

# Public Document Pack

## Health & Wellbeing Board

Wednesday, 2nd December, 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. Declarations of Interest**

To receive any declarations of interest on items on the agenda.

**Declarations of Interest**

**3**

**3. Minutes of the Meetings held on 11th March 2020, 9th June 2020 and 2nd September 2020**

To approve as a correct record the minutes of the meetings held on the 11<sup>th</sup> March 2020, 9<sup>th</sup> June 2020 and 2<sup>nd</sup> September 2020.

**Minutes of the meeting held on 11th March 2020**

**4 - 17**

**Minutes of the Meeting held on 9th June 2020**

**Minutes of the meeting held on 2nd September 2020**

**4. Public Questions**

To receive any questions from Members of the Public

**5. COVID-19 Vaccine Update**

To receive a presentation and update on the COVID-19 Vaccine from Gifford Kerr, Consultant in Public Health Medicine and Kathryn Lord, Director of Quality and Chief Nurse, East Lancs CCG.

**6. Situational Awareness**

To receive a presentation on Situational Awareness from Dominic Harrison, Director of Public Health and Ken Barnsley, Public Health Specialist.

**7. Start Well Update**

To receive a presentation and annual update on Start Well from Jayne Ivory, Director of Children's Services and Education.

**8. COVID Winter Grant Scheme**

To receive a presentation on the COVID-19 Winter Grant Scheme from Jayne Ivory, Director of Children's Services and Education and Ken Barnsley, Public Health Specialist.

**9. Child Death Overview Panel Annual Report**

To receive a presentation on the Child Death Overview Panel Annual Report from Shirley Goodhew, Public Health Consultant

**10. Any Other Business**

To discuss any other business and any agenda items for the next meeting.

Date of the next meeting is:- 10<sup>th</sup> March 2021 at 5.30pm

Date Published: 24<sup>th</sup> November 2020  
Denise Park, Chief Executive

## DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA

**Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.**

**Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.**

MEETING:

DATE:

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)



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

### PRESENT:

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

### 1. Welcome and Apologies

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

### 2. Declarations of Interest

There were no declarations of interest received.

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

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

### 4. Actions from the Previous Meeting

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

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

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

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

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

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

## **6. Pharmacy Needs Assessment**

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

Members heard that the Local Government took on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA). The PNA aimed to identify whether current pharmacy service provision met the needs of the local population and considered whether there were any gaps in service delivery.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Board were recommended to approve the proposal.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**12. Date of Next Meeting**

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

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....



**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD  
MINUTES OF A MEETING HELD ON TUESDAY, 9<sup>th</sup> JUNE 2020**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Julie Gunn
	Julie Slater
	Mustafa Desai
<b>Clinical Commissioning Group (CCG)</b>	-
<b>Voluntary Sector</b>	Vicky Shepherd
	Angela Allen
<b>Council</b>	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 11<sup>th</sup> March 2020**

The minutes of the meeting held on 11<sup>th</sup> March 2020 were submitted.

**RESOLVED** – That the minutes of the last meeting held on 11<sup>th</sup> March 2020 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.....

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD  
MINUTES OF A MEETING HELD ON WEDNESDAY, 2<sup>nd</sup> SEPTEMBER 2020**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan (Chair)
	Mustafa Desai
	Julie Gunn
	Damian Talbot
<b>Voluntary Sector</b>	Angela Allen
	Sarah Johns
	Vicky Shepherd
<b>BwD Healthy Living</b>	Dilwara Ali
<b>Council</b>	Ken Barnsley
	Dominic Harrison
	Jayne Ivory
	Sayyed Osman
	Laura Wharton

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Councillor Julie Slater and Graham Burgess. The Chair informed the board that although all sectors were not present at the meeting due to the current circumstances, the meeting would go ahead despite not being 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 9<sup>th</sup> June 2020**

The minutes of the previous meeting held on 9<sup>th</sup> June were submitted.

**RESOLVED** – That the minutes of the meeting held on 9<sup>th</sup> June 2020 be agreed as a correct record and be submitted to the next meeting for formal ratification, along with the minutes of the meeting held on 11<sup>th</sup> March 2020.

**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. Better Care Fund Quarter 4 2019/20 Update**

Sayyed Osman provided an update on the Better Care Fund for Quarter 4, highlighting the key issues. The Board heard that the overall funding was a significant amount of nearly £14 million which funded a number of different schemes and of those schemes the Local Authority was tracked on four. The presentation showed a breakdown of funding and allocations.

The presentation looked at the Performance update which provided a summary of performance against metrics BCF targets up to Quarter 4, with a narrative summary. It was noted that 2 of the metrics were on track to meet targets, with strategies in place to ensure that targets would be met for all metrics.

Looking at the metrics where the targets had not yet been met, the Board heard that whilst we had generally performed well in Reablement, we had been supporting discharges to ensure people were taken out of a hospital setting in a timely manner, in order to reduce their risk of COVID-19. The increased volume and complexity of people being treated was the main reason for the target not being met.

On the delays of transfer of care metric, the Board heard that this was still a challenging target as the demand had been much greater than what was able to be met. This would continue to be the picture for the foreseeable future especially with winter approaching which would put significant pressure on the system.

The Board looked a case study which highlighted the complexity of issues that we were being faced with and how we were working together through a multi-agency setting to ensure the best possible care for people.

A brief update on Albion Mill was provided by Sayyed, confirming that there would be 35 self-contained units with 75 extra care beds. Of those extra care beds, 50 would be dedicated to older people and 25 would be aligned to special needs. In terms of progress the Board noted that there had a few setbacks but it was hoped that the scheme would be completed by early November.

Discussions took place around how COVID-19 had impacted the installation of disabled adaptations in people's homes. The Board noted that work continued to be done and that extra precautions had been put in place as the people that needed the disabled facilities were likely to be extremely vulnerable. Concerns were raised regarding further delays and it was noted that the possibility of sub-letting contracts to expand the work force in order to allow more disabled adaptations being carried out in a timely manner was being looked into. It was noted that there had been some complex issues emerging as a result of COVID-19 and it was suggested that a more detailed update on this be brought back to a future meeting.

Jayne Ivory informed the Board that it had been similar experience for Children's Services in that there had been delays implementing schemes due to availability of OT's and getting contractors to implement recommendations. It was noted that in some cases, houses could not be adapted and alternative accommodation had to be found, which meant further delays.

**RESOLVED – That the update be noted.**

## 5. COVID-19 Update

Ken Barnsley provided an update on the COVID-19 timeline highlighting the testing rate and positivity rate.

The Board heard that during the height of testing we had been achieving 500 tests per 100,000 per day. Since then it had reduced steadily and the figure was currently at 150. It was hoped that with the two mobile testing units (one in Corporation Park and one in Penny Street) and two local testing sites (one by the College and one under construction to be completed in Darwen by tomorrow) that the testing rate would start to increase to better identify cases and contain the spread.

Ken informed the Board that when testing was at a very high level, the positivity rate was at 2% and this increased to 7% around the middle of August. Since then the positivity rate had remained around 4.5%. With testing coming down and positivity rate being same this was giving us a really good indication that things weren't changing dramatically. The Board heard that the number of actual daily cases for the past three weeks had been hovering around 10 cases a day, with Blackburn with Darwen being 4<sup>th</sup> on national watch list.

Ken informed the Board that as the quality of the data was improving, we were starting to get all of the testing data compared to the first stages when the only data available was the number of those who tested positive. In summary, Ken updated the Board that positivity rates were much higher in the age groups of 20-29 and 30-39 across the Borough. The Board heard that the testing profile matched the profile of the population which meant that most people were being tested.

The positivity profile was very different, with positive tests across the Borough being dominated by South Asian residents, in comparison to the testing and the profile of the Borough's population. The Board also heard that deprivation was a big risk factor with almost 90% of positive cases in the last 14 days were in deprived areas.

The Board were informed that the testing rates in the 8 interventions wards did not differ much from other wards despite the 8 intervention wards having significantly more cases. This showed that overall the testing profile geographically across the whole of the Borough was good. The Board heard that the 8 wards identified as needing intervention had positivity rates of 290 cases per 100,000 in Bastwell and Daisyfield down to 74 cases per 100,000 in Audley and Queens Park and at the time the cut off figure was 60 so the wards not identified as needing intervention, fell below that.

A key feature of COVID-19 was the geographical concentration which was driving the current testing strategy. Ken explained that the recent data was split into lower super output areas (LSOA), which were the small areas where community testing would now be focussed. Each LSOA consisted of approximately 500 / 600 houses and 1500 / 2000 people and it was evident that extreme concentrations of COVID-19 cases were in some of these LSOA areas.

Ken informed the Board of the work being undertaken by the Incident Management Group. The number of cases in key sectors such as care homes and supported living had in recent months increased. It was also highlighted that much of the transmission would appear to be community and household transmission meaning that a number of cases were linked to a workplace but the transmission took place in the household. There had also been a number of incidents in places of worship and work was being undertaken to ensure risk assessments were up to date.

Despite a large number of cases, this hadn't translated through to hospital activity. At the height of pandemic there were more than 130 admissions and that was now down to 4.

Dominic Harrison provided an update on the national picture looking at the cumulative incidence rates specifically at those under 18 years of age. Blackburn with Darwen were now 2<sup>nd</sup> highest in the Country.

Dominic updated the Board on Local Authority Areas of Interest, which contained the areas with the highest weekly incidence rates. These areas were currently under investigation by local public health protection teams with testing access in these areas was being increased. These areas were also associated with workplace outbreaks which had subsequently contributed to the increase of infection rates. It was noted that with the continuation of rising cases, especially as we approach winter, the Government would have to bring in other control measures nationally.

The Board heard that the slight benefit for us was having already gone through a lot of control mechanisms and got our systems honed and improved in terms of how we control high rates and outbreaks. We were in a stronger position now by the fact we have had higher rates and have been managing those.

Dominic informed the Board that community testing would be starting this week and it was expected that there would be a rise in positivity rates in the intervention areas within the next week or so.

Discussions took place that messages concerning restrictions needed to be clear and consistent across the Borough. It was anticipated, that despite everyone's best efforts and comprehensive risk assessments, as schools returned we would see another spike in numbers. Jayne Ivory informed the Board that to date 4 schools had returned. So far attendance was at 94% with children being delighted to be at school.

Councillor Desai raised concerns about the testing rate decreasing whilst positivity rates were increasing. Dominic informed the Board that this could be a result of behavioural decay in the population as they became dubious about the consequences of testing. The majority of the population were compliant and following guidance. Dominic also highlighted that the laboratory capacity in the UK was affecting the ways people could access the booking facility online. When the laboratories were at full capacity, the option to book a test online was removed despite Blackburn with Darwen being a priority.

Discussions also took place around incentives for people on low incomes isolating. The Board heard that a case had been made for people on zero hour contracts, low incomes, or self-employed being able to claim money if they needed to stop working so that they could isolate. The Government had set up a pilot scheme, and the details of this were on the website.

The Chair raised concerns that the majority of GP appointments were taking place over the phone rather than face to face and asked Dominic Harrison to raise this with the CCG.

**RESOLVED – That the Board note the update.**

Signed.....



Chair of the meeting at which the Minutes were signed

Date.....