

**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.....