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Health & Wellbeing Board

Wednesday, 2nd September, 2020

5.30 pm

Virtual Meeting

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AGENDA

1. Welcome and Apologies

To welcome those present to the meeting and to receive any apologies for absence.

2. Minutes of the Meeting held on 9th June 2020

To approve as a correct record the minutes of the meeting held on the 9th June 2020.

Minutes of the Meeting held on 9th June

2 - 5

3. Better Care Fund Quarter 4 2019/20 Update

To receive an update on Quarter 4 of the Better Care Fund 2019/20.

**Better Care Fund Quarter 4 Update
Appendix 1 Case Study**

6 - 16

4. COVID-19 Update

To receive a presentation on COVID-19, updating the Board on the following;

- Data and Intelligence
- Local response and forward view
- Partner updates

Date Published: 27th September 2020
Denise Park, Chief Executive



BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD MINUTES OF A MEETING HELD ON TUESDAY, 9th JUNE 2020

PRESENT:

Councillors	Mohammed Khan (Chair)
	Julie Gunn
	Julie Slater
	Mustafa Desai
Clinical Commissioning Group (CCG)	-
Voluntary Sector	Vicky Shepherd
	Angela Allen
Council	Gifford Kerr
	Denise Park
	Prof. Dominic Harrison
	Jayne Ivory
	Sayyed Osman
	Laura Wharton
	Paul Conlon
	Phil Llewellyn
	Anne Cunningham

1. Welcome and Apologies

The Chair welcomed everyone to the virtual meeting. Apologies were received on behalf of Angela Allen and Jayne Ivory. The Chair informed the committee that although all sectors were not present at the meeting due to the current circumstances the meeting would go ahead although not quorate given the informative and none decision nature of the business to be discussed. The meeting would take place as a briefing meeting for members of the board and partner organisations.

2. Minutes of the meeting held on 11th March 2020

The minutes of the meeting held on 11th March 2020 were submitted.

RESOLVED – That the minutes of the last meeting held on 18th June 2019 be agreed as a correct record and would be put to the next meeting of the board for formal ratification.

3. Declarations of Interest

There were no declarations received.

4. Public Questions

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

5. Update on the Health and Wellbeing Arrangements Across Lancashire.

The Board received an update on the Health and Wellbeing Arrangements that were being discussed with Lancashire Authorities. The meeting was informed that the discussions relating to the arrangements were currently on hold and would be restarted when the current situation allowed.

RESOLVED - That the current situation be noted.

6 Update on COVID19 impact on Blackburn with Darwen and Pennine Lancashire.

The Board received an update on the impact of Covid19 on the Borough and neighbouring areas. The Director of Public Health outlined the numbers of confirmed cases and the progress of the infection since March. He outlined the difficulties that the authority faced in terms of the access to data.

He highlighted the rates in the borough by gender and ethnicity and how this had been affected areas of the borough. The inequality of those effected by COVID were discussed and how deprivation, occupation and ethnicity all had effects on mortality rates. The board looked at the way that cases had travelled through the country with the borough reaching its peak later. This had implications for the raising of the lockdown for the country as a whole as the borough had more community transferred cases ongoing. The data on the R rate was shared with members and the implications of this was outlined including the delaying of school opening.

The board looked at the different waves of the pandemic and the implications that would need to be dealt with. This included deaths due to interrupted care on chronic conditions. Phases of the pandemic were outlined and the difficulties that we would face in dealing with each of these including a second peak that may occur and how this would cause issues as it may coincide with the annual winter pressures caused by flu. The annual immunisation programme for the flu would be crucial this year.

In response to a question regarding testing it was stated that we do not have data on the number of tests given, only the confirmed cases as a result of tests. This was part of the access to pillar 2 test results and as some if these were inconclusive it changed the figures. We have been promised these results. The authority had requested to do more testing of not just those with symptoms but affected communities. The issue of complacency given the raising of the lockdown was stressed and the fact that we were behind the curve was worrying. The key message that we were giving out was crucial to success.

RESOLVED - that the briefing and information be noted and the thanks of the Board be forwarded to all those involved for their dedication and hard work.

7. Update on Test, Track and Isolate system and Implications for the Health and Wellbeing Board.

The Board received an outline on the Test and Trace System and how this would work. The system was evolving and would assist with other measures such as washing and social distancing. The scheme would be fully functional by September. There would be a local outbreak management plan and looking at 7 priority areas and seek to provide a comprehensive response to dealing with local outbreaks. The board received an overview on the next steps for governance, data flow and management and workforce planning. The ways that communication and engagement were outlined and the local outbreak control plan would be finalised by June.

RESOLVED - that the briefing and information be noted and the thanks of the Board be forwarded to all those involved for their dedication and hard work.

8 Joint Strategic Need Assessment

The Board were reminded that it was the duty of the Director of Public Health to present to the board annually an assessment of strategic need. The assessment tied in to the key themes of the work of the Health and Wellbeing Board. Attention was drawn to the levels of deprivation and the work that was ongoing in relation to Covid19. The rates of vitamin b deficiency in deprived communities was raised and this would be raised with GPs.

The excellent quality of the report was commented on and this had been followed by many authorities. The Director of Public Health commended the work of Anne Cunningham on this assessment and work related to Covid19 analysis.

RESOLVED -

1. That the thanks of the Board be forwarded to Ann for the excellent work on the assessment; and
2. That the Joint Strategic Needs Assessment be approved

9 Suspension of PNA

The Board were informed that the pharmaceutical needs assessment had been suspended given the current climate.

RESOLVED - That the suspension of the pharmaceutical needs assessment be noted.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA Roger Parr, Deputy Chief Executive/ Chief Finance Officer
DATE:	21st August 2020

SUBJECT: Better Care Fund Quarter 4 2019/20 Update

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund (BCF) Q4 2019/20 update and which includes a summary of performance and delivery.
- Provide HWBB members with the BCF and Improved Better Care Fund (iBCF) financial position for Q4 2019/20.
- Update on timescales for future National BCF Planning and Reporting requirements for 2020/21.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Better Care Fund Qtr. 4 2019/20 performance and financial position.
- Note the future planning and reporting requirements for 2020/21.

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund Plan and managing performance against the required metrics and timetables from 2017-2020. The management of the plan is undertaken through Blackburn with Darwen's Joint

Commissioning arrangements and governance structures.

A requirement of the BCF reporting is to complete quarterly template reports which have consistently been successfully submitted as per the national timescales and schedule. The report demonstrates the progress made against each performance metrics, scheme and financial expenditure throughout the year.

To note, the national BCF team revised the Qtr. 4. 2019/20 reporting timescales from April 2020 to September due to the COVID pandemic and impact on the health and social care system. This report provides a summary of the Qtr. 4 2019/20 BCF performance and deliverables for the Health and Wellbeing Board (HWBB) members following the development of the BCF Qtr. 4 national reporting template which was approved by The Chair of the HWBB, Councillor Mohammed Khan, on 9th July 2020 and submitted to the National BCF Team and NHS England Regional Lead on 20th July 2020.

4. RATIONALE

The Better Care Fund has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The Blackburn with Darwen Better Care Fund Plan 2019/20 will continue to support the local vision for Integrated Care to deliver effective, efficient, high quality and safe integrated care to enable the residents of Blackburn with Darwen to Live Longer and Live Better.

The Better Care Fund has a framework of local quarterly reports which are approved via the HWBB and the national requirement for the 2020/21 reporting has been delayed due to COVID 19 pandemic. The new National BCF Guidance for 2020-21 is due to be released in September 2020 and it is anticipated that the requirements for a new plan will be light touch. A full report on the new requirements will be provided to the Blackburn with Darwen HWBB at the next meeting in December 2020.

5. KEY ISSUES

This section of the report provides a financial and metrics performance summary of Qtr. 4 2019/20 and highlights the priorities and key work plan for this financial year.

Qtr. 4 2019/20 Finance Update

5.1 BCF and iBCF Pooled Budget Financial Summary for Qtr. 4 2019/20 & Qtr. 1 2020/21

5.1a Summary of Quarter 4 2019/20

The CCG minimum pooled budget requirement for 2019/20 was £11,992,199 which is included in the total BCF budget of £13,869,198 for 2019/20. The final outturn on BCF was £13,231,563 which was an under spend of £637,635, of which £103,300 relates to a planned underspend on the pooled revenue budget and £534,335 variation in spend in respect of Disabled Facilities Grant (DFG).

The underspend has been carried forward to be spent in 2020/21 under the pooled budget arrangements which allows planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG is demand led and take up rate can fluctuate impacting on timing of completion of works and discharge of expenditure. In addition normal activity on DFG was suspended in the latter part of the year due to the Covid-19 pandemic, leading to an increase in committed expenditure not yet defrayed. The amount is committed and will be fully discharged in the new financial year. The capital programme of the Authority allows for carry forward of resources from one year to next.

In 2019/20 the iBCF allocation and Winter Pressures Grant has been fully utilised.

The final 2019/20 budget for the BCF and iBCF pool including Winters Pressures Grant was £21,972,793 and the final outturn was £21,335,158, an underspend of £637,635 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 20th July 2020.

5.1b Qtr. 1 2020/21

The below financial summary highlights the plans for the BCF financial budget for Quarter 1 2020/21. These plans have not been ratified locally as further national guidance on local plans is anticipated in September 2020. There is a continuation of the schemes and services funded through the Better Care Fund for 2020/21 with some minor adjustments made which have been reported and approved via the Joint Commissioning Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen.

- The CCG minimum BCF pooled budget requirement for 2020/21 is £12,635,175.
- The DFG capital allocation for 2020/21 is £1,876,999.
- The iBCF allocation for 2020/21 is £8,103,595
- 2020/21 budget for the BCF and iBCF pool is £23,253,404 including carry forwards.

The 2020/21 BCF allocations as above plus carry forward amounts from 2019/20 are analysed as:

- Spend on Social Care - £7,038,732 (46%)
- Spend on Health Care - £4,678,104 (31%)
- Spend on Integration - £2,291,842 (15%)
- Contingency - £1,141,131 (8%)

The contingency is fully committed to the planned services already established.

Qtr. 4 2020/21 Performance Update

The table below provides a summary of performance against metrics BCF targets up to Quarter 4 2019/20 with a narrative summary:

BCF Metric No	BCF Metrics Measures	Performance measure	Plan/Target	Actual performance for Qtr. 4
1	Reduction in non-elective admissions	On track to meet target	22,773	21,762
2	Rate of permanent admissions to residential care	On track to meet target	192 annual numerator	157
3	Reablement – proportion of over 65 still at home after 91 days from hospital discharge	Not achieved	90.5 %	88.5%
Page 9	Delayed Transfers of Care	Not achieved	Total delayed days - 3444	Total delayed days - 4043

1) Non-Elective Admissions - The Blackburn with Darwen numerical NEA target for 2019/20 is 22,773 and the Qtr 4 position is 21,762. This is a very positive position for Blackburn with Darwen and shows that there continues to be successful services and schemes to help sustain people in their homes and community services. There have been pathway changes within urgent care and to increase patient response times so there is an increase in patients who are seen and treated in less than a day (zero day admission). These pathways will continue to be monitored to ensure they are as effective as possible for our residents. During the last quarter of the year, particularly March there has been a significant impact of a reduced amount of people attending urgent care services and it is anticipated that this pattern will be reflected in the first quarter of 2020/21. This will be carefully monitored to ensure that our residents are able to access other health services in a virtual, home or community setting to ensure that their short or long term health and wellbeing needs continue to be met as patients may choose to avoid acute care.

2) Residential Admissions – March 2020 figures show that the 2019/20 target has been met as Blackburn with Darwen are below the required performance level of 157 admissions into long term residential/nursing care for people aged 65+. The below table shows a summary of the number of residents admitted to long term residential/nursing care per quarter:

Qtr. 1 - 49 admissions	Qtr. 3 - 29 admissions
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Qtr. 2 - 40 admissions

Qtr. 4 - 39 admissions

This year's admission activity has followed the seasonal pattern observed in 2019/20, with an overspill of slightly increased admissions from the Qtr. 1 'winter period' which is reflective of the higher admission rates in the first quarter. The number of admissions in the preceding quarters continued to reduce during 2020/21 with a total of 157 people aged 65+ going into long term residential care which is well below the target of 192. This provides another healthy reflection of the positive impact of the plethora of community and home based services/schemes and patient pathways in place for our residents which supports them to remain and stay health in their own homes.

3) Reablement –

	At home	Admissions	Performance
Target	457	505	90.5%
Actual	549	620	88.5%

The Reablement target is based on the proportion of older people (65 years plus) who are still at home 91 days after discharge from hospital into Reablement/rehabilitation services. This year has been a challenge to the discharge services and schemes in place due to a substantial increase in the level of demand and complexity health and social care need of our residents in Blackburn with Darwen. It is important to note that the service users who would have ordinarily gone into a care home from hospital and possibly stayed there long term, are now being discharged to home and are being supported via three key services (Reablement, Home First or Rehab Services). The three services work together seamlessly with families and carers to support people to remain in their normal environment which is a very positive outcome for our communities. There are a range of interventions and dedicated packages of care which are available and may include overnight support, multiple visits per day to enable the best care and support to ensure that residents are getting their needs met by a number of health and social care trained professionals and teams.

Additionally it is important to note that the new COVID 19 Hospital Discharge Guidance has impacted on the level of complexity of need of service users discharged into Reablement and Home First services. Further work to review the pathways and complexity of service users will be completed in order to learn lessons from this year and build upon the positive work already achieved during Qtr. 1 of 2020/21.

4) Delayed Transfers of Care (DTC) –

The Blackburn with Darwen Annual Delayed Transfers of Care (DTC) target relates to when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice. The DTC target for 2019/20 was 3444 total delayed days with an average 287 delayed

days per month.

The actual activity performance up to February 2020 shows that the total delayed days is 4043 with average monthly total delayed days of 367. The impact of the COVID pandemic during quarter 4 has enabled a slower rate of DTOC and some recovery of the DTOC position. To note, the national recording of DTOC data performance paused in February 2020 across the whole of England due to COVID and further information regarding the final position is anticipated. It is estimated that performance in March 2020 is likely to be significantly affected by the impact of Covid and we anticipate a low DTOC level in March.

It is important to note that there has been significant learning and change during Qtr. 4 2019/20 and Qtr. 1 2020/21 periods with the COVID pandemic having a significant impact on how services have had to change and flex their approach to deliver a virtual service and continue to meet the needs of our residents. The positive joint working and leaderships skills across teams in the health, social care and VCFSE sector organisations have worked collaboratively to review national guidance and response to look needs to ensure that we are able to continue to meet the population needs a this difficult time. The restoration of services and pathways to support the health and wellbeing needs of our residents will be reviewed as part of the recovery and restoration process which is underway. The learning and reshaping of our services, schemes and pathways will feed into the positive work and innovative changes already achieved and will continue to be implemented and support the performance and delivery of the BCF metrics during 2020/21.

End of year summary and Positive News:

Integrated workforce remains one of our greatest focus and achievements due to our collaborative, open and supportive partnership approach which has been delivered via the newly embedded Primary Care Neighbourhood and integrated care structures. We continue to encourage, and promote the 'One Team' approach across multiple organisations to provide holistic and joined up team approaches to an integrated workforce. This includes the delivery of training and upskilling of clinical and non-clinicians side by side to deliver the best health and social care services in Blackburn with Darwen. The 'One Team' approach has enabled us to develop a greater understanding of the role and responsibilities of different organisations and teams and exploration of further innovative opportunities. This has led to multiple pilot projects, co-location of teams, joint Multi-disciplinary team meetings and joint training opportunities between professionals from across a range of sectors but mostly health, social care and the VCFSE sector.

We are particularly proud of the co-location of our locality Integrated Neighbourhood Teams which has produced successful and positive outcomes for our resident captured through INT data/performance reports. We are proud to demonstrate this innovative work in a case study (see appendix 1). The example case study shows the innovative work for patients in Darwen who are on an End of Life pathway and demonstrates how services across a number of organisations have worked together to provide excellent practical, emotional, health and wellbeing support to our most valued patients.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. New planning guidance is due to be published in September 2020 and impact and implications will be reported at the December Health and Wellbeing Board meeting.

7. FINANCIAL IMPLICATIONS

7.1 BCF Pooled Budget Qtr. 4 Position

The final 2019/20 budget for the BCF and iBCF pool including Winter Pressures Grant was £21,972,793 and the final outturn as at 31 March 2020 was £21,335,158, an underspend of £637,635 of which the carry forward in respect of BCF revenue pool was £103,300 and slippage of DFG capital schemes amounted to £534,335. The final outturn position has been reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 20th July 2020.

7.2 BCF Pooled Budget Qtr.1 Position

The Qtr. 1 2020/21 budget for BCF and iBCF financial plans have not been ratified locally as further national guidance on local plans is anticipated in September 2020. A new financial budget will be developed and ratified through the joint commissioning governance arrangements following receipt of national guidance and financial allocations in September 2020.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. An updated Section 75 agreement has been developed for 2019/20 and will require review and approval between the Local Authority and CCG in December 2020. The Section 75 Agreement outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally. The general changes to Section 75 are:

- Legal Considerations – The Parties agree that the Framework Partnership Agreement is amended to incorporate the changes which came into effect as a result of the GDPR - General Data Protection Regulation (Regulation (EU) 2016/679);
- Finance contributions – The revised budget and financial plan to incorporate the increase to the new nationally BCF stipulated requirement of 5.3%.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and have been outlined in the updated Section 75 approved by the Health and Wellbeing Board on 4th December 2019.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to

submission of the plan.

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans. An updated EIA will be completed as part of the new national planning requirements due to be released in September 2020.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF 2019/20 plan.

VERSION:	1
CONTACT OFFICER:	Samantha Wallace-Jones
DATE:	27.8.20
BACKGROUND PAPER:	

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Blackburn with Darwen Integrated Neighbourhood Case Study

Background

Martin lived with his teenage son in a rented property within the local area. He worked 12 hour shifts in a factory which required him to stand up all day. He was experiencing breathlessness and felt generally unwell but continued to work due to financial reasons. He saw his **GP** who referred him to the **Pulmonary Rehab team**. Upon assessment, the **pulmonary rehab team** identified that Martin was very underweight. The **Pulmonary Rehab** team referred Martin into the INT weekly meeting.

Summary of Medical, Physical and Social Conditions

- **The Pulmonary rehab team** also referred Martin into the **Care Network Hub** for advice & guidance on benefit entitlements as he was struggling to work a full shift.
- Martin lived in private rented accommodation that had damp. Martin had been keeping the windows closed to retain the heat, which exacerbated Martins chest problems due to the condensation.
- Martin was incontinent of urine. He had discussions with his **GP** previously around the possible use of catheters for when he is at work.
- Martin was at high risk of pressure sores due to his reduced levels of activity so the oxygen nurses ordered a pressure cushion.
- Martin is generally low in mood, presents as anxious and regularly describes feelings of wanting to 'give up'.
- Martin is a heavy smoker

An Integrated Neighbourhood Team Approach

The INT Team supported the care co-ordinated between the below organisations as part of his care package:

Lancashire Fire & Rescue Service – A home fire safety check was completed and 3 smoke alarms where installed during the visit. The fire officer noticed that the property was very damp, in a poor state of repair and cluttered. A fire retardant throw was provided for his settee and a metal bin for his cigarette ends as Martin was smoking 40 cigarettes a day. The fire officer suggested assistance to help declutter Martin's home and suggested a referral to Adult Social Care to see what support they could provide.



VCF



LSCFT



LA



CCG



FED/GP



ELHT

The **Complex Case Manager** (CCM) arranged to visit Martin, during the visit Martin explained that he is experiencing severe chest problems. The CCM discussed the case with the **COPD team** who witnessed Martins chest and breathing problems. Martin started to show signs of gaining weight. The CCM referred Martin for a full continence assessment. The CCM discussed the option of stopping smoking with Martin, the Wellbeing service offered to support him with this if he chose to stop or even cut down to a few a day.

The CCM also arranged for Martin to have a chest scan due to his worsening chest and breathing problems. The results came back as a diagnosis of lung cancer. Martin was referred to Royal Preston Hospital for surgery and was not fit to work.

AGE UK completed all his benefit applications and Martin started to receive P.I.P benefits. Martin also registered his interest for alternative housing.

Martins condition worsened; he needed ambulatory oxygen which the **oxygen team** were reluctant to put into his property due to heavy smoking.

AGE UK discussed with Martin the possibility of a referral to Adult Social Care to help support his case for new/alternative accommodation. Martin declined the assessment A housing application was completed and BwD Housing Needs fast tracked his application via AGE UK to enable him to start bidding on an alternative property that would be more suitable for him and his young son to live in.

East Lancashire Hospice at Home, visited Martin and offered hospice support, Martin declined as he just wanted to go back to work.

End of Life pathway and support

Martin had a hospital admission due to the exacerbation of COPD and was informed that his tumour was inoperable. The CCM started discussions with Martin about end of life care and resuscitation but he refused to engage in these discussions.

Martin experienced reduced appetite and the **dietician** prescribed supplements and a Social Worker was allocated but Martin declined carers visiting him.

East Lancashire Hospice visited Martin to discuss end of life care preferences. Martin stated that he wanted to stay at home and this would be his preferred place of care but would engage with Hospice at Home. The hospice agreed to visit Martin twice a week. Martin was experiencing very shallow breathing even though he was still on oxygen. As Martins condition deteriorated, the **District Nurses** completed the checklist for continuing health care funding.

Outcome

The Out of Hours nurses visited Martin and his symptoms where monitored and he was given medication. Martin was in his last moments of life. All his family were made aware of situation and were present at the time of Martins death.

The GP visited to confirm Martins death.

*Name has been change to protect anonymity.



