

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON MONDAY, 12TH JULY 2021**

PRESENT:

	Mohammed Khan
Councillors	Julie Gunn
Clinical Commissioning Group (CCG)	Roger Parr
Health Watch	Sarah Johns
Voluntary Sector	Vicky Shepherd
	Dilwara Ali
Council	Jayne Ivory
	Dominic Harrison
	Sayyed Osman
	Richard Brown
	Katherine White

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Kevin McGee, Martin Hodgson, Gifford Kerr, Cllr Talbot and Cllr Desai.

2. Declarations of Interest

There were no declarations of interest received.

3. Minutes of the meetings held on 10th March 2021

The minutes of the previous meetings held on 10th March 2021 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. Better Care Fund Quarter 4 2020/2021 Update

The Board was provided with a Better Care Fund update and an update of the Better Care Fund (BCF and iBCF) pooled budget financial end of year position for Quarter 4 2020/21.

Katherine White informed the Board of the background and highlighted that the Health and Wellbeing Board was accountable for the delivery of the Better Care Fund Plan and managing performance against the required metrics and timetables from 2017-2020. The management of the plan was undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

Whilst it was ordinarily a requirement of the BCF accountability process to complete quarterly template reports as per national timescales, the national BCF team revised the reporting requirements due to the COVID pandemic. This removed the requirement to submit quarterly returns although it was anticipated that ordinary reporting requirements would resume during 2021/22. It was confirmed that this report provided a summary of the Q4 2020/21 year-end financial position only.

The Board heard that the CCG minimum pooled budget requirement for 2020/21 was £12,635,175 which was included in the total BCF budget of £14,764,918 for 2020/21. The outturn on BCF was £13,098,157 and after adjusting for resources carried forward from the previous financial year, there was an overall under spend for the year of £2,304,396. Of which, £857,351 related to a planned carry over for the ordinary BCF for full utilisation in 2021-22. The remaining balance of £1,447,045 was in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget was anticipated based on the aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The underspend was carried forward to be spent in 2021/22 under the pooled budget arrangements which allowed planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG was demand led and take up rate could fluctuate impacting on timing of completion of works and discharge of expenditure, and as reported normal activity on DFG was suspended during the year due to the Covid-19 pandemic. The capital programme of the Authority allowed for carry forward of resources from one year to next and plans were being developed to ensure DFG funds were fully utilised in 2021/22.

In 2020/21 the iBCF allocation was fully utilised.

The final 2020/21 budget for the BCF and iBCF pool was £22,868,513 (before carry forwards from previous year) and the final outturn was £20,667,417, an underspend of £2,201,096 which was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 17th May 2021.

As per the report contained within the agenda pack, Katherine highlighted the financial summary and the plans for the BCF financial budget for Quarter 1 2021/22. The Board noted that these plans had not been ratified locally as further national guidance on local plans was awaited. There was a continuation of the schemes and services funded through the Better Care Fund for 2021/22 with some minor adjustments made which had been reported and approved via the Joint Commissioning Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen. The aforementioned planned carry forward of £857,351 for the ordinary BCF into 2021-22 included £300,000 in respect of the CCG share of the 2020/21 contingency which was intended to be utilised for the Albion Mill scheme.

- The CCG minimum BCF pooled budget requirement for 2021/22 was £13,304,839 (the CCG Minimum BCF includes a 5.3% inflation uplift)
- The DFG capital allocation for 2021/22 was £2,129,743
- The iBCF allocation for 2021/22 was £8,103,595

- 2021/22 budget for the BCF and iBCF pool was £25,842,575 including carry forwards from 2020/21

The 2021/22 BCF allocations as above plus carry forward amounts from 2020/21 were analysed as:

- Spend on Social Care - £8,389,578 (47.3%)
- Spend on Health Care - £5,008,087 (28.2%)
- Spend on Integration - £3,741,315 (21.1%)
- Contingency - £600,000 (3.4%)

RESOLVED – That the Board

- 1) Note the Better Care Fund Q4 2020/21 delivery and financial position;**
- 2) Note the future planning and reporting requirements for 2021/2022; and**
- 3) Approve the revised pooled budget total for 2021/22 including the application of the inflationary uplift for the CCG minimum contribution**

6. Live Well Annual Update

Sayed Osman provided an update on the Live Well Board, informing Board Members present that several meetings had now taken place since the restart early in 2021. The Board heard that Vulnerable People issues had previously dominated the agenda at the detriment of strength based wellbeing and community developed orientated themes and priorities. The Board heard it had been agreed that a Vulnerable Persons Partnership be set up which would be dedicated towards the focus and prevention of harm to our communities, essentially delivering the Vulnerable Person Strategy and that the Live Well Board would be restarted focussing on wellbeing and community development.

Sayed briefly touched on the Vulnerable Persons Partnership, highlighting that the make-up would be focussed on working with key partners and stakeholders, and that a work plan had already been set for the forthcoming meetings.

Focussing on the Live Well Board, Sayed informed the Board that a workshop style session would be used to re-launch it, with a key emphasis on prevention and population health. Themes likely to be included were highlighted as follows:

- Behaviour change and lifestyle
- Mental and emotional wellbeing
- Long Covid
- Social movements / activism
- Health inequalities

Sayed informed the Board of the next steps:-

- Vulnerable Persons Partnership already set up and running with dates in the diary
- Reinitiate Live Well Board
- Ensure moderation of all groups to avoid duplication
- Set focused work plans for oversight and effectiveness in delivery

RESOLVED –

- 1. That the Board note the update and that the presentation be circulated to Board Members.**

7. Long Covid: Community Wellbeing Pathway

Richard Brown informed the Board of the brief history of Long Covid: Community Wellbeing Pathway, noting that on 21st January 2021 the first Long Covid meeting took place. Since then, lots of informal and smaller discussions and meetings had continued to take place.

Richard highlighted the aims and objectives which were contained within the presentation:-

- Ensure existing offer across Pennine is visible, clear and simple to interact with developing or new post Covid pathways (agreement on how to articulate an aligned model of what the existing offer was across Pennine and consider professionals and public / self-referral perspectives)
- Must be person centred with shared decision making at the heart of the approach (people not likely to fit into neat 'boxes')
- Any proposal must consider health inequalities (needed to be easy for everyone to access)

Importantly it was recognised that this wasn't about creating any new service, a business case for investment or making things more complicated. It was about being as simple as possible whilst being effective.

The Board looked at the key contents of a community-based rehabilitation programme after Covid-19, namely, exercise, education and information, emotional support, practice of activities and equipment / adaptations. Richard also informed the Board of the need of taking a tiered approach. Whilst fragmented care (multisystem disease) was to be avoided, it was felt a tiered, risk stratified approach to cover a continuum of needs would be best.

The Board also looked at potential gaps and opportunities that would add value and ensure people got the right support.

Richard informed the Board that going forward, discussions would continue with Post Covid Syndrome Service Clinical (PCSS) Reference Group to develop and embed pathways and also that work would continue with partners on information sharing and awareness raising on how to best support each other. Lastly, the Board heard that finalising and implementing a communications plan for professionals, partners and the general public would also be a part of the next steps.

RESOLVED – That the presentation be noted and circulated to Board Members.

8. Covid Situational Awareness

Dominic Harrison provided an update, as per the presentation, to the Board on the daily and weekly confirmed case numbers and rates up to 6th July 2021. There had been 24,083 cases cumulatively since the start of the pandemic, with the first case of the Delta variant being confirmed on 7th April 2021. Over the last 8 days gradual decreases had been observed, with the latest rate being 370.8 per 100k.

The Board viewed the Case Rate Data as of 12th July 2021 for all 14 Lancashire Local Authorities. Previously Blackburn with Darwen's rates had been higher than others.

Whilst many Lancashire districts were still rising, it was now hoped that Blackburn with Darwen's rates were in a decreasing phase.

RESOLVED – That the update be noted and the presentation be circulated to the Board.

9. Suspension of the requirement to produce Pharmaceutical Needs Assessment

The Board was provided with a report, the purpose of which was to update the Board on pan-Lancashire work to review and update the current Pharmacy Needs Assessment (PNA) and the required period of consultation.

Details of the update provided were contained within the report in the agenda pack.

RESOLVED – That the update be noted and that a further update be provided later in 2021 once the revised guidance has been published and the relevant legislation has been further amended.

10. Any Other Business

RESOLVED – That the proposed items for the next meeting be noted and that Childhood Poverty Strategy be added to the agenda for the next meeting.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....