

Blackpool Council

1 July 2014

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 9 July 2014 at 3.00 pm
in Solaris Centre, New South Promenade, Blackpool

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 4TH JUNE 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held on 4th June 2014 as a true and correct record.

3 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE - LOCAL GOVERNMENT ASSOCIATION, ACTION LEARNING SET, JUNE 2014 (Pages 7 - 14)

To receive a summary report of the Local Government Association Action Learning Set in June 2014.

4 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE - DEVELOPMENT SESSION REPORT AND IMPROVEMENT PLAN (DRAFT) (Pages 15 - 32)

To receive a report outlining the key outcomes of the development session and the first iteration of the improvement plan.

5 DEVELOPMENT UPDATE - ANNUAL REPORT (Pages 33 - 58)

To receive the draft annual report for the Health and Wellbeing Board for the period 2013-14.

6 STRATEGIC COMMISSIONING GROUP UPDATE (Pages 59 - 68)

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

7 CHILDREN AND FAMILIES BILL, SPECIAL EDUCATIONAL NEEDS (Pages 69 - 74)

To consider the implications of the Children and Families Bill around Special Educational Needs and Disability and agree the proposed future actions.

8 QUALITY CARE LEARNING DISABILITY HEALTH ASSESSMENT (Pages 75 - 80)

To update the Health and Wellbeing Board on the Learning Disability Health Self Assessment.

9 BLACKPOOL CLINICAL COMMISSIONING GROUP STRATEGY 2014/2019 (Pages 81 - 100)

To consider Blackpool Clinical Commissioning Group's strategic plan for the period 2014-19.

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.

Present:

Councillors

Clapham

Collett

Rowson

Taylor

David Bonson and Roy Fisher, Blackpool CCG

Delyth Curtis, Assistant Chief Executive Adult Services, Blackpool Council

Sue Harrison, Assistant Chief Executive Children's Services, Blackpool Council,

Dr Arif Rajpura, Assistant Chief Executive Public Health, Blackpool Council

Gary Doherty, Blackpool Victoria Hospitals Trust

Richard Emmess, Blackpool Fylde and Wyre Council for Voluntary Services

Joan Rose, Blackpool Healthwatch

In Attendance:

Mick Duffell, Lancashire Fire and Rescue

Mr S Gough, Blackpool CCG

Mr N Jack, Chief Executive, Blackpool Council

Mrs C Mckeogh, Deputy Chief Executive, Blackpool Council

Mrs J Mills, Public Health Specialist, Blackpool Council

Ms L Petch, Public Health Specialist, Blackpool Council

Mr I Master, Deputy Police and Crime Commissioner for Lancashire

Mr S Butterfield, Corporate Development Manager, Blackpool Council

Ms T Lloyd-Moore, Health and Wellbeing Officer, Blackpool Council

Mr L Marshall, Head of Adult Services, Blackpool Council

Mrs K Miller, Commissioning Manager, Blackpool Council

Mrs V Raynor, Head of Commissioning, Blackpool Council

Mrs S Shaw, Head of Corporate Development, Engagement and Communication,
Blackpool Council

Mr L Beattie, Executive and Regulatory Manager, Blackpool Council

Ms A O'Bryan, European Lead Project Search

Apologies

Apologies were submitted on behalf of Councillor Blackburn, Simon Bone, Dr Amanda Doyle, Jane Higgs, Ian Johnson, Norma Rodgers, Dr Leanne Rudnick and Professor Heather Tierney-Moore

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 4 JUNE 2014

1 APPOINTMENT OF CHAIRMAN

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 this meeting.

2 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

3 MINUTES OF THE LAST MEETING HELD ON 23RD APRIL 2014

Resolved:

That the minutes of the meeting held on the 23rd April 2014 be agreed as a correct record.

4 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE- ANNUAL REPORT 2013/2014

The Board received a development update from Ms T Lloyd-Moore on the work of the Health and Wellbeing Board and a proposal for the annual report.

Resolved:

1. To approve the scope of the Health and Wellbeing Board annual report as outlined and to agree that partner organisations submit relevant information for the report by the 13th June 2014.
2. To task the Health and Wellbeing Board Policy Officer to prepare a draft annual report for final approval in July 2014.

5 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received a verbal update on issues related to the Strategic Commissioning Group from Delyth Curtis, Assistant Chief Executive Adult Services, Blackpool Council.

The update highlighted the work of the Board including development of the Better Care Fund Locality Model and progress on Mental Health, Healthy Weight and Sexual Health action plans. The Board also considered the notes of the meeting of the Strategic Commissioning Group held on the 14th May 2014.

Resolved:

To note the update and the notes of the meeting of the Strategic Commissioning Group meeting held on the 14th May 2014.

6 PHARMACEUTICAL NEEDS ASSESSMENT

The Board received a presentation on the progress towards the creation of an updated Pharmaceutical Needs Assessment for Blackpool from Liz Petch and Stephen Gough.

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

Mr Gough reminded the Board of the key purposes of the Pharmaceutical Needs Assessment.

It was noted that a pan-Lancashire group had been created to co-ordinate the production of the Pharmaceutical Needs Assessments for Blackpool, Lancashire and Blackburn with Darwen. This group had devised a project plan and begun the process of collating relevant information.

Ms Petch explained that the next step would be starting to draft the assessment which would then be subject to a consultation period in the Autumn and that a draft would be brought to the Board in September for comment.

Resolved:

1. To note the update on the ongoing development of the Pharmaceutical Needs Assessment.
2. To receive a draft version of Blackpool's Pharmaceutical Needs Assessment in September 2014.

7 BETTER CARE FUND

The Board received an update on the Better Care Fund from David Bonson, Blackpool CCG.

David reported that feedback received nationally on Blackpool's final submission had been positive.

The Board noted the Project Initiation Document which set out the context, approach, scope and governance arrangements for Blackpool's Better Care Fund Project. David updated on progress of the project explaining that a Programme Board, led by Andy Roach at the CCG was now in place to co-ordinate delivery and a range of engagement and consultation were underway.

He informed the Board of a recent announcement from the Government in relation to final submissions. The announcement outlined further lines of enquiry that would need to be addressed by local areas before final plans could be taken forward for ministerial sign off. David expected further guidance to be published imminently.

Resolved:

That the update be noted.

8 QUALITY CARE FUND- CHILDREN AND FAMILIES BILL

Resolved:

That consideration of this item be deferred to a future meeting.

9 QUALITY CARE UPDATE- THE CARE ACT 2014

The Board received a presentation from Les Marshall, Head of Adult Services, Blackpool Council on the introduction of the Care Act 2014.

Mr Marshall highlighted that the Care Act was a major piece of legislation consolidating a large amount of legislation regarding adult social care and introducing the requirement to assess carers' needs for the first time, capping of personal care costs and the concept of deferred payments. It was noted that there was a large amount for training and development required for staff prior to the full implementation of the legislation in April 2015.

Resolved:

1. To note the report.
2. That a further update be provided to the Board in around October.

10 SOCIAL ISOLATION AND LONELINESS THEMATIC DEBATE

The Board held a thematic debate on the issue of social isolation and loneliness.

Val Raynor, Head of Commissioning- Blackpool Council and Judith Mills, Public Health Specialist- Blackpool Council gave a presentation to introduce the issue highlighting the links between social isolation and ill health.

The debate centred around how to ensure issues around social inclusion were addressed for all age groups and that links to the Headstart building resilience bid and links to the Better Care Fund bid were formalised. Members also expressed the need to ensure good practice in support for carers across Blackpool.

Resolved:

That a small sub-group be created of Richard Emmess, Arif Rajpura, Sue Harrison and Val Raynor to further explore the issue.

11 PROJECT SEARCH

The Board received a presentation on Project Search. The Board received information from Carmel McKeogh, Deputy Chief Executive- Blackpool Council, Kelly Miller, Divisional Commissioning Manager- Blackpool Council, Sally Shaw, Head of Corporate Development, Engagement and Communications and Annie O'Bryan, European Head Project Search.

They outlined the Project Search ethos which had been developed in a number of locations following its creation in the USA and Canada. The aim was to help disabled people secure and keep paid permanent jobs. The initiative was particularly suited to those with moderate to severe learning difficulties and autism.

The presentation outlined a number of success stories for the scheme and how Blackpool Council was to be a lead organisation starting in September 2014, other organisations were invited to be involved in offering job interview opportunities.

Resolved:

To note the project and its potential impact for young people with learning difficulties in Blackpool.

To consider whether Board member organisations could provide employment opportunities for those attending the scheme and to feed this back to Carmel Mc Keogh.

12 DATE OF NEXT MEETINGS

The Board noted the dates of next meetings as

9th July 2014

3rd September 2014

22nd October 2014

Chairman

(The meeting ended at 5.20 pm)

Any queries regarding these minutes, please contact:

Lennox Beattie, Executive and Regulatory Manager

Tel: 01253 477157

E-mail: lennox.beattie@blackpool.gov.uk

This page is intentionally left blank

Report to:	Health and Wellbeing Board
Relevant Officer:	Traci Lloyd-Moore, Health and Wellbeing Board Policy Officer, Blackpool Council
Date of Meeting	9 th July 2014

Health and Wellbeing Board Development Update – Local Government Association, Action Learning Set, June 2014

1.0 Purpose of the report:

- 1.1 To receive a summary report on the Local Government Association Action Learning Set held in June 2014.

2.0 Recommendation(s):

- 2.1 The Board is asked to note the report.

The Board is asked to consider the key discussion points and identify any future actions.

3.0 Reasons for recommendation(s):

- 3.1 The Board has made a commitment to undertake a programme of learning which is both developmental and strategic in scope to ensure it continues to provide leadership for health and well-being at the highest level. The Local Government Association's Action Learning Sets provide further support to Local Authorities and Health and Wellbeing Boards who have taken part in their Health and Wellbeing Peer Challenge Programme in developing in their system leadership role.

- 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:

As outlined in the reasons for recommendations there are no other suitable

alternative options.

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 LGA has made an ongoing commitment to sharing learning and best practice with the wider sector. As part of this commitment the LGA have set up Action Learning Sets for local authorities and their systems where health and wellbeing peer challenges have been completed to enable further shared learning.

5.2 An initial Action Learning Set took place in March 2014 attended by the first cohort of local authorities that had completed the health and wellbeing peer challenge and included representatives from Camden, Bath and North East Somerset, Merton, Leicester, Solihull, Southend and Doncaster. Themes covered, health and wellbeing board governance; developing relationships; how to manage focus on delivery; increasing visibility of health and wellbeing boards and measuring performance

5.3 Based on the success of the first Action Learning Set, a second session was held in June for Local Authorities that had completed the health and wellbeing peer challenge in 2014 attended by representatives from Blackpool, Sunderland, Sefton, Cornwall, Bristol, Peterborough and the Isles of Scilly. Themes explored included:

- Leading the whole system (The Board, partners, other stakeholders and local people)
- Upstream and downstream (The wider determinants, health behaviours, health improvement, health protection)
- Implementation (Leverage and implementation, delivery plans, scale and pace)

5.4 The LGA have produced a summary report outlining the main areas of discussion, which is attached as Appendix 3a. Some of the key points are detailed below:

- The Health and Wellbeing Board meeting is the 'tip of the iceberg' and a lot of work needs to be conducted outside formal meetings.
- Having shared accountability requires all partners to understand each others' operational challenges and constraints as well as values and norms. It requires enthusiastic and energetic leadership from Leaders and Chief Executives of all partners.

- All partners should make financial contributions to maintaining the Board infrastructure and its development.
- Difficulty in achieving a balance between the integration of health and social care to deal with immediate financial pressures, quality issues and promoting well-being.
- Public Health England and the LGA need to do more and better influence ministers and local members about the impact of poverty on health.
- Voluntary and community sectors are a key means to build local resilience.
- The Board's key outcomes need to be owned by multiple stakeholders as opposed to single organisations. In some areas, senior managers have signed up to 'pledges' of what they will do for the Health and Wellbeing Board.
- Children and Young People have to feature more prominently in the work of the Board and that it needs to engage with schools that are instrumental in helping children to develop high expectations and achieve.
- In asking participants to think about the future – some saw the future Health and Wellbeing Board as an integrated commissioning board who can manage the entire spend across health and care and act as the civic face, accountable for the conversation about better health and wellbeing for local people.

5.5 Authorities and Health and Wellbeing Boards are encouraged to consider and where appropriate apply the learning from these discussions as part of their ongoing development and in taking forward their peer challenge recommendations.

5.6 The LGA aim to run further Action Learning Sets over the forthcoming year with follow up activities planned for the first two cohorts.

Does the information submitted include any exempt information?

No

List of Appendices:

- Appendix 3(a) LGA Action Learning Set Summary Report June 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

LGA Action Learning Set – 12th June

This was the first Action Learning Set (ALS) for cohort two of our health and wellbeing peer challenge programme. Participants came from the Isles of Scilly, Cornwall, Sunderland, Blackpool, Sefton, Peterborough and Bristol providing a great mix of urban and rural challenges and perspectives

We had asked participants to come prepared with local issues and structured the day into three broad themes:

- Leading the whole system
- Upstream and downstream
- Implementation

Here is where the conversation took us:

Leading the whole system

- ‘Managing the Committee Process’ and people who control it continues to be an issue for many Health and Wellbeing Board managers. Two delegates reflected on their experiences in using <http://www.moderngov.co.uk/> which lightens the administrative burden. There was a general consensus that Health and Wellbeing Boards felt more dynamic and creative during the shadow period and a common challenge was to manage and deflect the procedural ‘grip’.
- Some participants had moved Board meetings away from Council buildings and into the community. Participants reflected that the Health and Wellbeing Board meeting is the ‘tip of the iceberg’ and a lot of work will (and will need to) be conducted outside formal meetings.
- Creating joint accountabilities for decisions that affect the health and wellbeing system was identified as essential and challenging. This requires partnerships and initiatives across the system to be mapped and co-ordinated where possible, balancing the need for formal structure (and accountabilities) but also informal and flexible arrangements. Clarity of vision and outcomes is key and acts as the ‘destination’ for the ‘flock of activity’ that may change and reconfigure along the way.
- A common theme was that Health and Wellbeing Board feel as if they are ‘hovering around the cliff edge’ – but have not yet jumped. Local and particular the general election in May 2015 can exacerbate this.
- Having shared accountability requires all partners to understand each other’s’ operational challenges and constraints as well as values and norms. It requires enthusiastic and energetic leadership from Leaders and Chief Executives of all partners well as awareness and kindness. The use of informal

meetings continues to be crucial in developing this. It was felt that all partners should make financial contributions to maintaining the Board infrastructure and its development.

Insights from the LGA's system leadership programme identify 'top tips' as:

- Shared ambitions need to be the starting point for any shared leadership
- It requires 'freeing people up' and creating space for conversations. They are crucial to identifying new ways of working – many will not have 'linear implementation paths' – there is a need to tolerate and embrace deliberation
- Relationships need to be kept strong
- The role of the DPH – spanning local government and health – is crucial and needs to be that of catalyst, enabler and broker of people and organisations within the system

Upstream and downstream

- Many partners acknowledged how difficult it is to achieve a balance between the integration of health and social care to deal with immediate financial pressures and quality issues and promoting well-being. One partner said that their Health and Wellbeing Board is sighted exclusively on the Better Care Fund, while others felt that there was a reasonable parity of focus and Health and Wellbeing Boards recognised the importance of tackling social determinants as a key means to reduce future pressures on health services.
- The advent of the Better Care Fund was generally seen as welcome in that it provided Health and Wellbeing Boards with a tangible focus for their work. Participants acknowledged that the pressure on the Board agendas is immense.
- Successful agenda management requires good cooperation between the Chair, Director of Public Health and other Directors – with the Health and Wellbeing Board manager/support officer initiating, steering and managing agenda and issues management. Having a good Forward Plan process is crucial.
- How to raise healthy life expectancy was a key concern for one participant. There was recognition of complexity and wider determinants such as planning, housing, poverty, living wage and emotional stress as key contributors. One participant shared their Council's rebranding of its focus to 'the health of the workforce is holding back the health of the economy' as impactful narrative. In her case Council priorities are about Education – Economy and Health and with strategic partnerships for each of these.
- There was some scepticism about the impact and validity of Public Health England campaigns and the need for Public Health England and the LGA to do more and better influence ministers and local members about the impact of poverty on health.

- Participants shared experiences of work with their local voluntary and community sectors as a key means to build local resilience. This requires investment in building infrastructure.
- Building strong links with school – which can become more challenging with the advent of Academies – is crucial and will require system leadership and influencing skills.

Implementation

- The need to ‘get traction’ was a key theme in this strand. One participant spoke about his council creating a ‘health and wellbeing movement’ with a focus on key outcomes owned by multiple stakeholders as opposed to single organisations. In their case, senior managers have signed up to ‘pledges’ of what they will do for the HWB.
- It was felt that Children and Young People have to feature more prominently in the work of the HWB and that it needs to engage with schools that are instrumental in helping children to develop high expectations and achieve.
- In asking participants to think about the future – there were some ambitious voices who saw the future Health and Wellbeing Board as an integrated commissioning board who can manage the entire spend across health and care and the civic face and accountable for the conversation about better health and wellbeing for local people.

“Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.”- Margret Mead

This page is intentionally left blank

Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Traci Lloyd-Moore, Blackpool Council
Date of Meeting	9 th July 2014

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

1.0 Purpose of the report:

- 1.1 To receive a report outlining the key outcomes of the development session and the first iteration of the improvement plan.

2.0 Recommendation(s):

- 2.1 The Board is asked to consider the outcome of the session, comment on the draft improvement plan and consider how best how to take the plan forward.

3.0 Reasons for recommendation(s):

- 3.1 The Board has made a commitment to undertake a programme of learning which is both developmental and strategic in scope to ensure it continues to provide leadership for health and well-being at the highest level. The health and wellbeing peer challenge and subsequent development session have provided the opportunity for the Board to explore and develop in its strategic leadership role; and to build confidence and capability in delivering transformational change that will create real improvements in the health and wellbeing of the local community. The (draft) improvement plan developed as a result will provide a key step change in driving forward the Board's agenda and future vision of health and wellbeing in Blackpool.

- 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:

As outlined in the reason for recommendation there are no other suitable alternative options.

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 Board's second 'inward looking' session focussed on the next stage of development a year after becoming formally operational and provided an opportunity for members to come together to consider how best to implement the recommendations from the health and wellbeing peer challenge.

5.2 The session facilitated by Sir Steve Houghton, Leader of Barnsley Council and Chair of Barnsley Health and Wellbeing Board and Satvinder Rana, LGA Programme Manager covered the following areas:

- The key recommendations from the health and wellbeing peer challenge and how to implement them
- Progress in delivering the priorities set out in the Joint Health and Wellbeing Strategy
- How the priorities could be reduced to achieve a bigger impact
- Leadership of the health and wellbeing agenda locally
- Current and future governance and accountability arrangements
- Engagement with local communities

5.3 As part of the session a number of case studies/developmental scenarios were used to stimulate discussion and aide thinking about the Board's role as systems leaders in the context of a complex and challenging health and wellbeing landscape.

5.4 A key outcome was the discussion that centred on the Board's future strategic direction and the key drivers that would make the biggest impact against the 21 priorities set out in the current Joint Health and Wellbeing Strategy. After some debate in groups, four key drivers were identified –set out in the table below. There was consensus and emphasis towards early intervention and more upstream activity:

Driver	Stabilising the Housing Market	Substance misuse alcohol drugs and tobacco	Social Isolation/ Community Resilience	Early Intervention
Suggested Board Action or Role	Obtain clarity on partner contribution Work with partners to improve HMO stock via selective licensing	Address lifestyle issues through 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 interventions at the earliest stage of life possible to make the most gains. Better Start being the catalyst for change.

Does the information submitted include any exempt information?

No

List of Appendices:

- 4a Health and Wellbeing Board Draft Improvement Plan
- 4b Health and Wellbeing Board Development Session – Full 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

APPENDIX B

Health and Wellbeing Board Draft Improvement Plan

Area	Objective	Action	Lead	Completion Date
1. Peer Challenge Recommendations	a. Outline a clear vision for the future health of Blackpool shared by all partners and communities	<ul style="list-style-type: none"> Work with partners to develop a compelling narrative which articulates the future of health and wellbeing in Blackpool Promote and encourage buy-in across the Council, NHS, VCFS (Voluntary Community and Faith Sector) and wider public sector so that the narrative is shared by all 	SCG/Healthwatch	
	b. Ensure VCFS are engaged and involved in the delivery Better Care	<ul style="list-style-type: none"> Review governance arrangements and membership to ensure VCFS influence and involvement at all stages of development of the Better Care Fund model 	BCF Programme Board/Richard Emmess	
	c. Promote the BCF vision and explain the model to partners and local communities	<ul style="list-style-type: none"> Develop a robust communications plan to raise awareness, promote the vision and describe the model of Better Care in Blackpool. 	BCF Programme Board (DDE & Comms workstream)	
	d. Join up and focus on the main health and wellbeing			

	<p>priorities for Blackpool</p> <p>e. Ensure mechanisms are in place to evaluate impact of the health and wellbeing strategy, which clarify accountability and responsibility for performance</p> <p>f. Share learning and best practice regionally and celebrate their achievement</p> <p>g. Ensure the Board continues</p>	<ul style="list-style-type: none"> • Identify and agree the three biggest priorities that impact on health and wellbeing • Identify and agree three key actions/Board interventions against each driver and describe what the added value will be • Undertake a review of spend across each area • Produce a Business plan – outlining the actions/interventions (who, when, cost, difference made) Consider what will be different in 3,5, 10 years' time and articulate what success looks like • Produce a second version of the JHWS – setting out the shift in focus/impact, making reference to 'leap forward' from the first version which identified 21 'problems' which version will now address through 3 key themes • Build performance against the three top priorities into the performance management frameworks of the key 	<p>HWB</p> <p>HWB</p> <p>SCG</p> <p>SCG/Traci</p> <p>SCG/Traci</p> <p>HWB/SCG/Business Analyst Teams from partner orgs</p>	<p>End July 2014</p>
--	--	---	--	----------------------

	to operate effectively	<p>partner organisations involved in delivering them, so that progressed can be monitored and reported collectively to the Board</p> <ul style="list-style-type: none"> Secure additional support from the LGA to develop an appropriate mechanism Review the Board's Comms plan and continue to link into the LGA so that best practice and the good work of the Board is recognised at a regional level Put in place an ongoing schedule of learning and development (both externally and in-house) 	<p>LGA</p> <p>Traci</p> <p>Traci/LGA</p>	
The role of the Health and Wellbeing Board	<ul style="list-style-type: none"> Clarify roles, relationships and lines of communication between Board, its subgroups and wider partners 	<ul style="list-style-type: none"> Review and update the TOR's of the Health and Wellbeing Board and Strategic Commissioning Groups Review the agenda process and ensure this is informed/steered by the Strategic Commissioning Group underpinned by a robust forward plan Identify an educational representative to be invited to join the Board Review and revise draft governance/partnership arrangements 	<p>SCG</p> <p>SCG/Traci</p> <p>HWB/Sue Harrison/Democratic Services</p>	

		<p>and ensure these make explicit links between the Board and the Strategic Commissioning Group, Heath Scrutiny and the Urgent Care Board</p> <ul style="list-style-type: none"> • Develop a system of communication between the Board, CCG, Acute, Scrutiny and Urgent Care Board to provide assurance to the Leader about lines of responsible and how information flows around the system • Develop a Memorandum of Understanding between the Board, Health Scrutiny and Healthwatch setting out roles and responsibilities • Explore the feasibility of establishing Chief Exec Public Sector Services meetings 	<p>Traci/Scott</p> <p>HWB/Traci</p> <p>Traci/Scrutiny Manager/Healthwatch</p> <p>Scott/Traci</p>	
--	--	--	--	--

APPENDIX B

Blackpool Health and Wellbeing Board Away Day
20 May 2014
Lancashire Fire and Rescue Training Centre, Euxton

The Board's second Away Day focussed on the next stage of development a year after becoming formally operational and how best to implement the health and wellbeing peer challenge recommendations. The session facilitated by Sir Steve Houghton, Leader of Barnsley Council and Chair of Barnsley Health and Wellbeing Board and Satvinder Rana, LGA Programme Manager brought members together to consider:

- The key recommendations from the health and wellbeing peer challenge and how to implement them
- Progress in delivering the priorities set out in the Joint Health and Wellbeing Strategy
- How the priorities could be reduced to achieve bigger impact
- Leadership of the health and wellbeing agenda locally
- Current and future governance and accountability arrangements
- Engagement with local communities

As part of the session a number of case studies/developmental scenarios were used to stimulate discussion and aide thinking about the Board's role as systems leaders in the context of a complex and challenging health and wellbeing landscape. Below is an overview of the main discussion points, considerations, issues raised, suggested actions and proposed next steps.

Opening discussion

Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>In setting the context Sir Houghton emphasised that Health and Wellbeing Boards are at a key juncture in their formal operation. Deepening financial pressures facing the NHS, Local Authorities and other public sector services and in the context of the Better Care, Boards need to think radically; be bold and come up with alternative solutions to address the challenges we face e.g. more focus on upstream activity</p> <p>The Board requires a narrative for health and wellbeing that is shared by all – partners and public which explains what health in Blackpool looks like in the future</p>	<p>How can the Board keep people well and out of the system?</p> <p>How will the Board provide the appropriate systems leadership?</p> <p>The Board need to start thinking about operating in a different way and work closer with communities – how can the Board do this?</p>	<p>The Board will need to prepare for more cuts, therefore the resilience message is key – but it must be shared with buy-in to the concept</p>	<p>The Board need to develop a narrative which articulates a clear vision for the future health of Blackpool</p>	<p>The Strategic Commissioning Group supported by Healthwatch will develop a narrative which articulates the future of health and wellbeing in Blackpool</p> <p>The Board working through the Strategic Commissioning Group will promote and encourage buy-in across the Council, NHS, VCFS (Voluntary Community and Faith Sector) and wider public sector so that the narrative is shared by all</p>

Health and Wellbeing Peer Challenge

Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>Satvinder summarised the key findings from the peer challenge and asked the Board to think about what Blackpool will look like in the future</p> <p>The Board must focus on getting the language/balance right – which combines into one shared narrative</p> <p>The Board need to select three priorities and deliver them on an industrial scale</p> <p>Housing and population churn were noted as underlying causes of poor health and wellbeing</p> <p>The Board need to recognise,</p>	<p>How can the Board build strategic capacity of the VCFS to deal with health issues?</p> <p>In three years' time how will the system look different and operate differently?</p> <p>How do we get people to operate differently in a new model – systems leadership skills and training are key</p> <p>How can the Board connect and engage communities to communicate key messages and change behaviours?</p> <p>The Board needs to review current performance</p>	<p>In terms of impact the Board needs to let citizens know how they are addressing health issues and keep Better Care Fund at the forefront of people's minds</p> <p>How do we reduce demand and cost?</p> <p>We won't succeed unless we take demand out of the system</p>	<p>The Board needs to:</p> <ul style="list-style-type: none"> • Work closely with VCFS to deliver Better Care – promoting the vision in local communities and explaining what this will look like • Progress and implement the Better Care Fund plan at scale and pace • Implement the health and wellbeing peer challenge recommendations • Share learning and best practice regionally and celebrate their achievements 	<p>Traci will liaise with Gill Taylor, Principal Adviser at the LGA (Local Government Association) to secure additional support from the LGA to take forward the recommendations and develop appropriate mechanisms evaluate impact</p> <p>The Board will review and refine the JHWS with the intention of reducing priorities (see Identifying Priorities below)</p> <p>The Board recommends that the Better Care Fund Programme Board review governance arrangements and membership to ensure</p>

<p>map and build capacity of the VCFS who are a key component to deliver transformation</p> <p>The Board need to drive systems change through leadership</p> <p>The Better Care Fund presents an opportunity to deliver transformation at scale and pace. The Board has good relationship with providers; therefore transformation can be delivered and progressed in a measured way. It was acknowledged that Blackpool's Better Care Fund plan is one of the stronger submissions</p> <p>The Board needs to share the vision for Better Care to a wider audience and explain how it will look and operate</p>	<p>management arrangements – currently receiving updates on a plethora of action plans – the Board needs to curtail these so that time is spent on key priorities</p>			<p>VCFS influence and involvement at all stages of Better Care Fund model development.</p> <p>The Better Care Fund Programme Board working through the Design, Delivery and Estates workstream and Communications workstream will develop a robust communications plan comprising tailored messages and a schedule of public/partner events to raise awareness, promote the vision and describe the model of Better Care in Blackpool.</p> <p>Traci to review the Board's Comms plan and continue to link into the LGA so that best practice and the good work of the Board is recognised at a regional level</p>
---	---	--	--	---

Identifying priorities

Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>The current JHWS contains 21 multifactorial priorities. The JHWS is borne out of the JSNA – these are not new priorities</p> <p>The Board agreed that the JHWS is a mix of what is done by organisations and what is done as a partnership</p> <p>The Board agreed a new timed approach was required to deliver the JHWS which would bring focus and serve to manage expectations:</p> <p>e.g. Tobacco Control (illicit tobacco) is a longer term issue however smoking cessation offers a short term impact. This needs to be made more explicit in the JHWS. The Board</p>	<p>What is the process for reducing/de-selecting priorities given that they are interdependent on each other?</p> <p>What are the three key drivers?</p> <p>Why has the Board come together? What has the Board done that wouldn't have been delivered/happened?</p> <p>Where can the Board make a difference or have the most impact? This may mean taking bold risks – is the Board prepared to take them?</p> <p>In agreeing that a role of the</p>	<p>It is difficult to unpick the priorities as they are interdependent and all agencies are reliant on each other to ensure priorities are delivered</p> <p>People bring health and social issues with them into the town</p> <p>75% of the population are stable communities but efforts are focussed on 25% of the population, who bring issues with them and use most resources, but there is limited improvement in their outcomes, stable communities have poor health too.</p>	<p>The Board need to</p> <p>Identify 3 biggest drivers that will have an impact on other areas contained within the 21 priorities.</p> <p>Four themes emerged from group discussions:</p> <ol style="list-style-type: none"> 1. Stabilising the housing market 2. Substance abuse – alcohol, drugs and tobacco 3. Social Isolation/Resilient Communities (young and frail elderly) 4. Early Intervention (more upstream in focus, the Board 	<p>In taking forward the four themes the Board need to consider how it can add value and what it can do collectively that respective partners responsible for the priority couldn't do e.g. lobbying, redirecting funds, influencing policy locally</p> <p>Discussion to take forward initially by the Strategic Commissioning Group:</p> <ul style="list-style-type: none"> Identify and agree three priorities and 3 key actions for each one by July Consider why the theme is important Consider/decide what can the Board deliver

<p>split priorities over the short, medium and long term as follows:</p> <ul style="list-style-type: none"> • Longer term – housing, education and employment • Medium term – lifestyle/behaviours • Short term – projects/campaigns <p>The Board agreed there needed to be a shift in focus to prevention and using tobacco as an example....the way forward would be to invest more in services that stop young people from starting in the first place as this is where the most impact can be made (moving more upstream!)</p> <p>The Board agreed that their overall ambition is to reduce inequalities and improve</p>	<p>Board is to stabilise the health of the population, what is the Board not going to do?</p> <p>Should focus be directed to 75% of the population which is stable and use this as driver for change?</p>	<p>Where and Who are the Board going to focus on?</p>	<p>agreed that initiatives such as Better Start can change perspectives and it was vital to put efforts into the earliest part of life to make the most gains)</p> <p>The Board need to:</p> <p>Produce a second version of the JHWS – setting out the shift in focus/impact, making reference to ‘leap forward’ from the first version which identified 21 ‘problems’ which version will now address through 3 key themes</p> <p>In developing the second JHWS, the Board will need to be clear about</p> <ul style="list-style-type: none"> • Vision • How priorities contribute to vision • What the three BIG 	<ul style="list-style-type: none"> • Consider whether the theme is currently on the Boards agenda • Explore how benefits can be maximised • Develop robust arrangements to hold the system to account • Understand how and what difference will be made • Develop clear measurable outcomes • Develop a delivery plan with clear milestones • Articulate what success looks like • Agree timescale • Produce a Business/Improvement plan – identifying interventions – who, when, cost, difference made.
---	---	---	--	---

health - essentially to narrow the gap to get closer to the England average			<p>priorities are</p> <ul style="list-style-type: none"> • Key actions • Measures, milestones • Performance • Clarity about who does what • Clear lines of accountability 	<ul style="list-style-type: none"> • The Business/Improvement plan will need to inform the performance framework • Consider what will be different in 3,5, 10 years' time • Produce a second version of the JHWS
---	--	--	--	---

The Role of the Health and Wellbeing Board

Main Discussion points	Key Considerations	Issues	Proposed Actions	Proposed Next steps
<p>During this part of the session the Board considered the following three areas:</p> <ul style="list-style-type: none"> • Delivering priorities • Accountability for performance • Engaging local communities 	<p>Is the role of the Board to engage communities or conduct research to find out what partners do to engage the public?</p> <p>Does the Board understand the Communication</p>	<p>Children's health and wellbeing is an area that needs more development; a higher profile and more focus</p> <p>Clarity needed on the role of the Urgent Care Board</p>	<p>The role of Strategic Commissioning Group to be reviewed</p> <p>The Board's agenda process to be reviewed</p> <p>Board Membership to be</p>	<p>The Board will review their and that of the Strategic Commissioning at next meeting of the SCG</p> <p>Traci will finalise mapping of partners and roles across the system and update the</p>

<p>The Board agreed that there needed more clarity about their role in relation to the Strategic Commissioning Group (SCG) and other partners. The consensus was:</p> <p>Role of the Board The Board has clarity on priorities and expectations; capacity to ask difficult questions; acts as a critical friend/peer reviewer; understands evidence; knows what's best and what the best interventions are</p> <p>Role of Strategic Commissioning Group The SCG is multi-agency; explores how and whether priorities can be delivered; develops and leads performance management framework; assigns tasks to 'subgroups'</p> <p>The Board agreed it needed to</p>	<p>strategies across the partnership?</p> <p>Should the Board lead engagement activity or be assured that engagement is taking place?</p> <p>Is there a role for the Board to look at spend across the partnership and how it is allocated and to set targets to shift funds to redress the balance? Where does this dialogue need to take place? Is it at Health and Wellbeing Board or a separate meeting for the Chair of the Board and Chief Execs of Public Sector Services</p>	<p>and Health Scrutiny. The Board were not clear what information feeds into both bodies and how they can influence their work and vice versa. Lines of communication are also unclear</p>	<p>reviewed – an educational representative needs to be identified and invited to sit on the Board Once the Board has identified its three big priorities an exercise should be undertaken to identify spend across each one</p> <p>Revise draft governance/partnerships report which makes explicit links between Strategic Commissioning Group, Health Scrutiny and Urgent Care Board</p> <p>Develop clear lines of communication between Chair of Health and Wellbeing Board and Chief Execs of Public Sector services</p> <p>Provide assurance to the Leader about who is</p>	<p>partnership arrangements report and map – include Urgent Care Board and bring this to a future Board meeting for review</p> <p>Traci will work with the Board to develop a system of communication between the Board, CCG, Acute, Scrutiny and Urgent Care Board</p> <p>Traci working with the Health Scrutiny Manager and Healthwatch Chair will develop Memorandum of Understanding between the Board, Health Scrutiny and Healthwatch setting out roles and responsibilities</p> <p>The Board will build links with the Urgent Care Board</p> <p>The Assistant Chief Executive/Director Children's Services to advise</p>
---	--	--	---	---

<p>shift away from being operational</p> <p>Moving forward the Board recognised the need to review/revise its substructure, establishing operational groups under each priority</p> <p>The Board need clear lines of communication and clarity about who is responsible for what</p> <p>The Board agreed that informal meetings were just as important as formal ones and that learning from each other is key</p> <p>The Board needs to hear and listen to public views but move towards more strategic conversations. The Board acknowledged the integral role of Healthwatch in taking these conversations forward and informing people about what</p>			<p>responsible for what and how information flows around the system</p>	<p>the Board on an educational representative who can be invited to join the Board</p> <p>Traci to schedule short development sessions for the Board for 2015</p> <p>Scott/Traci to explore appetite for establishing Chief Exec Public Sector Services meetings</p> <p>(Note: timescales for all actions and next steps are to be confirmed)</p>
---	--	--	---	---

the Board is doing				
--------------------	--	--	--	--

Report to:	Health and Wellbeing Board
Relevant Officer:	Traci Lloyd-Moore, Blackpool Council
Date of Meeting:	9 th July 2014

Health and Wellbeing Board Development Update – Annual Report 2013-14

1.0 Purpose of the report:

- 1.1 To receive the draft annual report for the Health and Wellbeing Board for the period 2013-14.

2.0 Recommendation(s):

- 2.1 The Board is asked to note the report.

The Board is asked to consider and comment on the draft report and make suggestions for amendments to inform the final version.

3.0 Reasons for recommendation(s):

- 3.1 The underlying principles of Health and Wellbeing Boards as set out in the Health and Social Care Act 2012 includes an undertaking to promote openness and transparency in all aspects of its work and inclusiveness in the way it engages with partners, patients, service users and the public. To this end the annual report seeks to promote the purpose of Blackpool Health and Wellbeing Board and summarise the work of the Board in its first year of formal operation. This report sets out key areas identified in the agreed scope discussed at the June meeting and seeks Board members' views on the draft version.

- 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:

As outlined in the reasons for recommendations there are no other suitable alternative options.

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 annual report will reinforce the commitment to ensure that local people and wider stakeholders are involved and engaged in the work of the Board and allow the Board to evaluate its own performance and check that members, both collectively and individually are fully contributing towards its success. The development of an annual report will also illustrate the principles that underpin the purpose and work of the Board which include:

- Shared and strategic leadership of the health and wellbeing agenda
- A commitment to driving systems change to improve services and outcomes
- Parity between Board members in terms of the opportunity to contribute to the delivery of strategic priorities
- Shared ownership and accountability of the Board by all its members
- Openness and transparency in the way that the board conducts its work
- Inclusiveness in the way it engages with partners, patients, services users and the public.

5.2 The draft is comprised of 4 sections as follows:

5.3 Context for Health and Wellbeing Boards

This describes:

- The purpose of the Health and Wellbeing Boards
- The governance of Blackpool Health and Wellbeing Board
- The vision of Blackpool Health and Wellbeing Board

5.4 The Work of Blackpool Health and Wellbeing Board

This section highlights the work undertaken by the Board during the period to improve health outcomes for the people of Blackpool.

5.5 The Health and Wellbeing Board as a Partnership

This section will focus on the views of Board members and key partners to assess the partnership performance of the Board itself. To support this section, Board members have produced a summary to describe their role on the Board, an assessment of how the Board is developing, a positive example of the Board in action and what can be done to strengthen the role.

5.6 Future Work of the Health and Wellbeing Board

This section will set out the future direction drawing upon the self-assessment conducted in September 2013, the peer challenge recommendations and key actions/outcomes from the development session held on 21 May.

Does the information submitted include any exempt information?

No

List of Appendices:

- Appendix 5a: Annual Report - draft

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 Key actions outlined in the JHWS Equality Impact Analysis will be used to inform the overall assessment of the work of the Board and included in the annual report.

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

Blackpool Health and Wellbeing Board Annual Report 2013-14

(Draft)

To be added

- Contents page
- Welcome and Foreword from Chair

OVERVIEW

Blackpool's Health and Wellbeing Board's Annual report 2013/14 provides a summary of the work, achievements and progress of the Board in its first year of formal operation. The report reinforces the Board's key commitment to ensure that local people and wider stakeholders are involved and engaged in its work of the Board and enable the Board to evaluate its own performance and that members, both collectively and individually are fully contributing towards its success.

The Board has set out a clear *vision to make Blackpool a place where ALL people can live, long, happy and healthy lives*. During its first year of formal operation Blackpool Health and Wellbeing Board has made good progress in developing its substructure. It is this *operational substructure which acts as the engine, bringing the joint health and wellbeing strategy to life, developing a framework for performance* improving the Joint Strategic Needs Assessment, and developing actions plans to deliver the strategic priority of the Joint Health and Wellbeing Strategy and take a strategic lead on integrated commissioning arrangements. and improving connections and links with new and existing partners including the Health and Wellbeing Boards for Lancashire and Blackburn with Darwen, Blackpool's Fairness Commission, Lancashire Tobacco Alliance, Local Safeguarding Boards, Third Sector partners, NHS England and Public Health England Local Area Teams, and local communities. Now established the Board intends to formal partnership arrangements which show how work will be informed, influence and connected by those working across the health and wellbeing landscape and beyond to align, integrate and compliment key areas of work and that ensure engage with the public to which the Board is ultimately accountable

Furthermore, the emerging themes from the Board inaugural event which focus on

- Focus on early years and prevention
- Engage young people
- build on existing channels of communication
- Encourage shared ownership of the Joint Health and Wellbeing Strategy with all partners

have been used to inform the Boards current work plan and will build on this in improvement plan for next year. to improve communication, engage wider partners, focus on prevention and early intervention with young people and plan future events

Highlights of the year have included the, increased sharing and use of health and wellbeing data through the JSNA, work to tackle housing and issues of transience across the Town, development of action plans to move the joint health and wellbeing strategy forward and the Health and Wellbeing Peer Challenge

There are a number of smaller, innovative activities and campaigns underway across the Town funded through Public Health and Blackpool Clinical Commissioning Group, which aim to address the need outlined in the Joint Health and Wellbeing Strategy, demonstrating the depth of support and delivery of the Strategy.

In 2013/14, the achievements of the Health and Wellbeing Board have included:

Activity	Result	The difference made
Signed the Local Government declaration on Tobacco Control	The Council is committed to lead activities to reduce tobacco consumption	The harmful impacts of tobacco consumption in h more is being done to reduce smoking across the town
Championed efforts and working to secure additional resources to tackle housing issues and transience in the Town	The Council's Chief Executive established a Project Group to consider how the Council could directly intervene in Black pool's private rental market An outline proposal has been prepared and presented to the Board.	working towards achieving a more attractive place to live, fostering stronger and more resilient communities, economic sustainability and better mix of house and household types
Developing actions plans to deliver the priorities of the Joint Health and Wellbeing Strategy	A series of robust plans in place covering alcohol, Mental Health, Healthy Weight, Looked After Children	Care pathways in place for looked after children, expansion of mental health services, reductions in hospital admissions due to alcohol, increases in the number of local people getting involved in wellbeing projects
Developed a robust performance framework for the JHWS	We have a clearer understanding and oversight of key health challenges and whether what we are doing is making an impact to close the gap to reduce health inequalities	We will be better able to target the specific needs that people have and to provide challenge and influence the way in which we commission services
Completed a Health and Wellbeing Peer Challenge	To review how well we and our partners are delivering the health agenda	We now have a better understanding of our strengths and where and how we need to develop areas the process of developing an improvement plan for 2015 to build on what we have learnt

Health and Wellbeing Boards

What are they?

Health and Wellbeing Boards (HWBs) are statutory committees of local authorities, established as part of the coalition government's reforms of the NHS, set out in the Health and Social care Act 2012.

HWBs became formally constituted in April 2013; however a number of Boards were awarded early implementer status by the Department of Health in 2011, enabling them to operate in shadow form to test out their duties and develop in their roles. Over 130 HWBs are now in operation across England.

What do they do?

HWBs are seen as the key mechanism for co-ordinating the new health system at a local level. They bring together major partners across the NHS, public health, adult social care and children's services as well as elected Members and representatives from Healthwatch to jointly plan how best to meet the health and social care needs of their local population, with joining up and integration of services a key factor.

HWBs have three statutory duties:

- Assess the needs of their local population through the Joint Strategic Needs Assessment (JSNA) process. **The JSNA provides a statement of the current and future health and wellbeing needs in a local area.**
- Produce a joint health and wellbeing strategy (JHWS) based on the findings of the JSNA. **The JHWS is the overarching health strategy for a local area and is used by HWBs to influence the commissioning of health, social care, public health and other community-based services.**
- Promote greater integration and partnership. **This means actively working with partners to encourage and influence arrangements for joint commissioning, integrated provision, and pooled budgets where appropriate.**

"health and wellbeing boards..... will bring together everyone from NHS commissioning groups to adult social care specialists, children's trusts and public health professionals... to design local strategies for improving health and social care integration. Integration is really important for our vision of the NHS"

Blackpool Health and Wellbeing Board

Blackpool HWB is widely recognised by partners as a significant and strategic partnership across the system. There is recognition that “the HWB put health and wellbeing on the agenda for Blackpool” (Blackpool Health and Wellbeing Peer Challenge Report, Mar 2014)



Blackpool HWB was established in ‘shadow form’ in December 2011 and became a formal statutory committee of the council in May 2013. The Board builds on strong pre-existing partnerships between the NHS, Council and other public sector partners. It has 21 members spanning the Council, NHS Clinical Commissioning Group, Healthwatch, the two major health providers in the Town Blackpool Teaching Hospitals NHS Foundation Trust, Lancashire Care NHS Foundation Trust, NHS England, the Police, Fire Service and Voluntary, Community and Faith Sector.

Membership:


- Cllr Simon Blackburn Leader (Chair) Blackpool Council
- Cllr Ivan Taylor Cabinet Member for Children's Services Blackpool Council
- Cllr Kath Rowson Cabinet Member for Adult Social Care Blackpool Council
- Cllr Eddie Collett Cabinet Member for Health and Wellbeing Blackpool Council
- Cllr Don Clapham Conservative Party Member Blackpool Council
- Sue Harrison Director of Children's Services Blackpool Council
- Delyth Curtis Director of Adult Services Blackpool Council
- Dr Arif Rajpura Director of Public Health Blackpool Council
- Dr Amanda Doyle Chief Clinical Officer Blackpool CCG
- Roy Fisher Chair Blackpool CCG
- David Bonson Chief Operating Officer Blackpool CCG
- Dr Leanne Rudnick GP Blackpool CCG
- Norma Rodgers Chair Healthwatch Blackpool
- Joan Rose Director Healthwatch Blackpool

- Gary Doherty Chief Executive Blackpool Teaching Hospital NHS Foundation Trust
- Ian Johnson Chair Blackpool Teaching Hospital NHS Foundation Trust
- Richard Bayly, Chief Superintendent, Lancashire Constabulary (Western and Northern Division)
- Jane Higgs Director of Operations and Delivery NHS England (Lancashire)
- Professor Heather Tierney-Moore Chief Executive Lancashire Care NHS Foundation Trust
- Richard Emmess, Chief Executive, Blackpool Wyre and Fylde Council for Voluntary Services
- Simon Bone, Community Protection Manager Lancashire Fire and Rescue

The Board's key focus is on improving outcomes and reducing inequalities through every stage in people's lives and to enable local commissioners to plan and commission integrated services that meet the needs of the whole community, in particular for the most vulnerable individuals and the groups with the worst health outcomes and its vision for the future health of Blackpool is bold and ambitious

Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives

During shadow form the Board held a number of sessions to consider how by working together it could achieve better health outcomes for the town, focusing on what could be done to prevent poor health and reduce health inequalities and where how it could best 'intervene'. The Joint Health and Wellbeing Strategy (JHWS) identifies the areas which the Board can influence and effect most as a partnership to improve health outcomes. The JHWS is set against three themes **Healthy Lifestyles**, **Health and Social Care** and **Wider Determinants**, each theme consists of a number of priority areas. The JHWS outlines a process of thinking differently by setting a framework for future commissioning across health, social care and broader wellbeing services. It has been shaped through robust evidence from the JSNA and through consultation and engagement with local people and our partners.

Theme	Priority Area	Cross Cutting
Healthy Lifestyles	Tobacco Control	 Social Isolation
	Substance Misuse	
	Alcohol	
	Obesity/Healthy Weight	
	Physical Activity	
	Sexual Health	
Health and Social Care	Early Years and Family Support	
	Mental Health	
	Long Term Conditions and Disabilities	
	Dementia	
	Frail Elderly	
	Carers and Young Carers	
	Disease Prevention and Early Detection	
	Safeguarding and Domestic Abuse	
Wider Determinants	Economy/Employment/Workforce	
	Education & Aspirations	
	Housing and Transience	
	Environment	
	Transport	

	Crime and Anti-Social Behaviour	
--	---------------------------------	--

The JHWS also sets out the cross cutting themes that underpin its delivery.

- Safeguard and protect the most vulnerable
- Integrate services
- Prevention, Early Intervention and Self care
- Increase/Improve Choice and Control

The JHWS was ratified in March 2013.

Governance Arrangements

The Board is currently supported in its work by three subgroups illustrated in the figure below:

- Strategic Commissioning Group
- JSNA Strategic Group
- Better Care Fund Programme Board

The Strategic Commissioning Group is the advisory group to the Board and chaired by the Assistant Chief Executive/Director of Adult Services. Membership includes senior officers from the Council, Blackpool CCG, the major hospital trust and NHS England (Lancashire). The group provides strategic leadership by overseeing commissioning arrangements across the NHS, Public Health, Social Care and Children's Services and is responsible for the implementation and performance management of the Joint Health and Wellbeing Strategy.

The JSNA Strategic Group chaired by the Director of Public Health provides leadership of the JSNA process, supported by a technical working group they are responsible for the ongoing development of the JSNA on behalf of the Board and work with commissioners to ensure the JSNA becomes an essential part of the commissioning cycle.

Better Care Fund Programme Board. Health and Wellbeing Boards are responsible for approving Better Care Fund plans for their local areas and overseeing spend against the plans, Blackpool HWB established the programme board chaired by the Director of Integration and Transformation at Blackpool CCG to co-ordinate, develop and implement arrangements for Better Care in Blackpool.

Health Overview Scrutiny Committee

To build on existing local arrangements and meet legislative requirements, the Chairman of Blackpool Health and Wellbeing Board attend the Health Scrutiny Committee on a bi-monthly basis to present the minutes of Board meetings and to raise and discuss areas of mutual interest or responsibility for which action is required and notably on - on-going development of the JSNA, patient safety and quality, understanding communities and tackling health inequalities.

Local Safeguarding Boards

Working through the strategy, the Board will ensure that agencies work together to safeguard and protect the most vulnerable, and to be assured that adequate arrangements are in place for adults and children's links have been made with the Local Safeguarding Boards in Blackpool through the shared membership of the Directors of Adult Services and Children's Services and Cabinet Member for Adult Social Care and Children's Services. The annual reports are presented to the Health and Wellbeing Board by the respective Directors.

Launch of Blackpool Health and Wellbeing Board

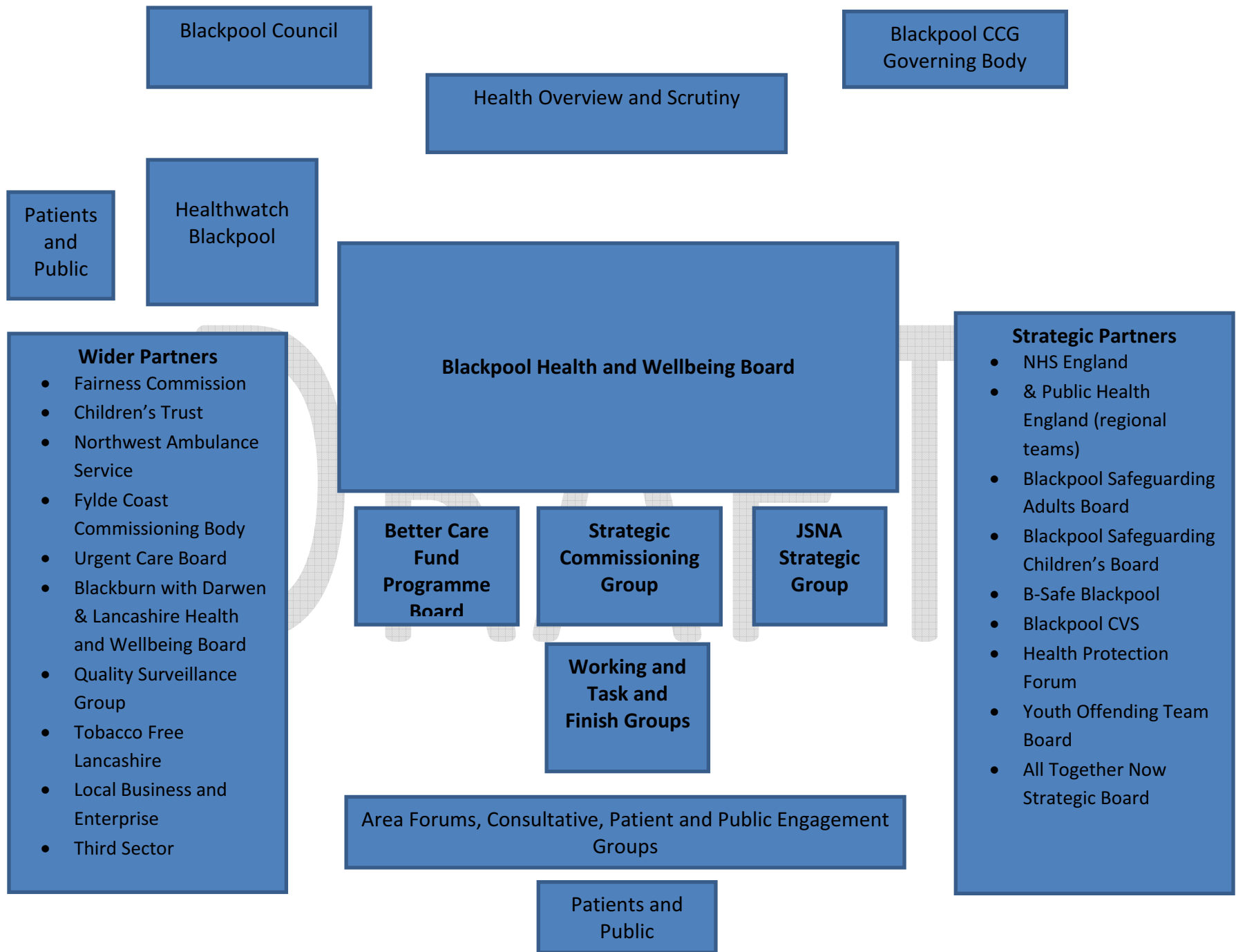
Blackpool Health and Wellbeing Board held its inaugural event on Wednesday 16 October at De Vere's Village Hotel, facilitated by Liam Hughes Independent Chair of Oldham Health and Wellbeing Board and Associate of the Local Government Association (LGA), the event provided the opportunity for partners across the public, private and third sector to meet with Board members - some for the first time. More than 80 delegates attended



including Blackpool Council and NHS staff, representatives from Wyre Borough Council, Blackpool Sixth Form College and the Federation of Small Businesses; third sector representatives included infrastructure, faith, support/user and advocacy groups with regional representation from NHS England and Public Health. The event was split into two sessions; the first half featured three short presentations setting the national and local context of the new health system, the role, activities and priorities of Blackpool Health and Wellbeing Board and an overview of the Joint Health and Wellbeing Strategy. The second half was opened up to the floor and consisted of a group activity (covering three discussion areas), facilitated by Board members. Key themes emerging focus on

- Focus on early years and prevention
- Engage young people
- build on existing channels of communication
- Encourage shared ownership of the Joint Health and Wellbeing Strategy with all partners

The board has used feedback in its current work plan and will build on this in improvement plan for 2014-15 to improve communication, engage wider partners, focus on prevention and early intervention with young people and plan future events.



Our areas of work 2013-14

It has been a challenging yet productive year for the Board, with a substantial and ever growing agenda. Our work programme for the year has focussed on our transition from Shadow to formal operation by ensuring that we establish robust and effective systems and structures to continue to operate effectively to fulfil our formal statutory responsibilities and to engage and involve partners and local communities in all aspects of our work. The following section provides examples of the work of the Health and Wellbeing Board and its sub-groups and wider partners over the last year.

Joint Strategic Needs Assessment

Over the course of the year we have sought opportunities to raise awareness of and engage local partners and commissioners in the JSNA process. Led by the JSNA Strategic Group we:

- Have a comprehensive work plan in place to extend intelligence and take forward areas for development which include improving intelligence about community assets, strengthening links with Healthwatch Blackpool and building local intelligence about the community's own perceptions of their health and wellbeing needs.
- Are currently undertaking a refresh of each of the core chapters that comprise the JSNA remains fit for purpose a refresh is currently underway.
- Are currently producing a short film to raise partner and public awareness of the JSNA and explain how the JSNA is used to inform decision making and to improve health outcomes for the population of Blackpool.
- Have started work to prepare our Pharmaceutical Needs Assessment

JSNA Commissioners Event

Led by the Public Health Team, commissioners across the council were invited to an awareness raising event in December 2013 to extend the learning around Blackpool JSNA; explain how it is used to inform commissioning decisions (providing examples from Children's Services and Sexual Health) and to generate some initial ideas about the way that the JSNA might be delivered in the future. The workshop consisted of a number presentations to provide contextual information, followed by small group discussions that looked, at the JSNA current process and secondly, at the JSNA process in 2014 and beyond. One of the emerging themes placed emphasis on the need to engage the voluntary sector and members of the public in the development of the JSNA. With focus given to upskilling organisations so that they can confidently contribute with more done on how the evidence supplied by patient groups, members of the public and voluntary and community sector organisations is used. In terms of where efforts and resources should be directed in the future, asset mapping was one area to strengthen over the coming year. Going forward more work will needed to be done to establish mechanisms to fully embed the JSNA in the commissioning process and encourage commissioners to use the JSNA as their first port of call for information on the health and social care needs of the local population. Key priority areas emerging from the event for further development included Social Isolation, Dementia and Care Homes.

Pharmaceutical Needs Assessment

On 1st April 2013, statutory responsibility for publishing and updating a statement of the need for pharmaceutical services passed to Health and Wellbeing Boards. This statement of need is referred to as a Pharmaceutical Needs Assessment (PNA). Health and Wellbeing Boards must ensure PNA's for their local area are updated and published by April 2015.

PNA's have a number of purposes:

- Used by the NHS to make decisions on applications to open new pharmacies.
- Can support Health and Wellbeing Boards to work with providers to target services where they are needed and limit duplication
- Inform interested parties of the pharmaceutical needs in a local area and enable work to plan, develop and deliver pharmaceutical services for the population.
- Inform the commissioning decisions of local authorities, and the NHS including Clinical Commissioning Groups.

In November 2013, a pan-Lancashire working group to lead on the development and production of Pharmaceutical Needs Assessments for the three Health and Wellbeing Boards across the localities of Lancashire, Blackpool and Blackburn with Darwen. The key aim of the plan is to have robust and fit for purpose PNA's in place by April 2015. The group are currently planning more events to include a public consultation exercise in September 2014.

DRAFT

Joint Health and Wellbeing Strategy

Thematic Debates and Action Plans

Thematic debates have proven to be a useful and effective mechanism to explore in more detail the key issues against our agreed strategic priorities. Held during public meetings, these debates provide greater clarity and perspectives as well insight into partner contributions and the additional leverage the Board can provide. Led by the appropriate lead organisation the Board have been able to sense of the key issues, apply appropriate challenge, identify work already underway and associated costs and resources and crucially highlight gaps in provision. This has led to the development of specific action plans to address these gaps and demonstrate added value, expected outcomes and the timescales for achieving them. The relevant lead organisation(s) report regularly on progress of action plans via the Strategic Commissioning Group against an agreed schedule and is held to account for the intended outcomes.

Thematic debates held to date include:

- Housing and Health
- Looked After Children
- End of Life and Palliative Care
- Mental Health and Wellbeing
- Alcohol
- Healthy Weight
- Cancer
- Sexual Health

The associated action/delivery plans developed and approved by the Board following thematic debate include Alcohol, Mental Health, Sexual Health and Healthy Weight.

Housing & Health – Market Rental Project

Housing is a key strategic priority set out in the JHWS. The Board recognises that access to good quality housing and improved housing conditions are a key building block in dealing with poor health outcomes, poverty and an array of poor socio economic indicators. Blackpool suffers from a unique set of challenges in relation to its housing market which include large numbers of privately rented properties and a high turnover of people with 7,000 moving in and out of Blackpool each year. The discussion also brought to light the effects of housing supply on mental illness due to the density of accommodation and physical illness due to issues of poor housing such as dampness and coldness. The Council, where appropriate is exerting controls to reduce the over supply of guesthouses and houses in multiple occupation which includes implementing robust planning controls and the selective licensing of landlords. In addition large scale housing redevelopments are underway. The Board recognises that housing is not just an issue for the Council and has held extended discussions on how to address these issues to impact positively on health and wellbeing. To this end the Board is championing efforts and working to secure additional resources to implement a housing project that will accelerate how Blackpool tackles one of its core underlying problems through active partnership between public and private sector organisations. This approach will serve to complement accelerate the impact public sector intervention can have.

Mental Health

The Mental Health Action plan has been produced in line with the objectives set out in the Department of Health's No Health Without Mental Health cross-government strategy using the life course approach themes **Starting Well, Developing Well, Living Well, Working Well, Ageing Well**. The Plan is designed to provide co-ordinated action across partner organisations to achieve parity of esteem between physical and mental health. The plan aims to ensure that mental health is 'everybody's business' and embedded throughout services in Blackpool.

Strategic Objectives

- Fewer people will experience stigma and discrimination
- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm.

Achievements

- ASIST and SafeTALK training is now available to all frontline workers
- Social inclusion officer post is now based at the Wellness Service. The purpose of this role is to ensure that those who are socially isolated into meaningful activities and promote inclusion
- Employment development officer is now in place encouraging employability through positive group work.
- Dementia Champions training and dementia friend's awareness sessions is being rolled out
- Care Home Let's Respect toolkit has been rolled out and a number of residential care homes have been trained

Alcohol Strategy and Action plan

The Alcohol strategy and action plan was approved by the Board in April 2013. The Vision is that by 2016 Blackpool will be a safer, healthier, and enjoyable place to live, work and visit free of excess alcohol harm. The key aim of the strategy is to reduce alcohol related mortality and increase Black pool's average life expectancy,

Achievements to date:

- Pathway completed to Decrease incidence of learning difficulties amongst young people and ensuring appropriate care to those with FASD
- 'Every Contact Counts' training is being delivered to key staff so that more staff can confidently ask people about their drinking, listen, and refer to the appropriate service
- Alternative entertainment venues being considered through Fairness Commission.
- Commissioning services to deliver IBA as a routine element of care in the community and hospital and rolling out a programme of training
- Developed and embedded new referral tool to improve referrals to most appropriate service and associated services such as Mental Health.
- Improved information recording and sharing to improve patient treatment.
- Young people's non –formal education scheme commissioned.
- Increased the number of people successfully stopping drinking alcohol at high risk levels through dependency through our inpatient detox programme

Other key achievements include

- Established a Healthy Weight Steering Group to lead our Healthy Weight Strategy
- Better Tomorrow Campaign with the Acute Trust is in development and work is progressing to achieve Healthy Workplace and Health Catering Award status
- Drafted guidelines developed for vending machine content which is currently out for consultation.
- Pilot weight management service is underway for very obese teenagers.
- Blackpool has achieved Baby Friendly Accreditation
- Health in schools engagement officer has been appointed to post.
- Designed a framework of PSHE and PSHE programme to promote good sexual health in schools
- Developed follow-on support for young people with moderate learning disabilities entering into college from special schools with the Buzz bus attending college regularly and the transition post is now trained to advise and works closely with the Wish team
- Reviewed access to the pharmacy EHC scheme and rolling out training to ensure comprehensive availability of free EHC in all suitable pharmacies
- Established a pilot programme to support people living with HIV into secure employment

Integration and Partnership working

- Endorsed the Commissioning Strategy and Operating Plan for Blackpool Clinical Commissioning Group,
- Received regular updates on the work plans of the Strategic Commissioning Group, particularly in relation to the Better Care Fund and established the Better Care Fund Programme Board to take forward the locality plan for Blackpool, approved by the Board in February 2014 (further detailed provided on page 13)
- Supported Blackpool's Winterbourne View Stocktake return and agreed to support progress on the Joint Improvement Programme and routinely receive updates from the regional Quality Surveillance Group and Adult Social Care on progress. Health and Wellbeing Boards have a pivotal local leadership role in ensuring patient quality and standard of care and in an ideal position to increase accountability in the health and care system.
- Explicitly supporting the work undertaken on End of Life and Palliative Care strengthening links with Fylde Coast Strategic End of Life Group
- Discussed current issues around adult safeguarding and partnership working around management of people's conditions and prevention
- Has made a commitment to mobilise the work of Healthwatch and working collaboratively on areas of mutual interest and responsibility this includes the on-going development and awareness raising of the JSNA (Joint Strategic Needs Assessment) and Better Care Fund
- Developing protocols to formalise working arrangements with Health Overview and Scrutiny Committee and aligning the strategic priorities with their work plan
- Ensured that Board members were kept up to date on their role around key new pieces of legislation, including the Care Bill, Children and Families Act, Disabled Children's Charter and new protocols around support for people with special educational needs, through regular updates and briefings

- Examined how improvement programmes can influence how commissioners and providers deliver a better service for the people of Salford.
- Received updates, work plans and annual reports from the other members including Healthwatch Blackpool and All Together Now Strategic Group to better co-ordinate of the work of the Board with partners
- Received separate presentations on the role and structure of Public Health England and NICE to develop understanding and knowledge of the key stakeholders and organisations within which the Board has links

Better Care in Blackpool

The £3.8bn Better Care Fund (BCF) is described as “single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. This means that CCGs and local authorities must work together to develop plans to integrate health and social care services against specific national conditions. Health and Wellbeing Boards are responsible for approving plans and be assured that plans adequately address the stipulated conditions before being put forward for ministerial sign off in April 2014. The fund officially comes into effect in 2015/16.

The Better Care Fund presents a significant challenge and opportunity to transform the way in which health and social care services are delivered and in leading the integration agenda the Health and Wellbeing Board has set up a cross-organisational Programme Board to develop and implement the locality plan for Blackpool. Through this process the Health and Wellbeing Board is proactively engaging with the public and health and social care commissioners and providers. For example, public listening events led by Blackpool CCG and Healthwatch Blackpool are underway and feedback gleaned to date indicates that initial plans have been largely well received. The locality plan will mean wider integration of services and development of new ways of working with GPs, pharmacies and community services delivering benefits across Blackpool and the Fylde Coast. Professional leadership across health, social care and the VCSF will be required to ensure the system is fully effective and integrated.

The Better Care Fund Programme Board is charged with the agreement, co-ordination and development of the locality plan for Blackpool and the design and implementation of all aspects of the model as described within it, which involves the creation of neighbourhood hubs wrapped around clusters of GP practises. The programme board will identify and oversee five workstreams established to develop and implement the model. The Board will focus on how policies and outcomes for which the BCF project is responsible are to be achieved.

In February 2014 a Visioning Session was held attended by health and social care commissioners and providers across the Council, NHS and Voluntary Sector. The session was used to:

- Build on the introductory work undertaken by the Strategic Commissioning Group
- Update on the Better Care Fund Plan to be submitted by 14th February 2014
- Discuss and interpret the community mapping work undertaken by Public Health as part of Better Care Fund planning
- Understand the community and voluntary sector capacity and how this could be built into our Better Care Fund planning
- Identify how the Better Care Fund Plan can be taken forward

Learning and development, the Board has:

- Held its first inward looking session facilitated by the NHS Leadership Academy members to explore and consider a number of issues including purpose and function; roles and responsibilities and readiness for April 2013.
- Developed a schedule of on-going learning and development via system improvement offer from LGA
- Undertaken the LGA Self-Assessment Framework for Health and Wellbeing Boards. This has shown that whilst the Board is 'Young' in status there are areas in which it is working at an established level - specifically in the articulation and delivery of its vision and leadership. The intention is that through discussion and by agreement to be taken forward a future development session a suite of actions will be incorporated into the work plan so that at the next review the Board will be confidently operating at an established level across all dimensions of the Framework and moving towards mature status.
- Undertaken a skills audit was undertaken to identify the influence, knowledge and skills of Board members and to identify any additional skills requirements. The findings indicated that whilst the skills and expertise around the table are substantial there is a requirement to understand how each member organisation operates.
- Undertaken Health and Wellbeing Peer Challenge

Health and Wellbeing Peer Challenge

In March 2014, Blackpool Council and the Health and Wellbeing Board took part in the Local Government Associations Health and Wellbeing Peer challenge. This involved a 4 day visit by a team of health and social care experts from across the country to look at how well the council and Health and Wellbeing Board are meeting their new statutory responsibilities and to review what progress has been made locally and what more needs to be done. This is a new national programme developed as part of the LGA System Improvement Offer for Health and Wellbeing Boards and Blackpool was one of a series of national pilots. The challenge covers four main areas:

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2. Is the Health and Well-being Board at the heart of an effective governance system? Does leadership work well across the local system?
3. How effective are the key relationships? Is good use being made of the available energies, commitment and skills across the local health and well-being system?
4. Are there effective arrangements for evaluating impacts and for underpinning accountability of the public?

The peer team comprised of the Chief Executive of Sefton Council, Deputy Leader - Bolton Council, Director of Public Health - North Somerset Council, CCG lay member - North East Essex CCG and the Programme Manager for Children and Families - Public Health England. During the visit, the team interviewed a cross-section of staff within the Council as well as Elected Members and representatives of partner organisations, especially those represented on the Health and Wellbeing Board. The team's purpose was to act 'critical friends', enabling an open and honest exchange to drive improvements and to help Blackpool Council through the Health and Wellbeing Board recognise and celebrate its strengths as much as identifying areas to explore. The team will feed back their conclusions and recommendations on the final day and follow this up with written report that the Council will have the opportunity to consider and respond to. The findings will be used to help the council and the health and wellbeing board focus on key issues to take their agenda forward and to identify where improvements need to be made.

Governance – the Health and Wellbeing Board has:

- Put in place its operating arrangements for 2013/14, including agreeing a formal Terms of Reference and membership list for 2013/14, as well as those for the Strategic Commissioning Group
- Undertaken further Equality Impact Analysis of the JHWS following the outcome of consultation on the draft and aligned the key objectives to the equality objectives of Blackpool Council.
- Undertaking a mapping exercise to align the JHWS with the plans and strategies of member organisations of the Board to create a comprehensive picture of how they contribute towards its delivery
- Considered, commented on the Adult Social Care Commissioning plan to strengthen alignment with the five key priority areas set out within it
- Developed and published a Communications and Engagement Strategy and branding for the Board, which includes the design of a logo used on all Board materials and dedicated web pages for the Board and its work
- Devised management framework to oversee performance and progress of the JHWS bringing together national data sets, local targets and associated actions plans
- Met on 11 occasions throughout the year, including one development/strategy setting event in March 2013, and 10 business meetings held in public.
- Developing arrangements for improved engagement with the voluntary and community sector through Blackpool CVS and patients, service users and citizens by Health Watch Blackpool

The activities detailed above show the significant progress we have made in the Board's first year of formal operation.

We have learnt a considerable amount over the past twelve months since our formation as a Shadow Board and have worked together to better understand the breadth and depth of the health challenges we face as a town and this has by no means been an easy task. But through the production of our first Joint Health and Wellbeing Strategy we have taken our first bold and ambitious step towards developing a fresh approach to address them. We recognise that many of our health issues are chronic, complex and compounded by wider social and economic factors, as result we have built on our existing local partnerships by widening membership so that our agenda is informed and influenced by those working across wider determinants which have a direct impact on health outcomes which include the police, fire service and third sector.

The refresh of our Joint Strategic Needs Assessment, which involves work to better align data and intelligence, will provide more contributions from the VCFS and communities and a better understanding of health and wellbeing needs of the population and will be used to plan services, allocate resources and programmes across the partnership to ensure these are successful.

The Board has endorsed its plans for Better Care and created an union of commissioners and providers, aimed at improving the care for the elderly and most vulnerable in the Town.

We have developed our initial Joint Health and Wellbeing Strategy, outlined our key priorities of and whilst this is a substantial agenda with the commitment and dedication all members, has meant that it has been able to consider a huge amount of business. We have developed a work plan with the support of our sub-groups, and of partnership activity around the wider determinants of health and wellbeing such as housing are all channelling effort and resources into the areas of most need within the local population.

Wider projects to deliver the Joint Health and Wellbeing Strategy through the CCG, Council and Public Health and the VCFS are all are starting to make a real difference to the way that wellbeing and health services are delivered.

We are very fortunate to have a good history of partnership working across the Council, NHS, VCFS and wider partners; the Health and Wellbeing Board is the ideal catalyst to build on the strength, team spirit and purpose that existed prior to its formation which can drive forward a new systems wide approach to improving health outcomes and reducing health inequalities for the people of Blackpool. We welcome peer challenge as an opportunity to take stock and recognize what has been achieved thus far and to focus on areas to build upon in taking our agenda forward.

The Board as a partnership

A key feature of the HWB has been to create an effective partnership structure that can provide shared leadership to improve health and wellbeing that reaches across all relevant organisations. A strong element of this work has been to develop relationships between individual leaders as well as organisations including a number of newly formed organisations. Here Board members have offered their own assessment of the Board's performance as a partnership, their own or member organisations contribution to the Board agenda and ways in which the Board role can be strengthened over the coming year.

Reflections to be included.

DRAFT

Future areas of work

- Refine the priorities within the Joint Health and Wellbeing working with more focus and precision
- Review the commissioning plans of the Clinical Commissioning Group and Adults social Care for 2015 onwards
- Expand connectivity with schools and better engage children and young people
- Work with LSCB to scrutinise action plans where there are Safeguarding implications for children and young people
- Continue our programme of learning and development
- Take forward the learning of the health and wellbeing peer challenge
- Develop a business/improvement plan for 2015/15
- Formalise working relationship with Health Scrutiny and Healthwatch
- Support implementation of Better Care Fund and work towards greater integrated strategic planning and commissioning across NHS, public health, social care, related children's and other services
- Expand partnership streams in delivery of the Joint Health and Wellbeing Strategy
- Continue to review the impact of actions plans delivering JHWS priorities and measure performance
- Finalise refresh of the JSNA and agree a programme of health and other needs assessments
- Plan a second stakeholder event in 2015

Wider projects delivering the Joint Health and Wellbeing Strategy

What's Your Number Campaign

Blackpool CCG launched their "What's Your Number?" campaign to encourage men and women aged between 40 – 60 to contact their GP practice and have their blood pressure checked. With the premise that if people know the dangers, they can make simple changes to prevent heart disease or stroke. High blood pressure is one of Blackpool's biggest silent killers. But it is preventable. We do not know exactly what causes high blood pressure, but for most people it is usually a combination of lifestyle factors. People are at higher risk if they:

- Don't eat enough fruit and vegetables
- Eat too much salt
- Are not active enough
- Are overweight
- Drink too much alcohol

(NHS) Health Checks aim to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

Mental Health.

'ASIST' training across public and community sectors. ASIST is Applied Suicide Intervention Skills Training and provides practical training for caregivers seeking to prevent the immediate risk of suicide. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed.

Free school breakfast scheme.

All Blackpool primary school children are entitled to free breakfast and milk under a scheme to improve the health and well-being of the town's young residents.

In excess of 11,000 breakfasts have been delivered daily in 33 schools. The impact of the scheme on the health, wellbeing and educational engagement of pupils has been evaluated by a team of developmental psychologists, health psychologists, nutritionists and statisticians from Northumbria University.

- Overall children who attended breakfast consumed significantly more healthy items for breakfast than non-attendees
- 70 per cent of children taking part in the research attended free breakfasts
- The scheme has the potential to reduce inequalities in the nutritional quality of children's diets
- Parents and staff suggested there is a definite need for the scheme
- Universal element of the scheme prevents stigma
- Children feel happier and more alert
- There are potential benefits for punctuality and classroom performance

Healthy Urban Planning

Aims to refocus urban planners on the implications of their work for human health and well-being. Poor housing, poverty, stress, pollution, and lack of access to jobs, goods and services all impact upon health.

Altogether Now – a Legacy for Blackpool was launched in 2010 in response to the Government directive to NHS organisations to work more closely with professional sports clubs in the challenge to improve health.

The all-age, all-sport, all-inclusive programme is aimed at improving the health and wellbeing of people in our seaside town irrespective of age, race, gender or ability through increased physical activity and targeted health messages.

Altogether Now is a partnership between Blackpool Football Club and the NHS in Blackpool (the Clinical Commissioning Group and Blackpool Teaching Hospitals Trust), supported by Blackpool Council. It is centred around tackling a Tangerine Target. There are four Tangerine Targets:

- Physical Activity
- Lifestyle
- Childhood Health
- Mental Health and Wellbeing

These are the key areas in which reforms have to be made if the health of people in Blackpool is to improve. Each Tangerine Target has a high profile Health Ambassador from the world of sport. The Tangerine Targets are underpinned by the eight key health priorities for Blackpool:

- Cancer
- Sexual health
- Childhood obesity
- Heart disease/stroke
- Alcohol abuse
- Substance misuse
- Smoking
- Mental health

The Blackpool players are Health Champions for each of these priorities supporting health messages and campaigns.

Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting	9 th July 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 To update the Board on issues related to the Strategic Commissioning Group.

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:

As outlined in the reason for recommendation there are no other suitable alternative options.

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 Board has 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 18th June are attached for information at Appendix 6a.
- 5.2 Key items considered at the meeting include an overview of Blackpool Clinical Commissioning Group's five year strategic plan which will be covered separately on the Board agenda. Updates on the Better Care Fund and the work of the Fylde Coast Strategic End of Life Group, a discussion on the continuation of HIV screening in the Acute Medical Unit at the Acute Trust and an initial review of the Health and Wellbeing Board's draft improvement plan created following the development session in May.

List of Appendices:

- Appendix 6a – Strategic Commissioning Group Notes and Actions 18 June 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

This page is intentionally left blank

**Strategic Commissioning Group
Notes and Actions
18 June 2014, 1:30-3:30pm
Pitchview Room, Stadium**

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

1.	Apologies Apologies were noted.
2.	Welcome and Introductions. David welcomed everyone to the meeting.
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>

	<p>Helen reported that a meeting with Stuart Noble has been arranged. David asked for an update at the next meeting.</p> <p><u>Better Start and Complex Needs/Fulfilling Lives – programme mapping</u></p> <p>Andy, Helen and Judith will meet to map out activity against the Better Start and Complex Needs Fulfilling Lives programmes. There was consensus that the programmes need to form part of the CCG strategic plan and that commissioning plans needed to be tightened up now that Blackpool had been successful in these bids. In terms of governance and accountability arrangements there was agreement that the Better Start Executive should feed into the Health and Wellbeing Board and that the revised Children’s Trust should be a delivery mechanism for the Board. David advised that clear governance arrangements would be required across all programmes. The group concluded that the Health and Wellbeing Board should act as the overarching body to ensure the programmes are implemented effectively.</p> <p>David asked for a progress report on mapping to be brought to the next meeting.</p> <p><u>Fylde Coast 5 Year Strategic Plan</u></p> <p>David explained that the item was on today’s agenda and that Dr Mark Johnston was in attendance to present the plan that will be taken to the Health and Wellbeing Board in July.</p> <p><u>Data Access</u></p> <p>Liz reported that the process was now in place and testing underway via requests to Helen Lammond-Smith and confirmed that it is currently working well.</p> <p><u>HWB Project Officer Post</u></p> <p>David advised to keep this on the agenda for the next meeting to discuss with Delyth Curtis.</p> <p>In a change to the scheduled agenda, David asked that Blackpool CCG Strategic Plan be taken as the first item.</p>
4.	<p>Blackpool CCG Strategic plan 2014-19.</p> <p>Dr Mark Johnston introduced the plan and noted that the final submission was required on 20th June. He outlined the planning timeline and the current position of the plan which involved, peer review, modelling and sense checking. Mark explained that this is the overarching plan for delivering and 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 planning. He added that the three cross cutting themes (CVD, Respiratory Disease and Mental Health) link in well with the priorities of the Health and Wellbeing Board and Public Health recognising that social isolation impacts across these areas and as a result there would be a greater focus on upstream interventions. He presented the new model of care which would focus on:</p>

	<ul style="list-style-type: none"> • Self-care • Groups of GP practises • Neighbourhoods wrapped around GP practises • Community based services • Hospital care <p>Mark explained that the neighbourhood model had been informed by mosaic profiles, practice locations and existing services and six neighbourhoods would be developed – covering the far north, north, central west and east, south central and south. Mark added that the plan describes the system we want to create and the benefits and impact of these (both financial and satisfaction).</p> <p>Arif commented that neighbourhoods should be based around communities, not just services and to think about natural communities.</p> <p>Amanda agreed, noting that subdividing is hard to do but recognised that pockets of neighbourhoods should be developed on a community level and would naturally overlay with local groups. Amanda explained that community elements would be taken into account and outlined in the plan. Amanda also emphasised the importance of GP engagement with patients and residents find out what they need in terms of services and that it was likely to happen organically.</p> <p>Mark explained that whilst the plan is high level it is not prescriptive and we need to think of mechanisms to capture local activity and to be mindful that neighbourhoods will engage with multiple communities.</p> <p>The group agreed that it would need to consider how communities and VCFS map into the neighbourhoods.</p> <p>Amanda requested that the presentation to the Board should draw out the key changes and highlight:</p> <ul style="list-style-type: none"> • Primary Care commissioning • The vision for hospital services ,making it explicit that this is for sign up • Community engagement – making the link with the third sector
5.	<p>HIV Update</p> <p>Judith provided an overview of the current HIV screening pilot in the AMU. She gave context by explaining that the pilot had been established in response to a letter from NICE to high prevalence areas asking them to do more screening to improve outcomes. The pilot had now been revisited after limited success. Judith explained that the introduction of the Healthcare Assistant champion - to encourage staff to improve screening for patients had resulted in an increase in uptake. Judith explained that whilst the pilot is working, if rolled out further, clarity is needed on which organisations are</p>

	<p>responsible for commissioning and screening (case-finding) as this was complex. Amanda and Arif confirmed that public health were responsible for screening in primary care and CCG screening in hospitals</p> <p>In order to build on the initial pilot, Judith asked the group to consider whether to continue:</p> <ul style="list-style-type: none"> • Screening in the AMU or roll out to other hospital departments • The Healthcare Assistant champion role <p>Judith added that NICE guidance advises that everyone should be screened, which included screening in A&E.</p> <p>Jane Higgs queried the impact of the pilot and whether it had proved cost-effective</p> <p>Steve queried the cost of screening given the low number of cases identified</p> <p>Amanda asked whether there was a demographic in primary care rather than AMU to ensure that further screening was more effective.</p> <p>Judith responded that there had been moderate success in identifying patients with HIV and of the three cases identified; two were high risk. Judith explained that the cost of treatment is high but if found later on treatment becomes more complex and therefore more expensive. Judith added that screening already takes place in high risk venues. And that the cost is £8 per test.</p> <p>The group consensus was that they were happy with the principle of rolling out the scheme but felt that continuing to screen in AMU maybe at too late a stage as patients would already be showing signs. The group agreed at this stage:</p> <ul style="list-style-type: none"> • To continue screening in AMU • To look at other options for the general population to include NHS Healthchecks • To consider including the champion role in contracts to encourage screening <p>Action: Judith and Helen to review costs and to take forward discussions with Fylde and Wyre on the approach</p>
6.	<p>Fylde coast strategic end of life group</p> <p>Jeannie Harrop provided an overview of the group which is comprised of a number of project groups including a strategic and operational group. Jeannie reported on revisions to the Liverpool Care Pathway (LCP) which was to be phased out by 7th July.</p> <p>Arif queried whether the pathway itself had changed</p> <p>Jeannie explained that local schemes would replace the LCP with new forms and</p>

	<p>algorithms to be rolled out and in preparation for these changes the Acute Trust is currently delivering transforming end of life training for key workers. Jeannie added that for people who want to die in their own homes the new scheme would seek to address gaps at evening and weekends.</p> <p>In terms of strategy Jeannie added that whilst the end of life strategic plan co-ordinates with the CCG plan the link with public health was missing and she would be keen to develop the relevant links.</p> <p>Arif explained that he receives real time death rates from registrars and and is alerted to deaths in care homes which means it is easy to triangulate information - which is useful for investigations. Jeannie explained that she receives data on deaths in care homes but these have a 2 year data lag. Jeannie and Arif agreed that data needed to be better co-ordinated.</p> <p>Action: Jeannie to meet with Arif and Liz to look at co-ordination of data Action: Traci to add EOL to the Health and Wellbeing Boards forward plan and liaise with Jeannie on timing</p>
7.	<p>Better Care Fund Update</p> <p>Andy Roach explained that we are currently awaiting further national guidance but that Blackpool's plan was progressing and workstreams were now in place and had each developed a project plan. He reported that a development day had been arranged for workstreams on 10th July and Jane Bentley would take up her post as Programme Manager in mid-July.</p>
8.	<p>Health and Wellbeing Board Development Session</p> <p>Wendy commented that in terms of the four drivers identified at the session, the Board would need to make clear what their role is and what this means. Liz added that the priority areas identified at the VCFS JSNA event matched the key drivers with the exception of employment.</p> <p>In moving forward, it was agreed:</p> <ul style="list-style-type: none"> • The key drivers would have an impact on life expectancy and chronic conditions • To remove frail elderly and young people from social isolation as this will cover all ages • To make clear the Board's role in relation to housing is about improving health outcomes via selective licensing (i.e. improving HMO stock) • Incorporate the views from the VCFS JSNA Event into the improvement plan • To bring the improvement plan back to the next meeting for fuller discussion • To present the outcome of the VSCF JSNA event to the Health and Wellbeing Board and Fairness Commission

	<p>Action: Traci to make amendments to the improvement plan based on initial comments and include on the agenda for the next meeting</p> <p>Action: Traci to include VCFS JSNA event on the Board's forward plan and liaise with Liz on timing.</p>
9.	<p>SCG Terms of Reference</p> <p>David asked that the terms of reference be circulated electronically to the group for comments/suggested amendments</p> <p>Action: Traci to circulate terms of reference to the group for comments</p>
10.	<p>Health and Wellbeing Board – July and September agenda items</p> <p>David noted the Board items for July and asked that the proposed items for September be brought to the next meeting</p> <p>Action: Traci to include items for September Board on the next agenda</p>
11.	<p>Agenda Items for next meeting</p> <p>Not discussed</p>
12.	<p>AOB</p> <p>None</p>
13.	<p>Dates of Future Meetings</p> <p>All meetings will run 1:30-3:30pm in the Anteroom unless otherwise indicated as follows:</p> <ul style="list-style-type: none"> • Weds 6 Aug • Thurs 25 Sept (Boardroom) • Thurs 6 Nov 14 • Thurs 11 Dec 14 • Thurs 15 Jan 15 • Thurs 19 Feb 15 • Thurs 19 Mar 15

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Simon Jenner, Chief Educational Psychologist, Blackpool Council
Date of Meeting:	9 th July 2014

Changes for services for 0-25 year olds, with Special Educational Needs (SEN) and/or disability and their families, relating to the Children and Families Act 2014

1.0 Purpose of the report:

- 1.1 To give a progress update in regard to the implementation SEN and Disability aspects of the 2014 Children and Families Act.
- 1.2 To consider the implications of the changes for partner agencies.
- 1.3 To update on other changes relating to SEN and disability for 0—25 year olds and their families within Blackpool.

2.0 Recommendation(s):

- 2.1 To endorse the approach taken by Blackpool Council and Health partners along with required changes to all the relevant policies and procedures.
- 2.2 To agree that a regular reporting mechanism occurs to the Health and Wellbeing Board. That this occurs on at least an annual basis in regard to the progress of the changes, their impact and implications for the commissioning of services for 0-25 year olds with SEND and their families in Blackpool.

3.0 Reasons for recommendation(s):

- 3.1 The Children and Families Act, 2014 introduced “*the largest scale changes for a generation*” in relation to 0-25 year olds with SEN and/or a disability and their families. The majority of these changes require implementation by 1st September 2014. As a result, there are significant implications for both the Council and health services. The final Code of Practice (setting out legal duties) and statutory guidance will be published before September and this may require plans to be updated in light of any changes. The DfE is monitoring the progress made by local authorities and health in implementing the changes Feedback has been positive in that Blackpool is ahead of many nationally.

- | | | |
|------|--|---|
| 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, but extra finance from Central Government will be required as well |
| 3.3 | Other alternative options to be considered:

None, this report relates to statutory changes. | |

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
- Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

- 5.1 The Children and Families Act, 2014 will lead to significant changes for health commissioners/providers and the local authority in terms of work with 0-25 year olds with SEN and/or a disability and their families. The most significant changes are:
- a local offer being developed to outline what statutory services are offered for SEND, which is interactive and dynamic, influencing commissioning
 - joint commissioning between health and the local authority for 0-25 year olds with SEND and their families
 - education, health and care plans (EHCP) replacing Statements, with an age range of 0-25 years covered
 - full involvement of parents and young people, for instance the co-production of individual and strategic plans.
 - options of personal budgets for families and young people post statutory school age
 - new appeals processes in place if parents/ young people disagree with an approach/provision.
- 5.2 Significant work has occurred locally to prepare for the legal implementation

on the 1st September 2014. This work has involved consultation with families and young people and includes:

- 2 large scale parent events
- Parental engagement and involvement in all work streams
- Work with various youth groups

Work has occurred across the agencies of health commissioning, health providers, children and adult social care and education, as well as parent representatives and charities, to produce plans and agree ways forward that meet the legal duties. All aspects of the Act will be ready for implementation on time. Relevant papers (see appendices) have been shared by health partners within the CCG and Hospital Trust. Parent groups have been involved in their co-production.

- 5.3 There are significant pieces of work that will need to be continued post September 2014. All current Statements of SEN & LD assessments for students in colleges (650 in total) will have to be transferred into Education, Health and Care Plans. This will triple the current annual number of statutory assessments. Some funding has been made available by DfE and a new temporary post has been created to increase capacity. In addition, there are new duties to fund mediation and disagreement services from a non-statutory body, enable advocacy and to administer the local offer, delivering information in a parent / child friendly way.
- 5.4 The special school review has come to a conclusion. The proposal is that all three schools cover the age range of 2-19 years. Park and Highfurlong special schools have a proposal for slightly different designation of complex needs for Park and complex needs/ physical disability for Highfurlong to reflect their current cohorts. Woodlands designation remains the same.
- 5.5 Demographically there are significant pressure pressures on early years services, as indicated by the referral rate into the SEN council early years team. The figures are due to increased survival rates for babies with complex needs and an increasing diagnosis of autism. These increasing numbers will put more pressure on existing services as cohorts of children move through the system.

Early Years Case Loads for local authority services

Year	Number of Portage referrals	Children Supported in Nursery settings	Total
2002	16		16
2003	34		34
2004	32		32
2005	33		33
2006	37		37

2007	41	91	132
2008	19	72	91
2009	32	63	95
2010	36	52	88
2011	45	78	133
2012	55	74	129
2013	57	108	165

- 5.6 There are also indications nationally that as the new legal systems embed there may be extra pressures, for instance the parent right to go to mediation and the duty of health/ local authority representatives to attend these

Does the information submitted include any exempt information?

No

List of Appendices:

These are available if required on the site listed in section 13.

6.0 Legal considerations:

- 6.1 The statutory legal implications, indicated in the second draft Code of Practice (April 2014) and draft statutory guidance, have been incorporated into all the plans enclosed, with other aspects covered by both system and procedure.

7.0 Human Resources considerations:

- 7.1 Agreement has already occurred for the employment of posts on a temporary basis to implement aspects of the Act, using resources highlighted by central government to do so. Other posts have been slightly amended and the work force trained in the new approaches required, for instance person centred planning.

Any future human resources implications will go through due process. These will only emerge once the proposed systems have been implemented and reviewed.

8.0 Equalities considerations:

- 8.1 The strategic approaches all meet the needs of children/ young people with SEN and/or a disability. All strategic approaches will be available in a user friendly version on the Local Offer site. Documents and links will also be available in a number of formats (larger print, via voice and in main community languages). An advocacy charity will be commissioned on a year's basis to trial work to further engage children/ young people unable to make their views known verbally. This is the same charity currently working with adults with learning disabilities and will be funded by the funds from Central Government.

9.0 Financial considerations:

- 9.1 Finance will be required to implement and sustain the changes. The full implications will not be fully known until the governments final Code of Practice has been published and locally analysed. Local Authorities have been given initial start-up funds. This is to transfer current Statements of SEN into EHCPs, put in place communication, initial training and system changes. Mid-term resource from central government, in terms of new burden finance is likely, but the exact amount is yet to be established.

10.0 Risk management considerations:

- 10.1 The authority and health board are at risk if the approaches are not agreed by :
- Not meeting legal duties
 - Being open to challenge from parents/ young people, for instance more tribunals (a legal process)
 - Loss of confidence in the council from the parents, young people , statutory bodies and charities who have helped develop the approaches outline
 - Being open to poor future inspections of council and/ or health services

11.0 Ethical considerations:

- 11.1 None

12.0 Internal/ External Consultation undertaken:

- 12.1 With chairs of governors / Headteachers and SENCos of schools at various meetings

2013/14, and as part of the membership of work streams

- 12.2 With early years providers at an event in May 2014 and via work streams
- 12.3 With colleges as part of work streams and direct work with them to develop their skills and provision.
- 12.4 With parents as part of regular meetings at parent's forum, 2 large scale parents' events (April 2013, March 2014) and their involvement in work streams. A DVD of the event in 2013 has been produced to help inform the ongoing work around the change
- 12.5 With children / young people via various meetings 2013/14 and via a DVD of their views, which has fed into various work streams
- 12.6 With health as part of work streams/ involvement in parent events. This has included papers being taken to key panels in trusts
- 12.7 Ongoing dialogue as the agenda developed from central government

With charities/ other bodies as part of the parent events/ involvement in work stream
- 12.8 With the lead Member via membership of bodies overseeing the work (Healthy Lifestyle group) and direct briefings

Background papers:

13.0

The following are available in the SEN section of the site below:

- 13.1
 - 1. Joint commissioning strategic plan
 - 2. Education Health Care Plan Template
 - 3. Education/ Health Care Plan processes- 2 documents
 - 4. Tell Us Once approach
 - 5. Personal Budget process/ plan
 - 6. Local Offer splash page. This is currently being developed on the Family Information Service site ready for September
 - 7. Local Offer Processes
 - 8. The second draft of the government code of practice on SEN, including legal duties
- <http://www.blackpool.gov.uk/Residents/Education-and-schools/School-improvement/School-improvement-officers.aspx>
beneath these are other documents relating to processes available on request

The Children and Families Act is published on the site:

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
part 3 relates to SEN and disability

Report to:	Health and Wellbeing Board
Relevant Officer:	Kelly Miller, Commissioning Manager, Blackpool Council
Date of Meeting	9th July 2014

LEARNING DISABILITY HEALTH SELF ASESMENT

1.0 Purpose of the report:

- 1.1 To update the Health and Wellbeing Board on the Learning Disability Health Self Assessment.

2.0 Recommendation(s):

- 2.1 To note the report.

3.0 Reasons for recommendation(s):

- 3.1 The Health and Wellbeing Board have an understanding of the progress made towards health and social care targets for people with a disability.

- 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:

As outlined in the reasons for recommendations there are no other suitable alternative options.

4.0 Council Priority:

- 4.1 The relevant Council Priority is:

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

- 5.1 The Joint Health and Social Care Learning Disability Self-Assessment Framework is a single delivery and monitoring tool that supports Clinical Commissioning Groups (CCGs) and Local Authorities to assure NHS England, Department of Health and the Association of Directors of Adult Social Services on the following:
- 5.2 Key priorities in the:
- Winterbourne View Final Report Annex B (WBV)
 - Adult Social Care Outcomes Framework 2013-14 (ASCOF)
 - Public Health Outcomes Framework 2013-2016 (PHOF)
 - National Health Service Outcomes Framework 2013-14 (NHSOF)
 - Health Equalities Framework
- 5.3 The Joint Health and Social Care Learning Disability Self - Assessment Framework (JHSCSAF) and subsequent improvement plans will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people assess how well people with a learning disability are supported to stay healthy, be safe, and live well.
- 5.4 There are a number of measures under the three domains which must be evidenced and Red, amber, green rated. The Commissioning Support Unit has supported to bring a number of pieces of health evidence together that have previously been difficult to collate.
- 5.5 Appendix 8a shows pre-validation red, amber, green ratings. Our validation panel will be taking place during July however, early indications show that our ratings will not change. In two areas the rating may increase from amber to green.
- 5.6 An action plan has been developed in order that improvements can be made for the 2014 Learning Disability self assessment. The collation for this will begin in September.

Does the information submitted include any exempt information?

No

List of Appendices:

- Appendix 8a Red Amber Green rating

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

This page is intentionally left blank

Measures	Measure Description	2013 Pre-validation (RAG)
A	Stay Healthy	
A1	LD QOF register in primary care	
A2	Health screening and promotion (obesity, diabetes, cardio vascular and epilepsy)	
A3	Annual Health Checks and registers	
A4	Health Action Plans	
A5	Screening :Cervical Breast Bowel	
A6	Primary care communication of LD status at referral	
A7	LD Liaison function. Info collated in Trusts.	
A8	Universal services flag and identify and make reasonable adjustments	
A9	Offender health and the Criminal Justice System	
B		
B1	Regular care reviews	
B2	Contract compliance assurance	
B3	Assurance of Monitor compliance	
B4	Assurance of Safeguarding in <i>all</i> provided services and support	
B5	Involvement in training and recruitment	
B6	Recruitment and the management of staff is based on value based culture	
B7	LA strategies are subject to Equality Impact Assessments	
B8	Commissioner can demonstrate that all providers change practice as a result of feedback, complaints and whistle blowing	
B9	Mental Capacity Act and Deprivation of Liberty	
C		
C1	Effective joint working	
C2	Local amenities and transport	
C3	Arts and culture	
C4	Sport and leisure	
C5	Supporting people with LD into employment	

C6	Effective transition	
C7	Community Inclusion and citizenship	
C8	Involvement in service planning and decision making. Co –production	
C9	Family Carers	

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Mark Johnston, Associate Director Acute Commissioning and Service Redesign, Blackpool CCG
Date of Meeting	9 th July 2014

BLACKPOOL CLINICAL COMMISSIONING GROUP STRATEGIC PLAN 2014-19

1.0 Purpose of the report:

- 1.1 To consider Blackpool Clinical Commissioning Group's (CCG) strategic plan for the period 2014-19.

2.0 Recommendation(s):

- 2.1 To note the presentation.
- 2.2 To actively support Blackpool CCG's vision for the future healthcare system in Blackpool as described in the plan.
- 2.3 To request assurance from Blackpool CCG, that:
- The plan has been informed by the JSNA process and takes account of the strategic priorities set out in the current Joint Health and Wellbeing Strategy
 - Better Care Fund planning forms a key component of the plan.

3.0 Reasons for recommendation(s):

- 3.1 NHS England's Strategic and Operational Planning 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' sets out a bold framework in which Clinical Commissioning Groups will need to work with providers and partners in local government to develop strong, robust and ambitious operational and strategic plans to secure the continuity of sustainable high quality care for all.
- 3.2 The first iteration of these plans was submitted to NHS England in February 2014 with subsequent drafts and final submissions in April and June respectively.
- 3.3 As part of the formal assurance process at a local level, Health and Wellbeing Boards will need to be satisfied that plans reflect local priorities and encompass Better Care Fund planning.

- | | | |
|------|--|-----|
| 3.2a | Is the recommendation contrary to a plan or strategy adopted or approved by the Council? | N/A |
| 3.2b | Is the recommendation in accordance with the Council's approved budget? | N/A |
- 3.3 Other alternative options to be considered:
- As outlined in the reasons for recommendations there are no other suitable alternative options.
- 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 NHS England has set specific requirements and objectives in its 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' that future models of care detailed in strategic plans will need to deliver. The models of care that will apply in five years' time will be a high quality, sustainable healthcare system in England with the following six characteristics:
- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care
 - Wider primary care, provided at scale
 - A modern model of integrated care
 - Access to the highest quality urgent and emergency care
 - A step-change in the productivity of elective care
 - Specialised services concentrated in centres of excellence
- 5.2 Blackpool CCG aims to achieve the best health and wellbeing for local communities and to ensure we continue to provide safe and effective care for all those who need it. Our strategic plan seeks to transform the structure of the healthcare system over the coming five years to meet the changing needs and demands of our population. Our new model of healthcare comprises of six distinct neighbourhoods wrapped around groups of GP practises, with a focus on self-care, community-based services

and specialist hospital care.

- 5.3 Blackpool CCG has worked in collaboration with the council, local providers, NHS England Local Area Team and consulted with patients and residents in the design of our vision for the healthcare system and the strategic plan sets the direction for all organisations delivering and commissioning healthcare.
- 5.4 The strategic plan is underpinned by a series of local plans including a robust two-year operational plan and financial plan and has been developed alongside local arrangements for the Better Care Fund.
- 5.5 The next stage of implementation will be to ensure that the plan is owned and signed up to by the whole health economy.

Does the information submitted include any exempt information?

No

List of Appendices:

- Appendix 9a Blackpool CCG Strategic Plan 2014-19 presentation

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 Preventing ill health and targeting health inequalities is a critical enabler of our future vision for healthcare in Blackpool and the strategic plan will incorporate our equalities strategy so that work to reduce health inequalities progresses further and faster. Furthermore, ongoing engagement with the local population and people that speak on their behalf will assist us to identify and act on issues that patients with protected characteristics face.

9.0 Financial considerations:

9.1 The Financial Plan for Blackpool incorporates all business rules and inflation assumptions. Non-Recurrent expenditure will be targeted to test areas of innovation and transformation aligned to the strategic plan. The Better Care Funding streams have been identified and ring-fenced within the budget profile.

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



Health... at the heart of life in Blackpool

NHS

Blackpool

Clinical Commissioning Group

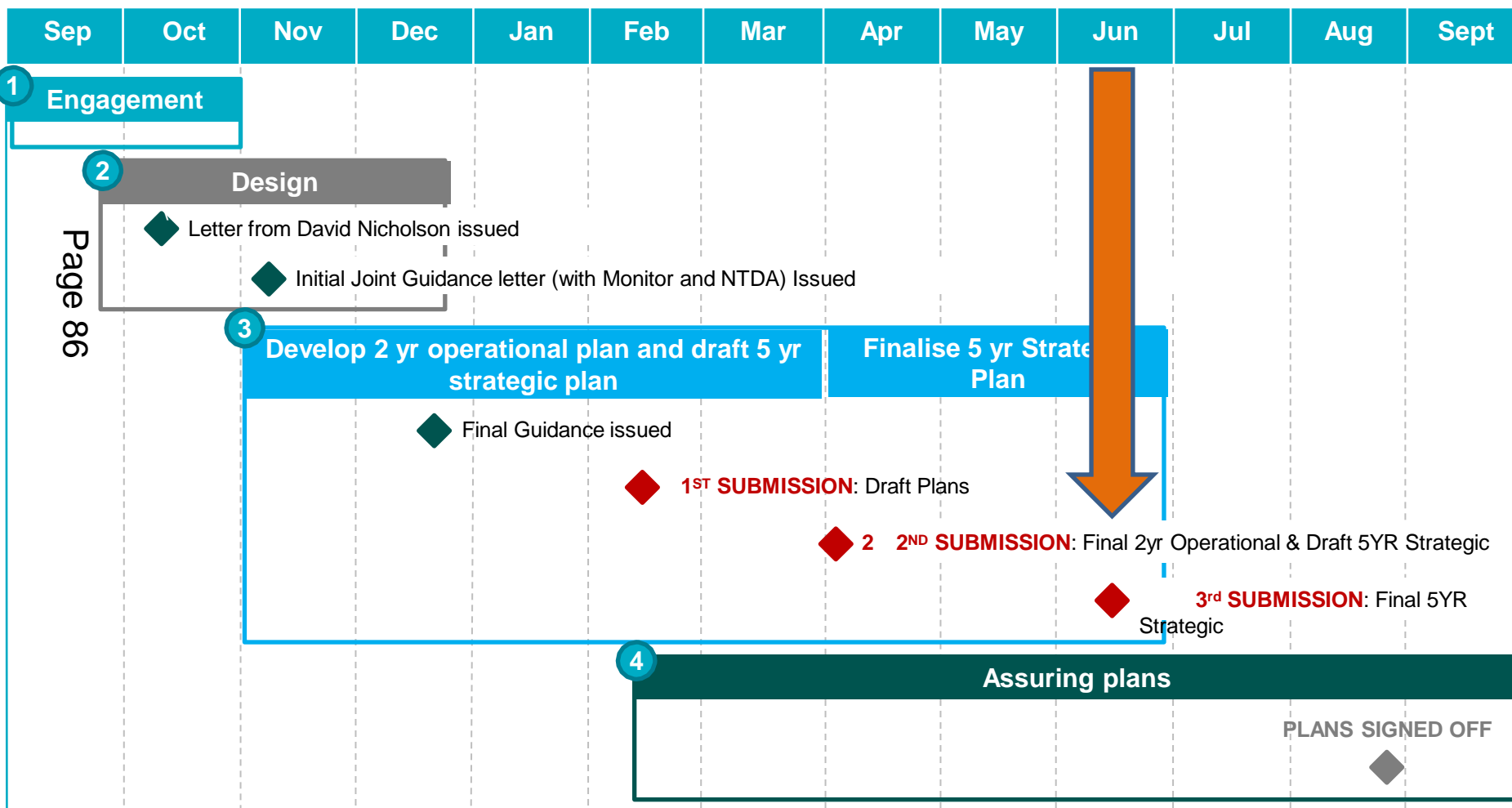
Appendix 9a

NHS Blackpool CCG Strategic Plan 2014-19

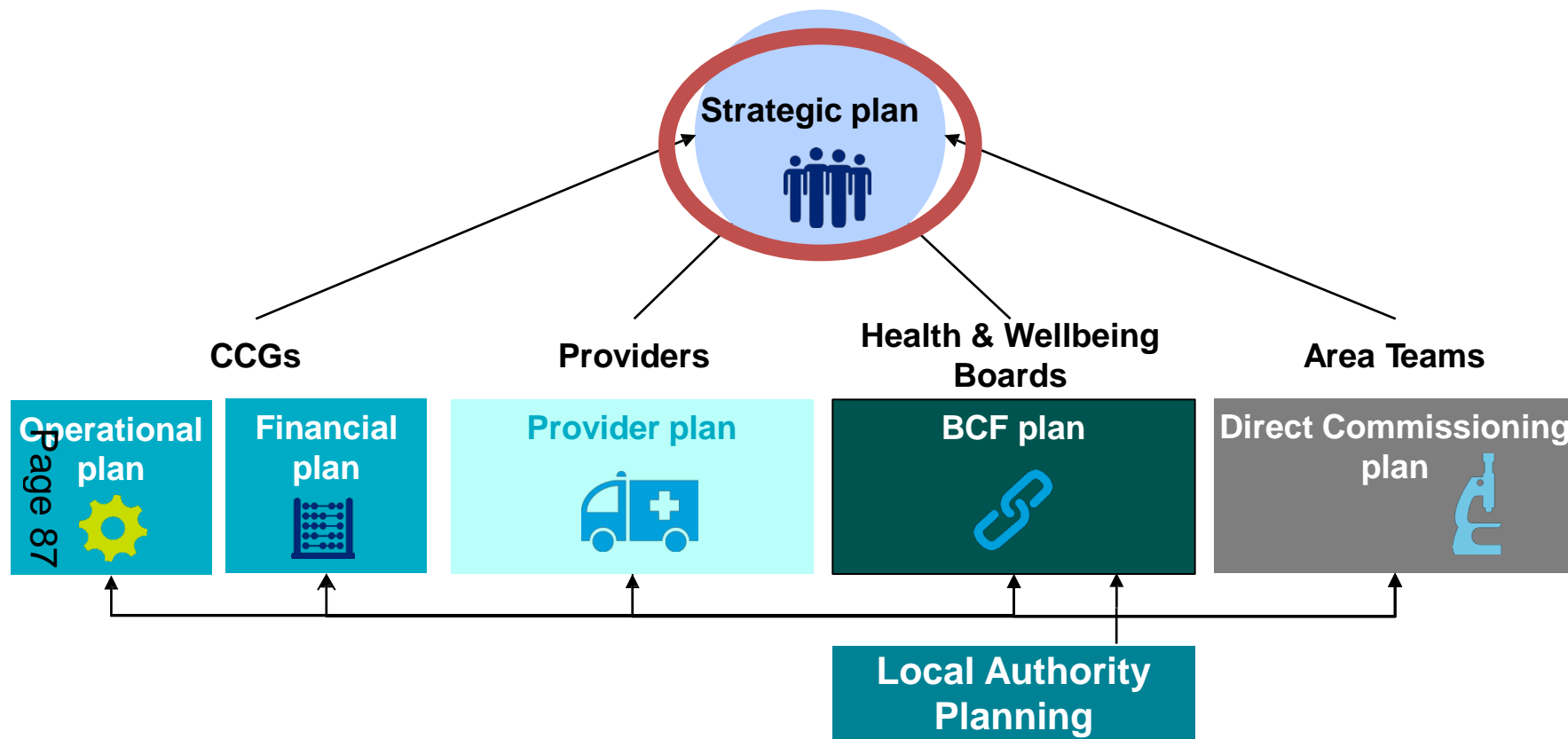
Page 85



What is the Planning Timeline?



The Plans



The Strategic plan will be owned and signed up to by whole health economy. It includes:

- 'Plan on a page'
- Signposted key lines of enquiry return
- Improvement against the 7 outcomes

5 Year Strategic Plan - Where are we?

Framework: Timeline

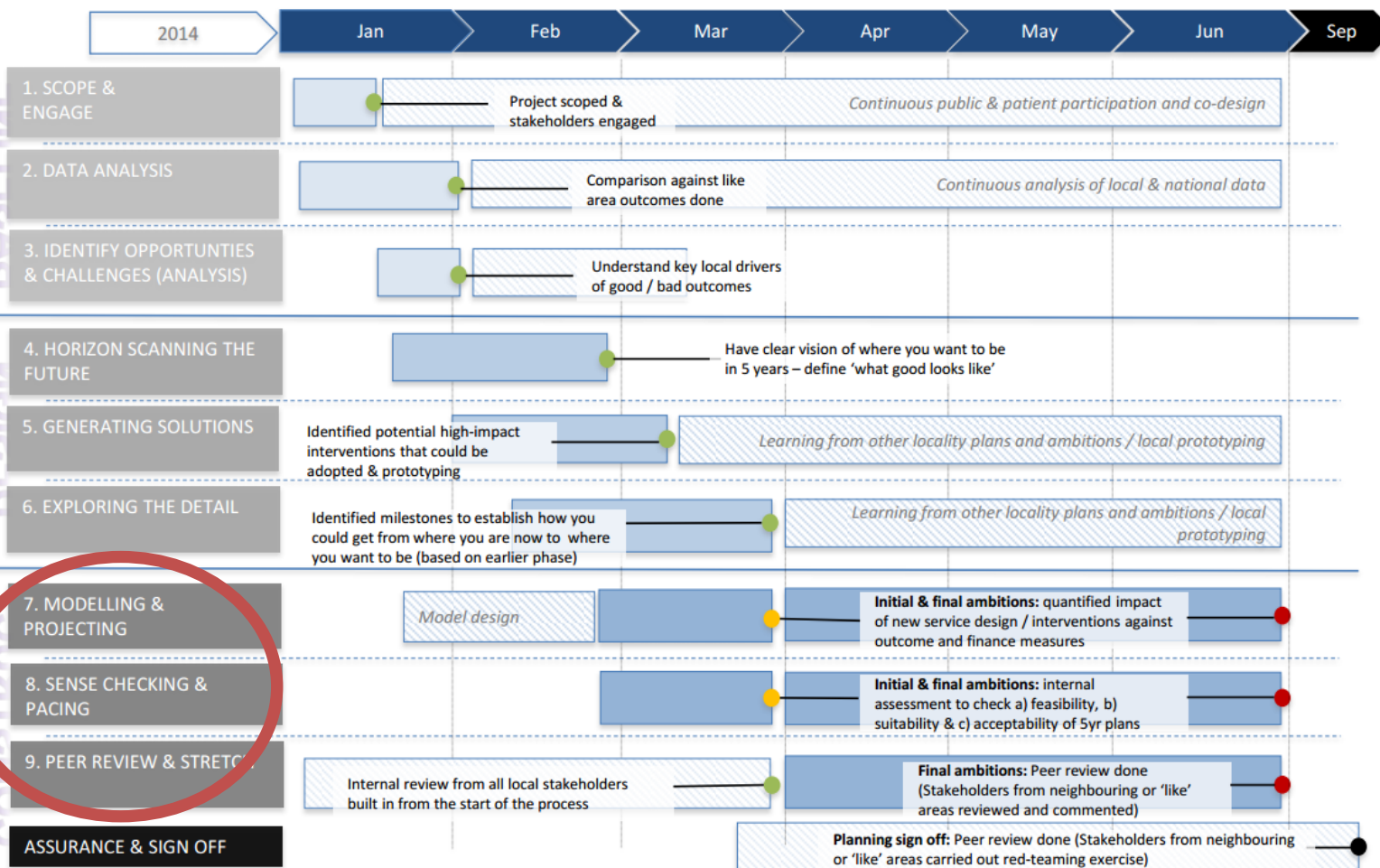
Given the tight timescales, during our workshops participants identified a number of key deliverables over the next 9 months. These are set out below as a suggested project plan / high level milestone chart which local areas could use to plan their work to develop plans and ambitions for improving outcomes.

Page 88

BASELINE

DESIGN

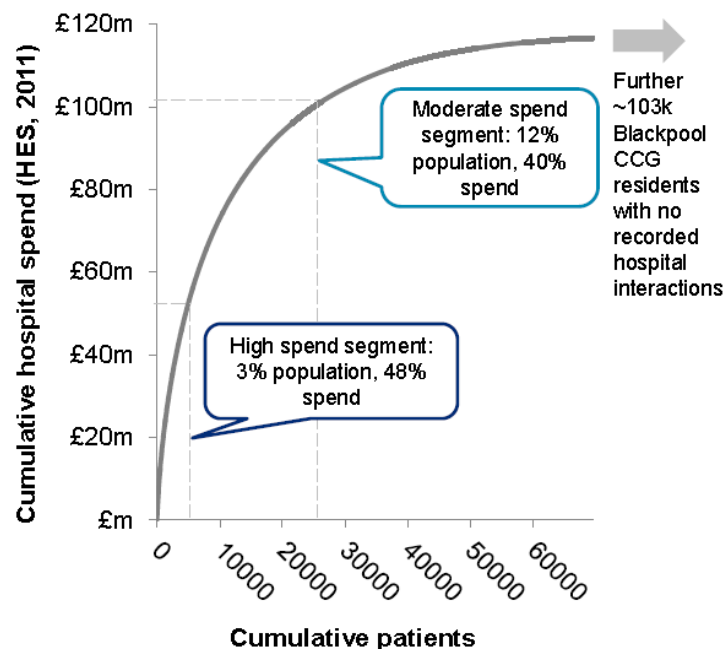
CONSTRUCT



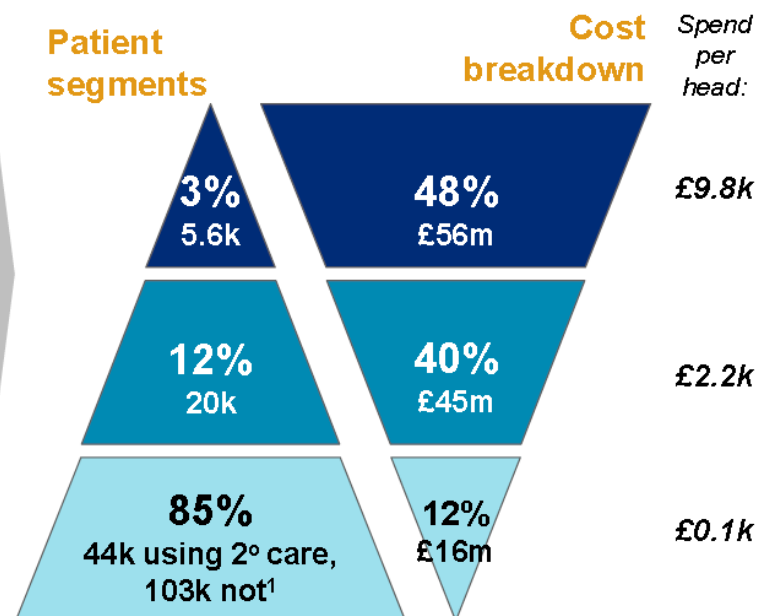
How Oliver Wyman cut the data

Secondary care spend segmentation for Blackpool CCG residents

Cumulative hospital income
Blackpool CCG residents, HES 2011 income



Patient segmentation by hospital spend
Blackpool CCG residents only



How Right Care cut it

Headlines for your health economy

Analysis

Value Opportunities

Quality & Outcomes

Circulation Problems (CVD)
Cancer & Tumours
Mental Health Problems
Respiratory System Problems
Gastrointestinal

NHS Blackpool CCG

Acute and prescribing spend

Circulation Problems (CVD)
Cancer & Tumours
Neurological System Problems
Respiratory System Problems
Genitourinary

Spend and Quality/Outcomes

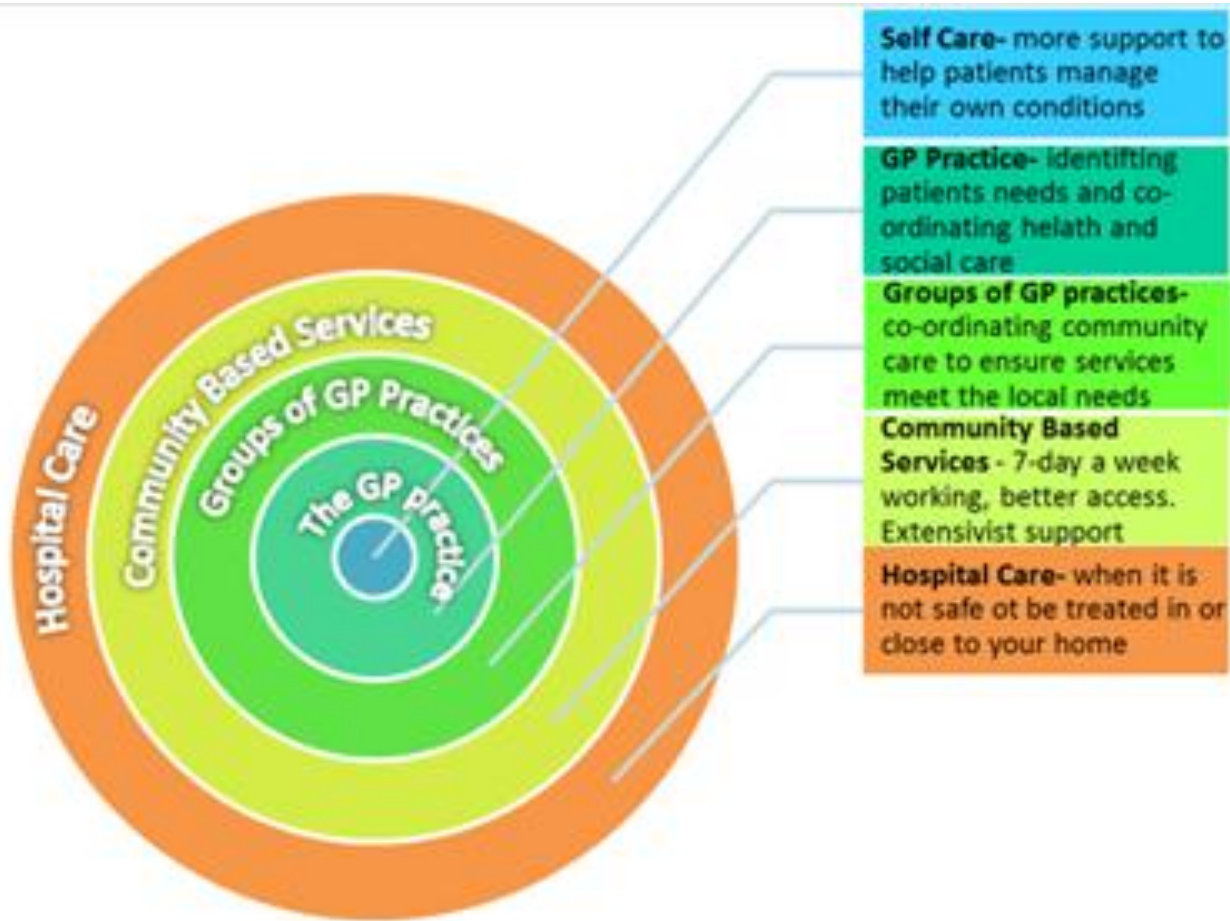
Circulation Problems (CVD)
Cancer & Tumours
Respiratory System Problems
Mental Health Problems
Gastrointestinal

1

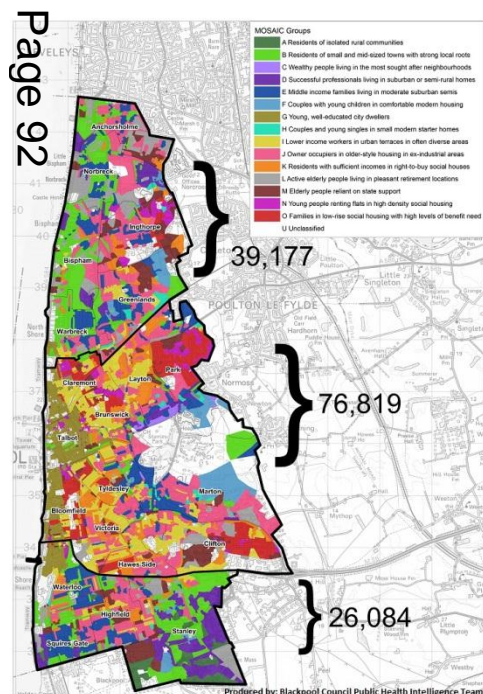
2

3

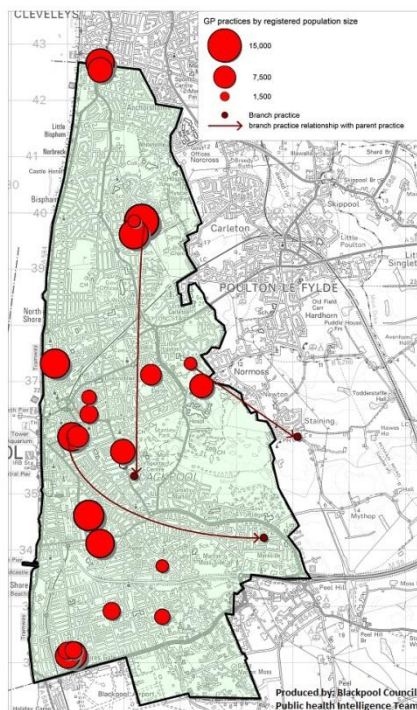
New Model



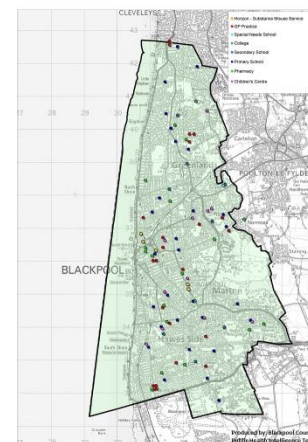
Clinical Engagement- Mapping practices and resources



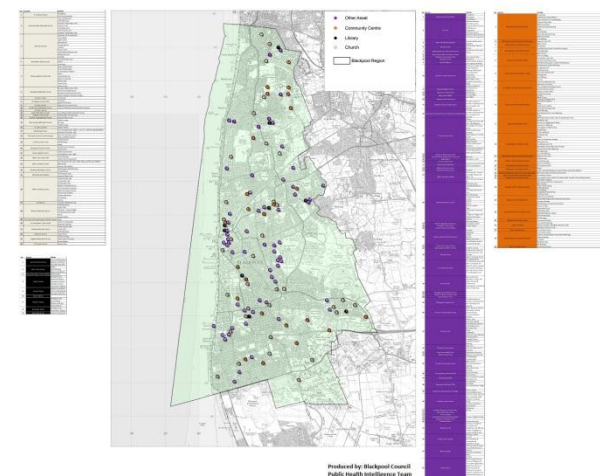
Mosaic Groups of population



Practice location and size

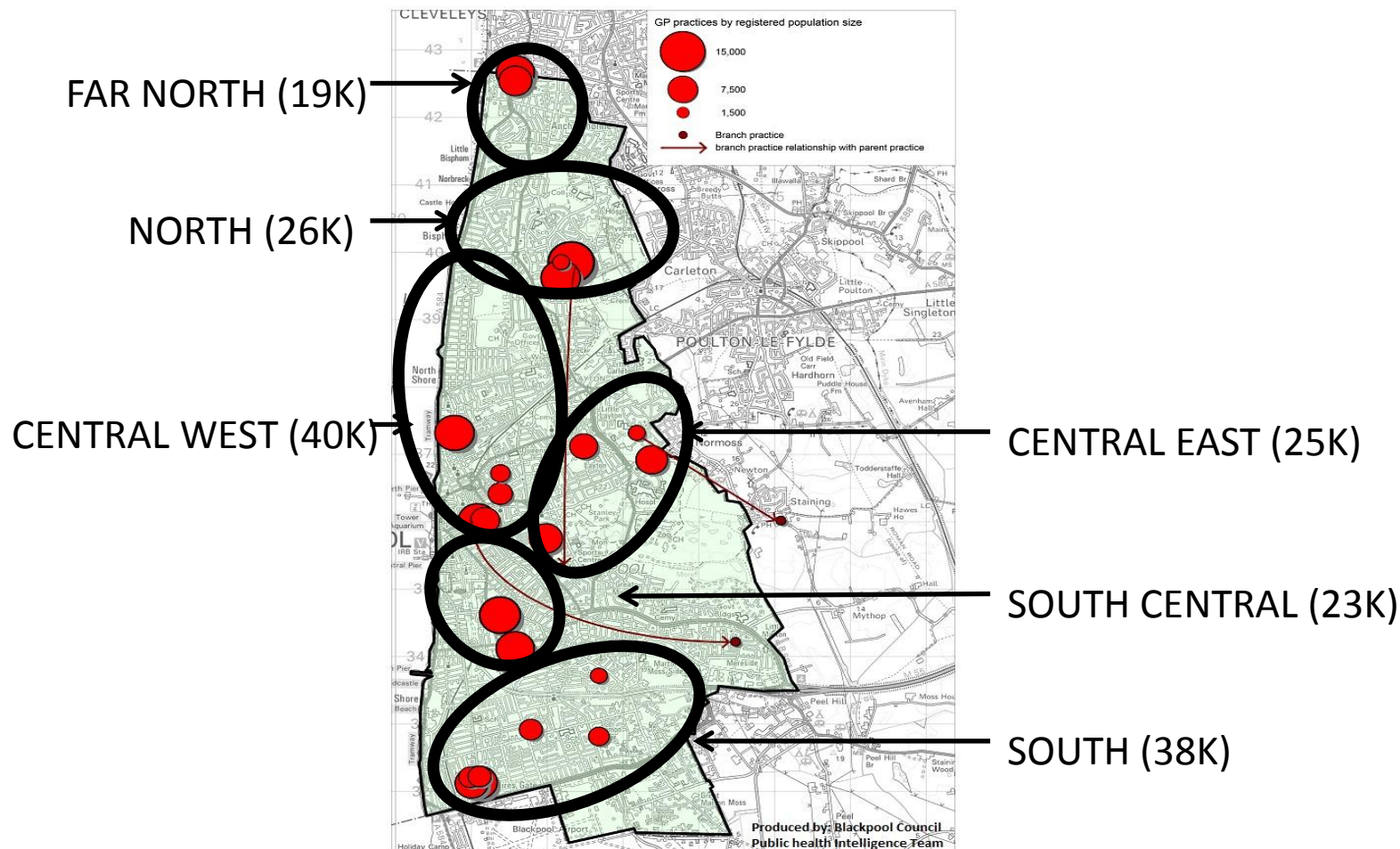


Existing services



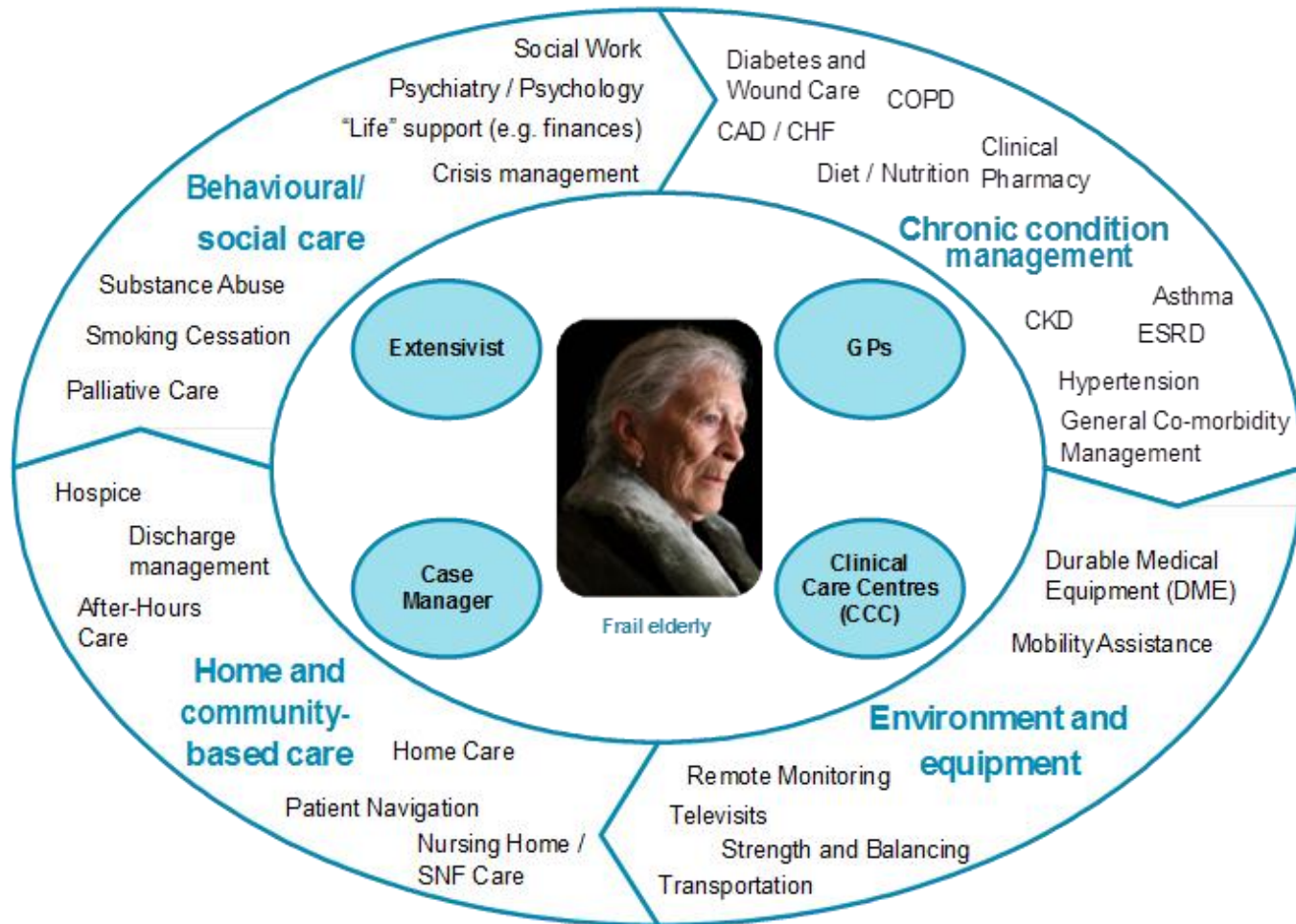
Libraries, churches etc.

Neighbourhoods



Extensivist

Page 94



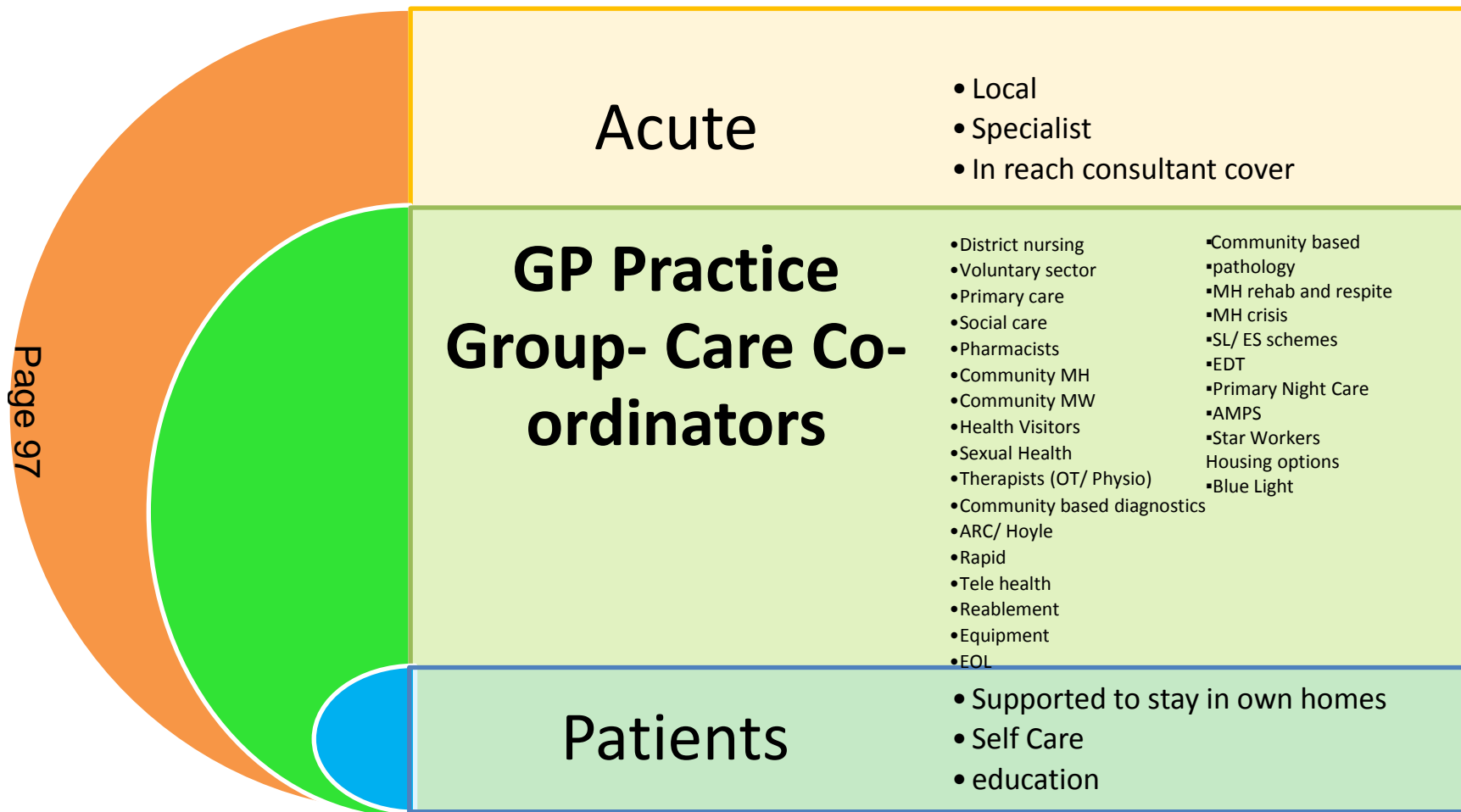
Extensivist

- Focused on the sickest of the sick patients, who are typically at the top of the pyramid and have a wide range of healthcare needs
- Fundamentally different way of delivering care, around the needs of the patient cutting across all aspects of health and social need: medical, social, psychological, functional and pharmaceutical

Impact

1. more effective condition management
2. patient satisfaction improves
3. by breaking the cycle of reactive interventions, hospital admissions are reduced by ~25% and outpatient and A&E attendances decline by ~20%.
4. When hospital admission is necessary the length of stay can be reduced by the availability of rehab care outside hospital managed by the Extensivist

Enhanced Primary Care

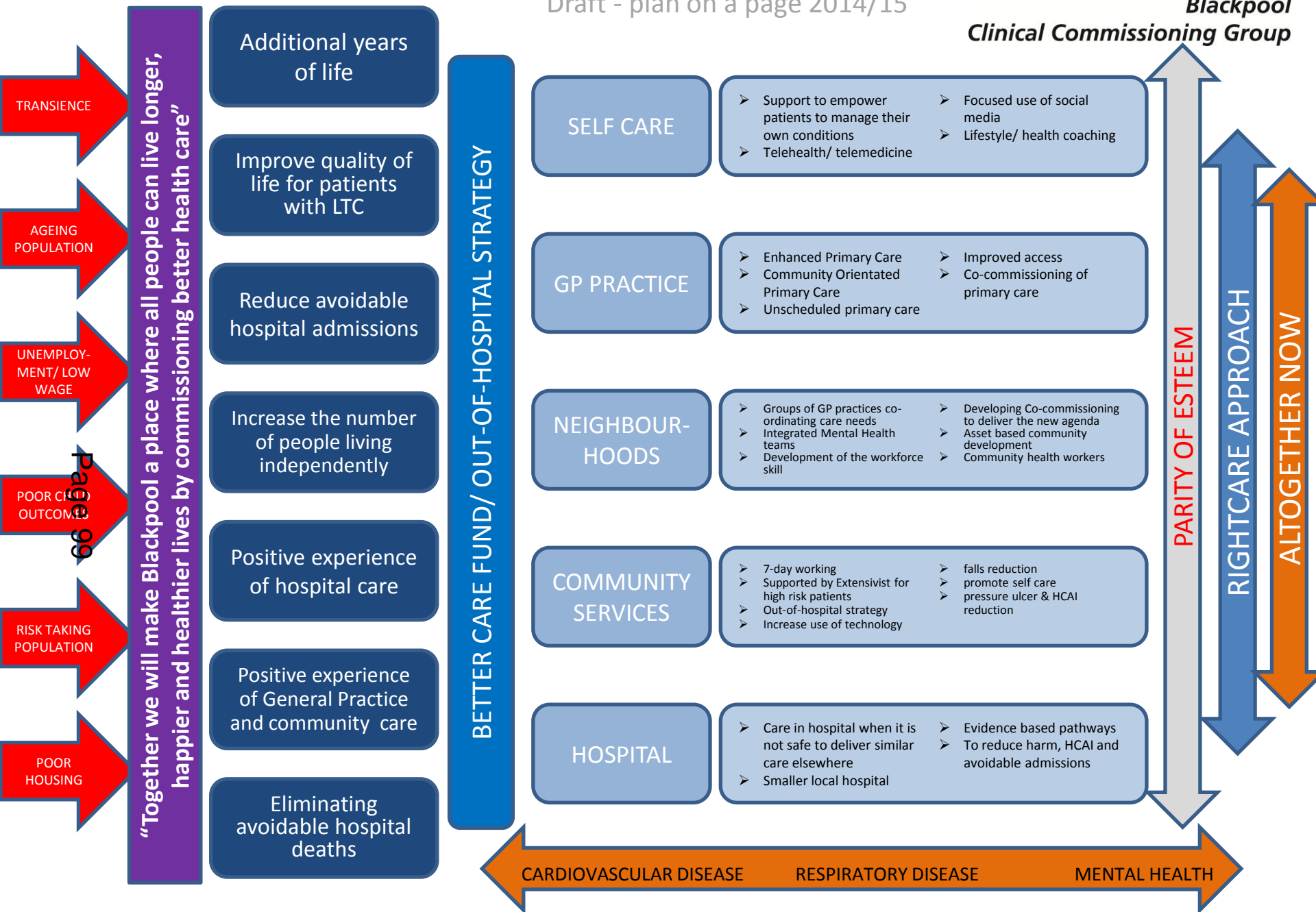


Sections of the plan

Contents

Introduction	3
Executive Summary	4
Part 1 – The Story of Blackpool	7
Part 2 Foundations for Delivery	15
Part 3 System Vision for Commissioned Services	25
Part 4 Finance and Activity	43
Part 5 Engagement and Partnership	45
Part 6 Outcomes	49
Part 7 Risks	54
Part 8 Governance and Delivery Systems	56
Appendices	64

Draft - plan on a page 2014/15



Questions

Page 100

