

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD  
MINUTES OF A MEETING HELD ON TUESDAY, 30<sup>TH</sup> NOVEMBER 2021**

**PRESENT:**

<b>Councillors</b>	Councillor Mohammed Khan
	Councillor Julie Gunn
	Councillor Damian Talbot
<b>ELHT</b>	Arif Patel
<b>Clinical Commissioning Group (CCG)</b>	Roger Parr
	Samantha Wallace
<b>Health Watch</b>	Sarah Johns
<b>Voluntary Sector</b>	Dilwara Ali
	Vicky Shepherd
<b>Council</b>	Dominic Harrison
	Sayyed Osman
	Gifford Kerr
	Jo Siddle
	Susan Kalvenas
	Katherine White
	Laura Wharton

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Martin Hodgson, Graham Burgess, Tony McDonald, Jayne Ivory, and Angela Allen.

**2. Declarations of Interest**

There were no Declarations of Interest received.

**3. Minutes of the Meeting held on 2<sup>nd</sup> September 2021**

The minutes of the previous meeting held on 2<sup>nd</sup> September 2021 were submitted.

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

**4. Public Questions**

The Chair informed the Board that a public question had been received from Mr Keith Murray regarding the health care provision for Livesey Parish since a large scale housing development would see over 2000 new homes built within the parish, by 2028. Mr Murray was also interested to know the size and scope of the new facilities and how local they

would be given it was the Council's intention to encourage walking.

Councillor Khan provided the response to Mr Keith Murray and advised that the Council's most relevant framework for developing an appropriate local response was the new Local Plan, which was currently in development and due for consideration by the Council in January, prior to a final round of public consultation. As part of the Local Plan work, the Council were engaging with infrastructure delivery partners on housing growth forecasts to better understand associated infrastructure needs, including health facilities, linked to the Borough's expected growth priorities.

Councillor Khan informed Mr Murray that the work was reported in the Council's Infrastructure Delivery Plan (IDP) - the latest Plan was published in January 2021. However, since then, the CCG had identified a number of opportunities and strategic responses. These would be detailed within the final draft Local Plan which will be considered in January.

In addition, the Health and Wellbeing Board was responsible for preparing the Pharmacy Needs Assessment (PNA), which identified whether current pharmacy service provision met the needs of the local population and considered whether there were any gaps in service delivery. An updated PNA would be published in October 2022.

## **5. Pharmaceutical Services Consolidations and Notifications**

The Board received a report on practice relating to responding to Pharmacy consolidations and other notifications when received from NHS England.

The Board heard that the Local Government had taken on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA). The PNA aimed to identify whether current pharmacy service provision met the needs of the local population and consider whether there were any gaps in service delivery.

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

The Health and Wellbeing Board had a statutory duty to respond to NHS England when they received applications to consolidate pharmaceutical services. Notifications of other changes to pharmaceutical services were also sent to the Health and Wellbeing Board, but did not require a statutory response.

The report contained within the agenda outlined the proposed process for responding to consolidation applications.

**RESOLVED** – That the Board agree the update on procedure.

## **6. Better Care Fund Planning Requirements 2021/22**

Samantha Wallace provided the Board with a presentation on the Better Care Fund. The purpose of the update was to provide Board members with an overview of the Better Care Fund national requirements and to provide a finance summary update.

The Board heard that on the 30<sup>th</sup> September 2021, the National Better Care Fund (BCF) Planning Requirements 2021-22 was published and set out the requirements of the planning process.

Samantha provided the Board with a broad overview of the financial budget summary 2021/22, outlining the core funding and informing the Board that the overall BCF budget was £25,858,448.

The Board was provided with an overview of the BCF Planning documents and heard that the narrative plan focussed on what work was being done and what it meant. The narrative plan reflected how commissioners would implement a joined-up approach to integrated person-centred services across health, care, housing and wider public services. Samantha also informed the Board that the BCF planning template was a summary of financial expenditure and would reflect planned and current investment and progress against schemes.

As part of the BCF Planning, the BCF Policy Framework set out four national metrics that needed to be included in 2021-22 plans. The Board heard that the Framework retained two existing metrics and introduced two new metrics, as set out below:-

- Metric 1: Long Term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,00 pop
- Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharged from hospital into reablement/rehab services
- Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Avoidable admissions)
- Metric 4: Discharge Indicator set

Samantha informed the Board that Blackburn with Darwen's BCF Narrative Plan would support the financial and metrics planning template and would include sections on 6 key areas. Collaborative engagement with a range of partners and stakeholders to develop the report had taken place and approval of the plan had been gained from the Chair of the Health and Wellbeing Board at a meeting on the 11<sup>th</sup> November 2021. The deadline for submission of the final plan and completed planning templates was 16<sup>th</sup> November 2021.

Feedback from the National BCF Team was anticipated to arrive early December 2021.

Sayyed Osman thanked Samantha and the team on the piece work.

**RESOLVED** – That the Board note the presentation.

## **7. Disabled Facilities Grant (DFG) Update**

Katherine White and Susan Kalvenas provided the Board with an update on the Disabled Facilities Grant.

The Board heard that since 2017/18 the DFG had been included within the BCF pooled budget with BwD CCG and that the spending of the DFG remained a function undertaken by the Council. The DFG was allocated each year directly to the Council as a specific S31 Capital Grant and as such was reported through the Council's capital monitoring process in addition to reporting through the BCF. The Board noted that there was flexibility for spending of the DFG programme between financial years.

Katherine informed the Board that there had been a positive financial recovery from the disruption of the coronavirus pandemic in this financial year, however as national restrictions were in place in the first quarter this had a cause and effect on throughout. As the pandemic continued, 'business as usual' grant spend would not be realised until the

22/23 financial year. The Board heard that the budget for this financial year was £2,129,743.00 and in addition funding was carried forward from the last financial year which had been added to this year, making £3,716,790.00 available, which was split between Adults and Children's Adaptions and the Adults Telecare Service. The significant underspend in the financial year 20/21 was a direct result of the pandemic and this was reported in detail at the last meeting.

The Board looked at the predicted DFG commitment for 21/22 and was informed the spend was a conservative estimate with a potential opportunity to increase the totals. The inflated budget for this year had resulted in the opportunity to continue to improve services and the Board heard how the additional funds had been best utilised.

In conclusion the Board heard that the overall financial position heading into next year was a positive one, in spite of the demands the past two years had brought.

**RESOLVED** – That the Board note the presentation.

## **8. Health Equity Commission**

Dominic Harrison provided a verbal update to the Board on the Health Equity Commission. The Board heard that further to Lancashire and Cumbria committing to forming a Health Inequalities Commission, work was now underway in reviewing health inequalities and action to address these across the sub-region.

Throughout November information gathering had taken place, with themed workshops being held with local Government, Health providers and the wider NHS, the Voluntary, Community, Faith and Social Enterprise sector all attending. Feedback from the Blackburn with Darwen Health and Wellbeing Board development session held on 8<sup>th</sup> November was presented to the Health Equity Commission by Dominic Harrison and Cllr Khan on 29<sup>th</sup> November.

All of the data and research collected had now been submitted and will be synthesised by the University College London. It is anticipated that the findings would be reported back early next year, along with any recommendations.

**RESOLVED** – That the Board note the update.

## **9. Healthwatch BwD Update**

Sarah Johns attended the meeting to provide an update on Healthwatch.

### **Residential Care Enter and View programme**

The Board heard that visits to care homes focussed on key themes such as environment, care, nutrition and activities, designed to gather information on residents overall experience of living at the home. Three care homes had recently been rated based on observations and feedback from residents, families and staff. The Board was informed that all reports were published on Healthwatch website and shared with Healthwatch England, CQC, Adult Social Care and the Pennine Care Sector team.

### **Youth Engagement in Health and Social Care**

The Board heard that Healthwatch BwD had lead on a partnership group with young people about the Mental Health Trailblazer in schools programme to ensure it was meeting their needs.

Sarah informed the Board that a consultation was currently being carried out with young

people about the 0-19 service to help shape the school nurse programme.

The Board were also informed that the young people's panel had co-designed a new look for the paediatrics ward which was more young person friendly.

In addition, a new member of staff had been recruited to lead on engagement with young people and develop a Young Inspectors version on Enter and Views.

### **Residents' Experiences of Long Covid**

The Board were informed that engagement with residents had been ongoing, to better understand their experiences of long covid and the support they have gained. The Board looked at the feedback and resident's experiences and noted the following:-

- 62% did not have a long term health condition before having Covid
- 64% have not been clinically diagnosed with long Covid
- 95% still experiencing symptoms of long Covid with half of respondents experiencing these for 10 months+
- 28% of respondents did not feel that they could manage their symptoms through self care
- Symptoms experienced are incredibly varied and extend much beyond fatigue, breathlessness and loss of smell/taste
- Half of respondents had accessed support from their GP with little knowledge of other support services available to them.

### **Uptake of physio sessions at Barbara Castle Way**

Sarah informed the Board that Healthwatch BwD had been working with the Physiotherapy Team at Barbara Castle Way, to look at the seated and standing exercise classes being delivered in the Borough in order to understand the reason why "Did Not Attend" rates were higher for the seated classes as opposed to the standing classes; understand why the re-referral rates back to the seated class were higher than the standing class and to gain a better understanding of the needs of the cohort of patients attending both classes to enable a patient led service design. The recommendations which were highlighted in the presentation, were fed back after engagement with participants.

### **Information and Signposting**

The Board heard that Healthwatch BwD continued to receive high levels of calls and emails from residents asking for advice and guidance around access to health and social care services. Queries related to access to NHS dentists, poor communication from GP surgeries and treatment and care in hospital. The Board were informed that Healthwatch BwD was looking to expand information and signposting provisions with a new post taking the lead on this work.

### **Healthwatch Together Engagement**

Sarah informed the Board of a number of projects that had been carried out in partnership with Healthwatch Blackpool, Cumbria and Lancashire. Currently, engagement was being carried out in the Emergency Department at Royal Blackburn and the Urgent Treatment Centre in Burnley to understand the winter pressures and help shape future campaigns to signpost patients to alternative support.

In concluding the presentation, Sarah informed the Board of the 2022/2023 work plan which included carrying out engagement with residents to understand their health and social care priorities. Sarah also asked Members of the Board to share their priorities and how Healthwatch BwD could support these.

**RESOLVED** – That the Board note the update.

**10. Oral Health Strategy Update**

The Board received a report which provided members with an update on the Oral Health Strategy. The report gave an overview of the approach, the strategy and the action plan to improve the oral health of children, vulnerable adults, and the elderly who live in supported living or in care homes, across Blackburn with Darwen.

Background information was highlighted in the report and the action plan and strategy were included within the agenda pack.

**RESOLVED** – That the Board note the contents of the strategy and the recommendations in the action plan and approve the oral health improvement strategy.

**11. Eat Well, Move More, Shape Up Strategy**

Sayed informed the Board that the Strategy would now be known as Eat Well, Move More Strategy.

The Board received a report which provided members with an update on the Eat Well, Move More Strategy.

Background information was highlighted in the report and the strategy was included within the agenda pack.

**RESOLVED** – That the Board;

- Note the key issues and challenges related to access to good food and physical activity across Blackburn with Darwen and acknowledge the opportunities to support COVID recovery and tackle health inequalities;
- Acknowledge and support the need for wider system change and cross sector leadership buy in and continue to champion the collaborative work already in place; and
- Approve the refreshed, three year ‘Eat Well Move More’ Strategy

**12. Any Other Business**

**Development Session – 26<sup>th</sup> January 2022**

The Board discussed the Development Session being held on 26<sup>th</sup> January and agreed that an item on Mental Health and Wellbeing be added to the agenda.

**RESOLVED** – That Mental Health and Wellbeing be added to the agenda for the Development Session taking place on 26<sup>th</sup> January 2022.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....