the ongoing quality improvement work undertaken by the CCG, I have worked in partnership with Healthwatch. This involvement and partnership approach is essential to improve and monitor health service provision. Some examples include joint working on a deep dive review of Maternity Services in November 2013 and a review of the KEOGH improvement actions recommended within the Local Hospital Trust. These have been in collaboration with Healthwatch Lancashire and Fylde & Wyre CCG.

I have a direct working relationship with Healthwatch as part of the CCG Public and Patient Involvement Forum; we share patient experience information and discuss priority areas for further scrutiny

Stakeholder Involvement

or feedback. This has included joint review of the monthly findings for the Friends and Family Test. I have also worked directly with Healthwatch to develop 'Enter and Views' within Blackpool Care Homes. I have shared information at the Healthwatch Board on the CCG responsibilities related to quality through presentation and meetings. I am currently involved in a health service procurement exercise that also includes Healthwatch representation. I look forward to developing our involvement initiatives throughout 2014/15.

Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group

I have been involved with Healthwatch during 2013/14 in a variety of ways in my capacity as a commissioning officer at the Clinical Commissioning Group. These include joint working as members of the Blackpool Learning Disability Partnership Board, Blackpool Mental Health Partnership Board, working on consultation with service users and carers on the review of supported accommodation, lead by the council.

Alison Small, Lead Nurse Continuing Healthcare, Blackpool Clinical Commissioning Group

I am sure that many of my colleagues will agree with me when I say that we have built a positive relationship with Healthwatch Blackpool over the last 12 months. We have had the opportunity to work with Healthwatch to support their volunteers undertaking 'Enter and Views' and they have been extremely keen and attentive during our presentations. We have also had the opportunity of listening to presentations by Healthwatch about the work they have done and what they hope to achieve over the coming months. The volunteers are doing a valuable job within NHS and non NHS settings and are obtaining very rich information about the quality of care and experiences of people in Blackpool. We look forward to working with Healthwatch over the coming months.

Gary Doherty, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

During 2013/14 we have worked very closely with Healthwatch and are grateful for their support and the constructive challenges they have given. Our work has included formal processes such as the Keogh Review and a CCG Assurance Review as well as less formal, smaller scale joint working. I look forward to working with Healthwatch in 2014/15.

Pat Oliver, Director of Operations on behalf of Blackpool Teaching Hospitals NHS Foundation Trust.

Blackpool Teaching Hospitals NHS Foundation Trust has been proud to work with Healthwatch Blackpool over the last 12 months. We find the input from colleagues valuable and the voice

of the public is truly heard across our services. Healthwatch Blackpool has supported us in many ways ranging from reviews of the choose and book system, work within our End of Life care programme, reviews at Clifton Hospital and within the Audiology Department, as well as supporting us in developing the work we are doing enhancing the patient experience across all services.

Our relationship with Healthwatch Blackpool has developed and having them as critical friends is an asset to us as ensuring the patient voice is heard at all levels helps us to develop our services to meet the patients' needs.

David Keddie, Stakeholder Engagement Manager on behalf of Lancashire Care NHS Foundation Trust

Over the period April 2013 – March 2014, Lancashire Care NHS Foundation Trust has sought to work honestly and openly with Healthwatch Blackpool, continuing the constructive relationship which Lancashire Care had developed with Blackpool LINk. The Trust has responded positively to invitations from Healthwatch Blackpool to engage with Healthwatch members at both open listening events and through regular presentations on a range of Trust services to the Healthwatch mental health working group. Lancashire Care and Healthwatch Blackpool have continued a regular dialogue about the development of the Harbour, the Trust's new mental health inpatient facility which is currently being built in Blackpool. The Trust looks forward to continuing this dialogue as the site nears completion (winter 2014) and in anticipation of the delivery of services from the site in spring 2015.

Stakeholder Involvement

Delyth Curtis, Director of Adult Services, Blackpool Council

The Local Authority commissioned Healthwatch in April 2013 and have, since inception been proud to be part of its development. Already playing an active role across the Council and as representatives of the Health and Wellbeing Board, Healthwatch has been very involved in specific areas of adult services such as the current Enter and View exercise with Care and Nursing Homes across the Borough and latterly the Better Care Fund. As well as leading on the consultation around the Health and Wellbeing Strategy, Healthwatch has held and hosted a number of key events with the local community, patients and service users culminating in panel sessions with key leaders and MPs which we have been proud to be part of. We look forward to continuing with our work with Healthwatch and building on the already existing strong relationships.

Traci Lloyd-Moore, Health and Wellbeing Officer, Blackpool Council

A key aspect of my role was to support the development of Healthwatch Blackpool prior to and following the organisation becoming a formal corporate body in 2013. This involved utilising support from the Healthwatch Implementation Team (HIT) which is a joint collaboration between Healthwatch England and the Local Government Association to support the formation and development of local Healthwatch across the country.

I attended regional Healthwatch commissioner lead meetings on behalf of Blackpool Council. The meetings were hosted by Northwest Employers and provided an opportunity for lead commissioners from local authorities across the Northwest to come together to debate key policy, inform and update on regional developments and share best practice. It was my role to feedback key items and actions along with emerging themes and key policy developments for the Healthwatch board to consider.

I also attended regional and local Healthwatch information events with Board members, feeding back items of interest. I attended local events organised by Healthwatch Blackpool for their members/members of the public to promote/raise awareness of the Health and Wellbeing Board.

I organised a joint chairs meeting between Healthwatch, Health Scrutiny, the Health and Wellbeing Board and the Director of Public Health to better understand expectations and aspirations for working together. One key outcome will be the development of a Memorandum of Understanding.

I've worked with the Heathwatch Blackpool board to identify and agree performance and outcome measures and co-produced the impact and outcomes framework which uses elements of the HIT Outcomes and Impact Development Tool. The framework will enable Healthwatch to provide tangible evidence of progress and demonstrate a clear and direct correlation between contractual delivery, influence and performance. The framework will also help the competing demands for organisational and staff development, as progress against outcomes and impacts is recorded and new priorities are identified going forward.

Future Plans for 2014/15

Healthwatch Blackpool is looking forward to the challenges ahead. We will be increasing our profile by marketing and publicity, and our engagement with the people of Blackpool.

In particular, we will:-

- Continue to hold Open Events
- Continue the programme of Enter & View visits into Care Homes
- Develop a programme of public engagement across the town
- Increase awareness of information, advice and signposting
- Encourage people to tell us their issues / experiences

Financial Information

Amount granted from Blackpool Council 2013/2014	£120,000.00
Amount contracted to Groundwork Lancashire West & Wigan to provide Support Services	£90,000.00
Amount contracted to Groundwork Lancashire West & Wigan to provide Information, Advice and Signposting	£9,000.00
Amount carried forward to 2014/2015	£21,000.00

At the end of the financial year 2013/14, the Executive Board are still in process of opening a Healthwatch Blackpool bank account.

Core functions

Support Services work with the Healthwatch Blackpool Executive Board and Advisory Group to ensure that the six functions, detailed below, are delivered:

- Gathering views of and understand the experiences of people who use services, carers and the wider community
- Making people's views known
- Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised
- Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).
- Providing advice and information about access to services and support for making informed choices
- Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion

The core functions of the advice, information and signposting service are to:

- Be identifiable and accessible to patients, their carers, friends and families
- Provide on the spot help with the power to negotiate immediate solutions or speedy resolution of problems
- Act as a gateway to appropriate independent advice and advocacy support from local and national sources
- Provide accurate information to patients, carers and families, about local health and social care services, and about other health and social related issues
- Act as a catalyst for change and improvement by providing information and feedback on problems arising and gaps in services
- Operate within a local network with other advice, information and signposting services and PALS in their area and work across organisational boundaries
- Support staff at all levels within local health and social care services to develop a responsive culture

Additional information

Healthwatch Blackpool confirm that we are using the Healthwatch Trademark when undertaking work on statutory activities as covered by the licence agreement.

The Annual Report is available in hard copy and electronically (via our website www.healthwatchblackpool.co.uk) and will be sent out to the membership. In accordance with the requirements, it will also be sent to:- Healthwatch England; The Care Quality Commission; NHS England; Blackpool Clinical Commissioning Group; Health Scrutiny Committee at Blackpool Council; Blackpool Health & Wellbeing Board; and Blackpool Council.

Our principles

The 'Nolan Principles' are seven principles that should apply to all people in public service and Healthwatch Blackpool has adopted these principles.

Selflessness
Those who work on behalf of Healthwatch Blackpool should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends

Integrity
Those who work on behalf of Healthwatch Blackpool should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity
In carrying out all Healthwatch Blackpool's business, those who work on behalf of Healthwatch Blackpool should make choices on merit.

Accountability
Those who work on behalf of Healthwatch Blackpool are accountable for their decisions and actions to the network and must submit themselves to whatever scrutiny is appropriate to their work.

Openness
Those who work on behalf of Healthwatch Blackpool should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when issues of confidentiality and data protection are pertinent

Honesty
Those who work on behalf of Healthwatch Blackpool have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the interest of the network.

Leadership
Those who work on behalf of Healthwatch Blackpool should promote and support these principles by leadership and example.

www.healthwatchblackpool.co.uk

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