

# Public Document Pack

## Health & Wellbeing Board

Monday, 12th July, 2021  
5.30 pm  
Main Hall, 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**

**3**

**3. Minutes of the meeting held on 10th March 2021**

To approve as a correct record the minutes of the meeting held on 10<sup>th</sup> March 2021 and to discuss any matters arising.

**Minutes of the meeting 10th March 2021**

**4 - 9**

**4. Public Questions**

To receive any questions from Members of the Public.

**5. Live Well Annual Update**

To receive a presentation on the Live Well Annual Update from Sayyed Osman, Strategic Director Adults and Health.

**6. Long Covid: Community Wellbeing Pathway**

To receive a presentation on Long Covid: Community Wellbeing Pathway from Richard Brown, Health Partnerships and Commercial Manager, Adults and Health.

**7. Covid Situational Awareness**

For the Board to receive a presentation on Covid Situational Awareness from Professor Dominic Harrison, Director of Public Health, Adults and Health.

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

For the Board to receive an update by Gifford Kerr, Consultant in Public Health Medicine, on pan-Lancashire work to review and update the current Pharmacy Needs Assessment (PNA) and the required period of public consultation.

**Pharmaceutical Needs Assessment Update** **10 - 13**

**9. Better Care Fund Quarter 4 2020/21 Update**

For the Board to receive an update on the Better Care Fund for Quarter 4 2020/21 from Sayyed Osman, Strategic Director of Adults and Health.

**Better Care Fund Quarter 4 Update Report** **14 - 19**

**10. Any Other Business**

***Proposed Items for next meeting***

- Oral Health Improvement Strategy
- Blackburn with Darwen Walking and Cycling Plan on behalf of the Stride and Ride group.
- Health Inequalities Commission
- Age Well Annual Update

***Date & time of next meeting***

2<sup>nd</sup> September 2021

5.30pm-7.30pm

Date Published: Thursday 1<sup>st</sup> July 2021  
Denise Park, Chief Executive

## DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA

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

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

MEETING:

DATE:

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

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



## BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD MINUTES OF A MEETING HELD ON WEDNESDAY, 10<sup>TH</sup> MARCH 2021

### PRESENT:

<b>Councillors</b>	Mohammed Khan
	Damian Talbot
	Julie Gunn
	Julie Slater
<b>Clinical Commissioning Group (CCG)</b>	Roger Parr
<b>Health Watch</b>	Sarah Johns
<b>Voluntary Sector</b>	Vicky Shepherd
	Angela Allen
<b>Council</b>	Jayne Ivory
	Dominic Harrison
	Laura Wharton
	Shirley Goodhew
	Katherine White
	Susan Kalvenas

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Kevin McGee, Samantha Wallace-Jones, Martin Hodgson, Sayyed Osman, Alyson Hanson and Councillors John Slater and Mustafa Desai.

### 2. Declarations of Interest

There were no declarations of interest received.

### 3. Minutes of the meetings held on 2<sup>nd</sup> December 2020

The minutes of the previous meetings held on 2<sup>nd</sup> December 2020 were submitted.

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

### 4. Public Questions

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

### 5. Healthwatch Update

Sarah Johns was invited by the Chair to provide an update on the work plan for 2021.

The Board was provided with a list of projects that were currently being worked on, as follows:

- Access to NHS dentists during the pandemic
- People's experiences of residential care during the pandemic
- Complaints handling at ELHT
- Youth Voice in Health Care with a view of setting up a Young People's Panel
- Digital inclusion – focussing on experiences of remote GP appointments
- Information and signposting

The Board heard that Healthwatch BwD had carried out a mystery shopping exercise to understand the overall picture of accessibility to NHS dentists in the Borough and gathered case studies from people who contacted them. Sarah shared some of the feedback received from each of these projects, and in summary highlighted that:

- People were being denied a right to NHS dentistry
- Children were not able to see a dentist at key points of their development – exacerbating the issue of poor children's dental health in the borough
- A lack of awareness of where people could get emergency support

Sarah informed the Board that family and carer feedback from their experiences in residential care showed that the majority of respondents felt that their loved one was safe and they knew what steps the homes were taking to keep them safe, however lack of communication was an issue and there were also concerns around isolation. Staff feedback was also highlighted within the presentation and the Board heard that staff felt they had faced a lot of challenges but that they were now starting to see a difference and that the constant change in policies and procedures had been a struggle.

The Board then looked at people's experiences of remote GP appointments and heard that engagement was ongoing for this project, however feedback to date was that the majority of respondents received a telephone call rather than video call and did not have a choice about the type of appointment but found it easy to follow. However, feedback showed there was a need of choice and that face to face was preferable.

Sarah informed the Board that Healthwatch BwD had been working with other Healthwatch organisations across Lancashire and South Cumbria on additional work such as:

- Surveys of people's experiences of the pandemic
- Mental Health Trailblazer – young people's participation
- BAME women's experiences of accessing physio support
- 111 First Steering Group
- Covid-19 designated setting rollout
- Support for the BwD Food Resilience Alliance
- Healthwatch Together – LSCFT clinical strategy, LGA Hospital Discharge

Looking at the feedback from latest survey that was carried out on people's experiences of the pandemic, it highlighted that they do understand the current national guidelines on national restrictions but were worried about the future and what it held for them. Communications appeared to be working well with the majority of people saying they always followed the current guidelines.

Sarah informed the Board that a consultation with residents for feedback on what the work plan should look like next year was being finalised this week with the team and

would then be discussed with Public Health. Other areas of the work plan included the following:

- Enter and View programme relaunch
- Mood of the public – elective care, how do people feel about going for an operation now?
- New Hospitals programme

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

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

Shirley Goodhew provided an update on the trends and patterns of child deaths during the last reporting year of 2019-2020 and that it was important to note that this was before the pandemic. The Board heard that it was a requirement to produce an annual report and to feed it back to each of the Health and Wellbeing Boards across Pan Lancashire.

The Board heard that the Key messages from the Annual Report were as follows:

- 108 child deaths in pan Lancashire (20 BwD, 6 Blackpool, 82 Lancashire)
- Child death notifications had declined over the last decade and 12 months
- SUDC Service providing expanded support (7 day working) and provided more timely responses
- Multi-agency action was required to address modifiable factors
- New processes had been embedded

Key recommendations that came from the report were highlighted as:

- Directors of Public Health to consider how some of the modifiable factors can be integrated into existing Public Health workstreams
- Public Health Leads to present the Annual reports to HWBs

The Board looked at Child Deaths by area, noting that the deaths in Blackburn with Darwen showed an increase in deaths from the previous year by 3, with 6 deaths in total. Overall the total number of deaths that the SUDC Service had recorded was the lowest since the service began. Shirley provided a summary of child deaths noting that 78% of deaths reviewed during 2019/20 were completed within 21 months; 83% of deaths were expected; of the BwD deaths reviewed 33% were of Asian or Asian British Pakistani heritage; 50% of deaths were female; 22% of deaths had modifiable factors and that the most common modifiable factor identified was smoking.

The Board noted the gradual downward trend of unexpected deaths over the last decade and looked at the themes of responses when deaths were reviewed. A third of child deaths were identified as medical, followed by co-sleeping / unsafe sleeping arrangements and accidental deaths. Looking at the age breakdown, the panel noted that Pan Lancashire CDOP had completed 92 reviews and that the pattern of reviews was similar to that seen nationally. The highest number of deaths occurred in children under one year of age (68% compared to 53% during 2018-19).

Looking at Ethnicity, Shirley informed the Board that the information had come from the National Child Mortality Database which provided a breakdown. Data quality was an ongoing issue and something that needed to be flagged in terms of how we record ethnicity, ensuring we are making the right analysis and recommendations and also

identifying any inequalities that needed to be picked up on. The data showed a high number of 'unknowns' which masked anything that could be pulled out. Training was being offered to help improve the situation.

The Board viewed a graph that showed Child Death Reviews by Category and it was found that the most common cause of child death were within the perinatal/neonatal period (36%) followed by chromosomal, genetic and congenital anomalies (28%). Again, this was consistent with England and Wales where perinatal and congenital causes were the most common, especially in neonates.

Shirley informed the group that modifiable factors were factors that could have made an impact on the outcome of the child's death which were considered by the panel. The Board were shown a breakdown which identified that 43% of deaths had modifiable factors which was an improvement compared to 51% last year. The presentation contained a list of modifiable factors that needed improvement with safer sleeping being the top priority. As a result of this campaigns, awareness raising, home assessments were being increased.

The Board noted the key successes and key messages / campaigns from 2019/20 that were highlighted in the presentation and finally heard about the CDOP Priorities for 2020/21. The main priorities included:

- Deliver the SUDC prevention group priorities
- Improve the quality and outputs of the child death review processes

#### **RESOLVED –**

- 1. That the CDOP Annual Report 2019/20 be shared with Board Members;**
- 2. That the presentation and recommendations be noted and Board Members feedback any further comments / suggestions to Shirley; and**
- 3. That the Board support the continued work, priorities and workstreams of the multi-agency approach**

#### **7. Disabled Facilities Grant**

Katherine White and Susan Kalvenas were asked to provide an overview of the Disabled Facilities Grant. By way of introduction, Katherine informed the Board that in 2017/18 DFG was included in the Better Care Fund pooled budget with Health Partners (BwD CCG). As such, this was a joint budget between Health and Social Care, however spending of the DFG remained a function undertaken by the Council.

The Board heard that the DFG was a grant that primarily funded major adaptations within people's own homes, such as level access showers and stair lifts, with the intention to enable disabled people to lead more independent lives.

The Board was informed that the DFG had its own legislation called the Housing Grants, Construction and Regeneration Act 1996. This was a legislative framework focussing on eligibility and criteria, which determined how the grant could be spent. Primarily it was spent across the main programme for adaptations in people's homes but there was also some flexibility to use the money for other integrated health and social care projects. Examples of which were contained in the presentation.

Katherine informed the Board that The Occupational Therapy Team within the Independent Living Service (ILS), assessed needs and provided support to apply for a

grant, if they deemed it to be necessary and appropriate. The (ILS) were also the responsible Agent for the grant. This meant they supported the applicant from the beginning to the end of the process, ensuring the legislation had been met and the works were completed to the standard required, and that the expected outcome had been achieved.

Susan provided further detail to the Board about the ILS, who completed on average 220 adaptations each year, 70% of which was for building works, such as level access showers and ramps, 30% of which was for stair lifts, step lifts and platform lifts (for external access) and vertical lifts. It was a very popular grant as it supported increased independence, proven to prevent hospital admissions as it reduced risk. Susan informed the Board that the maximum grant was £30,000.00 and that it was means tested for adults. Grants were awarded, regardless of Tenure and there were four criteria that needed to be fulfilled; the application needed to be reasonable and practicable and necessary and appropriate.

The Board heard that in this Financial Year the DFG budget was £1,877,000. In addition there was carried forward funding from the last financial year, which had been added to this year, making £2,491,000 available funds, which were allocated as follows:

- Adults: £1,601,000.00
- Children's: £660,000.00
- Telecare: £230,000.00

Susan confirmed that this year the Telecare capital would be spent on a combination of 'Business as Usual'. This was the purchasing of equipment, such as lifelines and pendants, which offered the assistance to live as independently as possible, by providing remote support to older, disabled and vulnerable people.

Susan referred to the flowchart contained with the presentation for the Board to view, which looked at the DFG pathway process from initial referral to end.

In summarising, Susan highlighted the profile of spend and informed the Board that in the last financial year Adults spent £1,787,848.99. £1,520,848.99 of this was main programme spend i.e. grant applications and the remaining £267,000.00 was spent on other Adult projects.

Katherine informed the Board that work had been significantly affected by the pandemic and the ability to spend the Adults budget this year had been severely hampered. Due to the restrictions of Coronavirus, the DFG budget in 20/21 was forecast to be significantly underspent. This was because the first lockdown in March resulted in contractors, including the Corporate Building Team, not being able to carry out any works. The outcome of this was that any monies would be re-profiled into the next financial year. The final slide of the presentation detailed how the potential underspend could be best utilised.

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

#### **8. Better Care Fund Quart 3 2020/21 Update**

The Board received a report on the Better Care Fund for Quarter 3, the purpose of which was to provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update which included a summary of delivery and changes to reporting requirements during 2020/21, provide HWBB members with the BCF and Improved



Better Care Fund (iBCF) financial position for Q3 2020/21 and to provide an update on timescales for future National BCF Planning and Reporting requirements for 2020/21.

Background details of the Better Care Fund Quarter 3 2020/21 update were contained within the report for the Board to note.

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

Furthermore, the Board heard that the most significant aspect of the report was the need to re-profile the £1,540,000 DFG into 2021/22. The Board heard that the final position at Quarter 4 would be reported at the next meeting and that an update would be provided on the planning process to increase capacity next year in order to ensure the grant is utilised fully.

**RESOLVED –**

- **That the Better Care Fund Q3 2020/21 delivery and financial position be noted;**
- **That the future planning and reporting requirements for 2021/22 be noted; and**
- **That the Board receive a Quarter 4 update at the next meeting**

**9. Any Other Business**

**RESOLVED – That the dates of future meetings for Municipal Year 2021/22 be noted.**

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

# Agenda Item 8

## HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Dominic Harrison, Director of Public Health and Wellbeing
<b>DATE:</b>	2 June 2021

**SUBJECT: Pan-Lancashire Pharmacy Needs Assessment 2021-24 (requirement suspended until October 2022)**

### 1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on pan-Lancashire work to review and update the current Pharmacy Needs Assessment (PNA) and the required period of public consultation.

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

The Health and Wellbeing Board is asked to

- Note this report
- Receive a further update later in 2021 once the revised guidance has been published and the relevant legislation has been further amended.

### 3. BACKGROUND

Local Government took on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA).

The PNA aims to identify whether current pharmacy service provision meets the needs of the local population and considers whether there are any gaps in service delivery.

The PNA is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The PNA also informs commissioners such as the clinical commissioning group (CCG) and local authority, of the current provision of pharmacy services and where there are any gaps in relation to the local health priorities.

### 4. RATIONALE

From 1<sup>st</sup> April 2013 every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmacy services for its local population, known as the Pharmacy Needs Assessment (PNA).

A published PNA has a normal lifetime of three years.

The current pan-Lancashire PNA, undertaken on behalf of, and endorsed by, all three Health and Wellbeing Boards in Lancashire, runs from April 2018 to the end of March 2021.

There have been no Local Authority organisation or boundary changes in the last 3 years and it was intended that a refresh of the current pan-Lancashire PNA be undertaken and an appropriate steering group was set up to that effect.

The PNAs were due to be renewed and published by Health and Wellbeing Boards in April 2021. However, due to pressures across all sectors in response to the COVID-19 pandemic, legislation was passed in 2020 to suspend the requirement to publish renewed PNAs until April 2022. The Department of Health and Social Care has now formally announced that the relevant legislation will be amended again to extend the suspension period for publication of renewed PNAs to October 2022. The Department also announced that updated PNA guidance will be published this summer.

Health and Wellbeing Boards retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.

## 5. KEY ISSUES

**Under the current guidance, key issues for the PNA are:**

- It is a statutory responsibility of the Health and Wellbeing Board.
- Pharmacies provide a wide range of services beyond core contracts
- The PNA is the basis for future pharmacy commissioning intentions
- Pharmacies may challenge commissioning decisions and therefore the PNA must be robust to ensure decisions are made on relevant and appropriate evidence.

**Matters which the Health and Wellbeing Board must have regard to when developing the PNA, as well as the process for its production may change, when the updated guidance is published later in the year.**

## 6. POLICY IMPLICATIONS

There are no direct policy implications

## 7. FINANCIAL IMPLICATIONS

The findings of the PNA have no financial implications

## 8. LEGAL IMPLICATIONS

The statutory responsibility for PNAs transferred from PCTs to the Health and Well-being Boards on the 1 April 2013, as a result of the changes introduced by the Health and Social Care Act 2012. At the same time, the responsibility for market entry decisions transferred from PCTs to NHS England.

Under Section 128A of NHS Act 2006 (as amended by the Health and Social Care Act 2012), the Health and Well-being Board had a duty to deliver a PNA before April 2015, and to publish a revised PNA every 3 years thereafter. The regulations which provide the details of these responsibilities are the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('the Regulations').

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were amended in August 2020 by the National Health Service (Coronavirus) (Charges and further amendments relating to the provision of primary care services during a pandemic etc.) Regulations 2020 (“the Coronavirus Regulations”). The Coronavirus regulations amended the timescales set out in the Regulations, and provided that Health and Wellbeing Board were now required to publish a renewed PNA no later than 1<sup>st</sup> April 2022. The previous requirement to publish a revised assessment before that date was suspended.

The Department of Health and Social Care has now formally announced that the Regulations will be amended again, to move the date by which HWBBs are required to publish their renewed PNAs from 1 April 2022 to October 2022. The Health and Wellbeing Board should receive a further update regarding renewed PNAs once the legislation is amended and the revised guidance has been published, in order to satisfy itself as to the amended legal duty in respect of its renewed PNA and the requirements for that document.

The PNA assists in the commissioning of pharmaceutical services for local priorities and will be used by NHS England when making decisions on applications to open new pharmacies. These decisions may be appealed by pharmacies and challenged via the courts. Therefore it is vital to comply with regulations and that systems are put in place to keep the PNA up to date. The Regulations prescribe the matters which the Health and Well-being Board must have regard to when undertaking the PNA (including consultation).

## **9. RESOURCE IMPLICATIONS**

The resources for producing the PNA have been incorporated into Public Health plans and therefore there are no additional resource implications.

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

The PNA aims to

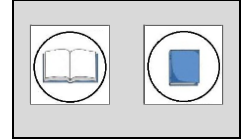
- Identify gaps in provision or accessibility, including by area or population group
- Help support a healthier population

## **11. CONSULTATIONS**

The current guidance requires a 60 day public consultation on the draft PNA, which includes :

- any relevant local pharmaceutical committee (LPC) for the Health and Wellbeing Board area
- any local medical committee (LMC) for the Health and Wellbeing Board area
- any persons on the pharmaceutical lists and any dispensing GP practices in the Health and Wellbeing Board area
- any local Healthwatch organisation for the Health and Wellbeing Board area, and any other patient, consumer and community group that, in the opinion of the Health and Wellbeing Board, has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in the Health and Wellbeing Board area
- NHS England
- any neighbouring Health and Wellbeing Board

<b>CONTACT OFFICER:</b>	Dr Gifford Kerr, Consultant in Public Health
<b>DATE:</b>	29 March 2021
<b>BACKGROUND PAPER:</b>	



# 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>	2 <sup>nd</sup> June 2021

**SUBJECT: Better Care Fund Quarter 4 2020/21 Update**

## 1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update.
- Provide HWBB members with the Better Care Fund (BCF & iBCF) Pooled budget financial end of year position for Q4 2020/21.

## 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Better Care Fund Q4 2020/21 delivery and financial position.
- Note the future planning and reporting requirements for 2021/22.
- Approve the revised pooled budget total for 2021/22 including the application of the inflationary uplift for the CCG Minimum contribution.

## 3. BACKGROUND

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

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

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

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

#### **4. RATIONALE**

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

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

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

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

Although there has been no requirement to demonstrate progress against the BCF Performance Metrics, the effective provision of integrated services has continued throughout 2020/21 under the most difficult of circumstances. Partnership working remains central to providing effective and joined up care across all parts of the system.

During 2020/21 the strength of the Health and Social Care partnership in Blackburn with Darwen has shown great solidity and robustness, particularly in relation to our collaborative approach which has been tested by the COVID Pandemic. 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, thanks to the strong joint governance and decision making arrangements in place. A Population Health Management (PHM) approach has been utilised to identify and increase knowledge of local community health and wellbeing needs and inequalities. The increased joint partnership working and joined up response to service delivery arrangements has been vital to

supporting local population needs during this challenging time. Additionally, the partnership has successfully continued to maintain Joint Commissioning Group meetings throughout the financial year in order to provide a platform for sharing and planning key programmes of work such as Albion Mill.

Our Integrated Neighbourhood Teams and BCF commissioned out of hospital services have continued to work together to meet the health and care needs of our most vulnerable residents. Where appropriate, digital solutions have supported virtual meetings and reduced face to face contacts in line with Government Guidance, enabling necessary support and planning to continue. Teams across the Partnership have followed all government and organisational advice in respect of social distancing and PPE, enabling critical interventions to be carried out safely.

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.

Progressing the distribution of the Disabled Facilities Grant has been particularly challenging as shielding and social distancing restrictions have made adaptations to individual's properties difficult to achieve. National Hospital Discharge Guidance was issued at the outset of the Pandemic. All requirements have been met and implemented as system Partners work together to ensure that discharges from hospital are safe and without delay. Additional requirements have included the provision of an extended and flexible 7 day offer across Hospital Discharge, Reablement and Home First services.

The remainder of this section of the report provides a financial summary at Q4 2020/21:

#### Q4 2020/21 Finance Update

The CCG minimum pooled budget requirement for 2020/21 was £12,635,175 which is 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 previous financial year, there was an overall under spend for the year of £2,304,396. Of which, £857,351 relates to a planned carry over for the ordinary BCF for full utilisation in 2021-22. The remaining balance of £1,447,045 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 2021/22 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 as reported normal activity on DFG was suspended 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 2021/22.

In 2020/21 the iBCF allocation has been 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 is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 17th May 2021.



## 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 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 - £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%)

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## **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. 4 Position 2020-21**

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 is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 17th May 2021. After adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,304,396, of which, £857,351 relates to BCF revenue pool and carry forward of DFG capital funds amounted to £1,447,045.

## 7.2 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. An updated Section 75 agreement for 2020/21 has been reviewed and approved between the Local Authority and CCG in Jan 2021. The Section 75 Agreement outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally.

## 9. RESOURCE IMPLICATIONS

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

## 10. EQUALITY AND HEALTH IMPLICATIONS

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

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

## 11. CONSULTATIONS

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

<b>VERSION:</b>	1
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