

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON TUESDAY, 21st JUNE 2022**

PRESENT:

Councillors	Damian Talbot
	Mustafa Desai
	Derek Hardman
	Julie Gunn
Clinical Commissioning Group (CCG)	Roger Parr
Health Watch	Sarah Johns
Voluntary Sector	Angela Allen
	Dilwara Ali
Council	Jayne Ivory
	Abdul Razaq
	Laura Wharton
	Frances Riley
	Cath Taylor
	Katherine White

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Gwen Kinlock, Martin Hodgson, Vicky Shepard, Elise Carroll and Iona Lyell.

2. Declarations of Interest

There were no declarations of interest received.

3. Future Meetings of the Board

The Chair advised the Board that future meetings should have less items on the agenda and certain items considered in subgroups. Members discussed the arrangements for future meetings and agreed that in future, meetings should commence at 6pm.

RESOLVED - That the future arrangements for meetings of the Board be agreed.

4. Minutes of the meeting held on 28th March 2022

The minutes of the meeting held on 28th March 2022 were submitted for approval.

RESOLVED – That the minutes of the meeting held on 28th March 2022 be agreed as a

correct record.

5. Public Questions

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

6. Health and Wellbeing Board – LGA Feedback and next steps

Abdul Razaq Director of Public Health was welcomed to the meeting by the Chair

The Board received a presentation on the Local Government Association Feedback and Next Steps. The purpose of the update was to provide Board members with an overview of the Health and Care Act 2022 and the National Integrated Care System Architecture.

The Board were informed that the Integrated Care Systems (ICS's) from July 2022 would have two statutory ICS, the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The Board were informed that the ICB would have an independent Chair, and members would be selected from nominations made by the NHS trusts/foundations trusts, local authorities and general practices. The role of the ICB would be to allocate NHS budget and commissions' services as well as providing a five year system plan for health services. The ICP would have representatives from the local Authorities, ICB, Healthwatch and other Partners. The role of the ICP would be to plan to meet the wider health, public health and social care needs.

The Board were informed of the Partnership and delivery structures which had been separated in to four categories:

- Provider Collaborative – Geographical Footprint covering a population of 1-2 million
- Health and Wellbeing Boards/Place- based Partnerships – Geographical footprint covering 250-500,000
- Primary Care Networks - Geographical Footprint Covering 30-50,000

The Board were also briefed on the role of the Health and Wellbeing Boards and the positive feedback that has been received from Stakeholders.

The Board were informed that each ICB must review what has been done to implement any joint local health and wellbeing strategies and consult with relevant Health and Wellbeing Boards on this review. It must also review the extent to which it has exercised their functions consistently with NHSE's views about how powers in relation to information on inequalities. The annual report must cover information relating to mental health expenditure.

The board were informed of the Next Steps which included NHS and local government partners working towards a common understanding and focussing on the:

- Current and new responsibilities of the statutory Health and Wellbeing Board
- Accountabilities between NHS and NHS-local government interface and Health and Wellbeing Board
- Inter-dependencies between statutory ICB, ICP, place based partnerships and Health and Wellbeing Board
- Review the Health and Wellbeing Board membership, in light of changes to NHS organisational landscape and Health and Care Act 2022.
- Establish executive/officer group to drive progress between meetings.
- Update meeting format from September 2022

Member's discussed the implications of the changes of the work of the Health Wellbeing Board and the health provision in general.

Roger Parr had informed the Board that from 1st July 2022 the CCG will not exist, and that retention and redeployment is currently being finalised. Roger also informed the Board that the ICB will have specific objectives in the 2 year plan such as population health.

RESOLVED– That the Board note the update.

7. Health and Wellbeing Strategy Refresh

The Board was provided with a presentation on Joint Health and Wellbeing Strategy Review 2022. The Board were advised of the Requirement for all Health and Wellbeing Boards to have an overarching strategy setting out priorities to address the needs of the population.

The members were informed that the Joint Health and Wellbeing Strategy Review 2022 was a shared delivery plan of key priority actions with specific programme plans, timescales, accountabilities, outcomes.

The objectives of the review were:

- To check that we are focusing on the right things based on local need, intelligence from wider engagement and evidence of what worked
- Maximise opportunities for integration and transformation
- Understand and build on what has worked well
- Learn from things that haven't gone so well
- Strengthen the mechanisms for governance and delivery of agreed priorities

The Board had been provided an overview on the place-based prevention Framework which were separated in to three categories, Neighbourhood- Level, Integrated Approach and Residents at the Centre.

The Board were informed of the Priority Setting Principles 2018 which were as follows:

- Priorities to be set for the next 3 years (work plans can be changed more frequently)
- Reflect public health priorities nationally and regionally
- Relevant to Local population Need
- 'Upstream' focused – the cause of ill health
- Addresses health inequalities

The Next Steps involved the Board providing feedback in relation to Joint Health and Wellbeing Strategy Review.

RESOLVED – That the Board noted the presentation and agreed with the Health and

Wellbeing Refresh Strategy.

8. Mental Wellbeing and Inequalities Framework

The Board received a presentation in relation to the Mental Wellbeing and Inequalities Framework. The Board were briefed on what Blackburn with Darwen define Mental Wellbeing as. It was noted in the presentation that Mental Wellbeing is:

- Something that affects everyone.
- Recognised that you can have high or low wellbeing, with or without a mental illness.

The Board were informed that the aim of the Mental Wellbeing and Inequalities Framework was to address inequalities by providing a guide for policy makers, council and partner workers to ensure equity of services and resources reach an equal 'high standard' outcome for all residents. It was noted in the presentation that the aim is to:

- Raise the profile of Wellbeing as an important indicator of 'how we are doing?', establish improving wellbeing as a goal for all areas and working on wellbeing aspirations.
- Collect Wellbeing Data
- Encourage the measurement of wellbeing as a measure of the impact of an intervention
- Prioritise mental wellbeing within your policy
- Consider how your policy affects people with the lowest levels of mental wellbeing

The vision for the Mental Wellbeing Framework was for every person in Blackburn with Darwen to feel good and function well.

The Board were informed that people with the poorest personal wellbeing were most likely to have at least one of the following characteristics or circumstances:

- Self-report very poor or poor health - Blackburn with Darwen has 8,428 (5.7%) residents that report being in bad health and 2,335 (1.6%) residents that report being in very bad health.
- Be middle aged - 37,994 people in BwD (25%) are between 40 and 59 years old.
- Be single, separated, widowed or divorced - From 2011 Census, of people aged 16+, (113,122 people) 3,423 people were separated, 10,148 are divorced or formerly in a civil partnership and 7510 are widowed. From Census Data in 2011, there were 17,419 one person households. 6,229 were aged 65 and over.
- Have no or basic education - 10.1% of 16-64 years old have no qualifications in BwD. Nationally that figure is 6.4% and in the North West is 7.6%
- Be renting a house - 18.1% of households in Blackburn with Darwen are rented from other social providers and 14.1% are privately rented from a landlord or letting agency. Blackburn South East Ward has the highest proportion of households rented from the local authority at 19.8%.
- Be economically inactive with long term illness or disability - 27.7% of people aged 16-64 years old in BwD are economically inactive (24,700 people). Of these 23.3% of peoples are economically inactive due to long term sickness. (5,800)

In conclusion Francis did inform the Board that 'Wellbeing' by law will be the metric on the government success. The Board were advised that Blackburn with Darwen are ahead in utilising the Wellbeing Framework.

Dilwara and Jayne had agreed that the 'Trauma Informed Practice' could be an alternative to the framework and would like to compare the practices to ensure that the resources are implemented and targeted carefully.

Julie Gunn had thanked Francis for the work that has been put in to this framework and advised the Board that Children Services would be able to utilise this framework.

The members discussed if the framework would be able to be utilised in other departments, as well as incorporating a social aspect in to the mental wellbeing framework as activities like sports and outdoor activities could aid mental wellbeing. The chair agreed with the members and concluded that the group would be happy with the framework, however an appropriate measured approach would need to be taken in order to trial the framework in other departments.

RESOLVED – That the Board agree on the update on the framework

9. Start Well Annual Update

Jayne Ivory presented to the Board an update on the Start Well Strategy. The Board were informed of the Start Well Priorities. It was noted in the presentation that the Children's Partnership Board has adopted 4 broad priority areas:

1. Poverty & Neglect
2. Emotional Health & Wellbeing
3. Adverse Childhood Experiences / Trauma Informed Practice
4. 0-4 Start Well

The Board were provided an overview on the each of the priority areas. The presentation had reflected that 36.5% of children in Blackburn with Darwen are living in poverty, which is the 2nd highest in the North West, behind Oldham.

Jayne had provide an overview to the board of how the challenges are being addressed. The Board were advised that:

- A Child Poverty Strategy Group had been established in the end of January 2022. Blackburn Youth Forum is co-producing the development of a strategy. Current themes are the *cost of school uniforms* and *period poverty*.
- A Youth Forum 'Take Over' event will be taking place in November 2022 will focus on child poverty
- Support is being provided with the Council Tax Rebate scheme to ensure all families eligible receive the £150 rebate
- We are working with partners to have a standardised pathway for new parents to ensure access for baby equipment such as Moses Baskets and cots
- In development is a 'One Stop Shop' webpage for professionals on Public Health website to refer people who need support with food and bills

The Board had also been informed that neglect continues to be an issue for children and families in Blackburn with Darwen and remains one of the most prevalent reasons for children to be on a Child Protection Plan in the borough. As at 16th June 2022 Children Services is supporting:

776 children and young people (433 Families) of which:

- 153 children are subject to a Child Protection Plan - *Neglect cited as the reason for referral in 42% of cases*
- For comparison: *Dec 2020 - 37% of Child Protection plans had Neglect cited as the reason for referral*

The Board were informed that the challenges were being addressed as it was noted that, neglect awareness sessions have been delivered across the Community and Voluntary sector, there is mandatory training in Neglect and GCP2 for all new starters in Children's Social Care with a rolling programme in place for inductions and BwD has played a key role in the Born into Care research which will lead to a national framework of good practice.

The Board were provided with an overview in relation to Emotional Health and Wellbeing. It was noted that evidence from Public Health England has outlined the significant impact of COVID on children and young people's mental health, particularly vulnerable groups. There had been a negative impact on the mental health of children, young people and their parents/carers.

Jayne were also briefed the Board on how the challenges were being addressed and that a Strategic Forum has been established to lead on a 'Systems-Resilient Framework'

The Start Well 0-4 compared local indicators with England averages which showed that the health and wellbeing of children in Blackburn with Darwen was worse than England. The indicators had shown that:

- 13.5% of women smoke while pregnant
- The MMR immunisation level does not meet the recommended coverage
- 42.6% of 5 year olds have one or more decayed, missing or filled teeth
- Child obesity affects 11.0% of children in Reception & 22.7% of children in Year 6
- The numbers of eligible 2-year-olds taking up a funded early education place is lower than the national average. However, it has increased, and we are above our target of 60%

The Board were informed that the challenges are being addressed as Blackburn with Darwen has been identified as one of 75 authorities to benefit from government funding for Family Hubs & the Start for Life programme. The Board were informed of the next steps that would be taking places.

RESOLVED– That the Board note the presentation/update.

10. Child Death Overview Panel Annual Report

The Board received the annual report from the Child Death Overview Panel (CDOP) Annual Report 2020-21.

The Board looked at the work undertaken by the pan-Lancashire Child Death Overview Panel (CDOP) set out in the annual report 2020/21. The report includes key findings from child death data, progress made on last year's recommendations (2019/20), partnership achievements and recommendations for 2021/22.

The Board were informed that the independently chaired pan-Lancashire Child Death Overview Panel (CDOP) has a statutory responsibility to review the deaths of all children in Lancashire. Local authorities and Clinical Commissioning Groups are statutory partners and must support the review process in line with national guidance (Child Death Review Statutory and Operational Guidance, 2018). This includes requirements for individual professionals and organisations to contribute to standardised national practice and undertake learning to prevent future child deaths.

The board were informed that the CDOP annual report provided the mechanism for reporting and reports on both child death notifications for the previous year, and also the findings of the review panels. It was noted that the annual report is not for public distribution, and therefore has not been attached to the report as it contains small numbers which could potentially lead to a child death's being identifiable. A redacted version of the report is published on the [CSAP website](#).

The Board were informed that the Pan-Lancashire CDOP membership is made up of senior multi-agency professionals, from a range of organisations who can make a valuable contribution when undertaking a child death review. The Board had been provided an overview in relation to the progress on 2020/21 priorities and the CDOP key achievements 2020/21.

Between 1st April 2020 to 31st March 2021, CDOP received 83 child death notifications which met the criteria for review (11 Blackburn with Darwen (BwD), 9 Blackpool, and 63 Lancashire residents). There has been a downward trend in child death notifications over the last 10 years, with a notable reduction of child deaths in 2020/21, with 25 fewer deaths compared to the previous reporting year. This was in line with national trends, and may be due to social distancing and other public health measures put into place in response to the COVID-19 pandemic. The report had also noted that the Panel completed 80 reviews of child deaths during 2020/21. Eleven ongoing cases were subject to a Serious Case Review (SCR) or Child Safeguarding Practice Review (CSPR). Of the 80 cases reviewed, the highest proportion of deaths (64%) that occurred were in children under one year of age, with 20% aged 1-9 years, and 16% 10-17 year olds. 84% of the 80 cases had an ethnicity recorded. The ethnicity of the majority (69%) of child deaths reviewed across Lancashire were White-British. However, 11% of child deaths were children of South Asian heritage (including Asian/Asian British Pakistani (9%), Asian/Asian British Indian (2%), and Asian/Asian British Bangladeshi) which is a slight over representation for this ethnic group based on the 2011 Census for Lancashire's South Asian population (9%).

The annual report presented a summary of data specific to deaths of children in BwD which were reviewed in 2020/21. The Board were informed that some of the data contained small numbers and therefore some caution should be used within interpretation.

- 69% of deaths reviewed were completed within 12 months of the child's death
- 77% of deaths reviewed were expected, and 23% were unexpected
- Where ethnicity was recorded, 44% of deaths were of South Asian heritage – Asian/Asian British Pakistani (11%), Indian (22%) or Bangladeshi (11%). Based on

the 2011 Census, this is disproportionately high, compared to BwD's under 18 South Asian population (38%).

- For 31% of deaths reviewed, the ethnicity was either not known or not recorded.
- 54% of deaths reviewed were male.
- 31% of deaths reviewed had modifiable factors identified.
- There were four cases deemed to have modifiable factors, of which smoking and raised BMI were identified in three.
- The most common category of death 'chromosomal, genetic and congenital anomalies' (39%) and 'perinatal/ neonatal event' accounting for the second most common category (20%).

The Board were provided an overview of the strategy's and programs that are in place to deal with the challenges that are being faced within the borough and the statutory partners, Blackburn with Darwen make an annual contribution to funding the pan-Lancashire Children's Safeguarding Assurance Partnership of which CDOP forms part. In 2021/22 this figure was £166,817 (£50,000 from BwD CCG and £116,817 from BwD Borough Council).

The Board discussed how to mitigate cot deaths by providing safe cots when health visitors had visited families.

RESOLVED – That the Board note the update

11. Better Care Fund

The Board received an update on the Better Care fund 2021/22 Quarter 4 End of Year Position.

The Board were informed that in September 2021 the national Better Care Fund team published Better Care Fund planning requirements which included the requirement to complete new national BCF templates, ambitions for improving outcomes against national metrics and timescales to refresh the plans for a local Better Care Fund Plan for 2021/22.

The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, and performance for the full financial year 2021/22. The templates were submitted in line with the deadline of 16th November and received regional and national approval in January 2022. The Better Care Fund Policy Framework and Planning Requirements for 2022/23 publication were still being developed by the national BCF team but have been delayed given the politically restricted period prior to the local elections. The new requirements for 2022/23 are due to be published by the next Health and Wellbeing Board meeting on 6th September 2022.

The Board were advised on the four metric targets that had been set for 2021/22. A summary of the metric targets for the end of year position is as follows:

- Metric 1: Residential Admissions - Long Term support needs of older people met by admission to residential and nursing care homes
- Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into Reablement/rehab services
- Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions
- Metric 4a: Length of Stay- reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

- Metric 4b: Discharge to normal place of residence - improving the proportion of people discharged home

The Board were informed that the CCG minimum pooled budget requirement for 2021/22 was £13,320,712 which was included in the total BCF budget of £15,450,455 for 2020/21. The outturn on BCF was £15,051,688 and after adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,703,165. Of which, £1,080,044 relates to a planned carry over for the ordinary BCF for full utilisation in 2022-23. The remaining balance of £1,623,121 is in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget, is anticipated based on the aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The Board were briefed that the underspend has been carried forward to be spent in 2022/23 under the pooled budget arrangements which allows planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG is demand led and take up rate can fluctuate impacting on timing of completion of works and discharge of expenditure, and normal activity on DFG continued to be impacted during the year due to the Covid-19 pandemic.

Q1 2022/23 Finance Update

The Board were informed of the plans for the BCF financial budget for Quarter 1 2022/23. The report noted that there was a continuation of the schemes and services funded through the Better Care Fund for 2022/23 with estimated inflation uplifts and 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 £1,080,044 for the ordinary BCF into 2022-23.

- The CCG minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the CCG Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2022/23 is £2,129,743.
- The iBCF allocation for 2022/23 is £8,349,595 which includes a nationally awarded uplift of £246,000.
- 2022/23 budget for the BCF and iBCF pool is £27,257,167 including carry forwards from 2021/22.

The 2022/23 BCF allocations as above plus carry forward amounts from 2021/22 are analysed as:

- Spend on Social Care - £4,539,178 (30%)
- Spend on Health Care - £5,124,002 (34%)
- Spend on Integration - £4,259,998 (28%)
- Contingency - £600,000 (4%)
- Resources still to be allocated - £631,531 (4%)

The Board discussed the underspent funding carried forward from the DFG's, and if the funding would be brought forward in the following years and the challenges with life expectancy for males within the borough and the implications that COVID 19 has had on the life expectancy.

RESOLVED – That the Board note the update.

12. Climate & Health needs Assessment/Climate Emergency Action Plan

The Chair informed the Board that unfortunately the Reporting Officer had had to submit their apologies for the meeting due to unforeseen circumstances. The Chair informed the Board that the report would be brought to a future meeting.

13. Other Businesses: Pharmaceutical Needs Assessment, Development Sessions

The Director of Public Health informed the Board that the Pharmaceutical Needs Assessment (PNA) would be brought in to future meetings. The Board were informed that the PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision to inform future service development, and should be updated every three years. The current PNA cycle was extended due to the Covid-19 pandemic and the updated PNA document was currently being finalised between the three Lancashire Upper Tier Local Authorities.

The draft PNA would be made available for public consultation for a 60 day period from July. Further details and access to the consultation would be shared with members of the Board for response and cascaded through their networks. The draft PNA will be presented to the HWB in September, providing more detail on the content of the PNA document and also to agree the process for its sign off prior to publication

RESOLVED – That the Pharmaceutical Needs Assessment be reported to the next meeting of the Board along with a report on the Health Implications of the Cost of Living Crisis.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....