

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON WEDNESDAY, 2nd DECEMBER 2020**

PRESENT:

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

1. Welcome and Apologies

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

2. Declarations of Interest

There were no declarations of interest received.

3. Minutes of the meetings held on 11th March 2020, 9th June 2020 and 2nd September 2020

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

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

4. Public Questions

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

5. COVID-19 Vaccine Update

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

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

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

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

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

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

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

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

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

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

RESOLVED – That the presentation be noted.

6. Situational Awareness

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED – That the update be noted.

7. Start Well Update

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

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

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

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

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

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

explore new opportunities.

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

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

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

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

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

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

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

RESOLVED –

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

8. COVID Winter Grant Scheme

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

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

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

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

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

RESOLVED – That the update be noted.

9. Child Death Overview Panel Annual Report

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

10. Any Other Business

There was no other business.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....