Public Document Pack

Health & Wellbeing Board

Tuesday, 21st June, 2022
5.30 pm

Meeting Room A

AGENDA

1. Welcome & Apologies

To welcome those present to the meeting and to receive any apologies

2. Declarations of interest

To receive any declarations of interests on items for the agenda

3. New Chair Arrangmnets

4. Minutes of the Previous Meeting

To approve as a correct record the minutes of the meeting held on 28th March 2022 and to discuss any matters arising

Minutes 28th March 2022 **4 - 10**

5. Public Questions

To receive any questions from members of the public

6. Health and Wellbeing Board - LGA feedback and next steps

For the board to receive a presentation on Health and Wellbeing Board - LGA feedback and next steps

7. Health and Wellbeing Strategy refresh

For the board to receive a presentation on Health and Wellbeing Strategy refresh

8. Mental Wellbeing and Inequalities Framework

For the board to receive a presentation on Mental Wellbeing

and Inequalities Framework

Mental Wellbeing and Inequalities Framework May 2022 **11 - 23**
Mental Wellbeing and Inequalities Framework Terms of Reference Oct 2021

9. Start Well Annual Update

For the board to receive a presentation on Start Well Annual Update

10. Child Death Overview Panel Annual Report

For the board to receive paper on Child Death Overview Panel Annual Report

CDOP Annual Report 2020-21 - May 2022 **24 - 31**

11. Better Care Fund Update

For the board to receive a paper on Better Care Fund Update

BCF Report June 2022 **32 - 38**

12. Climate & Health Needs Assessment/Climate Emergency Action Plan

For the board to receive a presentation/paper on Climate & Health Needs Assessment/Climate Emergency Action Plan

EIA Checklist- CEAP Briefing **39**

13. Any Other Business: Pharmaceutical Needs Assessment, Development Sessions - Cost of living crisis

For the board to receive verbal update on Any Other Business: Pharmaceutical Needs Assessment, Development Sessions - Cost of living crisis

14. Proposed Items for Next Meeting: Public Health Annual Report, Update on the Health and Wellbeing Strategy

For the board to receive verbal update on the Proposed Items for Next Meeting: Public Health Annual Report, Update on the Health and Wellbeing Strategy

15. Date & Time of Next Meeting - 6th September 2022 TBC

For the board to receive verbal update on the Date & Time of Next Meeting - 6th September 2022 TBC

Date Published: Monday 13th June 2022
Denise Park, Chief Executive

Health & Wellbeing Board

Start well | Live well | Age well

BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON MONDAY, 28TH MARCH 2022

PRESENT:

Councillors	Councillor Mohammed Khan
	Councillor Mustafa Desai
ELHT	Tony McDonald
Clinical Commissioning Group (CCG)	Angela Longworth
Health Watch	Sarah Johns
Voluntary Sector	Angela Allen
Council	Dominic Harrison
	Abdul Razzaq
	Katherine White
	Iona Lyell
	Frances Riley
	Laura Wharton
	Richard Brown
	Zoe Evans

1. **Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Councillor Julie Gunn, Councillor Damian Talbot, Vicky Shepherd, Dilwara Ali, Jayne Ivory, Roger Parr, Howerd Booth and Tammy Boyce.

2. **Declarations of Interest**

There were no Declarations of Interest received.

3. **Minutes of the Meeting held on 30th November 2021**

The minutes of the previous meeting held on 30th November 2021 were submitted.

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

4. **Public Questions**

There were no public questions received.

5. **Better Care Fund**

Katherine White and Zoe Evans were invited to the table to update the Board on the Better Care Fund Quarter 4 forecast financial position.

Zoe informed the Board that the Better Care Fund was a pooled budget for integrated working between with BwD LA and the CCG, and was hosted by BwD Council. It included the Improved Better Care Fund and Disabled Facilities Grant as a specific S31 Capital Grant. The total pooled budget for 21/22 was £25,858,448 and any variation at year end would be carried forward and ring fenced specifically for Better Care Fund.

The DFG was also included in the Council's capital programme, and as such there was flexibility for spending of the DFG programme between financial years. Zoe informed the Board that in this Financial Year the BCF revenue budget included:

- The CCG minimum BCF pooled budget requirement of £14,178,063 (incl Carry forward and the CCG Minimum BCF 5.43% inflation uplift); and
- The Improved Better Care Fund (iBCF) allocation of £8,103,595.

The Board heard that the forecast outturn on BCF was £13,348,554 which was an underspend of £829,509. Much of this was a planned underspend on the pooled revenue budget to support the establishment of provision for residual Albion Mill mobilisation costs and the establishment of full year budget for the operation of Albion Mill. Zoe highlighted that the iBCF allocation had been fully utilised in 2021/22.

The Board noted the BCF overall monitoring for 2021/22 which highlighted the budget, forecast and variance for each of the schemes.

Zoe provided the Board with some context around Albion Mill and highlighted the costs incurred for 2021/22 against the £2.7m budget. The £951k underspend would be carried forward within the overall BCF year end position to support ongoing revenue costs of IC unit in 2022/23.

Zoe informed the Board that in this Financial Year the DFG allocated budget was £2,129,743 to fund Adults and Children's Adaptations and the Adults Telecare Service. In addition there was carried forward funding from the last financial year, which had been added to this year, making £3,576,790 available funds, which were allocated as follows:

- Adults: £2,614,790
- Children's: £682,000
- Telecare: £280,000

The Board noted the significant underspend in the Financial Year 2020/21 which was a direct result of the Coronavirus pandemic and heard that a similar level of underspend was anticipated for 2021/22. The forecast DFG spend for 21/22 was £2,153,700 which resulted in a forecast underspend of £1,423,000.

In summarising, Zoe highlighted the following:-

- Total Carried Forward resources of £2.2m

- Ring fenced for utilisation in 22/23 to support ongoing costs of Albion Mill and acceleration of DFG's
- Full review of all BCF schemes underway to finalise plans for 2022/23
- Awaiting funding allocations and revised Health funding arrangements for BCF for 2022/23
- Increase in iBCF confirmed via the LA at £246k which will be utilised within Adults Social Care to contribute towards care market sustainability

RESOLVED – That the update be noted.

6. Mental Health Prevention Concordat

Frances Riley was welcomed to the meeting by the Chair.

The Board was provided with a briefing on the BwD Prevention Concordat action plan. Included in the agenda pack was the BwD Prevention Concordat submission, the Mental Wellbeing and Inequalities Framework, the Prevention Concordat statement confirming the agreement, and the Terms of Reference for members of the Board to note.

The Board heard that this was a 12 month, mental wellbeing action plan that was required by the Office of Health Improvement and Disparities, (OHID) as a condition of the non-recurrent Better Mental Health Grant Funding. The Concordat was OHID's prevention and promotion framework for better mental health designed for local systems. There was a specific focus on tackling mental health inequality.

Background information, along with the objectives and the Prevention Concordat approach were outlined in the report contained within the agenda pack.

RESOLVED – That the Board:-

- Note the contents of the National Prevention Concordat for Better Mental Health and sign the agreement to the consensus statement of the National Prevention Concordat
- Approve BwD's Prevention Concordat Commitment Action Plan (as set out in BwD's Prevention Concordat Submission)
- Instruct officers to return the approved action plan and signed consensus statement to the OHID for approval to enable BwD to be recognised as a Prevention Concordat signatory (and listed as such on the "Prevention concordat for Better Mental health" webpage)"

7. Health Equity Commission Update

In the absence of Howerd Booth and Tammy Boyce, Dominic Harrison provided an update on the Health Equity Commission.

The Board heard that Regional partners from Lancashire and Cumbria had been working with Professor Sir Michael Marmot and the team at the HEC, to produce a regional set of recommendations addressing our health inequalities.

Further to the development session held in November last year, which focussed on this work there had since been a set of draft recommendations produced. These had been circulated to the Board in February 2022 and comments had been collated and fed back to the HEC team. A second version was circulated to Board members last Friday, with additional comments from the Chair, which had since been fed back.

Dominic provided a brief overview of the recommendations as follows:

- Recommendations cover Policy/thematic approaches and more system level recommendations to develop the Lancashire and Cumbria Health Equity system

- Policy/thematic approaches:
    1. Give every child the best start in life
    2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
    3. Create fair employment and good work for all
    4. Ensure a healthy standard of living for all
    5. Create and develop healthy and sustainable places and communities
    6. Strengthen the role and impact of ill-health prevention
    7. Tackle discrimination, racism and their outcomes
    8. Pursue environmental sustainability and health equity together

- System-level recommendations for developing the Lancashire and Cumbria Health Equity system:
    1. Focus on equity and the social determinants of health
    2. Increased and more equitable resources
    3. Strengthen partnership working
    4. Strengthen the role of business and the economic sector and extend social value approaches and anchor organisations
    5. Involve communities and voluntary, community, Faith and social enterprise sector
    6. Strengthen actions in coastal communities and address rural poverty
    7. Strengthen Leadership and Workforce roles for Health Equity
    8. Monitoring for health equity

Dominic informed the Board of some of the feedback that had been received so far. The Board heard that the HEC team were working on a full report and planning a summit to launch the report. Originally this was planned for 21st April but had been postponed with a new date yet to be confirmed.

RESOLVED – That the update be noted.

8. <u>Healthwatch BwD Update</u>

Sarah Johns provided the Board with an update on the Pennine Lancashire Insights having visited Emergency Departments and Urgent Treatment Centres recently.

Healthwatch produced a questionnaire, with input from commissioners, in order to collect data and insights. This survey was distributed by Healthwatch Blackburn with Darwen via social media channels and completed by patients during face to face engagement.

The visits at Blackburn ED and Burnley UTC took place at three different times of day and at the weekend and the numbers engaged in face to face discussions was shared with the Board. Patients were asked what was causing them to seek medical assistance, why they chose to attend the ED or UTC and what other options did they try before attending ED / UTC. Sarah shared the key themes with the Board and suggested the following recommendations:

- Roll out of the booked appointment system across each of the settings. Most people spoken to confirmed that they would much prefer to take up this option, depending on the severity of their illness/injury. This would also alleviate some of the pressures on staff in Emergency Department
- Increased promotion of the role of the Minor Injuries Units and consider signposting to these from Royal Blackburn Emergency Department and Burnley UTC at peak times (potentially using the booked appointment system)
- Consider extending x-ray access at Rossendale Minor Injuries Unit over weekends
- Liaise with Rossendale Council to improve signposting of the Rossendale Minor Injuries Unit in Rawtenstall town centre
- Increased promotion of 111 phone and website including promotion on social media in different languages to meet the needs of our South Asian and Eastern European heritage communities more effectively
- Increased promotion of the role of community pharmacists to alleviate pressure across the system

The Board also noted the results from the survey findings relating to Pharmacy Services and GP Services. Overall, the majority of respondents rated their pharmacy excellent or good with the majority of BwD respondents rating their pharmacy as excellent. The findings from the survey relating to GP Services found that most people made contact via telephone and that that two main areas of concern were 1) not being able to get through on the telephone as the line was always busy and 2) not being able to get an appointment.

RESOLVED – That the update be noted.

9. Safer Roads Strategy

Iona Lyell was welcomed to the meeting by the Chair, and provided an update on the Blackburn with Darwen Safer Roads Strategy. The Strategy along with the Action Plan were included in the agenda document pack.

The Board heard that the Strategy had been developed to create a local action plan to improve safety on our roads. The strategy dovetails with that of the Lancashire

Road Safety Partnership and recognises the importance of a coordinated regional response, whilst emphasising the value in locally devised action.

Iona informed the Board that the strategy emphasises safer but also healthier roads, to widen the remit of road safety to encompass road and traffic related actions that can improve population heath. The primary aim of the strategy was to reduce casualties on BwD roads. Secondary aims included; increase the number of people who feel safe on BwD roads including when walking and cycling, reduce car use and increase active travel and take action to improve air quality.

The strategy development and oversight takes a partnership approach with the formation of the Blackburn with Darwen Safer Roads Operational Group. This group has brought together stakeholders involved in road safety in the borough including within the Council, Lancashire Constabulary, Lancashire Fire and Rescue, and the voluntary, community and faith sector.

The ultimate vision of the BwD Safer Roads Strategy is a Towards Zero approach, with no fatalities on our roads. On our way to achieving this vision, targets have been set within the BwD Safer Roads Strategy period:

- Target for a 30% reduction in fatal and serious casualties on BwD roads by 2026 from 2019 levels
- Target for 30% reduction in fatal and serious casualties in those 15 years and under by 2026 from 2019 levels
- Target to reduce the number of Air Quality Management Areas in the borough from four to one by 2026
- Target for an increase in walking and cycling in line with the BwD Walking and Cycling Plan

RESOLVED – That the Board

- Note the content of and approve the Blackburn with Darwen Safer Roads Strategy 2022-2026
- Support the priorities set out in the Blackburn with Darwen Safer Roads Strategy 2022-2026

10. <u>Sport England – Together a Healthier Future</u>

Richard Brown provided a verbal update to the Board which outlined the work that had been taking place.

The Group heard that Pennine Lancashire was one of twelve areas selected as a Local Delivery Pilot by Sport England; exploring and better understanding the challenge of physical inactivity with the potential to access up to £10m of funding up to 2024/25.

Richard informed the Board that the Eat Well Move More group had been delegated for decision-making and that this had worked well, being flexible and responsive with clear governance in place.

The Board heard that Sport England work had been ongoing with over £250k invested locally, and with more to come.

The Board noted that a different approach was being taken with time being spent acquiring a deeper understanding, having more conversations and focusing on the impact and learning from it.

Richard informed the Board that a report would be brought back to a future meeting and further information would be shared about the work and findings.

RESOLVED – That the update be noted.

11. <u>Any Other Business</u>

The Board agreed that a future development session be held focussing on the development on board members. A date and time would be confirmed in due course.

The Board also noted the proposed agenda items for the next meeting.

In closing the meeting, the Chair expressed his sincere thanks to Dominic Harrison, noting that this was his last Board meeting before he retired on Thursday. The Board thanked Dominic for his hard work and commitment during his time at BwD.

Dominic informed the Board that this was also the Chair's last meeting, as Cllr Khan would be stepping down ahead of the forthcoming elections. Cllr Khan had been Chair of the Health and Wellbeing Board since its formation and the Board thanked Cllr Khan for his dedication over the years.

Signed……..

Chair of the meeting at which the Minutes were signed

Date……

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Director of Public Health
DATE:	18th May 2022

SUBJECT: Mental Wellbeing and Inequalities Framework

1. PURPOSE

To brief members of the Health and Wellbeing Board on the Mental Wellbeing and Inequalities Framework. The framework is a decision making tool, which asks departments or organisations how their policies and their ways of working positively influence the mental wellbeing of residents. It looks closest at the people with the lowest levels of mental wellbeing in the borough and hopes to address inequalities, to ensure equity of services and resources.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- To note the contents of the Mental Health and Inequalities Framework
- To support this piece of work and help to embed the framework into the working practise of the borough.
- For Health & Wellbeing Board members to champion the framework in their local organisations, to ensure its implementation.

3. BACKGROUND

The Public Health team and partner VCFS organisations have been working together, along with input and support from the national think-tank, 'What Works Wellbeing', on a Mental Wellbeing and Inequalities Framework for the borough.

The aim of this framework is to raise the profile of mental wellbeing, as an important indicator of 'how we are doing'.

We describe mental wellbeing as:

- Something that affects everyone.
- And we recognise that you can have high or low wellbeing, with or without a mental illness.

- Wellbeing is about lives going well, the combination of feeling good and functioning well.
- It includes the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, empathy and affection.
- It is the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships.

It covers a lot, making it a great indicator of how lives are going. We therefore want to establish improving mental wellbeing as a goal for all policy makers within the council and VCFS partners in Blackburn with Darwen (BwD).

4. RATIONALE

The rationale for this work is to:

Raise the profile of wellbeing

- As an important indicator that we can measure and track over time
- So we can establish, improving wellbeing as a goal for all areas
- So there is a wellbeing aspirations for every resident in BwD

Collect Wellbeing data

- By asking the right questions
- By making it the norm in our resident surveys

Encourage the measurement of wellbeing as a way of measuring the impact of an intervention

- The So What? test
- Using evidenced based wellbeing measurement tools eg. WEMWBS

Address Inequalities

- By better targeting of resources, to the people with lowest levels of wellbeing

5. KEY ISSUES

Blackburn with Darwen residents have suffered the highest proportion of Covid cases in the UK. BwD has had long periods of local and national restrictions, so the impact on the mental wellbeing of residents and the workforce is well recognised.

Even before covid, the estimated Blackburn with Darwen prevalence for common mental health disorders was high, in both the over 65 age group (12% compared to 10.2% nationally) and 16 and over population (19.9% compared to 16.9% nationally). Common mental disorders include depression and anxiety (Public Health Outcomes Framework - PHE)

The Department for Communities and Local Government publish the Index of Multiple Deprivation which indicates that some areas of Blackburn are in the top 10% most deprived in England. The health of people in the borough also lags behind the England average on a range of indicators. For example, life expectancy remains below national levels. Public-health-annual-report-2018-19-1.2.pdf (blackburn.gov.uk)

The pandemic has highlighted the health inequalities within our communities, with those living in the most deprived areas more susceptible to the effects of Covid and this further widens the health inequality gap.

The framework aims to be a highly useable, succinct document that changes with need and in line with feedback from its users. It has been developed by a steering group, but we are now at the stage where we want to invite partners to trial the framework, with support from us to test its applicability.

The framework will ask policy makers, council and partner workers, to:

- Prioritise mental wellbeing within their policy
- Consider how their policy affects people with the lowest levels of mental wellbeing.

It does this by outlining aspirations for wellbeing for all residents of BwD across all aspects of wellbeing. Eg. Personal wellbeing, economy, education and childhood, health, place, etc. It also outlines the characteristics of the people with the poorest personal wellbeing, (Understanding well-being inequalities: Who has the poorest personal well-being? - Office for National Statistics (ons.gov.uk)) and presents the BwD data, relating to those characteristics to provide that local

picture.

We would like it to be used by organisations and departments, that don't traditionally see health and wellbeing as being part of their remit. By working closely with them, we hope to raise the profile of mental wellbeing as an indicator of lives going well, with improvements in wellbeing being indicative of wider improvements in lives and with benefit for all.

For this to be successful we need the support of the Health and Wellbeing board to embed the framework into the working practise of the borough.

A presentation with further details will be presented at the meeting.

6. POLICY IMPLICATIONS

It has implications for policy creation going forward, as it aims to ensure departments or organisations consider how their policies and their ways of working positively influence the mental wellbeing of residents.

7. FINANCIAL IMPLICATIONS

None.

8. LEGAL IMPLICATIONS

This proposal will help improve one of the Council's eight corporate priorities (2019-2023) being: "Reducing health inequalities and improving health outcomes"

9. RESOURCE IMPLICATIONS

A Mental Wellbeing and Inequalities Steering group has been formed, which includes elected member representation, regional representation from OHID and will be facilitated by the Public Health Team. It will oversee the implementation of the Mental Wellbeing and Inequalities Framework.

10. EQUALITY AND HEALTH IMPLICATIONS

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

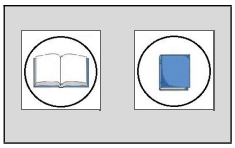
11. CONSULTATIONS

- **Mental Wellbeing and Inequalities Steering Group** made up of local partners to shape the development of the Prevention Concordat and ensure that we are addressing the social and economic disadvantages in Blackburn with Darwen.
- **The Health and Wellbeing Board Development Session** on Mental Wellbeing (Jan 2022.) This was to ensure a clear vision for prevention and promotion of better mental health across the partnership.

VERSION:	**0.1**

CONTACT OFFICER:	Frances Riley (Public Health Development Manager)

DATE:	18/05/22
BACKGROUND PAPER:	• Mental Wellbeing and Inequalities Framework • TOR of the Mental Wellbeing and Inequalities Steering Group



Mental Wellbeing and Inequalities Framework

The aim of the Mental Wellbeing and Inequalities Framework is to address inequalities by providing a guide for policy makers, council and partner workers to ensure equity of services and resources reach an equal 'high standard' outcome for all residents.

How to use this Framework. This framework will ask you to:

- Prioritise mental wellbeing within your policy
- Consider how your policy affects people with the lowest levels of mental wellbeing

In Blackburn with Darwen we define Mental Wellbeing as:

- **Something that affects everyone.**
- **And we recognise that you can have high or low wellbeing, with or without a mental illness. Illustrated in Fig. 1, Dual Continuum.**

"Wellbeing is about lives going well, the combination of feeling good and functioning well. It includes the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, empathy and affection, the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships." Inspired by the Manchester Health and Wellbeing Strategy.

While physical wellbeing is also hugely important to wellbeing, that area of work is being picked up elsewhere and therefore it is not within the remit of this framework.

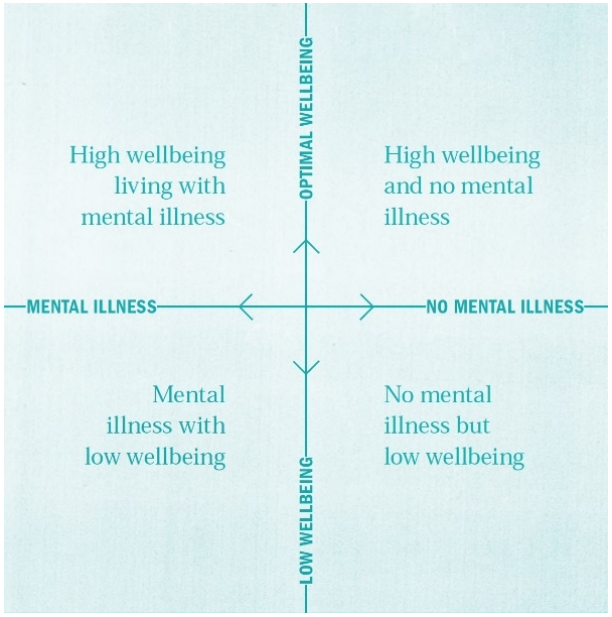


Fig. 1 Dual Continuum, - Step Change: mentally healthy universities, by John de Pury with Amy Dicks (May, 2020), Universities UK.

Defining Wellbeing Inequality:

"Wellbeing Inequality can be understood as the extent to which Peoples' experience of life vary within a population, or between groups." Source: (Measuring Wellbeing Inequality in Britain (2017), What Works Centre for Wellbeing)

Mental Wellbeing and Inequalities Framework

Mission	To embed an inclusive and sustainable wellbeing approach across all policies developed in Blackburn with Darwen which address inequalities to ensure equity of services and resources are of an equal 'high standard' for all residents.
Vision	For every person in Blackburn with Darwen to feel good and function well. To have a wellbeing which includes the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, empathy and affection, the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships

Prioritise Wellbeing within your policy
Making Wellbeing a goal

Wellbeing Domain	Sub-Domain	Our aspiration for wellbeing in this area
Personal Wellbeing	Autonomy Happiness Life Satisfaction Worthwhile Anxiety	For every person in Blackburn with Darwen to feel good and function well. Every resident has the time to do the things they want to do, as well as the time to do what they are required to do.
Economy	Unemployment Job Quality Material deprivation	Residents can be economically secure and have the means to help and manage their lives. A strong economy, business sector creates opportunity for all residents to share in the wealth of the town.
Education & Childhood	Child Learning Adult learning Children's Wellbeing	Residents have an equitable access to education and learning opportunities, through all ages and life stages, to develop and gain the skills needed to live life well.
Equality	Well Being Inequality	We can all participate on equal terms, regardless of age, gender, sexual orientation, cultural background or disability. We are proud to be from Blackburn with Darwen.
Health	Health Behaviour Overall heath Mental Health	Blackburn with Darweners have good physical and mental health at every life stage and can access the services they need to lead healthier lives and manage illness. Individuals can take steps to proactively maintain good health with support of health – promoting environments.
Place	Green Space Housing Democracy Local Environment Crime and Security Culture	Our natural environment sustains all life, is accessible, climate resilient and clean. Residents have access to secure, suitable and affordable housing throughout their lives. Residents feel safe and secure around their families, homes, and communities and online.
Social Relationships	Close Support Generalised Trust Personal Relationships Community Cohesion	Residents are connected and supported within our community and come together in areas such as sport, culture, spirituality, religion and the arts.

Consider how your policy affects people with the lowest levels of mental wellbeing

Protective Characteristics to consider:	
Age	Blackburn with Darwen has a total population of 150,000 residents. 25.8% of the population are aged under 18, and 14.7% of the population are aged 65 and over. In England overall, 21.4% of the population are aged under 18 and 18.5% are aged 65 and over.
Disability	From Census Data in 2011, 29,841 people in BwD have a long term health problem or disability that limits their day to day activity a lot or a little.
Gender Reassignment	
Marriage and Civil Partnership	From 2011 Census, of people aged 16+, (113,122 people) 53,882 people were married, and 201 were in a civil partnership.
Pregnancy and Maternity	Birth Rates in BWD in 2019 was 67.9 per 1,000 females aged 15 – 44 years. With a count of 1,955 in that year.
Religion and Belief	At the 2011 Census, 77,599 Blackburn with Darwen residents (52.6%) identified themselves as Christian, and 39,817 (27.0%) as Muslim. 13.8% had no religion, and 5.6% did not answer the question.
Sexual Orientation	
Sex	Males in BwD – 75,253 Females in BwD – 74,777
Race	The 2011 Census stated that within Blackburn with Darwen 66% of people identified themselves as White British (102,009 people), 28% as Asian / Asian British and 0.6% Black/African/Caribbean/Black British

People with the poorest personal wellbeing are most likely to have at least one of the following characteristics or circumstances:	
Self-report very poor or poor health	Blackburn with Darwen has 8,428 (5.7%) residents that report being in bad health and 2,335 (1.6%) residents that report being in very bad health.
Be middle-aged	37,994 people in BwD (25%) are between 40 and 59 years old.
Be single, separated, widowed or divorced	From 2011 Census, of people aged 16+, (113,122 people) 3,423 people were separated, 10,148 are divorced or formerly in a civil partnership and 7510 are widowed. From Census Data in 2011, there were 17,419 one person households. 6,229 were aged 65 and over.
Have no or basic education	10.1% of 16-64 years old have no qualifications in BwD. Nationally that figure is 6.4% and in the North West is 7.6%
Be renting a house	18.1% of households in Blackburn with Darwen are rented from other social providers and 14.1% are privately rented from a landlord or letting agency. Blackburn South East Ward has the highest proportion of households rented from the local authority at 19.8%.
Be economically inactive with long-term illness or disability	27.7% of people aged 16-64 years old in BWD are economically inactive (24,700 people). Of these 23.3% of peoples are economically inactive due to long term sickness. (5,800)

The BwD Wellbeing Policy Test - Does your policy:			
Focuses on the outcomes that matter to people?	**Look beyond the averages?**	**Powered by assessment of wellbeing need and evidence of 'what works'?**	**Has objective & subjective measures?**
• **Feeling Safe** • **Feeling Loved** • **Feeling Satisfied**	**Only looking at Wellbeing averages can mask individuals with low wellbeing. Need to consider the distribution of scores across the population.**	**What is the local wellbeing need? Methods of measuring wellbeing, can be found here:** Wellbeing Measures Bank - Evaluating wellbeing (whatworkswellbeing.org) **Don't create your own methods. Use evidence based around what works:** About wellbeing - What Works Wellbeing	**Wellbeing is different for different people. Need to ask people how they feeling well as factual observations.**

Protective Characteristics Data References:	
Age	Lower layer Super Output Area population estimates (National Statistics) - Office for National Statistics (ons.gov.uk)
Disability	Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk)
Gender Reassignment	
Marriage and Civil Partnership	Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk)
Pregnancy and Maternity	Child and Maternal Health - Data - OHID (phe.org.uk)
Religion and Belief	Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk)
Sexual Orientation	
Sex	Lower layer Super Output Area population estimates (National Statistics) - Office for National Statistics (ons.gov.uk)
Race	Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk)

Data References for People with the poorest personal wellbeing: Understanding well-being inequalities: Who has the poorest personal well-being? - Office for National Statistics (ons.gov.uk)	
Self-report very poor or poor health	Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk) Its ranking for the number of residents in very bad health is 4 (out of 6 Unitaries) within North West.
Be middle-aged	Lower layer Super Output Area population estimates (National Statistics) - Office for National Statistics (ons.gov.uk)
Be single, separated, widowed or divorced	Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk) Data Viewer - Nomis - Official Labour Market Statistics (nomisweb.co.uk) Housing, Health and Wellbeing in Blackburn with Darwen (esd.org.uk)
Have no or basic education	Labour Market Profile - Nomis - Official Labour Market Statistics (nomisweb.co.uk)
Be renting a house	Housing, Health and Wellbeing in Blackburn with Darwen (esd.org.uk)
Be economically inactive with long-term illness or disability	Labour Market Profile - Nomis - Official Labour Market Statistics (nomisweb.co.uk)

Blackburn With Darwen

Mental Wellbeing and Inequalities Steering Group

Terms of Reference

October 2021

1. Background

The Five Year Forward view for Mental Health 2016 places a responsibility on Public Health England and Local Authorities to take a lead in the planning and delivery of public mental health prevention interventions inclusive of suicide prevention.

The national *Prevention Concordat for better mental health* document (PHE 2017) provides guidance on evidence- based prevention activity across a local area placing the lead agency responsibility with the Local Authority.

BwD's Public Health Team want to develop a Mental Wellbeing and Inequalities Framework to inform council and partner's policy. The aim of the Mental Wellbeing and Inequalities Framework will be to address inequalities by providing a guide for policy makers, council and partner workers to ensure equity of services and resources reach an equal 'high standard' outcome for all residents.

We define Mental Wellbeing, as:

"Wellbeing is about lives going well, the combination of feeling good and functioning effectively. It includes the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, empathy and affection, the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships." (Manchester Health and Wellbeing Strategy)

We recognise that physical wellbeing is also important, but that is being looked at elsewhere and will not be within the remit of this group.

We will use the following definition for Wellbeing Inequality:

"Wellbeing Inequality can be understood as the extent to which Peoples' experience of life vary within a population, or between groups." (Measuring Wellbeing Inequality in Britain (2017), What Works Centre for Wellbeing.) measuring-wellbeing-inequalities-in-britain-march2017_0243450800.pdf (whatworkswellbeing.org)

2. Purpose of the group

To improve the mental wellbeing of the population with a focus on addressing inequalities, taking a life course approach, using evidence, data and local insights.

To provide strategic leadership and coordination of mental wellbeing programmes, initiatives and services to maximise and target resources to improve the equity of mental wellbeing outcomes

3. Objectives:

- To development, implement and monitor the Mental Wellbeing & Inequalities framework for BwD
- Work towards OHID's Prevention Concordat for Better Mental Health for All. Including the development and oversight of the action plan
- To receive mental wellbeing programme updates from partners to inform evaluation, impact and recommendations for further action
- To ensure residents and service users are involved in the planning, delivery and evaluation of mental wellbeing programme
- Discuss the data and findings from the "Beyond Imagination Life Survey" from 1,500 Blackburn with Darwen residents, through a wellbeing lens and provide recommendations.
- To also consider other pieces of work such as the ICS Mental Health Transformation, and the development of the Pennine Lancs ICP to help our place based thinking.

4. Governance, Accountability & Reporting:

The steering group is accountable to the Health and Wellbeing Board

Reporting into Start Well, Live Well, Age Well (H&WB Sub-Groups), Suicide Prevention Group, Elected Members Mental Health Champions network, Scrutiny Committee. Mental Health ICS Meeting. LSCFT Transformation programme, OHID North West, Community Safety Group.

The Steering Group will provide an annual report of their work.

Interdependencies

As the Pennines Structure develops we will need to be cited on what they are doing to avoid duplication also the Primary Care Neighbourhood Development, and the Marmott Health Equality Commission.

5. Membership

- Public Health Mental Health Leads
- Local Councillors
- CCG Mental Health Commissioner
- Mental Health Representative from the ICS
- Healthwatch
- Partners from VCFS
- Regional representative from Office of Health Improvement and Disparities (OHID formerly PHE)
- Lancashire and South Cumbria Foundation Trust representative
- Co-op in Experts

6. Meetings

The Mental Wellbeing and Inequalities Steering Group meeting will be held monthly until the Mental Wellbeing and Inequalities framework is ready to go to the Health & Wellbeing Board (March 2022) and then continue Bi-Monthly.

A schedule of meetings will be issued.

7. Roles and Responsibilities

The Chair will be Shirley Goodhew, Public Health Consultant. In her absence she will nominate a Vice-Chair.

The Chair and Vice Chair will make all necessary arrangements to ensure that all meetings are chaired and that cover is provided all year round to handle agenda items as they arise.

The Chair and Vice-chair will set the agenda with contributions from members received at least one week in advance of the meeting

All members agree to share local intelligence, local activity, practice and knowledge, to meet the aims of the Steering Group.

8. Decision Making

It is expected that the majority of decisions will be made by consensus, however in the case of disagreement within the group the Chair can put the decision to a vote. The view of the majority of members will carry the decision.

The Chair (or Vice chair in his/her absence) has the casting vote.

All decisions will be reported formally in the action notes.

Draft Version (0.4) 11th Oct 2021

To be reviewed annually October 2022.

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Cath Taylor, Acting Consultant in Public Health
DATE:	20/06/2022

SUBJECT: Child Death Overview Panel (CDOP) Annual Report 2020-21

1. PURPOSE

To update the Health & Wellbeing Board on the work undertaken by the pan-Lancashire Child Death Overview Panel (CDOP) set out in the annual report 2020/21. This includes key findings from child death data, progress made on last year's recommendations (2019/20), partnership achievements and recommendations for 2021/22.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board partners are asked to:

a. Note the content of this report, and in particular the CDOP priorities and recommendations for 2021/22 (paragraph 5.11-12).

b. Note the contribution that Blackburn with Darwen partners are currently making towards CDOP priorities and recommendations (paragraph 5.13).

3. BACKGROUND

The independently chaired pan-Lancashire Child Death Overview Panel (CDOP) has a statutory responsibility to review the deaths of all children in Lancashire. Local authorities and Clinical Commissioning Groups are statutory partners and must support the review process in line with national guidance (Child Death Review Statutory and Operational Guidance, 2018). This includes requirements for individual professionals and organisations to contribute to standardised national practice and undertake learning to prevent future child deaths.

CDOP reports to each statutory partner individually (at appropriate intervals and by exception) and also to statutory strategic partnerships including the pan-Lancashire Children's Safeguarding Assurance Partnership (CSAP), Health and Wellbeing Boards and the Community Safety Partnership.

The CDOP annual report provides the mechanism for this reporting and reports on both child death notifications for the previous year, and also the findings of the review panels. It should be noted that the review panels are often undertaken over a year after a child's death is notified and therefore these two data sets are reported separately. The annual report is not for public distribution, and therefore has not been attached to this report, as it contains small numbers which could potentially lead to a child death's being identifiable. A redacted version of the report will be published on the CSAP website shortly.

Children are defined as those up to the age of 18 years old resident within the three Local Authority areas of Blackburn with Darwen (BwD) Council; Blackpool Council; and Lancashire County Council

(LCC). There are a number of exceptions include babies who are stillborn, late foetal loss and planned terminations of pregnancy carried out within the law.

3.1 CDOP Membership

The Pan-Lancashire CDOP membership is made up of senior multi-agency professionals from a range of organisations who can make a valuable contribution when undertaking a child death review. During 2020/21 the CDOP had representation from Lancashire Constabulary, the Sudden Unexpected Death in Childhood (SUDC) Service, Children's Social Care, the pan-Lancashire Children's Safeguarding Assurance Partnership (CSAP), Community Health Services, North West Ambulance Service, Lancashire & South Cumbria NHS Foundation Trust (LSCFT), Midwifery, Paediatrics, Clinical Commissioning Groups, Public Health, and Education and Early Years.

During 2020/21, the CDOP panel met on 12 occasions (6 neonatal panels, 6 all age panels). 100% of business meetings had geographical representation from all Lancashire upper tier local authorities and CCGs, with a member from each area being in attendance at each meeting. Additionally, throughout the reporting year the panel has had 15 observers.

CDOP is supported by Children's Safeguarding Business Managers, the SUDC Prevention Group, the Child Death Investigation Group, and the SUDC Service, and all have significant roles in leading, supporting and informing the developmental and prevention work with partners across pan-Lancashire.

3.2 Progress on 2020/21 priorities

CDOP successfully completed four out of the eight priorities which were identified for 2020/21, following the 2019/20 annual report. This includes to:

- Improve the quality and outputs of the child death review processes, including reducing missing information and maximising the potential of eCDOP database to improve efficiency.
- Monitoring the delivery of the 7-day SUDC service, and continuing to provide oversight of the SUDC service as well as advocating change where appropriate.
- Support on producing a Covid Impact thematic review.
- Ensuring the reduction of infant/child deaths forms part of integrated multi-agency strategies.

Progress has also been made on the remaining four priorities, but this is on-going and will carry over to 2021/22 priorities (see Section 5.11).

3.3 CDOP key achievements 2020/21

The following campaigns have been developed and successfully delivered across pan-Lancashire to promote key messages based on learning gained from child death reviews:

- Positive recognition - letters acknowledging good practice where agencies have gone above and beyond their expected duties.
- Safer Sleep briefing sessions raising awareness of SUDCs to over 280 local stakeholders.
- Safer Sleep Assessment & Action Plan Tool launched in April 2020 to be completed with parents during home visits to improve awareness of safer sleeping.
- Blackburn with Darwen, Blackpool and Lancashire Child Death Overview Panel e-learning course delivered.

4. RATIONALE

As set out in paragraph 3.0, the local authority and CCG are statutory partners within the pan-Lancashire Child Death Overview Panel (CDOP). The panel reports annually to the Health & Wellbeing Boards, and into the wider pan-Lancashire Children's Safeguarding Assurance Partnership (CSAP) (of which CDOP forms part).

5. KEY ISSUES

5.1 Findings from data analysis 2020-21

Between 1st April 2020 to 31st March 2021, CDOP received 83 child death notifications which met the criteria for review (11 Blackburn with Darwen (BwD), 9 Blackpool, and 63 Lancashire residents). There has been a downward trend in child death notifications over the last 10 years, with a notable reduction of child deaths in 2020/21, with 25 fewer deaths compared to the previous reporting year. This is in line with national trends, and may be due to social distancing and other public health measures put into place in response to the COVID-19 pandemic.

The Panel completed 80 reviews of child deaths during 2020/21. Eleven ongoing cases were subject to a Serious Case Review (SCR) or Child Safeguarding Practice Review (CSPR). It should be noted that Child Safeguarding Practice Reviews have now replaced the previous requirement for Local Safeguarding Children Boards to complete Serious Case Reviews (SCR).

5.3 Age

Of the 80 cases reviewed, the highest proportion of deaths (64%) that occurred were in children under one year of age, with 20% aged 1-9 years, and 16% 10-17 year olds.

5.6 Place

The majority of children died within a hospital setting (72%), with 18% of children and young people dying at home, which includes unexpected deaths and children on end of life care plans.

5.4 Ethnicity

Of the 80 cases reviewed in 2020/21, 67 (84%) had an ethnicity recorded. The ethnicity of the majority (69%) of child deaths reviewed across Lancashire were White-British. However, 11% of child deaths were children of South Asian heritage (including Asian/Asian British Pakistani (9%), Asian/Asian British Indian (2%), and Asian/Asian British Bangladeshi) which is a slight over representation for this ethnic group based on the 2011 Census for Lancashire's South Asian population (9%).

5.5 Category

The most common category of death across pan-Lancashire for cases reviewed during 2020/21 was 'perinatal/ neonatal event' (30%) with 'chromosomal, genetic and congenital anomalies' accounting for the second most common category (28%). This is consistent with national data where perinatal and congenital causes are the most common, especially in neonates (less than 4 weeks old). When comparing the latest 3 years data, to the previous 3 years, the number and proportion of reviewed deaths due to perinatal/neonatal events across pan Lancashire have increased.

5.2 Modifiable factors

Part of the review process is to understand which child deaths involved modifiable factors that could have reduced the risk of death. A modifiable factor is defined as: 'one or more factors, in any domain, which may have contributed to the death of a child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths' (Working Together, 2018).

Across pan-Lancashire the proportion of reviews that identified modifiable factors remained the same compared to the previous reporting year, with 43% of all deaths reviewed during 2020/21 identifying one or more modifiable factor. Since 2015/16 the proportion of cases identified with modifiable factors has risen by 8 percentage points. This may be due to improved reporting and consistent inclusion of significant risk factors such as smoking or obesity in pregnancy, which has ensured modifiable factors are in line with other CDOP's and national figures. Nationally the percentage of deaths considered to be 'modifiable' increased from 24% in 2015 to 31% in 2020.

The most common modifiable factors identified (including expected and unexpected deaths) across pan-Lancashire in 2020/21 were smoking by parents/carer in the household (44%), followed by unsafe sleeping arrangements (29%).

5.7 Expected and unexpected deaths

In 2020/21, just under two thirds (63%) of all reviewed child deaths were expected compared with 30% that were unexpected. 8% were reviewed as unexpected but met exclusion criteria.
An unexpected death is defined by Working Together (2018) as 'the death of an infant or child which was not anticipated as a significant possibility 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death'.

The majority of deaths that occurred within the first year of life were expected and attributed to complications relating to prematurity or chromosomal, genetic/congenital abnormalities. In older children deaths tended to be unexpected. Between 1st April 2020 and 31st March there were 45 unexpected deaths, which triggered a Joint Agency Response. Deaths related to unsafe sleeping practices accounted for 10 of these cases (22%).

Sadly, there were 3 deaths reviewed in 2020/21 due to suicide or deliberate self-inflicted harm across pan-Lancashire. This compared to 3 in 2019/20 and 7 in 2018/19. The majority of these deaths were children already known to services. Lancashire and South Cumbria Integrated Care System is leading a comprehensive logic model action plan to reduce the number of suicides, including support for those who self-harm, and to improve outcomes for those affected by suicide.

The themes identified from all unexpected child deaths in 2020/21 included the following, largest to smallest:

- Underlying health conditions/ Complex health needs (joint first)
- Co-sleeping/Unsafe sleeping arrangements (joint first)
- Neonatal cases (joint first)
- Accidental
- Murder investigations (joint third)
- Suicides (joint third)
- Unresponsive / unascertained (joint third)
- Concealed and denied pregnancy

5.9 Complex social circumstances

Of the unexpected deaths in 2020/21, just over one third were known to Children's Social Care. Key themes identified at the time or death or following death, included: Domestic violence between parents/carers (8); parental mental health problems (15); and parental alcohol/ substance misuse (10). These cases highlight the complex social circumstances, chaotic family dynamics and environmental factors that these children were living in at the time of their deaths. CDOP continues to collect data on Adverse Childhood Experiences with a view to making recommendations to partners.

5.10 Summary of Blackburn with Darwen specific data

The annual report presented a summary of data specific to deaths of children in BwD which were reviewed in 2020/21. Please note that some of this data contains small numbers and therefore some caution should be used within interpretation.

- 69% of deaths reviewed were completed within 12 months of the child's death
- 77% of deaths reviewed were expected, and 23% were unexpected
- Where ethnicity was recorded, 44% of deaths were of South Asian heritage – Asian/Asian British Pakistani (11%), Indian (22%) or Bangladeshi (11%). Based on the 2011 Census, this is disproportionately high, compared to BwD's under 18 South Asian population (38%).
- For 31% of deaths reviewed, the ethnicity was either not known or not recorded.
- 54% of deaths reviewed were male.
- 31% of deaths reviewed had modifiable factors identified.

- There were four cases deemed to have modifiable factors, of which smoking and raised BMI were identified in three.
- The most common category of death 'chromosomal, genetic and congenital anomalies' (39%) and 'perinatal/ neonatal event' accounting for the second most common category (20%).

5.11 CDOP Priorities for 2021/22

During the forthcoming year CDOP will maintain its current priorities as follows:

1. Deliver the SUDC Prevention group priorities including provision of materials to partner agencies, continued roll-out of current safer sleep and other campaigns and embedding use of the sleep assessment tool.
2. Improve the quality and outputs of the child death review processes.
3. Maximise the potential of the CDOP Database.
4. Continue to collect data for Adverse Childhood Experiences (ACEs) and analyse patterns in links between ACEs and child deaths.
5. Ensure that any preventive strategies and initiatives link with any existing health and wellbeing/ clinical workstreams.
6. Monitor the delivery of the 7-day SUDC service.
7. Ensure that the reduction of infant/ child death forms part of integrated multi-agency strategies.
8. Ensure all agencies and professionals provide input to the processes at the appropriate time.

5.12 CDOP Recommendations for 2021/22

The annual report made the following recommendations for CDOP during 2021/22:

- A review of the modifiable factors and actions/response to these to be integrated into existing work-streams across the (CDOP) Public Health team and with core partners.
- For each (upper tier) locality area to have an Infant Mortality Strategy and Action Plan with an identified Group that leads, or it reports to, which is then accountable to the appropriate Health and Wellbeing Board. To be developed over the next 12 months.
- Annual/6 monthly validation checks of CDOP data (carried out by an analyst) to minimise discrepancies prior to the production of routine annual CDOP analysis/reports.
- Ensure data is recorded/captured around genetic condition type (X-linked/autosomal recessive/autosomal dominant etc) where possible for Category 7 deaths (chromosomal, genetic and congenital anomalies) – currently not routinely or consistently recorded as part of the CDOP dataset.
- To continuously improve data completeness, partners must ensure all professionals providing information to CDOP complete the forms as fully as possible before they are submitted.

5.13 Blackburn with Darwen programmes

Whilst many of the CDOP priorities and recommendations are taken forward at a pan-Lancashire level by the CDOP team, BwD partners continue to make a significant contribution to this work, for example, through the following initiatives.

Infant mortality strategy

BwD Public Health team has started work to develop an Infant mortality strategy and associated action plan. The strategy will cover a broad range of risk factors associated with infant mortality including community genetics, smoking in pregnancy, safer sleep and childhood accidents. It will bring together a range of activities already underway and new initiatives within a strategic logic model framework, currently under development at ICS level.

Safer sleep campaigns and sleep assessment tool

BwD sits on the pan-Lancashire Safer Sleep Task and Finish group to support the development

and growth of this work. Children's Services and the 0-19 Service have their own action plans to ensure that all staff receive training and deliver safer sleep messages to families at every contact. The BwD communications team links to national resources and campaigns including supporting Safe Sleep Week and the Lullaby Trust.

ICON 'Babies cry, you can cope' campaign

BwD Public Health team supports the pan-Lancashire ICON Task and Finish group and have been particularly involved in supporting the development of a lesson plan and resources as part of PSHE delivery in schools. The lesson plan, which is aimed at Y10 pupils, is now ready for its pilot phase. Secondary schools in BwD have been invited to take part in this and to roll out the resources during ICON week in September.

Community genetics

BwD have been actively involved in the commissioning of targeted support with regards to consanguinity and genetic risk for a number of years following data related to high numbers of infant deaths due to chromosomal abnormalities within the Borough. A Health Visitor Champions model is currently in place with ongoing training and supervision provided by a genetics specialist to support health visitors to identify and refer appropriate families to the genetics service for screening and counselling. An app is also being developed in partnership with Manchester University to supplement engagement with at risk families. BwD has also developed an education package that was previously delivered by a third sector provider in schools and colleges.

Recently BwD has been identified to take part in a national genetics programme after being identified as one of eight target areas of need across the UK.

ACEs

BwD Public Health team has developed a Systems Resilience Framework to support the early identification of Adverse Childhood Experiences and to mitigate the health and social impact related to the experiences of ACEs and trauma amongst the population. BwD 0-19 services use Routine Enquiry to ascertain risk associated with a pregnancy and make referrals where necessary to mental health support services, children's services and other third sector and community partners to support a family to break the cycle of adversity.

An early years (Start Well) network has been established in order to engage more awareness amongst core partners and to share good practice in this area. An extensive training offer has been established through the Lancashire Violence Reduction Network and a pledge of support has been signed to ensure that BwD is committed to becoming a Trauma Informed Borough.

6. POLICY IMPLICATIONS

The CDOP process is set out within the following national policy guidance documents:

- Child Death Review Statutory and Operational Guidance (England), October 2018.
- Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (July 2018).
- Sudden and Unexpected Death in Infancy and Childhood: multiagency guidelines for care and investigation (2016).

7. FINANCIAL IMPLICATIONS

Alongside all statutory partners, Blackburn with Darwen make an annual contribution to funding the pan-Lancashire Children's Safeguarding Assurance Partnership of which CDOP forms part. In 2021/22 this figure was £166,817 (£50,000 from BwD CCG and £116,817 from BwD Borough

Council).

8. LEGAL IMPLICATIONS

A child death review partner in relation to a local authority area in England is defined under the Children Act 2004 as (a) the local authority, and (b) any clinical commissioning group for an area any part of which falls within the local authority area. The two partners must make arrangements for the review of each death of a child normally resident in the area and may also, if they consider it appropriate, make arrangements for the review of a death in their area of a child not normally resident there. They must also make arrangements for the analysis of information about deaths. The purposes of a review or analysis are (a) to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety, and (b) to consider whether it would be appropriate for anyone to take action in relation to any matters identified.

Extract from *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children* (July 2018).

9. RESOURCE IMPLICATIONS

The child death review partners should consider the core representation of any panel or structure they set up to conduct reviews and this would ideally include: public health; the designated, doctor for child deaths for the local area; social services; police; the designated doctor or nurse for safeguarding; primary care (GP or health visitor); nursing and/or midwifery; lay representation; and other professionals that child death review partners consider should be involved. It is for child death review partners to determine what representation they have in any structure reviewing child deaths.

Extract from *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children* (July 2018).

10. EQUALITY AND HEALTH IMPLICATIONS

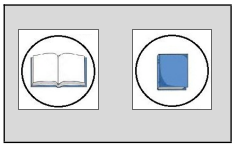
The CDOP review process is compliant with the Equality Act 2010, outlined in Child Death Review Statutory and Operational Guidance (England), October 2018.

11. CONSULTATIONS

The CDOP Annual Report is consulted on and ratified by the:

- CDOP Business Group
- Pan-Lancashire Children's Safeguarding Assurance Partnership

VERSION:	**1.0**
CONTACT OFFICER:	Cath Taylor, Acting Consultant in Public Health Saira Sharif, Public Health Knowledge Analyst
DATE:	24.05.22
BACKGROUND PAPER:	Pan-Lancashire Child Death Overview Panel Annual Report 2020-2021 (Not disseminated with this paper, due to risk associated with patient identifiable information).



HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Katherine White, Acting Director, Adult Social Care and Prevention (DASS) Adult Social Care, BwD Local Authority Roger Parr, Deputy Chief Executive/ Chief Finance Officer, BWD Clinical Commissioning Group
DATE:	21st June 2022

SUBJECT: Better Care Fund 2021/22 Quarter 4 End of Year position

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update on the end of year position for 2021/22.
- Provide HWBB members with the Better Care Fund (BCF & iBCF) Pooled budget for 2022/23.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Blackburn with Darwen Better Care Fund 2021/22 end of year position in relation to delivery and performance against targets.
- Note the Better Care Fund (BCF) Q1 2022/23 delivery and financial position.

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.

The requirement to complete quarterly national BCF template reports as per national timescales and schedules has now resumed following a pause during the Covid Pandemic. These reports provide an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

In September 2021 the national Better Care Fund team published Better Care Fund planning requirements which included the requirement to complete new national BCF templates, ambitions for improving outcomes against national metrics and timescales to refresh the plans for a local Better Care Fund Plan for 2021/22. The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, and performance for the full financial year 2021/22. The templates were submitted in line with the deadline of 16th November and received regional and national approval in January 2022.

The formal Section 75 agreement, detailing the pooled budget arrangements between the Local Authority and CCG has been updated in February 2022 to reflect the 2021/22 budget position and will be further updated for 2022/23. No substantial changes were made to the agreement.

The Better Care Fund Policy Framework and Planning Requirements for 2022/23 publication are still being developed by the national BCF team but have been delayed given the politically restricted period prior to the local elections. The new requirements for 2022/23 are due to be published by the next Health and Wellbeing Board meeting on 6th September 2022.

4. RATIONALE

The Better Care Fund has been established by the 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. All BCF reports and progress 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 Planning Requirements and Performance position for Quarter 4 2021/22

The national BCF reporting requirements for quarter 4 of 2021/22 were released in March 2022. The set template has sections relating to data and information to provide a summary of performance against metric targets, finances, and a narrative tab to report the position at the end of year. It is important to note that for some of the nationally set targets that data was not available in a timely manner to provide a full year position however narrative updating on progress has been provided. The deadline for completion of the BCF report was 27th May and this has received approval via the Council's Executive Member for Adult Health and Social Care Integration, in the absence of a timely Health and Wellbeing Board meeting for formal approval by the Board.

The focus of the integrated care work and commissioning of the Better Care Fund services and projects continue to be implemented via a collaborative approach to integrated, person-centred services across health, care, housing, and wider public services locally with strong governance processes in place. The overarching approach is to support people to remain independent at home and to work in a partnership approach to jointly improving outcomes for

people in our neighbourhoods, those discharged from hospital, and to reduce health inequalities.

The below four national metric targets have been set for 2021/22 and the performance against targets will continue to be monitored through regular BCF governance and finance meetings and will be reported at Health and Wellbeing meetings on an on-going basis. A summary of the metric targets for the end of year position is provided in the table below:

Table 5.1a Metric targets

National BCF Targets	Performance & narrative
Metric 1: Residential Admissions - Long Term support needs of older people met by admission to residential and nursing care homes	The target (676) was slightly exceeded (698) due to the increase in complexity of individual health and social care needs during and following the COVID pandemic. This target will be monitored closely moving forwards.
Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into reablement/rehab services	The target (80%) was met due to the excellent range of alternatives to residential care available in Blackburn with Darwen, which include social worker teams, Occupational Therapy, Physio, Social Prescribers who support rehabilitation goals allowing individuals to return home safely.
Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions	Data not available until June 2022 to report a full year position therefore unable to report a position. Local services and projects remain in place to support the delivery of this target including a range of community-based services such as Home First Team, Albion Mill, and Intensive Home Support Services, Reablement and Rehabilitation services are in place to provide short-term care as an alternative to hospital.
Metric 4a: Length of Stay- reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days	Data not available to report a full year position, however, we remain committed to on-going local collaborative working to reducing the length of stay of our patients as part of the core work on the hospital discharge pathways back into community.
Metric 4b – Discharge to normal place of residence - improving the proportion of people discharged home	The target was 91.2% in a backdrop of challenging year due to the onset of winter, impact of the increase of COVID cases and the increase in complexity of need of people presenting in hospitals which has resulted in the end of year actual position of 90.86%. We remain positive around this achievement that we were only marginally short against target.

In addition to the above, we have reported 2 key successes for this year:

1. **Integrated Workforce** remains one of our greatest focus and achievements due to our collaborative, open and supportive partnership approach which has formed a range of collaborative strategic and planning forums in place across our Pennine Lancashire and Blackburn with Darwen Health

and Social Care Systems. An example of this is the joint Primary Care Network and wider Health and Wellbeing organisational partnership meetings held at neighbourhood and place level. We continue to encourage and promote the 'One Team' approach across multiple organisations to provide holistic and joined up approaches to an integrated workforce which includes the joint development & delivery of induction, training and upskilling of clinical and non-clinicians side by side and across traditional organisational boundaries. This has enabled us to develop greater understanding of the role and responsibilities of different organisations and teams and additionally to explore further opportunities for innovation.

2. **Strong System-wide governance and leadership -** We are proud of our local approach to a joint health and social care BCF governance structure and collaborative leadership which has shone as a solid foundation in comparison to other BCF governance arrangements across Lancashire. Health and Social Care Executives and Senior Managers have worked closely with providers at a system level to develop and implement our strong governance, strategic and commissioning forums. The BCF plan strategic aims and objectives are threaded through our local governance processes, meetings and decision-making forums which are strongly supported and engaged by local leaders. The Integrated Care System (ICS) and Integrated Care Provider (ICP) structures and commissioning 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 which are influenced by the BCF priorities.

5.2 Disabled Facilities Grant

The Disabled Facilities Grant is used specifically to support our people including those who are most in need; including the elderly and disabled who require adaptations and additional help and support to remain in their own home.

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Progressing the distribution of the Disabled Facilities Grant has been particularly challenging during the Covid Pandemic as national restrictions have made adaptations to individual's properties difficult to achieve. However, full-service delivery for adults was fully restored during the year with an empathy to support a person at their own pace and for those who have health and low-level mental health issues as well as strong links to our Healthy Homes services and schemes.

The main priority in 2021/22 was to apply the funding that was brought forward from the last financial year and this year's allocation by being proactive, efficient, and inventive. As such we have considered how discretionary funding could be best utilised and have increased staff capacity, thus speeding up the DFG process, continued with the refurbishment plans for in house facilities which will ensure service users with more complex needs are supported. The offer can be enhanced and funds are being utilised to support the Albion Mill Intermediate Care Service.

We are continuing to work collaboratively with third sector partners to awarding discretionary funding to support service users who have assessed needs to continue to live safe and well in their homes. There has been a positive financial recovery in this financial year, however national restrictions were in place in the first quarter, which did have a cause and effect on throughput during the year. There was also significant brought forward capital from 20/21 which can be wholly attributed to the impact of the Pandemic and adds context to the below finance update.

The remainder of this section of the report provides a financial summary at Q4 2021/22 and an overview of the budgets for 2022/23.

Q4 2021/22 Finance Update

The CCG minimum pooled budget requirement for 2021/22 was £13,320,712 which is included in the total BCF budget of £15,450,455 for 2020/21. The outturn on BCF was £15,051,688 and after adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,703,165. Of which, £1,080,044 relates to a planned carry over for the ordinary BCF for full utilisation in 2022-23. The remaining balance of £1,623,121 is in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget, is anticipated based on the aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The underspend has been carried forward to be spent in 2022/23 under the pooled budget arrangements which allows planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG is demand led and take up rate can fluctuate impacting on timing of completion of works and discharge of expenditure, and normal activity on DFG continued to be impacted during the year due to the Covid-19 pandemic. The capital programme of the Authority allows for carry forward of resources from one year to next and plans are being developed to ensure DFG funds are fully utilised in 2022/23.

In 2021/22 the iBCF allocation has been fully utilised.

The final 2021/22 budget for the BCF and iBCF pool was £23,554,050 (before carry forwards from previous year) and the final outturn was £21,708,236 an underspend of £1,845,814 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 27th May 2022.

Q1 2022/23 Finance Update

The below financial summary highlights the plans for the BCF financial budget for Quarter 1 2022/23. There is a continuation of the schemes and services funded through the Better Care Fund for 2022/23 with estimated inflation uplifts and 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 £1,080,044 for the ordinary BCF into 2022-23.

- The CCG minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the CCG Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2022/23 is £2,129,743.
- The iBCF allocation for 2022/23 is £8,349,595 which includes a nationally awarded uplift of £246,000.
- 2022/23 budget for the BCF and iBCF pool is £27,257,167 including carry forwards from 2021/22.

The 2022/23 BCF allocations as above plus carry forward amounts from 2021/22 are analysed as:

- Spend on Social Care - £4,539,178 (30%)
- Spend on Health Care - £5,124,002 (34%)
- Spend on Integration - £4,259,998 (28%)
- Contingency - £600,000 (4%)
- Resources still to be allocated - £631,531 (4%)

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 Policy and guidance for 2022/23 is expected to be released in the autumn. 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. 4 Position 2021-22

The final 2021/22 budget for the BCF and iBCF pool was £23,554,050 (before carry forwards from previous year) and the final outturn was £21,708,236, an underspend of £1,845,814 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 27th May 2022. After adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,703,165, of which, £1,080,044 relates to BCF revenue pool and carry forward of DFG capital funds amounted to £1,623,121.

7.2 BCF Pooled Budget Qtr.1 Position 2022-23

The Qtr. 1 2022/23 budget for BCF and iBCF financial plans have been by approved at JCRG. A new financial budget within the total allocation of £27,257,167 has been agreed and will continue to be developed further, and ratified through the joint commissioning governance 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, risk sharing arrangements and other funding streams aligned to integrated delivery locally which enables the management of BCF schemes in accordance with the national conditions.

An updated Section 75 agreement for 2021/22 has been reviewed and approved between the Local Authority and CCG in March 2022.

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.

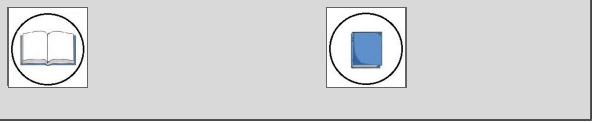
10. EQUALITY AND HEALTH IMPLICATIONS

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 for 2022/23 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 and will continue in the review and planning process for 2022/23.

VERSION:	**0.1**
CONTACT OFFICER:	Samantha Wallace-Jones
DATE:	
BACKGROUND PAPER:	



EQUALITY IMPACT ASSESSMENT CHECKLIST

This checklist is to be used when you are uncertain if your activity requires an EIA or not.

An Equality Impact Assessment (EIA) is a tool for identifying the potential impact of the organisation's policies, services and functions on its residents and staff. EIAs should be actively looking for negative or adverse impacts of policies, services and functions on any of the nine protected characteristics.

The checklist below contains a number of questions/prompts to assist officers and service managers to assess whether or not the activity proposed requires an EIA. Supporting literature and useful questions are supplied within the EIA Guidance to assist managers and team leaders to complete all EIAs.

Service area & dept.	Growth & Development	**Date the activity will be implemented**	01/04/2022

Brief description of activity	Briefing paper outlining the development and implementation of the Climate Emergency Action Plan in 2022/23

Answers favouring doing an EIA	Checklist question	Answers favouring not doing an EIA
☐ Yes	Does this activity involve any of the following: - Commissioning / decommissioning a service - Budget changes - Change to existing Council policy/strategy	☒ No
☐ Yes	Does the activity impact negatively on any of the protected characteristics as stated within the Equality Act (2010)?	☒ No
☐ No ☐ Not sure	Is there a sufficient information / intelligence with regards to service uptake and customer profiles to understand the activity's implications?	☒ Yes
☐ Yes ☐ Not sure	**Does this activity:** Contribute towards unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act *(i.e. the activity creates or increases disadvantages suffered by people due to their protected characteristic)*	☒ No
☐ Yes ☐ Not sure	Reduce equality of opportunity between those who share a protected characteristic and those who do not *(i.e. the activity fail to meet the needs of people from protected groups where these are different from the needs of other people)*	☒ No
☐ Yes ☐ Not sure	Foster poor relations between people who share a protected characteristic and those who do not *(i.e. the function prevents people from protected groups to participate in public life or in other activities where their participation is disproportionately low)*	☒ No
FOR = 0	**TOTAL**	**AGAINST = 6**

Will you now be completing an EIA? ☐ Yes ☒ No

The EIA toolkit can be found here

Assessment Lead Signature	Gwen Kinloch
Checked by departmental E&D Lead	☒ **Yes** ☐ **No**
Date	24/05/2022