

# Public Document Pack

## Health & Wellbeing Board

Thursday, 2nd September, 2021

5.30 pm

Windsor Suite, King George's Hall

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### 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**

**4**

**3. Minutes of the Meeting held on 12th July 2021**

To approve as a correct record the minutes of the meeting held on 12<sup>th</sup> July 2021 and to discuss any matters arising.

**Minutes - 12th July 2021**

**5 - 9**

**4. Public Questions**

To receive any questions from Members of the Public.

**5. Age Well Annual Update & Living Longer Better Strategy**

To receive a report and a presentation from Sayyed Osman, Strategic Director Adults and Health (DASS) on the Age Well Annual Update & Living Longer Better Strategy.

**Living Longer Better Ageing Well Paper**

**10 - 13**

**6. Health Inequalities Commission**

To receive a presentation from Howerd Booth, Regional Programme Manager, Innovation Agency - Lancashire South Cumbria ICS Partner, on Health Inequalities Commission.

**7. Start Well Highlight Report**

To receive a presentation on Start Well from Jayne Ivory, Strategic Director of Children's Services.

**8. Covid Situational Awareness**

To receive a verbal update and presentation from Dominic Harrison, Director of Public Health, on Covid Situational Awareness.

**9. Blackburn with Darwen Walking and Cycling Plan**

Please note this item is for Information Only. Any questions can be directed to Prof Dominic Harrison, Director of Public Health or Iona Lyell, Speciality Registrar.

**Walking & Cycling Plan**

**14 - 19**

**10. Better Care Fund - Quarter 1 Update**

Please note this item is for Information Only. Any questions can be directed to Sayyed Osman, Strategic Director Adults and Health (DASS), or Katherine White, Deputy Director Adult Social Care.

**Better Care Fund - Quarter 1 Update**

**20 - 25**

**11. Any other Business**

***Proposed Items for Next meeting***

- **Better Care Fund**  
*Katherine White*
- **Start Well Annual Update**  
*Jayne Ivory*
- **Mental Wellbeing & Inequalities**  
*Shirley Goodhew*
- **Eat Well Move More Shape Up Strategy**  
*Beth Wolfenden*
- **BwD Safer Roads Strategy**  
*Beth Wolfenden*
- **Oral Health Strategy**  
*Gill Kelly*

***Date & time of Next Meeting***

30<sup>th</sup> November 2021  
5.30pm-7.30pm

Date Published: 25<sup>th</sup> August 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 MONDAY, 12<sup>TH</sup> JULY 2021

### PRESENT:

<b>Councillors</b>	Mohammed Khan
	Julie Gunn
<b>Clinical Commissioning Group (CCG)</b>	Roger Parr
<b>Health Watch</b>	Sarah Johns
<b>Voluntary Sector</b>	Vicky Shepherd
	Dilwara Ali
<b>Council</b>	Jayne Ivory
	Dominic Harrison
	Sayyed Osman
	Richard Brown
	Katherine White

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Kevin McGee, Martin Hodgson, Gifford Kerr, Cllr Talbot and Cllr Desai.

### 2. Declarations of Interest

There were no declarations of interest received.

### 3. Minutes of the meetings held on 10<sup>th</sup> March 2021

The minutes of the previous meetings held on 10<sup>th</sup> March 2021 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. Better Care Fund Quarter 4 2020/2021 Update

The Board was provided with a Better Care Fund update and an update of the Better Care Fund (BCF and iBCF) pooled budget financial end of year position for Quarter 4 2020/21.

Katherine White informed the Board of the background and highlighted that the Health and Wellbeing Board was 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 was undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

Whilst it was ordinarily a requirement of the BCF accountability process to complete quarterly template reports as per national timescales, the national BCF team revised the reporting requirements due to the COVID pandemic. This removed the requirement to submit quarterly returns although it was anticipated that ordinary reporting requirements would resume during 2021/22. It was confirmed that this report provided a summary of the Q4 2020/21 year-end financial position only.

The Board heard that the CCG minimum pooled budget requirement for 2020/21 was £12,635,175 which was included in the total BCF budget of £14,764,918 for 2020/21. The outturn on BCF was £13,098,157 and after adjusting for resources carried forward from the previous financial year, there was an overall under spend for the year of £2,304,396. Of which, £857,351 related to a planned carry over for the ordinary BCF for full utilisation in 2021-22. The remaining balance of £1,447,045 was in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget was anticipated based on the aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The underspend was carried forward to be spent in 2021/22 under the pooled budget arrangements which allowed planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG was demand led and take up rate could fluctuate impacting on timing of completion of works and discharge of expenditure, and as reported normal activity on DFG was suspended during the year due to the Covid-19 pandemic. The capital programme of the Authority allowed for carry forward of resources from one year to next and plans were being developed to ensure DFG funds were fully utilised in 2021/22.

In 2020/21 the iBCF allocation was fully utilised.

The final 2020/21 budget for the BCF and iBCF pool was £22,868,513 (before carry forwards from previous year) and the final outturn was £20,667,417, an underspend of £2,201,096 which was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 17th May 2021.

As per the report contained within the agenda pack, Katherine highlighted the financial summary and the plans for the BCF financial budget for Quarter 1 2021/22. The Board noted that these plans had not been ratified locally as further national guidance on local plans was awaited. There was a continuation of the schemes and services funded through the Better Care Fund for 2021/22 with some minor adjustments made which had been reported and approved via the Joint Commissioning Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen. The aforementioned planned carry forward of £857,351 for the ordinary BCF into 2021-22 included £300,000 in respect of the CCG share of the 2020/21 contingency which was intended to be utilised for the Albion Mill scheme.

- The CCG minimum BCF pooled budget requirement for 2021/22 was £13,304,839 (the CCG Minimum BCF includes a 5.3% inflation uplift)
- The DFG capital allocation for 2021/22 was £2,129,743
- The iBCF allocation for 2021/22 was £8,103,595

- 2021/22 budget for the BCF and iBCF pool was £25,842,575 including carry forwards from 2020/21

The 2021/22 BCF allocations as above plus carry forward amounts from 2020/21 were analysed as:

- Spend on Social Care - £8,389,578 (47.3%)
- Spend on Health Care - £5,008,087 (28.2%)
- Spend on Integration - £3,741,315 (21.1%)
- Contingency - £600,000 (3.4%)

#### **RESOLVED – That the Board**

- 1) Note the Better Care Fund Q4 2020/21 delivery and financial position;**
- 2) Note the future planning and reporting requirements for 2021/2022; and**
- 3) Approve the revised pooled budget total for 2021/22 including the application of the inflationary uplift for the CCG minimum contribution**

#### **6. Live Well Annual Update**

Sayed Osman provided an update on the Live Well Board, informing Board Members present that several meetings had now taken place since the restart early in 2021. The Board heard that Vulnerable People issues had previously dominated the agenda at the detriment of strength based wellbeing and community developed orientated themes and priorities. The Board heard it had been agreed that a Vulnerable Persons Partnership be set up which would be dedicated towards the focus and prevention of harm to our communities, essentially delivering the Vulnerable Person Strategy and that the Live Well Board would be restarted focussing on wellbeing and community development.

Sayed briefly touched on the Vulnerable Persons Partnership, highlighting that the make-up would be focussed on working with key partners and stakeholders, and that a work plan had already been set for the forthcoming meetings.

Focussing on the Live Well Board, Sayed informed the Board that a workshop style session would be used to re-launch it, with a key emphasis on prevention and population health. Themes likely to be included were highlighted as follows:

- Behaviour change and lifestyle
- Mental and emotional wellbeing
- Long Covid
- Social movements / activism
- Health inequalities

Sayed informed the Board of the next steps:-

- Vulnerable Persons Partnership already set up and running with dates in the diary
- Reinitiate Live Well Board
- Ensure moderation of all groups to avoid duplication
- Set focused work plans for oversight and effectiveness in delivery

#### **RESOLVED –**

1. **That the Board note the update and that the presentation be circulated to Board Members.**

## 7. **Long Covid: Community Wellbeing Pathway**

Richard Brown informed the Board of the brief history of Long Covid: Community Wellbeing Pathway, noting that on 21<sup>st</sup> January 2021 the first Long Covid meeting took place. Since then, lots of informal and smaller discussions and meetings had continued to take place.

Richard highlighted the aims and objectives which were contained within the presentation:-

- Ensure existing offer across Pennine is visible, clear and simple to interact with developing or new post Covid pathways (agreement on how to articulate an aligned model of what the existing offer was across Pennine and consider professionals and public / self-referral perspectives)
- Must be person centred with shared decision making at the heart of the approach (people not likely to fit into neat 'boxes')
- Any proposal must consider health inequalities (needed to be easy for everyone to access)

Importantly it was recognised that this wasn't about creating any new service, a business case for investment or making things more complicated. It was about being as simple as possible whilst being effective.

The Board looked at the key contents of a community-based rehabilitation programme after Covid-19, namely, exercise, education and information, emotional support, practice of activities and equipment / adaptations. Richard also informed the Board of the need of taking a tiered approach. Whilst fragmented care (multisystem disease) was to be avoided, it was felt a tiered, risk stratified approach to cover a continuum of needs would be best.

The Board also looked at potential gaps and opportunities that would add value and ensure people got the right support.

Richard informed the Board that going forward, discussions would continue with Post Covid Syndrome Service Clinical (PCSS) Reference Group to develop and embed pathways and also that work would continue with partners on information sharing and awareness raising on how to best support each other. Lastly, the Board heard that finalising and implementing a communications plan for professionals, partners and the general public would also be a part of the next steps.

**RESOLVED – That the presentation be noted and circulated to Board Members.**

## 8. **Covid Situational Awareness**

Dominic Harrison provided an update, as per the presentation, to the Board on the daily and weekly confirmed case numbers and rates up to 6<sup>th</sup> July 2021. There had been 24,083 cases cumulatively since the start of the pandemic, with the first case of the Delta variant being confirmed on 7<sup>th</sup> April 2021. Over the last 8 days gradual decreases had been observed, with the latest rate being 370.8 per 100k.

The Board viewed the Case Rate Data as of 12<sup>th</sup> July 2021 for all 14 Lancashire Local Authorities. Previously Blackburn with Darwen's rates had been higher than others.



Whilst many Lancashire districts were still rising, it was now hoped that Blackburn with Darwen's rates were in a decreasing phase.

**RESOLVED – That the update be noted and the presentation be circulated to the Board.**

**9. Suspension of the requirement to produce Pharmaceutical Needs Assessment**

The Board was provided with a report, the purpose of which was to update the Board on pan-Lancashire work to review and update the current Pharmacy Needs Assessment (PNA) and the required period of consultation.

Details of the update provided were contained within the report in the agenda pack.

**RESOLVED – That the update be noted and that a further update be provided later in 2021 once the revised guidance has been published and the relevant legislation has been further amended.**

**10. Any Other Business**

**RESOLVED – That the proposed items for the next meeting be noted and that Childhood Poverty Strategy be added to the agenda for the next meeting.**

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

# Agenda Item 5

## HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Sayed Osman Strategic Director for Adults, Health and Strategic Commissioning
<b>DATE:</b>	2 <sup>nd</sup> September 2021

### **SUBJECT:**

**Living Longer Better Ageing Well Approach in Blackburn with Darwen**

### **1. PURPOSE**

To update the Health and Wellbeing Board on the development of the Living Longer Better approach to support active ageing in Blackburn with Darwen.

### **2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD**

To support the Living Longer Better approach in Blackburn with Darwen

### **3. BACKGROUND**

Healthier Lancashire and South Cumbria have commissioned Sir Muir Grey to work with them to develop the Ageing Well programme across the footprint. Sir Muir's [Living Longer Better programme](#) provides a framework which encourages a whole system culture change around active ageing.

The opportunity for Blackburn with Darwen to participate in the Longer Better Ageing Well programme is a perfect fit for our local collective strategic priorities. The Ageing Well Partnership feels that the development of this programme can enhance and support our ambition for Blackburn with Darwen to be a place where it is good to grow old.

**Our aim** is to spread and embed positive attitudes to ageing amongst our older population; and empower and support our workforce to champion a culture that increased physical and cognitive activity can add healthier years to a life, whatever the age of the person.

**Our approach** will be to create a culture of enablement, resilience and independence utilising strength and asset based models with co-production at the heart.

### **4. RATIONALE**

This year has seen an unprecedented time where high numbers of our older population have been shielding. The impact of lockdown has increased the resulted in inactivity and social isolation which has had a huge impact on our older adults resulting in a deconditioning pandemic.

Physical activity is an important factor in staying healthy and can play a key role in COVID-19 outcome management and resilience after lockdown. Physical activity plays an important role in tackling health inequalities and can formulate part of a COVID resilience and recovery programme.

The Age Well Partnership proposes to work with our Healthier Lancashire and South Cumbria colleagues to develop our local approach to healthy active ageing in Blackburn with Darwen.

**Our key priorities are:**

- To improve understanding amongst our workforce of the benefits of physical and cognitive activity for all older people
- To provide opportunities for workforce and professional development to embed this approach into everyday practice
- To embed a 'making every contact count' and coaching approach to spreading positive attitudes to ageing and encouraging activity
- To utilise our community networks to disseminate key messages ensuring we reach all parts of the community
- To provide opportunities to share good practice and positive stories

**Our principles are:**

- This must not be a stand-alone 'project'. It must be embedded in other key work streams including the development of PCN's and the integrated neighbourhood teams structures and workforce development programmes
- It must be driven by data and intelligence and ensure approaches recognise the cultural diversity of our communities
- It will support wider programmes to tackle health inequalities
- It must utilise existing expertise and opportunities including the Voluntary sector Prevention Partnership, and the Adult Learning and Together an Active BwD programmes

**Key strategic drivers and interdependencies:**

- The ambition to be an age friendly borough
- The Active Ageing Framework
- The development of the Pennine Lancashire Integrated Care Partnership and its work streams
- Population health management programme and approaches
- Health Inequalities commission
- The Eat Well, Move More, Shape Up strategy

**Governance and development**

The Blackburn with Darwen Age Well Partnership will provide strategic oversight of the programme. Responsibility for driving development will be delegated to a Development Action Group.

**5. KEY ISSUES**

The long term success of the approach will require senior level and whole system buy-in to creating a culture of change around active ageing. The Age Well Partnership will provide the strategic guidance and support for the roll out of this approach and champion it within any relevant forums.

**6. POLICY IMPLICATIONS**

In taking a new approach to supporting active ageing there is an opportunity to embed this into commissions, policies and strategies affecting older adults. During the development of the Active Ageing Framework the Age Well Partnership will be able to explore any opportunities for influencing policy and strategy to support healthy active ageing for all in Blackburn with Darwen.

## 7. FINANCIAL IMPLICATIONS

As part of the Age Well partnership arrangement, funding amounting to £10,000 is available from the Healthier Lancashire and South Cumbria Integrated Care System to Age UK BwD to develop the approach.

There are no immediate additional financial implications for the Borough Council, any expenditure incurred will be met from existing budgets.

## 8. LEGAL IMPLICATIONS

None identified.

## 9. RESOURCE IMPLICATIONS

This programme will be sponsored and monitored by the Age Well Partnership with development delegated to a small multi-agency task and finish group to embed the approach.

Officers from the Council's Adults and Health department and Age UK BwD are developing the initial approach which will then be managed by a wider group facilitated through the Healthier Lancashire and South Cumbria funding.

## 10. EQUALITY AND HEALTH IMPLICATIONS

By taking this population approach we will be embedding a system wide change to support healthy active ageing for everyone in Blackburn with Darwen. During the development of this work there will be opportunities to target those with greatest need.

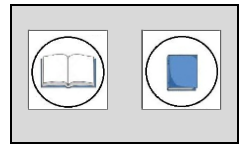
Working with the partners engaged in the Age Well Partnership we will be evaluating the approach to ensure it is impacting positively across the population.

## 11. CONSULTATIONS

This approach has been discussed and agreed with the Age Well Partnership.

<b>VERSION:</b>	<b>1.0</b>
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<b>CONTACT OFFICER:</b>	Beth Wolfenden <a href="mailto:beth.wolfenden@blackburn.gov.uk">beth.wolfenden@blackburn.gov.uk</a>
<b>DATE:</b>	2 <sup>nd</sup> September 2021
<b>BACKGROUND PAPER:</b>	<a href="#">Eat Well Move More Shape Up Strategy</a>



# Agenda Item 9

## HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Director of Public Health
<b>DATE:</b>	02/09/2021

**SUBJECT:** Blackburn with Darwen Walking and Cycling Plan

### 1. PURPOSE

Blackburn with Darwen's first Walking and Cycling Plan envisions a future where walking and cycling are first choice methods for making shorter journeys and enjoying local communities in a safe and healthy way. The plan aims to coordinate the efforts of multidisciplinary stakeholders to increase walking and cycling uptake within the borough.

The plan's aims complement national, regional and local priorities in the realms of health and wellbeing, strategic planning, air quality, climate change and road safety. The plan pulls together the ongoing work around walking and cycling, aims to increase co-ordination between partners and stakeholders, and lays out our future ambitions for active travel.

The principles running through the plan include:

- Taking a life course approach
- Aiming to increase access and reduce inequalities in walking and cycling uptake
- Focusing on joined-up and partnership working

The benefits of walking and cycling are wide ranging, highlighted in the plan are:

- Improved health and wellbeing
- Improved air quality
- Reduced carbon emissions
- Reduced congestion
- Local economy benefits
- Improved amenity and quality of place

Taking a whole system approach, the building blocks of the plan to improve walking and cycling are made up of:

- Improved walking and cycling infrastructure
- Community engagement
- Business engagement
- Walking and cycling at the heart of policy
- Monitoring and evaluation

### 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

That the Health and Wellbeing Board:

- Note the contents of the Walking and Cycling Plan

## 2. BACKGROUND

Improving access and uptake of walking and cycling within Blackburn with Darwen is an agenda that cuts across a number of important council priorities. Higher rates of walking and cycling in the borough will complement multiple varied ambitions, including priorities to increase physical activity, reduce the number of children killed or seriously injured on our roads and becoming carbon neutral by 2030.

Whilst the COVID-19 pandemic has brought significant challenges, there are opportunities to be capitalised upon. Periods of 'lockdown' saw an increase in people using walking and cycling to get outside in their local areas. As we move into the recovery phase of the pandemic, building on this increase in walking and cycling should be part of developing a healthier, happier, more connected and more prosperous borough.

Blackburn with Darwen is also a growing borough, partly as a result of the Council's established growth strategy, with a focus on improvements to housing, employment and town centres. In order to maintain continued growth, a new Local Plan is emerging which anticipates a further 7,000 homes and 5,000 jobs over the next 15 years.

One of the Core Policies of the emerging Local Plan highlights accessibility as a key strategic objective for Blackburn with Darwen, requiring developments to be accessible by a choice of active travel modes, therefore encouraging a modal shift and reducing the need for people to travel by car and contribute to a healthier lifestyle. A suite of connectivity studies have been prepared to appraise the potential impact of development on local walking and cycling networks and provide recommendations as to potential improvements which could be provided by or funded via the developments. In addition, a Borough-wide Transport Study is underway, evaluating the network and suggesting improvement schemes for both the highway and sustainable transport network. A comprehensive borough-wide public consultation on the draft proposals took place in Jan-Feb 2021, with the next consultation due to take place in Jan 2022 before the Local Plan is submitted to Government for examination.

The Walking and Cycling Plan will build on this comprehensive evidence base and will ensure that key interventions are included within the Council's Infrastructure Delivery Plan to secure delivery of the objectives. The Blackburn with Darwen Walking and Cycling Plan outlines how the council will work with residents and partners to allow our communities to be safe, active and enjoy their local areas via walking and cycling.

This walking and cycling plan formulates as a daughter document to the impending Local Transport Plan 4. Delivery of the plan will be supported through engagement activities targeting schools, businesses and communities through the imminent DfT 'Capability' Fund. Infrastructure delivery will be delivered and supported as part of current and future Capital Active Travel Funding and aligned strategically with both the (in development) Blackburn with Darwen Borough Council and East Lancashire 'Local Cycling and Walking Infrastructure Plans' (LCWIP's). The development of the BwD LCWIP will establish a strategic approach to identifying long term cycling and walking improvements required at a local level. The LCWIP approach is a key driver to support the Walking and Cycling Plan building block, looking at *'improving walking and cycling*

*infrastructure*'. The LCWIP's will:

- Devise network plans identifying preferred routes and core zones for further walking and cycling development;
- Prioritise a programme of infrastructure improvements for future investment in the short, medium and long term
- Consider cycling and walking within both local planning and transport policies and strategies

Ensure Blackburn with Darwen Borough Council is well placed to make a case for future cycling and walking investment.

#### **4. KEY ISSUES**

Blackburn with Darwen Borough Council has committed to improving rates of physical activity as part of the Eat Well, Move More, Shape Up Strategy. Increasing rates of walking and cycling will increase physical activity within the borough and help to reduce the risks of physical inactivity including heart disease, diabetes and mental health problems. This plan will support efforts to implement World Health Organisation recommendations and NICE Guidelines for physical activity to combat the rise of non-communicable disease. In addition, Blackburn with Darwen has high levels of deprivation, which are key drivers for major health inequalities. There is evidence that policies that promote active travel can benefit the most disadvantaged provided they are designed and delivered in a way that acknowledges and aims to reduce inequalities.

Sadly, BwD has the highest rate in the North West of children killed or seriously injured on the road. By encouraging less cars on the road, initiatives like school streets, and safe walking and cycle infrastructure which prioritises those not in cars can contribute to the aim of improving this statistic. This coincides with the borough's strategy to reduce and prevent such accidents and injuries.

Reducing carbon emissions is a priority for the local authority which has declared a climate emergency and committed to becoming carbon neutral by 2030. Evidence shows that walking and cycling can reduce short car trips by 41% given the right infrastructure and priority setting. This could save an additional 5% of CO<sub>2</sub> emissions from cars, an important contribution considering transport is the only industry in which emissions continue to rise. Although emissions from BwD have been trending downward, total and per capita CO<sub>2</sub> emissions from the borough rose in 2019 compared to 2018. Therefore, now is the time to for concerted action to reduce transport emissions.

#### **6. POLICY IMPLICATIONS**

This plan details an ambition to put walking and cycling at the heart of policy. The council has already committed to policy objectives supporting walking and cycling including those set out in the Lancashire 10 year walking and cycling strategy, the Blackburn with Darwen Core Strategy, the Local Plan Part 2 and the Local Transport Plan.

In addition, the plan will support the National Planning Policy Framework requirement for Local



Authorities to promote sustainable transport through policies and planning decisions.

The proposals also align with the Blackburn with Darwen Local Transport Plan (LTP3) which provides a strategy and delivery programme of transport investment and improvements for the period 2011-2021. Work is now progressing between the three transport authorities of Blackburn with Darwen, Blackpool and Lancashire to prepare a Joint Lancashire Local Transport Plan 4 (LTP4) covering the period 2021-2046.

Furthermore, the council is committed to working towards improving the health of residents as laid out in the BwD Health and Wellbeing Strategy, the BwD Eat Well, Move More, Shape up Strategy, and the BwD Corporate Plan. Increasing rates of walking and cycling has the potential to improve health via increased physical activity, improved mental wellbeing, better air quality and improved road safety.

The council has also recently signed a Climate Emergency Declaration and sustainable travel is set to be a key priority within the local transport plan. Therefore, this plan aims to cement these commitments to promoting active travel and continue these cross-department conversations and actions.

## **7. FINANCIAL IMPLICATIONS**

The Emergency Active Travel fund from the Department for Transport and the recently announced Capability Fund (revenue allocation to be confirmed) will support the delivery of the plan. Delivery of the plan is also being supported through the Sport England Local Delivery Pilot funding and the Public Health ring fenced grant.

## **8. LEGAL IMPLICATIONS**

As part of this plan, programmes and infrastructure such as school streets (closing of streets at school drop-off and pick-up times) as well as various road safety measures will be piloted and considered. All future schemes considered as part of the plan will be designed and implemented in accordance with relevant highway, transport and traffic legislation. Procurement will occur in accordance with the council's constitution and; where relevant, European directives; and any grant conditions.

## **9. RESOURCE IMPLICATIONS**

Using existing resources, the delivery of the plan will be monitored by the cross departmental 'BwD Stride and Ride' project group which also has VCFS representation. Delivery will also be supported by wider groups such as Active BwD and oversight of the plan will be with the Eat Well, Move More, Shape Up Steering Group.

## **10. EQUALITY AND HEALTH IMPLICATIONS**

Please select one of the options below.

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

## 11. CONSULTATIONS

Targeted public consultation on the contents of the Walking and Cycling Plan has taken place via an online consultation survey. Opinions have been sought from specific groups including older adults, early years settings, the youth forum, schools and Blackburn College. It was also distributed to Active BwD partner organisations. The public consultation ran from 31/05/21 – 09/07/21 with 86 responses collected and considered. In addition to this, 126 older adults were asked about walking and cycling as part of a physical activity survey in partnership with AgeUK.

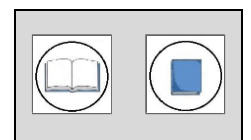
Political leadership from across the council have been consulted on the contents of this plan including the public health, growth and development, adults and prevention, children and young people, and finance and governance Senior Policy Team meetings. The plan was also taken to the Eat Well, Move More, Shape Up Steering Group and went to the Executive Board of Blackburn with Darwen borough council on 12/08/2021. Feedback from the public consultation and council leadership was used to inform all key elements of the plan.

<b>VERSION:</b>	1
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<b>CONTACT OFFICER:</b>	Iona Lyell iona.lyell@blackburn.gov.uk
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<b>DATE:</b>	02/09/2021
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<b>BACKGROUND PAPER:</b>	 Appendix 1 Walking and Cycling Plan.pdf
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# 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>	20th August 2021

**SUBJECT: Better Care Fund Quarter 1 2021/22 Update**

## 1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update.
- Provide HWBB members with the Better Care Fund (BCF & iBCF) Pooled budget financial position for Q1 2021/22.

## 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Better Care Fund (BCF) Q1 2021/22 delivery and financial position.
- Note the future planning and review of Blackburn with Darwen Better Care Fund Plans 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 2017/18-2021/22. 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 national reporting requirements for Q1 – Q4 2020/21 due to the COVID pandemic and impact on the health and social care system. This removed the requirement to submit quarterly returns relating to both the metrics and financial expenditure. This change is extended into 2021/22 therefore this report provides a summary of the Q1 2021/22 financial position and an update on the notification of future national BCF requirements. It is anticipated that new planning and reporting templates will resume during 2021/22 and further national BCF guidance is expected in early September 2021.

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 and will be further updated for 2021/22. 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 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 for 2020/21 has continued 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.

Local planning and review processes is underway with respect to 2021/22 priorities in anticipation of renewed guidance which is due imminently. The new BCF Plan for 2021/22 and the outcomes of the review process will be reported through the BCF governance structure and meetings including the Health and Wellbeing Board on an on-going basis.

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

##### **5.1 Better Care Fund Review and local planning**

The national BCF policy framework & planning requirements for 2021/22 is currently undergoing clearance across government and is in its final amendments. The Lancashire and South Cumbria NHS England BCF Regional Lead has confirmed that the BCF framework and guidance is likely to be released in early September and that there will be a requirement for a submission of the planning template which will be completed by October 21 and approved via the Chair of the BwD Health and Wellbeing Board in the absence of a timely planned meeting.

In anticipation of the BCF national guidance the Blackburn with Darwen BCF Plan for 2021/22 is currently under review. A full review process and timeline (see appendix a) has been developed to enable a refresh of the original BCF 2020/21 plan which will be completed by the end of September 2021. The

review process will be shared with NHS England Regional Leads and East Lancashire BCF Leads to ensure the BCF plan is aligned to best practice and national requirements.

The review will include an evaluation of the BCF strategy and integrated care approach aligned to the Joint Health and Wellbeing Strategy. The review will include a high level evaluation and feedback on the delivery and outcomes achieved by the BCF commissioned services and projects. This information will be utilised to inform the new BCF Plan and priorities for 2021/22 and build in future recommendations. The outcome of the review will be reporting through the local BCF governance process and meetings including the Joint Commissioning & Recommendation Group and Health and Wellbeing Board in December 21.

## **5.2 Integrated Care Development**

The Integrated Care System (ICS) and Integrated Care Partnership (ICP) structures and commissioning/HR frameworks are under development with good representation by CCG and Local Authority Leaders at relevant forums to help shape and support newly forming priorities and structures. The Better Care Fund has continued to act as an enabler to our local integrated care system and we have continued to take forward key developments during the year and have re-instigated the Primary Care Neighbourhood (PCN) meetings in July 21.

A Population Health Management (PHM) approach has been utilised to identify and increase knowledge in response to local community health and wellbeing needs. A new joint PHM Programme called Neighbourhood Accelerator has been implemented during Q1 2021. The Neighbourhood Accelerator is a neighbourhood level programme which is led by GP's and the Integrated Neighbourhood Team. This is a holistic approach which wraps different health and wellbeing services/care around individuals to identify personal development needs and accelerate the pace of personal transformational change. The Neighbourhood Accelerator programme has embedded a Population Health Management (PHM) approach by utilising health risk stratification data to identify people with multiple health conditions and multiple attendances/admissions to secondary care and address their health and care issues. Although the Accelerator focuses primarily on integrating health and care systems and supporting the individual, it additionally is a programme model which encourages collaboration and joint working between multiple teams and organisations across our wider system (such as Social Prescribing, GP's and the Voluntary Sector).

## **5.3 Disabled Facilities Grant**

Progressing the distribution of the Disabled Facilities Grant has been particularly challenging during the Covid Pandemic as shielding and social distancing restrictions have made adaptations to individual's properties difficult to achieve.

Although the legacy of the Pandemic continues to cast a shadow, full service has now been fully restored, in terms of service delivery of the DFG for Adults. Plans are also underway to consider a Regulatory Reform Order (RRO) policy which will enable BwD to apply discretionary funding for grants, which are not technically covered under the legislation.

The emphasis will be on Healthy Homes, and the proposed funding will support people to continue to live in their own homes by focusing on maintenance, which will promote dry, warm, secure and safe home environments. Another focus of attention will be to look at providing funding to support a wrap round support service, for people whose properties cannot be adapted by looking at re-housing options.

The main priority in 2021/22 is to apply the funding that was brought forward from the last financial year and this year's allocation by being proactive, efficient and inventive.

The remainder of this section of the report provides a financial summary at Q1 2021/22:

#### **5.4 Q1 2021/22 Finance Update**

The below financial summary highlights the plans for the BCF financial budget for Quarter 1 2021/22. These plans have not been ratified locally as further national guidance on local BCF plans is awaited. There is a continuation of the schemes and services funded through the Better Care Fund for 2021/22 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 aforementioned planned carry forward of £857,351 for the ordinary BCF into 2021-22 includes £300,000 in respect of the CCG share of the 2020/21 contingency which is intended to be utilised for the Albion Mill scheme.

- The CCG minimum BCF pooled budget requirement for 2021/22 is £13,304,839 (the CCG Minimum BCF includes a 5.3% inflation uplift).
- The DFG capital allocation for 2021/22 is £2,129,743.
- The iBCF allocation for 2021/22 is £8,103,595.
- 2021/22 budget for the BCF and iBCF pool is £25,842,575 including carry forwards from 2020/21.

The 2021/22 BCF allocations as above plus carry forward amounts from 2020/21 are analysed as:

- Spend on Social Care - £7,884,990 (44.5%)
- Spend on Health Care - £5,001,089 (28.2%)
- Spend on Integration - £4,252,901 (24.0%)
- Contingency - £600,000 (3.3%)

### **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**

#### **7.1 BCF Pooled Budget Qtr.1 Position 2021-22**

The Qtr. 1 2021/22 budget for BCF and iBCF financial plans have not been ratified locally as further national guidance on local plans is anticipated. A new financial budget within the total allocation of £25,842,575 will be developed and ratified through the joint commissioning governance arrangements following receipt of national guidance and financial allocations as we progress through the year.

## 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. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Agreement provides arrangements, which enables the management of BCF schemes in accordance with the national conditions. 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 also outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally.

## 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 with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF 2021/22 plan.

<b>VERSION:</b>	<b>2</b>
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<b>DATE:</b>	



**BACKGROUND PAPER:**

