

Public Document Pack

Health & Wellbeing Board

Tuesday, 5th December, 2023
6.00 pm

AGENDA

1. **Welcome and Apologies**
2. **Declarations of Interest**
Declaration of Interest Form 3
3. **Minutes of Previous Meeting**
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4. **Public Questions**
No Public Questions raised prior to Publication
5. **Developing Blackburn with Darwen Place Based Partnership**
BwD Place Based Partnership Update 10 - 16
6. **Life-course Updates to the Health and Wellbeing Board**
Live Well Schedule of HWBB Updates 17 - 21
7. **Update on Public Health Strategies in Development**
Update on Public Health Strategies 22 - 26
8. **Age Well Partnership Update**
Presentation
9. **Better Care Fund Plan 2023/5 Update**
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10. **Any Other Business**

11. Forward Plan

Proposed Items for Next Meeting:

- Local Authority Healthy Weight Declaration
- Annual Review & Update of HWB Terms of Reference
- Live Well Update – Part 1
- Dying Well Update

12. Date and Time of Next Meeting

5th March 2024
18:00 – 20:00

Date Published: Monday, 27 November 2023
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: **Health and Wellbeing Board**

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 TUESDAY, 5th September 2023

PRESENT:

Councillors	Damian Talbot
	Derek Hardman
Integrated Care Board (ICB)	Claire Richardson
	Sam Proffit
East Lancashire Hospitals NHS Trust	Arif Patel
	Jane Munton-Davies
	Tony McDonald
Voluntary Sector	Sarah Johns
Council	Abdul Razaq
	Catherine Taylor
	Gwen Kinloch
	Julie Gunn
	Katherine White
	Liz Petch – Blackpool Council
	Tina Kuczer - Clerk

1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

Apologies were received on behalf of Tara Poole, Chris Oliver, Gareth Jones, Vicky Shepherd, Angela Allen, Joanne Siddle, Dilwara Ali and Dr Mohamed Umer.

2. Declarations of Interest

There were no Declarations of Interest received.

3. Minutes of the Meeting held on Tuesday, 20th June 2023

The Minutes of the Meeting held on 20th June 2023 were submitted for approval.

RESOLVED – That the Minutes of the Meeting held on 20th June 2023 be agreed as a correct record.

4. Public Questions

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

5. Tobacco Free Lancashire and South Cumbria Strategy 2023-2028

Director of Public Health (BwD) Abdul Razaq and Consultant in Public Health (Blackpool) Liz Petch presented a summary of the progress of the Tobacco Free Lancashire and South Cumbria Strategy to the Board. The Board was asked to approve the Tobacco Free Lancashire and South Cumbria Strategy.

The Board was advised that tobacco was a main contributor to health inequalities and a major cause of illness and death in the Borough. The Strategy was presented at Blackpool Health & Wellbeing Board in June 2023 and at Lancashire County Council and the Integrated Care Board in September 2023. The purpose of the strategy was to provide clear direction for commissioners, strategic leads and policymakers across Lancashire and South Cumbria around how we can make Smokefree a reality for Lancashire and South Cumbria and reduce the harm to our population from smoking and tobacco. Current investment to support the Blackburn with Darwen population was available through a local authority community pharmacy offer and promoted via re-Fresh. It was agreed that lobbying Government was key to achieving additional financial investment for the strategy.

There was a discussion following the summary regarding those groups who experience inequalities in tobacco use and tobacco related harm, including: smoking in pregnancy, smoking in people with mental health conditions, socio-demographic inequalities, smoking in routine and manual occupations, smoking in those with multiple addictions, shisha and smokeless tobacco, children and young people.

Vaping was discussed as a tool for adults to quit smoking. Concerns were expressed about the unknown long-term effects of vaping and “under the counter” sales to minors. Vaping products via prescription was considered but there were no registered providers willing to undergo toxicology testing/regulation of their products. Profits appear to drive their decision not to put themselves forward.

It was agreed that Smoke Free Places should be expanded from children’s parks, public buildings and indoor spaces. Liz Petch advised that Blackpool Council was in consultation with Blackpool Pleasure Beach and Blackpool Zoo to make them completely Smoke Free. Some beaches in South Wales were also designated “smoke free”.

The Chair, Cllr Damian Talbot thanked Abdul Razaq and Liz Petch for the huge amount of detail in the report and agreed that a targeted approach was needed to reach particular demographics.

The Board was recommended to approve the Tobacco Free Lancashire and South Cumbria Strategy 2023-2028.

RESOLVED – That the Tobacco Free Lancashire and South Cumbria Strategy 2023-2028 be approved.

6. Climate Emergency Action Plan

The Environment and Sustainability Manager (BwD), Gwen Kinloch, presented a brief update on the Climate Emergency Action Plan. Gwen advised this was the 3rd version of the plan and was Council focussed at the moment. The Board was asked to note the Climate Emergency Action Plan.

Slides covered;

Recap – Ambition: To be Carbon Neutral by 2030

Action Plan to include:

- 1) Make sound climate-related decisions
- 2) Create a resilient and attractive borough
- 3) Be lean and clean with resources and energy
- 4) Travel lightly
- 5) Capture more carbon

Achievements in 2022/23

Energy Measures

Plans for 2023/24

Blackburn with Darwen Joint Local Health and Wellbeing Strategy 2023-28;

Priority 2: Healthy Homes, Places and Community

Climate Change & Health Needs Assessment

- Key recommendations for public health:
 - Give consistent consideration to the climate and ecological emergency in all public health strategic documents
 - Prioritise integrating climate and ecological considerations into commissioning decisions
 - Support the integrated care system to plan for future climate risks and increase resilience
 - Strengthen and support emergency planning and preparedness structures both locally and through the local resilience forum.

RESOLVED – That the Board noted the Climate Emergency Action Plan.

7. Developing Blackburn with Darwen Place Based Partnership – Update on Progress

Director of Health and Care Integration Blackburn with Darwen, Lancashire and South Cumbria Integrated Care Board, Claire Richardson, provided an update on progress of the Place Based Partnership. It was noted that the Board had previously received verbal updates in relation to the development of a Place Based Partnership for Blackburn with Darwen and

through their development session in March, members had the opportunity to input into key delivery priorities and an operating model for the Partnership.

The report represented the first formal update from the Place-Based Partnership to the Health and Wellbeing Board and was intended to ensure that the Board was fully sighted on progress during the development and subsequent phases of the partnership arrangements.

The Health and Wellbeing Board was recommended to:

- Consider and provide feedback on the report
- Note the Place Integration Deal for the Lancashire and South Cumbria places that was agreed by the Lancashire and South Cumbria Integrated Care Board in July and offer reflections in regards to their ambitions for integration in Blackburn with Darwen
- Agree to receive a further report at the meeting in December, outlining options and recommendations for governance of the joint planning, delivery and commissioning arrangements

In addition to the Start Well/Live-Work Well/Age Well/Dying Well strategies the Place Based Partnership also focussed on delivering Integrated Services; Neighbourhoods, Community Health and Care (including Mental Health), Intermediate Care (Maximising Albion Mill Facility) and Care Sector Quality Improvements.

Working effectively with people and communities, developing partnerships and working closely with the Director of Public Health and his team was also discussed.

Chair Cllr Damian Talbot thanked the team for their commitment and agreed it was an ambitious project with universal challenges in a financially difficult time.

No questions were received following the update.

RESOLVED – That the Board:

- Noted the report
- Noted the Place Integration Deal and offered reflections; and
- Agreed to receive a further report at the Health and Wellbeing Board Meeting in December.

8. ICB Joint Resource Capital Plan 2023-2024 Annual Report

The Director of Public Health, Abdul Razaq, recommended that the Health and Wellbeing Board note the NHS Lancashire and South Cumbria ICB Joint Resource Capital Plan Annual Report 2023/24.

A discussion followed the report which included:

RAAC replacement / reinforcing had taken place in various hospitals including the Royal Blackburn Hospital. Contingency plans were in place by the Rooms Team if problems developed during works. Improved uptake in Diagnostic Centre appointments – lives were being saved and residents were receiving treatment earlier. Funding had been secured for an additional decant ward in order to upgrade other wards. The Electronic Patient Records System was now up and running and would need to be taken forward to Blackburn with Darwen.

Cllr Damian Talbot and Abdul Razaq both reiterated the need for sharing “good news stories”. There was now a dedicated Comms Resource available and this should be utilised more.

RESOLVED – That the NHS Lancashire and South Cumbria ICB Joint Resource Capital Plan Annual Report 2023/24 be noted.

9. Joint Local Health and Wellbeing Strategy: Life Boards Update

The Director of Public Health, Abdul Razaq, recommended that the Health and Wellbeing Board note the Joint Local Health and Wellbeing Strategy – Life Boards Update.

Slides covered;

How the system works together – Collaborative Planning (BwDBC / LSCICP / LSCICB / BwD Place Based Partnership)

An Overview of Neighbourhoods, Places and Systems

BwD Place Based Operating Model

BwD Joint Health and Wellbeing Strategy

Governance and Reporting Arrangements

Start Well: Children's Partnership Board

Live Well: Programme Oversight

Age Well: Partnership Board

Dying Well: Palliative Care and End of Life Care Programme

It was noted that the BwD Place Based operating model was not accountable to the Health System, but had a statutory obligation. In regards to good quality work and maximising income, the BwD Skills and Employment Board led by Fazal Dad / Martin Kelly / Adrian Phillips and Cllr M Green needed to be involved in the Health and Wellbeing Board and feed into the meeting.

The Adult Mental Health and Suicide Group (Governance Partnership/Group) to be renamed “Strategic Mental Health and Suicide Group”.

It was agreed that the Live Well Programme was a multi-layered system with huge challenges ahead.

There were many cross themes and mapping out of existing groups was complicated – an update to the Health and Wellbeing Board was expected in March 2024.

The Age Well Partnership Board was led by Fran Riley BwD and chaired by Vicky from Age UK – an update to the Health and Wellbeing Board was expected in December 2023.

RESOLVED – That the Board noted Joint Local Health and Wellbeing Strategy – Life Boards Update.

10. Children's Partnership Board Update

The Strategic Director of Children's Services, Joanne Siddle had sent her apologies. The Board did not receive the Children's Partnership Board update as planned.

In her absence it was agreed to circulate the slide deck to the Board.

It was agreed that if there were any questions following receipt of the update, they would be raised at the next Health and Wellbeing Board in December 2023.

ACTION: Clerk to share the Children's Partnership Board update via email to the Board – Completed 03.10.23

11. Any other Business

There was no other Business.

12. Proposed Items for Next Meeting

The proposed items for the next meeting included:

- Age Well Annual Update
- CDOP Annual Report
- Child Death – Overview Panel
- PB Governance Agenda

14. Date and Time of Next Meeting

The next meeting was scheduled to take place on Tuesday 5th December at 6pm.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

Agenda Item 5

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Claire Richardson, Director of Health and Care Integration Blackburn with Darwen, Lancashire and South Cumbria Integrated Care Board
DATE:	5 th December 2023

SUBJECT: Developing Blackburn with Darwen Place Based Partnership – Progress update and overview of governance options

1. PURPOSE

This paper provides the Health and Wellbeing Board with an update on progress in developing Place Based Partnership arrangements for Blackburn with Darwen. It intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during the development and subsequent phases of the partnership arrangements.

The paper also includes an outline of the different governance models that could be developed in order to facilitate collaborative planning, delivery and commissioning arrangements, once the Integrated Care Board enacts the delegations to place, as committed within its Place Integration Deal (July 2023).

2. RECOMMENDATIONS FOR THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board is recommended to:

- Note the update provided in this report on the development of the Blackburn with Darwen Place Based Partnership and the collaborative delivery that is underway to integrate health and care for the residents of Blackburn with Darwen;
- Note and support the Lancashire and South Cumbria-wide review of Better Care Fund ('BCF') arrangements;
- Agree to a review of the existing joint commissioning arrangements that support the current Blackburn with Darwen section 75 pooled budget and Better Care Fund with recommendations to be brought back to the next meeting;
- Note the options for Place-based Partnership governance as documented within national guidance and set out in this report.

3. BACKGROUND

The Health and Care Act 2022 introduced radical changes to the NHS health and care commissioning landscape, the key change being the formal creation of Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB) which is an NHS organisation with responsibility for allocating the NHS budget and commissioning services for the population, taking over the functions previously held by clinical commissioning groups (CCGs) and an Integrated Care Partnership (ICP) which is a statutory joint committee of the ICB and local authorities in the area.

Within the Lancashire and South Cumbria Integrated Care System, it has been agreed that there will be four “places”, where commitment has been made to grow and support thriving PBPs, aligned to Upper Tier Local Authority boundaries - Blackburn with Darwen, Blackpool, South Cumbria and Lancashire.

In order to further develop integrated arrangements for planning and delivery within the four places, the Integrated Care Board agreed the high-level Place Integration Deal at their meeting on 5th July 2023, the Integrated Care Partnership also endorsed the Deal at their meeting in August 2023 and subsequently the Deal has been supported by partner organisations and bodies, including the HWBB.

The Place Integration Deal aims to ensure the effective delivery of the ICB’s aims through its implementation, where resources from the ICB (and other partners over time) are embedded further into our neighbourhoods and places. Over time, delegated decision making will support further aligning and/or pooling of resources with local authorities, ensuring better targeting to local need and making better use of our collective resources.

Delegations to our places will be a phased approach which enables us to take the learning from delegations enacted in phase 1 and build on this to help inform our approach to further delegations. The process is also an iterative one, as partnership arrangements continue to evolve to reflect increasing levels of delegation and earned autonomy.

Ensuring that the planned delegations can be safely enacted is key, as is an understanding of the associated risk/rewards for all stakeholders, this will require robust yet effective and pragmatic governance to be in place. Consideration of all these elements will be built into readiness assessments prior to any delegation and since July, work has been on-going with ICB directors, finance and governance leads, supported by the Place Based Partnership, to plan to enact the commitments made in the Place Integration Deal.

This paper, along with a presentation in meeting, provides the HWBB with an update on progress of these discussions.

4. RATIONALE

The approach to collaborative planning and delivery of health and care services, through a Blackburn with Darwen Place based Partnership, provides an opportunity to strengthen the HWBB’s influence in prioritising prevention of ill health and ensuring joined up provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

5. KEY ISSUES

Collaborative delivery in action

Blackburn with Darwen continues to build on its long history of joined up working, resetting its arrangements through the development of the Place Based Partnership, including refreshing ambitions and priorities, a leadership development programme for system leaders and facilitating delivery of joined up service provision to meet the needs of our communities.

Key areas of focus so far have included:

- External review of neighborhoods in BwD - refresh of shared ambition and delivery model, incorporating Family Hubs and the Fuller Stocktake report recommendations. Next steps were discussed at a partnership event on 17 November with action planning to follow in coming months.

- Progressing the transaction of Adult Community Services from LSCFT to East Lancashire Hospital Trust, subject to due diligence.
- System agreement of bed based intermediate care model and working towards mobilisation of the model at Albion Mill.

Our Population Health programme focusses on reducing health inequalities in residents who experience above average numbers of hospital attendances and admissions, across 11 priority wards. Working with Healthwatch we have engaged with over 500 residents which has informed targeted, rapid improvement work focussing on 3 wards initially, to support prevention, earlier intervention and keep people safe and well at home. We are also working closely with Family Hubs to deliver vaccinations and immunisations in non-clinical community-based venues.

Our life course developments align well to both the BwD Health and Wellbeing Board and Lancashire and South Cumbria Integrated Care Partnership strategies. A focus to date has been on the following activities:

- **Start Well** – ensuring health service delivery from the recently launched Family Hubs; ensuring additional mental health support for Children and Young People; integrated working to mobilise new 0-19yrs provision.
- **Live/Work Well** – virtual careers advice session; investment in homeless pods; co-produced carer's plan in development; delivery of health checks and enhanced health checks; working with Public Health Team to map existing "live well" groups/partnerships in order to support work already on-going and avoid duplication.
- **Age Well** – Ageing Well campaign promoted, focus on frailty and Engineering Better Care Programme to promote earlier identification of people who are becoming frail and support them to remain at home.
- **Dying Well** – Healthwatch End of Life insight work has been undertaken to understand what matters to people, currently undertaking a self-assessment with partners, for 'Getting to Outstanding' in end-of-life care, improvement plan to be presented to HWBB in March 2024.

Lancashire and South Cumbria Place Integration Deal (PID) update

Since the PID was approved at the July ICB meeting, the place-based partnership teams have been working with ICB colleagues from workforce, finance, performance and governance on how to enact the phased delegations to place, as outlined within the PID.

Phase 1 of these delegations will include the Population Health Investment Fund (PHIF), Better Care Fund (BCF) and the Population Health Management function, subject to the necessary process for approval within the ICB, as these services are well suited to management at place level. These services also reflect the immediate delivery priorities across the four places and will facilitate further joined-up working and it is recognised that BCF arrangements are already governed by Section 75 arrangements to support existing pooled budgets within the four places.

To support the future delegation of BCF budgets from LSC ICB to our places, as part of the implementation of the Place Integration Deal, a proposal has been developed to undertake an independent review of our existing BCF arrangements.

BCF arrangements vary across the four place-based partnerships within Lancashire and South Cumbria (LSC) largely due to legacy CCG arrangements, so the proposed review will look to improve our;

- **Understanding** - What the six BCFs currently fund in each of the four places
- **Assurance** – Value for money, return on investment and maximum impact on outcomes
- **Alignment** - identify where schemes are or could be better aligned across the four places and opportunities for consistent LSC approach, as outlined within our PID.
- **Clarity of purpose** – statutory role, responsibilities, governance, and accountabilities for BCF through the six Health and Wellbeing Boards in LSC aligned to national guidance.

- **Transparency** – joint ICB and LA review of what is jointly funded through BCF and associated funding decisions.

To enable this review, a high-level proposal has been approved ‘in principle’ by Partners in Care and Health (PCH) and the Local Government Association (LGA) to fund external and independent support to facilitate this work. PCH and LGA partners are already working with our Lancashire and South Cumbria Places on reviews of their BCF arrangements which offers us the opportunity to link and align these various pieces of work.

The project scope to commission this facilitation is currently in development. Place and ICB colleagues will be heavily involved in both the development of the scope and the selection of the most appropriate organisation to work with and the HWBB is recommended to support the implementation of this review.

Place-based Partnership development update

Within the Place Integration Deal, it acknowledges that there is room for places to evolve and mature their decision making and governance arrangements and sets out three stages of development as being: ‘in development’, ‘in shadow’ and ‘ready for delegation’.

The Blackburn with Darwen Place is currently ‘in development’ stage, with the Blackburn with Darwen Place Based Partnership acting as a consultative forum, with no formal delegations. The staged development process is intended to be an iterative one, as partnership arrangements continue to evolve to reflect increasing levels of delegation and earned autonomy, within this process a PBP would evolve to ‘in shadow’ once the following have been completed:

- a) the Director of Health and Care Integration for Blackburn with Darwen has delegated authority from the NHS Lancashire and South Cumbria Integrated Care Board around any NHS budget delegated to Place, and
- b) the Blackburn with Darwen Place Based Partnership starts to operate as if it has delegations, meaning that those NHS delegations are exercised via the Partnership to support collective decision making in the Place.

Whilst the timescales for first phase delegation are currently being considered, the existing PBP governance will remain as is, with the PBP Board acting as a consultative forum to promote collaborative planning and delivery. All other organisational decision-making processes will remain unchanged at this time.

Current joint commissioning arrangements for Blackburn with Darwen

Blackburn with Darwen have long standing arrangements in place to oversee joint commissioning activity and decision making. These arrangements, historically were via an Executive Joint Commissioning Group (Exec JCG) and Joint Commissioning and Recommendations Group (JCRG), established under the auspices of the HWBB, which, in turn, receives its delegations and mandate from the Council’s Executive Board.

The Exec JCG and JCRG were also jointly constituted with the previous Blackburn with Darwen Clinical Commissioning Group, to whom they were jointly accountable. Following the establishment of the Integrated Care Board in July 2022 and the Place-based Partnership in April 2023, it is recommended that these joint commissioning arrangements, their membership and purpose, now be reviewed in order to ensure they are fit for purpose with appropriate ICB membership confirmed.

Overview of options for future governance

In terms of statutory status, the Health and Care Act 2022 has not changed the statutory status or functions of the Health and Wellbeing Board. It continues to be a committee of the local authority established by statute which must produce the Local Strategic Needs Assessment and the Joint

Local Health and Wellbeing Strategy. It is intended that HWBBs will play a role in the development of a Place plan with other partners in place, but it will also continue to have an assurance role in relation to how the Integrated Care Board (and other partners in the system) have helped deliver the Joint Local Health and Wellbeing Strategy.

There is a shared commitment from Blackburn with Darwen Borough Council, and the NHS Lancashire and South Cumbria Integrated Care Board to work together to organise and deliver care together at the most appropriate level and closest to the residents we serve. The development of the Blackburn with Darwen Place-based Partnership is at the heart of this and will be a key driving force in ensuring our residents have healthy communities, high quality services, and a health and care service that works for them.

National guidance in relation to developing Place based Partnerships was contained in a joint publication in September 2021 between the NHS and the Local Government Association, "Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems". The guidance outlines five place-based governance arrangements that could be established by the local NHS Integrated Care Board in partnership with local authorities and other partners to jointly drive and oversee local integration. The guidance confirmed that it will be for system partners to determine the arrangements.

The five options set out in the Thriving Places guidance are described in the table below.

Option 1 Consultative Forum	Option 2 Committee of ICS NHS Body	Option 3 Joint committee	Option 4 Delegated authority to individual director	Option 5 Lead provider contract
<p>We envisage this working as a place-based partnership board where every partner has delegated decision making from their organisation through the individuals who are members of the board.</p> <p><i>Option closest to current ways of working.</i></p>	<p>A committee of the ICS NHS body with delegated authority to take decisions about the use of ICS NHS body resources</p>	<p>The ICS NHS body with one or more statutory bodies would delegate decision making on specific functions/services/populations to the specified joint committee in accordance with their schemes of delegation</p> <p><i>Likely to be a complex/time-consuming model to agree across multiple statutory partners.</i></p>	<p>An individual director would have delegated authority from the ICS NHS Body around the L&SC NHS budget that is allocated to place. Delegations would be set out in the organisation's scheme of delegation.</p> <p><i>Most likely to operate in combination with another option</i></p>	<p>Lead provider holds the contract with the ICS NHS Body and has lead responsibility for delivering the agreed outcomes for the place</p>
Could operate in conjunction with: Option 4	Could operate in conjunction with: Option 3 and/or 4	Could operate in conjunction with: Option 2 and/or 4	Could operate in conjunction with: Option 1, 2, or 3	Could operate in conjunction with: N/A

Across Lancashire and South Cumbria, a small number of key principles have been developed with partners, whilst establishing place-based partnerships, to describe the intended ways of working at Place. These are:

- There should be collective ownership and accountability at place for:
 - Improving the health and wellbeing of our residents
 - Planning and delivering safe and effective services that meet the needs of our residents.
 - Managing resources effectively
- There should be collective decision-making at place when:

- Agreeing priorities
- Allocating and managing resources
- Places should feel empowered to act in the best interests of their residents, whilst recognising their role as part of a wider system. This will require clear assurance processes:
 - Between the partners within the place
 - Between the place and the community which it serves
 - Between each place and the system

Governance options 1-5 and combinations thereof, have been considered against the three key principles outlined above, with a summary rating used to indicate the suggested overall ability of the option to meet the three key principles, the detail of this assessment is included within the attached Appendix A.

In order to assess the appropriateness of each of these options for use in the Lancashire and South Cumbria place-based partnerships the key features, benefits and risks identified with each of these options are currently being considered with the ICB and local authority colleagues.

6. POLICY IMPLICATIONS

Driving integration, the key remit of the Place-based Partnership, is an ambition which aligns with the key statutory functions of the Health and Wellbeing Board and which includes setting the strategic direction to improve health and wellbeing (Department of Health and Social Care (2022) Health and Wellbeing Boards – Guidance. Available at: Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)).

The proposals and next steps outlined within this report, offer the Health and Wellbeing Board greater influence over the planning, delivery and commissioning of health and care services within Blackburn with Darwen, in order to ensure the achievement of the Joint Local Health and Wellbeing Strategy.

7. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report.

Any subsequent financial matters relating to the Better Care Fund, section 75 Agreement or section 256 agreements will be discussed with, and taken through, the relevant governance channels of the Health and Wellbeing Board and/or relevant partner organisations, prior to any action being undertaken.

It should be recognised that the local authority and Integrated Care Board are currently operating in a context of significant financial challenge and progression of the Place Integration Deal will be within this context.

8. LEGAL IMPLICATIONS

There are no legal implications resulting from this report.

Any subsequent legal matters relating to the Better Care Fund, section 75 Agreement or section 256 agreements will be discussed with, and taken through, the relevant governance channels of the Health and Wellbeing Board and/or relevant partner organisations, prior to any action being undertaken.

9. RESOURCE IMPLICATIONS

There are no resource implications resulting from this report.

Any subsequent resourcing matters relating to the Better Care Fund, section 75 Agreement or section 256 agreements will be discussed with, and taken through, the relevant governance channels of the Health and Wellbeing Board and/or relevant partner organisations, prior to any action being undertaken.

10. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

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

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

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

11. CONSULTATIONS

Members of the Health and Wellbeing Board have been engaged as part of the Place-based Partnership development, particularly through their own development sessions in February and June. An update on health and care integration was also presented to BwD Health Oversight Scrutiny Committee (August), the HWBB meeting (September) and the LSC Integrated Care Partnership (August).

Senior leads from health, care, local authority and voluntary, community, faith and social enterprise sector have and continue to be, engaged in the work of the PBP; in the development and implementation of the Place Integration Deal and the more detailed engagement that is now commencing with place partners, particularly the local authority, in order to understand their specific ambitions for integration in Blackburn with Darwen and opportunities for delegations to be made into the Partnership.

VERSION:	0.3
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CONTACT OFFICER:	Philippa Cross, Head of Partnership Development, Blackburn with Darwen
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DATE:	13.11.2023
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BACKGROUND PAPER:	Lancashire and South Cumbria Integrated Care Board Place Integration Deal 5 th July 2023
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Agenda Item 6

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Cath Taylor, Consultant in Public Health
DATE:	5 th December 2023

SUBJECT: Life-course updates to the Health and Wellbeing Board, including Live Well priorities

1. PURPOSE

To provide an update on work to map the key strategic and supporting groups which have responsibility for delivery of Live Well priorities and actions within the Joint Local Health and Wellbeing Strategy.

To propose a revised future schedule of life-course updates to the Health and Wellbeing Board, incorporating updates on the Live Well priorities.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board are asked to:

- Note the results of the Live Well mapping exercise to date and identified gaps, issues and opportunities.
- Approve the implementation of the proposed future schedule of life-course updates to the Board.

3. BACKGROUND

Following the development and publication of the Blackburn with Darwen Joint Local Health and Wellbeing Strategy in June 2023, focus has now moved to implementation of the strategy priorities and their associated actions via a series of life-course work programme areas (Figure 1).

In September 2023, the Health and Wellbeing Board received a presentation providing an update on progress made by each of the life-course boards in delivery of the strategy. The following activity was noted:

- Start Well:** The Children's Partnership Board (CPB) have overall responsibility for delivery of the *Best Start in Life* priority within the strategy. A number of workshops have been held by the CPB and a draft Start Well Action Plan has been developed to ensure all aspects of the strategy are covered. An annual Start Well update is delivered to the Health and Wellbeing Board by the Director of Children's Services to ensure accountability for delivery of this part of the strategy.
- Live Well:** Work has been completed to map activity within this area of the strategy and suggest the most appropriate governance arrangements. This is linked in with wider work in relation to the place-based board governance, and an update on both areas is tabled at the Health and Wellbeing Board in December 2023.
- Age Well:** The Age Well Partnership (AWP) has overall responsibility for delivery of the *Positive ageing in independence in later life* priority within the strategy. The AWP have

developed an Age Well Action Plan which covers all aspect of this priority area and an annual Age Well update is delivered to the Health and Wellbeing Board by the Deputy Director for Adults Social Care/Chair of the AWP, to ensure accountability for delivery of this part of the strategy.

- **Dying Well:** Healthwatch End of Life insight work has been undertaken to understand what matters to people. A self-assessment for 'Getting to Outstanding' in end-of-life care is also underway and an improvement plan to be presented to Health and Wellbeing Board in March 2024.

Figure 1: Joint Local Health and Wellbeing Strategy on a page

Section 3: Our Health and Wellbeing Strategy on a Page					
Blackburn with Darwen Joint Health and Wellbeing Strategy 2023 - 2028					
Our Vision <i>Working together to create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from sustained improvements in health and wellbeing</i>					
Our Principles					
Action on the wider determinants of health	Ensuring health equity	Communities driving change	Intelligence and evidence based decision making	Coordination at place and service integration	
Our Priorities					
Best start in life	Healthy, homes, places and communities	Mental and physical health and wellbeing	Good quality work and maximising income	Positive ageing and independence in later life	Dying well
How we will deliver our priorities					
Start Well Start Well annual action plan	Live Well Live Well annual action plan	Age Well Age Well annual action plan		Dying well Dying Well annual action plan	
Pennine Heathy Equity Alliance					
Blackburn with Darwen Place Based Partnership					
Primary Care Neighbourhoods					
Monitoring					

Health Matters: Health and Work - [Health matters: health and work - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters/health-and-work)

Health Foundation; What good quality work mean for our health - [What does the changing labour market mean for health](https://www.healthfoundation.org.uk/what-good-quality-work-mean-for-our-health)

Suicide prevention strategy 2023-28 - [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028)

Levelling Up White Paper - [Levelling Up the United Kingdom - GOV.UK \(www.gov.uk\)](https://www.gov.uk/levelling-up-the-united-kingdom)

4. RATIONALE

In order to ensure that the Health and Wellbeing Board is delivering the vision and priorities set out within its Joint Local Health and Wellbeing Strategy, there is a need for clear reporting arrangements between the Board and any key strategic groups.

Whilst there is a clear process for reporting arrangements and accountability between the Health and Wellbeing Board and the Children's Partnership Board (Start Well) and Age Well Partnership (Age Well), the arrangements for Live Well are complex and require further consideration by the Health and Wellbeing Board in line with the recommendations of this report. Proposed reporting and progress update arrangements for Dying Well are also in development at the Lancashire & South Cumbria ICB level.

5. KEY ISSUES

The Live Well aspects of the Health and Wellbeing Strategy encompass a broad span of areas and cover three separate priorities as follows, each with a range of actions underneath:

- Priority 2: Healthy homes, places and communities
- Priority 3: Mental and physical health and wellbeing
- Priority 4: Good quality work and maximising income

There is a large span of groups across the Council and broader partners which are delivering activity aligned to the priority areas within the Strategy. A mechanism is therefore required to provide the Board with an overview of this activity and key highlight reports from key strategic groups against the strategy priorities.

Work has been underway to map these groups and suggest the most appropriate governance arrangements moving forwards. For each of the three priorities, this has involved identifying any key strategic groups and other supporting groups or services involved with the delivery of each of the actions. Gaps in delivery against actions were highlighted along with any other relevant issues, risks and opportunities.

A presentation will be given at the Health and Wellbeing Board on 5th December which provides the detailed results from the Live Well priorities mapping exercise. Key findings can be summarised as follows:

- The majority of actions across the three Live Well priority areas have an existing strategic group which can provide assurance to Health and Wellbeing Board that the strategy actions are being delivered.
- It is therefore proposed that these key strategic groups are asked to provide a short highlight report to the Health and Wellbeing Board on an annual basis in line with the following schedule. Two Live Well updates will be provided per year which recognises the breadth of the Live Well agenda.
 1. Start Well
 2. Live Well – Wider Determinants of Health (Priority 2 and 4)
 3. Live Well – Mental and Physical Health (Priority 3)
 4. Age Well (and Dying Well)
- A number of areas were identified where there were governance arrangements and work progressing for delivery against specific actions. These included:
 - Ensuring that new housing developments and planning policies had consideration for health and wellbeing. However, governance arrangements were in place for this via the local plan process which contains a range of policies to create health promoting environments.
 - Some aspects of good quality work and maximising income including health and wellbeing support for those in work, and work with large scale organisations to improve wellbeing of the population. A number of groups are in development which could support this area of work (see below).
- In addition, there are a number of further issues, risks and opportunities identified as follows:
 - A review of strategic housing within the Council is currently underway, which will provide a future opportunity to strengthen the links between the Health and Wellbeing Board and housing functions within the Council.

- Lancashire Road Safety Partnership is undergoing significant change in scope and membership, and further work is required to understand the implications of these changes.
- The Blackburn with Darwen Vulnerable Person's Board is currently under review.
- The Levelling Up Partnership is currently in development. This is a capital based programme, which involves the local authority working with Department for Levelling Up, Housing and Communities on a stakeholder analysis and further national support.
- Lancashire 2050 Economic Inactivity group has undertaken research and published its findings relating to the impact of economic inactivity and good quality work upon health and wellbeing. The group is now working with the Lancashire & South Cumbria ICB on the development of an expression of interest in respect of national funding for Working Well Partnerships.

6. POLICY IMPLICATIONS

The Live Well priorities map across to the Blackburn with Darwen Corporate Plan missions where:

We want every single resident, no matter who they are, to have a good quality of life.

To help us achieve this, we will make progress on four core missions.

1. A more prosperous borough where no one is left behind
2. Every child and young person to have opportunities to fulfil their potential
3. Deliver our climate emergency action plan
4. Build happier, healthier and safer communities

7. FINANCIAL IMPLICATIONS

The Health and Wellbeing Strategy priorities are delivered within existing financial commitments.

8. LEGAL IMPLICATIONS

It is a statutory requirement under the Health and Social Care Act 2012 that each upper tier local authority establishes a Health and Wellbeing Board as one of their formal committees. The HWB have a statutory duty to produce certain assessments and plans – including the Joint Local Health and Wellbeing Strategy. They are also responsible for setting strategic direction to improve health and wellbeing in their area and installing mechanisms for joint working and improving the health and wellbeing of their local population. The work and proposals outlined in this report should assist the BwD Health and Wellbeing Board in fulfilling their statutory responsibilities.

9. RESOURCE IMPLICATIONS

A planning and governance officer post in Public Health will support the reporting and monitoring of the Joint Local Health and Wellbeing Strategy 2023-28.

10. EQUALITY AND HEALTH IMPLICATIONS

An Initial Equality Impact assessment has been completed. A full EIA is not required.

11. CONSULTATIONS

This mapping work has been undertaken by the Public Health Team and Blackburn with Darwen Place-Based ICB colleagues. The work has been informed through consultation with a range of teams across Blackburn with Darwen Council, including the Adults & Health and Growth & Development departments.

VERSION:	3
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CONTACT OFFICER:	Cath Taylor, Consultant in Public Health
DATE:	14 th November 2023
BACKGROUND PAPER:	None

Agenda Item 7

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Abdul Razaq, Director of Public Health
DATE:	Tuesday, 5 December 2023

SUBJECT: Update on Public Health Strategies in Development

1. PURPOSE

To update the Health and Wellbeing Board on the progress on the development of Public Health strategies in development.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- To note the progress and timelines of the production of the Public Health strategies currently in development (set out in Sections 3 and 5 below).
- That the Health and Wellbeing Board receive the Public Health strategies once finalised.

3. BACKGROUND

Following the publication of the Blackburn with Darwen Joint Local Health and Wellbeing Strategy 2023-2028, further work has been progressing on developing specific Start Well, Live Well and Age Well related public health strategies as follows:

- i. Start Well: Child poverty strategy
- ii. Start Well: Infant feeding Strategy
- iii. Start, Live and Age Well: Mental Health, Suicide and Self-harm Prevention strategy
- iv. Live Well: Combatting drugs partnership Strategy/Action Plan
- v. Live Well: Sexual health strategy

4. RATIONALE

The overarching Joint Local Health and Wellbeing strategy underpins the Start Well, Live Well, Age Well and Dying Well areas of focus for the 2023-2028 duration and it is vital that supporting strategies and action plans are in place that can monitor and review progress against key priorities through existing governance arrangements and sub groups.

The Public Health strategies are a pivotal component part of meeting the Blackburn with Darwen Council Corporate Plan missions and objectives and delivering the Joint Local Health and Wellbeing Strategy and Integrated Care Systems ('ICS') strategy priorities for improved Population and Public Health for local residents.

Following the Local Government Association (LGA) corporate peer challenge for Blackburn with Darwen Council all strategies in place and those in development have been centrally collated

5. KEY ISSUES

1. Start Well: Child poverty strategy

The child poverty strategy will aim to reduce and mitigate the impact of child poverty and reduce the inequalities in poverty for children and families in Blackburn with Darwen. The collective partnership agrees to mitigate the impacts of child poverty, either via the services they provide or services they commission.

After consultation with young people and families in our borough, six key themes were identified to focus this strategy and help to protect those in poverty and prevent more children, young people and families falling into poverty. We will take our young people and families on a journey with us and hope to mitigate the impact poverty has on those facing its harsh reality.

These themes were identified with the help of:

- Healthwatch who gathered responses from 780 pupils through questionnaires and focus groups;
- Two workshops with the Strategic Youth Alliance (SYA) Forum to hear their thoughts and make sure we have the right themes and are tackling them in the most appropriate way;
- The Family Hubs Parent Panel who shared their ideas through a survey.

The strategy will focus on the six key themes of the School Day, Stigma and Wellbeing, Food, Transport, Early Years and Housing. We will break down barriers and make everyday life accessible to children and young people regardless of their financial background. We will work together to ensure that every child & young person who experiences poverty can thrive.

It is expected that the strategy will be launched in early 2024 and be reviewed in 2027.

2. Start Well: Infant Feeding Strategy

The Blackburn with Darwen Infant Feeding Strategy will be developed in 2024. It is part of a wider pan-Lancashire Local Maternity and Neonatal Systems (LMNS) strategy and will draw on 49 recommendations from NHS England, Dept of Health and Social Care & the NHS Long Term Plan.

A Gap Analysis is being developed by the Integrated Care Board ('ICB') to help inform the strategy, as well as service user experience of infant feeding, antenatal and maternity services. This gap analysis will be broken down into Local Authority area.

An update will be given with timescales when the preparatory work on the pan-Lancs footprint has been completed.

3. Start, Live and Age Well: Mental Health, Suicide and Self-harm Prevention strategy

This strategy is a public health strategy that takes a preventative approach to these areas of work across sectors in line with a place based approach.

- It will provide a framework for action across the life-course and across the mental health continuum, in order to prevent avoidable loss of life through suicide.
- It intends to provide an approach to Mental Wellbeing, Mental Health, Self-Harm and Suicide Prevention that recognises the contributions that can be made across all sectors of our society.

- It draws on local experience and research evidence, aiming to prevent suicide, the harms of self-harm, and promote mental health and wellbeing.
- It will be a 5 year strategy 2024 – 2029, with an annual action plan.

This document updates and supersedes the previous Blackburn with Darwen Suicide Prevention and Self Harm Strategy (2016 – 2019) and the Prevention Concordat Mental Health Action Plan that the Borough signed up to in 2022.

The draft strategy will be available for comments and consultation in December, with the aim to get it signed off by Blackburn with Darwen Council's Executive Board at their meeting in March 2024.

4. Live Well: Combatting Drugs Partnership (CDP) Action Plan

Combating Drugs Partnerships (CDP) bring together the different individuals and organisations who represent and deliver the national 'From Harm to Hope' 10 year drugs strategy and goals. In Blackburn with Darwen the Combating Drugs Partnership meets with key partner organisations and services with an interface with the Blackburn with Darwen Recovery Collaborative that supports people recovering from drug and alcohol addiction. The work of CDP is underpinned by a national Combating Drugs Outcome framework with supporting metrics and technical guidance.

A national requirement and guidance required the Blackburn with Darwen CDP to complete a detailed drugs and alcohol needs assessment and a consultation across partners for national submission to identify key priorities for the partnership (linked to the national CDP outcome framework). The consultation involved the following elements:

- partner survey of needs and priorities
- forum activity session and focus group with members of Roots Recovery
- partner responses from Spark Recovery Collaborative anniversary event
- wider interviews / meetings with community justice partners

The consultation responses have been collated and compiled into a set of strategic objectives for Blackburn with Darwen which will underpin development activity to address the outcomes identified in the government's 10-year drug strategy 'From Harm to Hope' and the national Combating Drugs Outcomes Framework. This has now been drafted into 33 strategic objectives for Blackburn with Darwen as a local area, which are subject to a prioritisation exercise in order to align with partnership focus for next year. The proposed new action plan for 2024-25 will be signed off by the Combating Drugs Partnership (CDP) in December 2023.

5. Live Well: Sexual health strategy

The new sexual health strategy aims to promote accessible and equitable sexual health services for all individuals in Blackburn with Darwen regardless of race, ethnicity, sexuality or socioeconomic status.

Our integrated sexual health offer is promoted across the life course and includes access to education, prevention, testing, and treatment. We will work collaboratively with local healthcare providers, community organisations, and stakeholders to ensure that sexual health services are tailored to meet the specific needs of our diverse populations.

Through proactive education, we will empower individuals with the knowledge and skills necessary to make informed decisions about their sexual health. By partnering with schools and community organisations, we will promote open dialogue, challenge stigma, and encourage positive sexual health.

Our aim is that Blackburn with Darwen is a place where everyone can access sexual health and safe healthy

relationships can be openly discussed and embraced, creating an environment that encourages prevention and promotes a culture of care and respect.

To achieve our vision, we are dedicated to expanding access to testing and treatment services. We will reach out further to engage with vulnerable and diverse communities, ensuring that testing services are easily accessible, culturally sensitive, and non-judgmental.

We will remove barriers and increase awareness about sexual health: we aspire to increase STI testing rates, leading to early diagnosis, prompt treatment, and prevention to stop the spread of infections.

We are committed to tackling the onward transmission of HIV through innovative prevention strategies and early intervention. By partnering with key stakeholders, community organisations, and individuals living with HIV, we will work collaboratively to increase awareness of prevention methods such as pre-exposure prophylaxis (PrEP) and promote regular testing for early diagnosis. We will improve women's reproductive health and reduce unintended pregnancies through the promotion of Long-Acting Reversible Contraception (LARC) uptake in General Practitioners (GPs) and Sexual and Reproductive Health (SRH) services. By working collaboratively to remove barriers to access, we aim to empower individuals to make informed choices regarding their reproductive health.

A consultation workshop took place on 8th of June 2023 with input from key members of the local sexual health alliance, clinicians, interdependent providers, social workers, education, and family hubs in terms of inclusion and prioritisation of the objectives.

6. POLICY IMPLICATIONS

The Public Health strategies currently in development support the following national, regional and local policies:

- Blackburn with Darwen Council Corporate Plan - [Our vision, missions and strategies | Blackburn with Darwen Borough Council](#)
- Early Years: high impact area 3 – supporting breastfeeding - [Early years high impact area 3: Supporting breastfeeding - GOV.UK \(www.gov.uk\)](#)
- Suicide prevention strategy for England: 2023 to 2028 - [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](#)
- From harm to hope: A 10-year drugs plan to cut crime and save lives - [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)
- Sexual and reproductive health and HIV - [Sexual and reproductive health and HIV: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- Women's Health Strategy for England - [Women's Health Strategy for England - GOV.UK \(www.gov.uk\)](#)

7. FINANCIAL IMPLICATIONS

The Public Health strategies are supported by services, programmes and interventions financed via the ring fenced Public Health grant allocation to Local Authorities (see [Public health grants to local authorities: 2023 to 2024 - GOV.UK \(www.gov.uk\)](#)).

Additional funding is available as follows:

- Supplementary Substance Misuse Treatment and Recovery (SSMTR) and Inpatient Detox -

The strategies are also supported by existing national funding programmes such as Family Hubs and NHS funding streams on mental health services as well as NHS Lancashire & South Cumbria ICB contracts to the community, voluntary and faith sector.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 created statutory Health and Wellbeing Board as formal committees of all top-tier local authorities. The Act gives Health and Wellbeing Boards responsibility for setting strategic development, installing mechanisms for joint working and improving the health and wellbeing of their local populations. The strategies being developed as outlined in this report will assist Blackburn with Darwen's Health and Wellbeing Board to fulfil their statutory responsibilities.

9. RESOURCE IMPLICATIONS

The development of the Public Health strategies are within existing staff resource and partnership working arrangements across Blackburn with Darwen Council, NHS and wider stakeholders.

10. EQUALITY AND HEALTH IMPLICATIONS

All Public Health strategies are expected to have an equality impact and health equity assessment as part of the development and consultation phases. An Initial Equality Impact assessment has also been completed for this report.

11. CONSULTATIONS

All Public Health strategies are expected to have conducted a consultation with stakeholders and service users. Consultations in relation to the strategies under development have been held or will take place at the appropriate time as outlined above.

VERSION:	3
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CONTACT OFFICER:	Abdul Razaq, Director of Public Health – Blackburn with Darwen
DATE:	5 th December 2023
BACKGROUND PAPER:	None

Agenda Item 9

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Katherine White, Deputy Director, Adults and Health, Adult Social Care, BwD Local Authority Sam Proffitt, Chief Finance Officer, LSC Integrated Care Board.
DATE:	5th December 2023

SUBJECT: Better Care Fund Plan 2023/25 & Quarter 2 Budget Update 2023/24

1. PURPOSE

The purpose of this report is to:

- Provide assurance to Health and Wellbeing Board (HWBB) members by way of a Better Care Fund update on the local plans submitted for 2023/25
- Provide HWBB members with the Better Care Fund (BCF & iBCF) Pooled budget update for Quarter 2 of 2023/24.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to

- Note the Blackburn with Darwen Better Care Fund Plans submitted for 2023/25 in relation to delivery and performance targets
- Note the Better Care Fund (BCF) Quarter 2 2023/24 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 schedule of mandatory reporting. The management of the plan is undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

This report provides an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

The formal Section 75 agreement, detailing the pooled budget arrangements between the Local Authority and the ICB has been updated for 2023/24. No substantial changes were made to the agreement.

The Better Care Fund Policy Framework and Planning Requirements for 2023/25 have been submitted in accordance with the timeline of 28th June 2023. This being a 2 year plan. The Better Care Fund Plan for Blackburn with Darwen Place was approved by NHS England on 21st September 2023.

In line with Better Care Fund plans across the Integrated Care Board, all BCF schemes will be reviewed during the course of 2023/24. As part of the review process, a workshop was undertaken on 25th May 2023, which was well attended by colleagues from across the partnership. The outputs from the workshop for BwD Place BCF, will support the development of the BCF schemes going forward.

4. RATIONALE

The Better Care Fund was established by Central 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 monitoring and progress reports are required to be reported to the Health and Wellbeing Board on an ongoing basis.

5. KEY ISSUES

5.1 Better Care Fund Plan 2023/24

The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023/25, including improving discharge, reducing the pressures on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.

The National BCF template outlines the reporting requirements and has sections relating to data and narrative which provide a summary of performance against metric targets, finances, and schemes. It is important to note that for some of the nationally set targets, data was not available due to the main provider across the BwD areas (East Lancashire Hospital NHS Trust) implementing a new Electronic Patient Record (EPR) system which has meant there have been some issue with data submission that impacts the reporting of Q1 and Q2 periods. Data is expected to be available for the full reporting period by the end of quarter 3, December 2023.

The development and commissioning of the Better Care Fund schemes focuses around a collaborative approach to delivering integrated, person-centred services across health, care, housing, and wider public services, with strong governance processes in place. The overarching aim is to support people to remain living well and independently at home, to improve outcomes for people in our neighbourhoods, including those discharged from hospital, and to reduce health inequalities.

The five national metric targets (below) were set for 2023/24 and the performance against the targets monitored throughout the year via regular BCF governance and finance meetings and quarterly reports to the HWBB. A summary of the metric targets submitted in the Quarter 2 reporting are provided in the table below:

Table 5.1a Metric targets

National BCF Targets	Performance & narrative
Metric 1: Avoidable Admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions Target Q2 is 282.22 per 100,000 population	Data not available to assess progress: Secondary Uses Service (SUS) activity data within the national system for healthcare data is not complete due to the main provider across the BWD area (East Lancashire Hospital NHS Trust) implementing a new Electronic Patient Record (EPR) system which has meant there have been some issues with data submissions affecting both Q1 and Q2 reporting periods. Data is expected to be available for all reporting periods at the end of Qtr 3.

<p>Metric 2: Discharge to normal place of residence – percentage of people who are discharged from acute hospital to their normal place of residence</p> <p>Target Q2 is 90.0%</p>	<p>On Track: Actual is 90.2%</p> <p>It should be noted that there is a risk that this is an incomplete data set due to the difficulties described above with respect to the implementation of a new Electronic Patient Record system within East Lancashire Hospital Trust.</p>
<p>Metric 3: Falls – Emergency hospital admissions due to a fall in people aged 65 and over, directly standardised rate per 100,000</p> <p>Target equates to 449 admissions for falls.</p>	<p>Data not available to assess progress:</p> <p>Secondary Uses Service (SUS) activity data within the national system is not complete due to the main provider across the BWD area (East Lancashire Hospital NHS Trust) implementing a new Electronic Patient Record (EPR) system which has meant there have been some issues with data submissions affecting both Q1 and Q2 reporting periods. Data is expected to be available for all reporting periods at the end of Qtr 3.</p>
<p>Metric 4: Residential Admissions – Rate of permanent admissions to residential care per 100,000 population (65+)</p>	<p>Not On Track: This target equates to 150 admissions for 23/24. At the 6 month point we have recorded 85 admissions. An increase in Discharge to Assess placements from hospital discharge and an increase in the use of short term care placements have contributed to this increase. This reflects an increased complexity of need within our population and at the point of discharge from hospital. We continue to closely monitor this metric as we work towards improving our position and reducing the number of people being admitted into long term residential care.</p>
<p>Metric 5: Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>The target is 82%</p>	<p>On Track: Actual is 86%</p> <p>There are a range of alternatives services available in Blackburn with Darwen which support rehabilitation goals, enabling individuals to return home safely. This target has been achieved consistently each quarter despite an increase in the level of complexity of need experienced by residents.</p>

Discharge funding for both the ICB and LA is now included within the Better Care Fund pool for 23/25. Funding of £1,524,415 is allocated across a variety of schemes which support discharges from hospital and support patient/service user flow across the system. Discharge funding also supports our integrated place based winter planning, which is ongoing. Winter pressures are highly likely to be further exacerbated by the cost-of-living increases which will impact on staff and people living in borough. The Discharge funds within the BCF are utilised to build capacity into some of the critical short term intervention services such as crisis/domiciliary support, bolstering the care market, as well as Home First and Re-ablement.

Capacity and Demand data and discharge spending plans are submitted on a fortnightly and monthly basis in accordance with the Better Care Fund reporting requirements.

5.2 Disabled Facilities Grant

The Disabled Facilities Grant (DFG) is used specifically to support those who are most in need; including older people and people with disabilities who require adaptations and support to remain in their own home. The DFG budget for 23/24 has been fully allocated, however, an overall underspend remains. This is due to currently un-utilised carry forward from 22/23 following the impact of Covid restrictions since 2020. The overall budget will be utilised by the main programme activity which is DFG applications for major adaptations as well as the continuation and expansion of discretionary funding. It will also be used to financially support the national switchover from analogue to a digital telecoms infrastructure.

Forthcoming priorities include further development of the application of the discretionary funding arrangements in place with a third sector partner and looking at further creative opportunities to support people who have eligible needs.

5.3 Quarter 2 Finance Update 2023/2024

The below financial summary highlights the plans for the BCF financial budget for Quarter 2 2023/24. There is a continuation of the schemes and services funded through the Better Care Fund for 2023/24 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 planned carry forward of £1,139,100 for the ordinary BCF into 2023-24 is included in the figures.

- The CCG minimum BCF pooled budget requirement for 2023/24 is £14,871,290 (the CCG Minimum BCF includes a 5.66% inflation uplift).
- The total DFG capital allocation for 2023/24 is £2,315,584 (i.e. £2,129,743 original allocation at same value as 2022/23 plus additional DFG funding announced on 7th September 2023 of £185,841).
- The iBCF allocation for 2023/24 is £8,349,082 (same value as 2022/23).
- The Discharge Fund allocation for 2023/24 is £1,524,415 (increase of £572,560 from 2022/23).
- 2023/24 budget for the BCF and iBCF pool including Discharge Fund is £29,959,072 including carry forwards from 2022/23 and additional ICB contingency contribution in line with risk share agreement in 2023/24 of £300,000 from the ICB.

The 2023/24 BCF allocations as above plus carry forward amounts and contingency adjustment from 2022/23 are analysed as:

- Spend on Social Care - £4,705,568 (28.8%)
- Spend on Health Care - £5,237,848 (32.1%)
- Spend on Integration - £5,727,874 (35.1%)
- Contingency - £500,000 (3.1%)
- Resources still to be allocated - £139,100 (0.9%)

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.

7. FINANCIAL IMPLICATIONS

7.1 BCF Pooled Budget Position 2023-24

The 2023/24 budget for BCF and iBCF financial plans were approved at JCRG and HWBB at the start of the financial year. A new financial budget within the total allocation of £29,959,072 was 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 have 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, reviewed and updated for 23/24, provides arrangements, risk sharing arrangements and other funding streams aligned to integrated delivery, which enables the management of BCF schemes in accordance with the national conditions.

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 was completed as part of the new national planning requirements for 2023/24.

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 2023/24 plan and will continue in the review and planning process for 2024/25.

VERSION:	0.1
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CONTACT OFFICER:	Katherine White, Zoe Evans
DATE:	14 th November 2023

BACKGROUND PAPER:	
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