

# Public Document Pack

## Health & Wellbeing Board

Wednesday, 10th March, 2021

5.30 pm

[Join Meeting Here](#)

---

### AGENDA

**1. Welcome and Apologies**

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

**2. Declaration of Interest**

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

**Declarations of Interest**

**3**

**3. Minutes of the meeting held on 2nd December 2020**

To approve as a correct record the minutes of the meeting held on 2<sup>nd</sup> December 2020 and to discuss any matters arising.

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

**4 - 9**

**4. Public Questions**

To receive any questions from Members of the Public.

**5. Healthwatch Update**

To receive a presentation on Healthwatch Update by Sarah Johns, Chief Officer, Healthwatch.

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

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

**7. Disabled Facilities Grant**

To receive a presentation on Disabled Facilities Grant Overview, by Katherine White, Head of Integration, Community and Strategy and Susan Kalvenas, Aids and Adaptions Team Manager.

**8. Better Care Fund Quarter 3 2020/21 Update**

To receive a report on the Better Care Fund for Quarter 3, by Katherine White, Head of Integration, Community & Strategy.

**BCF Quarter 3 Update**

**10 - 14**

**9. Any Other Business**

Items for the next meeting:

- Live Well Board Annual Update

Dates of future meetings for the Municipal Year 2021/22 are as follows:

- 2<sup>nd</sup> June 2021, 5.30pm
- 2<sup>nd</sup> September 2021, 5.30pm
- 30<sup>th</sup> November 2021, 5.30pm
- 15<sup>th</sup> March 2022, 5.30pm

Meeting requests will be sent out in due course.

Date Published: 2<sup>nd</sup> March 2021  
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 WEDNESDAY, 2<sup>nd</sup> DECEMBER 2020**

**PRESENT:**

<b>Councillors</b>	Mohammed Khan
	Mustafa Desai
	Julie Gunn
	Julie Slater
<b>Clinical Commissioning Group (CCG)</b>	Kathryn Lord
	Claire Richardson
<b>East Lancashire Hospitals NHS Trust</b>	Martin Hodgson
<b>NHS</b>	Roger Parr
<b>Health Watch</b>	Sarah Johns
<b>Voluntary Sector</b>	Vicky Shepherd
	Angela Allen
<b>Council</b>	Sayyed Osman
	Jayne Ivory
	Dominic Harrison
	Gifford Kerr
	Ken Barnsley
	Laura Wharton
	Joanne Stewart

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Kevin McGee, Dilwara Ali, Alyson Hanson and Councillor Julie Slater.

**2. Declarations of Interest**

There were no declarations of interest received.

**3. Minutes of the meetings held on 11<sup>th</sup> March 2020, 9<sup>th</sup> June 2020 and 2<sup>nd</sup> September 2020**

The minutes of the previous meetings held on 11<sup>th</sup> March 2020, 9<sup>th</sup> June 2020 and 2<sup>nd</sup> September 2020 were submitted.

**RESOLVED** – That the minutes submitted be agreed as a correct record.

#### **4. Public Questions**

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

#### **5. COVID-19 Vaccine Update**

Gifford Kerr informed the Board that recent reports in the media regarding the effectiveness of a number of vaccines had boosted people's morale. This morning we had the news that the first vaccine had been granted regulatory approval and the first few thousand doses would be arriving in the Country within days. The vaccine was effective in reducing the illness and the severity of illness in people but what wouldn't be known for some time was how effective it would be in stopping the transmission of COVID-19 between people. Restrictions would remain in place until effective herd immunity had been demonstrated which wouldn't be likely until late spring / early summer.

The Board heard that the Joint Committee on Vaccination and Immunisation (JCVI) had previously published draft priority recommendations with the highest priority groups being older residents in care homes and care home workers, all those aged 80+ and frontline health and social care workers. It was anticipated now that the first vaccine had been approved that the priority list would be reviewed but was unlikely to change.

The Board heard of the two vaccines that would be available soon. The Pfizer vaccine, having already gained regulatory approval, must be stored at -70°C, which would constrain the distribution and the delivery model. The Government had purchased 40 million doses which equated to 20 million people. Both vaccines required 2 doses to get maximum immunity. The Oxford vaccine would be much more portable due to the less stringent storage requirements and a larger quantity had been ordered.

Gifford informed the Board how the RNA vaccine was developed using synthetic RNA technology with no virus used in the manufacture. In the long run this would be quicker and less expensive to make and may well be safer to use.

Kathryn Lord updated the Board that the CCG had been working closely with Primary Care Network and GP colleagues to establish sites that were available and ready to start vaccinating from 1st December. With the first vaccination having only just been approved last night, the agenda was changing rapidly with new guidance coming through swiftly too. Kathryn informed the Board that the position as of today was that there was a ten day window when the vaccination would be received. There were 8 sites across the Pennine Lancashire footprint but it was not expected that those sites would receive the Pfizer vaccine due to the storage of the vaccine which didn't lend itself to being stored in health centres. The Oxford vaccine was expected to be about two weeks behind the Pfizer vaccine.

In the mean-time, sites were being prepared with assurances that as soon as the vaccine was on the way, we would be ready to deliver. Workforce was currently being reviewed and it was noted that sites would be open from 8am until 8pm, 7 days a week including bank holidays. Both vaccines were a 2 dose vaccine, with Pfizer having a 21 day gap and the Oxford vaccine having a 28 day gap before the 2<sup>nd</sup> dose was needed. The Board heard that this would be a very rapid vaccination programme with the vaccine being used as quickly as possible and having a very quick throughput.

The Board then looked at the flow of a user coming into a health centre or practice, starting at the car park all the way through the journey to the patient's vaccine, and heard that one way systems and infection preventions were currently being tested out.

The Board were informed that as some testing sites were within close proximity to the vaccination sites, additional marshals would be needed as it was important that these different cohorts didn't come into contact with each other.

The Board viewed a table which outlined the workforce requirements after receiving national guidance on what would be needed to support a safe and effective delivery of vaccinations across a pod site.

It was clarified that neither the Pfizer nor the Oxford vaccine contained porcine gelatine or egg based products and that as of yet, the MRHA list of what it did contain had not been received.

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

## **6. Situational Awareness**

Ken Barnsley provided the Board with a summary of the pandemic to date. The Board was shown a graphic highlighting the progress of the pandemic through the Country since the start of January. It was noted in the early days during the first wave of the pandemic that we were only testing people in hospital so the peak was much lower than that of the second wave, which peaked in November and then started to reduce following the lockdown.

The Board was also shown a graphic which highlighted the case rate per 100,000 highlighting that the darker the colour, the greater that case level, with much of the darker areas concentrated in the North.

Looking at the Lancashire picture, Ken highlighted key indicators that were being looked at in terms of developing policy and strategies locally and nationally to identify the tiers. In Blackburn with Darwen, our rate of positivity was at 11.3 and was currently coming down along with the case rate per 100,000 which was also reducing at 281.9. Looking generally across the North West, the Board heard that the heatmap showed that case rates were reducing across all age groups.

Ken informed the Board that there were 4 key risk factors and inequalities which were drivers of the transmission. These were:

- Income / deprivation
- Occupation (% front line workers)
- Household over-crowding
- Demographics (ethnicity)

The Board heard that the Borough no-longer had 4 testing sites, we now had 3 which were located at the hospital, and two other local sites one in Blackburn and one in Darwen. Our testing rate was as high as over 500 per 100,000 per day. In recent days this had come down but was now showing signs of increasing again and it was also expected that once the lateral flow testing was introduced this would increase significantly which would thereby increase the positivity rate. Currently this was at 11.3% which had reduced since November when it was at 22%.

The Board were shown the Borough's own heatmap of weekly cases between 2<sup>nd</sup> to 25<sup>th</sup> November, where it was evident that the intensity was much more significant here than across the North West overall, with positivity rates well over 1000 for the 16-29 age range, 951 for the 30-44 age range and over 800 for the 45-64 age range. The good

news was that the rates across all age ranges was reducing.

Looking at confirmed cases by ward, it was encouraging to see that the rates had come down significantly particularly in the Bastwell, Audley, Blackburn South and Lower Darwen, Shear Brow and Corporation Park wards.

Looking at deprivation, Ken informed the Board that an analysis in relation to deprivation had been carried out, and the graph in the presentation showed 10 national deciles of deprivation with 1 being the most deprived and 10 being the least deprived. In Blackburn with Darwen 66% of residents lived in the top 3 most deprived deciles and it was evident that the covid case rate per 100,000 was higher in those top 3 deciles. The Board heard that looking at the cumulative case rate comparison, Blackburn with Darwen's rate was significantly higher in terms of our overall case rate than any other Local Authority in the Country.

Finally looking at the hospital summary between 25<sup>th</sup> November and 2<sup>nd</sup> December the number of patients who were covid active had reduced, however mortality had increased.

Dominic informed the Board of our prospects over the next few months and despite the numbers currently reducing, it was expected that after Christmas the rates would increase quickly due to lockdown restrictions easing and more social interacting taking place. This would also see an increase in hospital admissions. Due to this, it seemed unlikely that we would exit tier 3 for some time.

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

## **7. Start Well Update**

Jayne Ivory informed the Board of the 3 Start Well priorities which were as follows:

- Poverty and Neglect
- Emotional Health and Wellbeing
- Adverse Childhood Experiences / Trauma Informed Practices

These 3 priorities had been agreed in order to focus on an increased number of health and wellbeing issues. All 3 priorities had been impacted by the covid pandemic which had disproportionately affected the most disadvantaged children, young people, families and communities.

In March 2020 the Child Health Profile highlighted poor outcomes which were highlighted within the presentation.

Focussing on those priorities, Jayne informed the Board that 50% of Blackburn with Darwen's children were living in poverty, up from 30% prior to the pandemic. There had also been a 63% increase in Universal Credit applications with a minimum of a 6 week wait for families. It was also noted that 27% of the caseload from the help hub had been from families in need requiring food and essential supplies, support with bills and utilities, access to healthcare and medication and mental wellbeing support. In addition to this, children's centres had been feeding 500 vulnerable children per week during the school holidays.

The Board noted the next steps of hosting a stakeholder workshop which would be facilitated by Child Poverty Action charity to identify gaps in support, pool ideas and

explore new opportunities.

Moving on to Neglect, the Board heard that childhood neglect remained a significant factor for the children in Blackburn with Darwen where the percentage of children living in poverty was high and that some children were living in neglectful situations for too long. It was made clear that whilst there was an overlap between neglect and poverty, if a family was living in poverty it did not mean to say that they were neglectful. The Board noted that tackling the impact of childhood neglect and linking it to intervention was a key priority. Following this update, the Board heard of the progress to date and next steps which were highlighted within the presentation.

Jayne expressed her thanks to colleagues in the CCG for their contribution through the SEND partnership in improving children's health outcomes.

Jayne highlighted to the Board, that a recent DfE 'State of the Nation' report identified a worsening of wellbeing for children and young people during the pandemic, particularly for girls aged 14-15 years old and children and young people with SEND. The Board heard that it was expected that we would see a 74% increase in demand for children's mental health services in Lancashire and South Cumbria. Progress made to date over the last 12 months was contained within the presentation.

The Board were also informed of the progress relating to Adverse Childhood Experiences and Trauma Informed Practice. Jayne confirmed they would be continually building on that work and that it was an ongoing focus.

Claire Richardson updated the Board on the improvements on wider health services, which were outlined in the presentation.

The Board heard that following a Children's Partnership Board held in November, the following had been agreed;

- **Develop a formal Children's Partnership Board strategy and action plan** to set out the work and ambitions of the partnership – a Task and Finish group in place
- **Develop a communication strategy** to strengthen engagement with children young people and their families and capture views
- **Raise the profile of the needs of children and young people and their families within the 4 Primary Care Networks – agreement to align CYP services**
- **Explore a shared data mechanism** across the partnership particularly for homelessness, Neglect, Early Years & Health & Wellbeing

**RESOLVED –**

- **That the update be noted and;**
- **That Jayne report back on the Children's Partnership Board strategy and action plan at a future meeting.**

**8. COVID Winter Grant Scheme**

Ken Barnsley informed the Board of the Winter Grant Scheme and highlighted that it was a £170 million COVID Winter Grant Scheme to support those most in need across England with the cost of food, energy (heating, cooking, lighting), water bills and other essentials. Blackburn with Darwen's allocation was £645,000.

It was confirmed that at least 80% of the total funding would be ring-fenced to support households with children, with up to 20% of the total funding to other households. This may include households not currently in receipt of DWP welfare benefits.

At least 80% of the total funding would be ring-fenced to provide support with food, energy and water bills for household purposes. Furthermore, up to 20% of the total funding could be used to provide support with other essentials in recognition that a range of costs may arise which directly affect a household's ability to afford or access food, energy and water.

The grant was not intended to cover payment of rent or other housing costs because they were not directly related to food or fuel costs and was not intended to be used for the provision of general advice on managing debt and/or financial hardship.

Ken highlighted how the funding would be split and looked at key actions to date and the next steps which were outlined in the presentation. A list of key partners who were committed to providing support was included within the presentation.

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

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

It was agreed that this be deferred to the next meeting due to the Lead Officer being unavailable for the meeting.

**10. Any Other Business**

There was no other business.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Sayyed Osman, Strategic Director of Adult Services, Neighbourhoods and Community Protection, BwD LA  Roger Parr, Deputy Chief Executive/ Chief Finance Officer
<b>DATE:</b>	10 <sup>th</sup> March 2021

**SUBJECT: Better Care Fund Quarter 3 2020/21 Update**

## 1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update which includes a summary of delivery and changes to reporting requirements during 2020/21.
- Provide HWBB members with the BCF and Improved Better Care Fund (iBCF) financial position for Q3 2020/21.
- 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 Q3 2020/21 delivery and financial position.
- Note the future planning and reporting requirements for 2021/22.

## 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.

Ordinarily, it is a requirement of the BCF accountability process to complete quarterly template reports as per national timescales and schedules. These provide an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

The national BCF team revised the Q4 2019/20 reporting requirements plus the Q1 – Q4 2020/21 reporting requirements due to the COVID pandemic and impact on the health and social care system. This removed the requirement to report against the performance metrics and removed the requirement to submit quarterly returns relating to both the metrics and financial expenditure. This report therefore provides a summary of the Q3 2020/21 financial position only. It is anticipated that ordinary planning and reporting requirements will resume during 2021/22, however this has not yet been confirmed by the national team.

Budget monitoring and service delivery have continued throughout the Pandemic. The formal s75 agreement, detailing the pooled budget arrangements between the Local Authority and CCG has been updated to reflect the 2020/21 budget position. No substantial changes were made to the agreement.

#### **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 services and models of delivery. Section 75 of the National Health Service Act (2006) 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 new National BCF Planning Guidance for 2020/21 was due to be released in September 2020 as a light touch requirement, however this was subsequently cancelled altogether in response to the ongoing Pandemic. Although not formally updated during 2020/21 the Blackburn with Darwen Better Care Fund Plan 2019/20 continues to support the local vision for Integrated Care to deliver effective, efficient, high quality and safe integrated services to enable the residents of Blackburn with Darwen to Live Longer and Live Better.

Planning is underway with respect to 2021/22 priorities in anticipation of renewed guidance and will be reported through Health and Wellbeing Board at the next meeting.

#### **5. KEY ISSUES**

Although there has been no requirement to demonstrate progress against the BCF Performance Metrics, the effective provision of integrated services has continued throughout 2020 under the most difficult of circumstances. Partnership working remains central to providing effective and joined up care across all parts of the system. Our Integrated Neighbourhood teams have continued to work collaboratively to meet the health and care needs of our most vulnerable residents. Where appropriate, digital solutions have supported virtual meetings and reduced face to face contacts in line with Government Guidance, enabling necessary support and planning to continue. Teams across the Partnership have followed all government and organisational advice in respect of social distancing and PPE, enabling critical interventions to be carried out safely. Progressing the distribution of the Disabled Facilities Grant has been particularly challenging as shielding and social distancing restrictions have made adaptations to individual's properties difficult to achieve. National Hospital

Discharge Guidance was issued at the outset of the Pandemic. All requirements have been met and implemented as system Partners work together to ensure that discharges from hospital are safe and without delay. Additional requirements have included the provision of an extended and flexible 7 day offer across Hospital Discharge, Reablement and Home First services.

The remainder of this section of the report provides a financial summary at Q3 2020/21:

### Q3 2020/21 Finance Update

The below financial summary highlights the plans for the BCF financial budget for Quarter 3 2020/21. These plans have not been ratified locally as further national guidance on local plans was anticipated in September 2020. Given the ongoing pressures on systems, Departments and NHS England and NHS Improvement have agreed that formal BCF plans will not have to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021. 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 plus an additional allocation of £252,744 has been received during the quarter.
- The iBCF allocation for 2020/21 is £8,103,595
- 2020/21 budget for the BCF and iBCF pool is £23,506,148 including carry forwards.

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

- Spend on Social Care - £7,305,644 (47.4%)
- Spend on Health Care - £4,678,104 (30.4%)
- Spend on Integration - £2,368,293 (15.4%)
- Contingency - £1,050,512 (6.8%)

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

Q3 monitoring shows some small variations in revenue spend against plan for some schemes, the final position will be reported at Q4. Due to the COVID-19 pandemic a number of DFG projects have been delayed. The corporate capital monitoring position for Q3, as reported to the Executive Board, has forecasted a DFG re-profile of £1,540,000 into 2021/22.

## **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 expected to be released by the national BCF team during 2021. The impact and implications will be reported at Health and Wellbeing Board at the earliest opportunity.

## 7. FINANCIAL IMPLICATIONS

### BCF Pooled Budget Qtr.3 Position

The Qtr. 3 2020/21 budget for BCF and iBCF financial plans have not been ratified locally as further national guidance on local plans was anticipated in September 2020. Given the ongoing pressures on systems, Departments and NHS England and NHS Improvement have agreed that formal BCF plans will not have to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021.

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.

Q3 monitoring shows some small variations in revenue spend against plan for some schemes, the final position will be reported at Q4. Due to the COVID-19 pandemic a number of DFG schemes have been delayed. The corporate capital monitoring position for Q3, as reported to the Executive Board, has forecasted a DFG re-profile of £1,540,000 into 2021/22.

## 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 for 2020/21 has been reviewed and approved between the Local Authority and CCG in Jan 2021. 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 once they are issued.

## 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.

<b>VERSION:</b>	<b>1</b>
<b>CONTACT OFFICER:</b>	Katherine White
<b>DATE:</b>	25.02.21
<b>BACKGROUND PAPER:</b>	

Page 14

