

Health and Wellbeing Board

Date: Tuesday, 30th March, 2021

Time: 10.30 am

**Venue: Virtual Meeting (Zoom) – Public Access via
YouTube**

<https://www.youtube.com/bathnescouncil>

Members: Councillor Rob Appleyard (Bath and North East Somerset Council), Dr Bryn Bird (Clinical Commissioning Group), Cara Charles Barks (Royal United Hospital), Julia Clarke (Virgin Care), Corinne Edwards (Clinical Commissioning Group), Alison Elliott (Bath and North East Somerset Council), Sara Gallagher (Bath Spa University), Councillor Kevin Guy (Bath and North East Somerset Council), Will Godfrey (Bath and North East Somerset Council), Paul Harris (Curo), Nicola Hazle (Avon and Wiltshire Partnership Trust), Mary Kearney-Knowles (Bath and North East Somerset Council), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath and North East Somerset Council), Stuart Matthews (Avon Fire and Rescue Service), Professor Bernie Morley (University of Bath), Kate Morton (Bath Mind), Rachel Pearce (NHS England), Laurel Penrose (Bath College), Vanessa Scott (Healthwatch), Dr Andrew Smith (BEMS+ (Primary Care)) and Richard Smale (Clinical Commissioning Group)

Observers: Councillor Robin Moss (Bath and North East Somerset Council)

Other appropriate officers
Press and Public

Marie Todd

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: 01225 394414

Web-site - <http://www.bathnes.gov.uk>

E-mail: Democratic_Services@bathnes.gov.uk



NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Broadcasting of Meetings**

The Council will broadcast the images and sounds live via the internet
<https://www.youtube.com/bathnescouncil>

The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Tuesdays notice must be received in Democratic Services by 5.00pm the previous Thursday.

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

Health and Wellbeing Board - Tuesday, 30th March, 2021

at 10.30 am in the Virtual Meeting - Zoom - Public Access via YouTube
<https://www.youtube.com/bathnescouncil>

A G E N D A

1. WELCOME AND INTRODUCTIONS
2. APOLOGIES FOR ABSENCE
3. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**,
(as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

4. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR
5. PUBLIC QUESTIONS/COMMENTS
6. MINUTES OF PREVIOUS MEETING (Pages 5 - 8)

To confirm the minutes of the meeting held on 29 September 2020 as a correct record.

7. BETTER CARE FUND 2020-21 REVIEW AND 2021-22 PROPOSALS (Pages 9 - 30)

To receive a summary of the work the Better Care Fund completed in 2020/21 and an update on the plans for 2021/22.

Gina Bartlett and Judith Westcott

8. DATE OF NEXT MEETING

To note that the next meeting will take place on 22 June 2021.

9. CLOSING REMARKS

Cllr Rob Appleyard will close the meeting.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 29th September, 2020, 11.30 am

Dr Bryn Bird (Chair)	Clinical Commissioning Group
Councillor Rob Appleyard	Bath and North East Somerset Council
Cara Charles Barks	Royal United Hospital
Councillor Kevin Guy	Bath and North East Somerset Council
Will Godfrey	Bath and North East Somerset Council
Julia Griffith (in place of Andrew Smith)	BEMS+ Primary Care
Paul Harris	Curo
Nicola Hazle	Avon and Wiltshire Partnership Trust
Lesley Hutchinson	Safeguarding and Quality Assurance (B&NES Council)
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath and North East Somerset Council
Kate Morton	Bath Mind
Joanna Scammell (in place of Kirsty Matthews)	Virgin Care
Richard Smale	CCG

Co-opted Non-Voting Member: Cllr Robin Moss (B&NES Council)

14 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

15 APOLOGIES FOR ABSENCE

The following apologies for absence were received:

Corinne Edwards – CCG

Mary Kearney Knowles – B&NES Council

Kirsty Matthews – Virgin Care – Substitute Joanna Scammell

Bernie Morley – Bath University

Vanessa Scott – Healthwatch

Andrew Smith – Primary Care – Substitute Julia Griffith

16 DECLARATIONS OF INTEREST

There were no declarations of interest.

17 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

18 PUBLIC QUESTIONS/COMMENTS

There were no public questions or statements.

19 MINUTES OF PREVIOUS MEETING - 23 JUNE 2020

The minutes of the previous meeting were approved as a correct record.

20 CHILDREN AND YOUNG PEOPLE SUB-COMMITTEE UPDATE REPORT

The Board considered a report which highlighted the progress and approach being taken regarding the development of the new Children and Young People Plan and sought views on areas of particular concern for children and young people that partner agencies were seeing emerge.

Lesley Hutchinson, Director of Adult Social Care, presented the report. She stated that, although the current strategy is in place until 2021, Officers are aiming to either refresh it for 2021 – 2024, removing completed priorities, retaining continued ones and adding in some new or to carry out a larger review and rework the Strategy. The Children and Young People Sub-Committee's proposal is to refresh, and this has arisen as a result of two recent development sessions. The current outcomes are still considered to be fit for purpose. It is important to consider inequality issues, to tackle and narrow the achievement gap and to consider matters such as food poverty and the impact of the Covid-19 pandemic. The Sub-Committee recommend that the number of priorities also need to be reduced. The training programme has also been reviewed. There has been a change in the complexity of needs and there has been an increase in mental health needs; the aim is to specifically incorporate mental health into the plan going forward. It is also important to provide more support for practitioners working with children and young people with complex needs.

The following issues were discussed:

- Jo Scammell stated that the priorities are all-encompassing. It is important to focus on outcomes and key areas.
- Paul Harris applauded the effort to reduce the number of priorities and to focus more narrowly in order to more deeply address these issues. He also welcomed the proposal to incorporate inequalities and mental health issues into the existing priorities.
- Richard Smale supported a refresh of the Plan rather than a wholesale review and queried how the measures are captured from the perspective of young people. It was confirmed that the Youth Forum and in-Care Councils are involved in shaping the Plan and that there is direct feedback from service users.

RESOLVED:

- (1) To note the overview of the Children and Young People Plan 2021-2024 development session.
- (2) To note and approve the proposed areas of initial focus for the Plan and to confirm that these fit with the forthcoming Health and Wellbeing Board Strategy.
- (3) To note the evaluation of the Children's Workforce Training Programme.
- (4) To agree that the Children and Young People Plan should be refreshed rather than completely reviewed.
- (5) To extend the existing Plan to 2022, in line with the new time frame for the Health and Wellbeing Strategy.

21 B&NES COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2019-2020

The Board considered the Annual Report of the Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP) for 2019/20.

Sian Walker-McAllister presented the report and explained that it covers the transitional period as the BCSSP became operational in September 2019. New arrangements have been established and groups and sub-groups have been set up. The B&NES arrangements are very innovative.

The report contains a great deal of data and it is hoped, in future, to produce a "punchier" report which will be easier to understand and therefore more accessible.

It was noted that County Lines do have an impact on both Children's Services and vulnerable adults. There will be a single strategic approach to tackle this issue at all levels. There is an Exploitation Group which monitors County Lines activity both at an operational and strategic level.

RESOLVED: To note the Annual Report of the Bath and North East Somerset Community Safety and Safeguarding Partnership for 2019/20.

22 **REVIEW OF THE HEALTH AND WELLBEING STRATEGY AND WORKING GROUP FEEDBACK**

The Board considered a report regarding the review of the Health and Wellbeing Board Strategy and proposals from the Strategy Working Group.

David Trethewey, Director of Partnership and Corporate Services, informed the Board that the Working Group has concluded that the Health and Wellbeing Board should move away from solely focusing on acute services and health based solutions, and that there should be more emphasis on inequalities and mental health.

The following issues were discussed:

- Bruce Laurence pointed out that inequalities and mental health issues are often related and that it is important to think of mental health in the broadest sense.
- Cllr Rob Appleyard stated that this is an ideal time to refresh the overall direction of the Health and Wellbeing Board. He welcomed the proposal to pay particular attention to inequalities and hoped that this would lead to positive changes.
- Kate Morton welcomed the wider co-ordinated response to the equalities debate and stated that the Working Group has reflected the relevance and influence that equalities issues should have.
- The Board thanked the members of the Strategy Working Group for the work they had carried out.

RESOLVED:

- (1) To extend the Health and Wellbeing Strategy until January 2022.
- (2) To conduct a refresh of the Strategy focusing on inequality and mental health.
- (3) To approve the recommendations of the Strategy Working Group (attached as Appendix 1 to the report).

23 **DATE OF NEXT MEETING**

It was noted that the next meeting will take place on Tuesday 24 November 2020.

The meeting ended at 12.15 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	30 March 2021
TITLE:	Better Care Fund 2020-21 review and 2021-22 proposals
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <ul style="list-style-type: none"> • Appendix 1 - On-going schemes – month 10 position 2020/21 • Appendix 2 - Further detail of the proposed new schemes for 2021/22 • Appendix 3 - Disabled Facilities Grant detailed proposals for 2021/22 • Appendix 4 - Governance as agreed in November 2020 by LCG • Appendix 5 - Breakdown of schemes under iBCF and BCF funding 	

1. THE ISSUE

- 1.1. The purpose of this paper is to give a summary of the work the Better Care Fund (BCF) completed in 2020/21 as well as giving an update about the plans for 2021/22:
- 1.2. To update on 2020/21 spend and note the Local Commissioning Group (LCG) recommendation on underspends
- 1.3. To give a first impression of the revised distribution of schemes and spend for 2021/22
- 1.4. To agree the schemes and identify any strategic/project gaps to develop for 2021/22

2. RECOMMENDATION

2.1. The Committee is asked to;

- Note the approach for 2020/21 underspends.
- Note the proposal to review funding source changes for 2021/22 and confirm the process for agreeing spend.
- Approve schemes for 2021/22, including existing projects and new bids.

3. THE REPORT

3.1. BACKGROUND

- 3.1.1. The Better Care Fund (BCF) is made up of 10 different funding sources and equates to approximately £71m each year to fund a range of adult social care and health activity across B&NES council, the CCG and Virgin Care. The Schemes have, overtime, been broken down into groups. Broadly speaking the first group are the long-standing contracts and arrangements which are not directly monitored by BCF e.g. the Disabled Facilities Grant and the Virgin Care contract which have their own contractual arrangements. There are then three sets of measured schemes which are projects or posts with shorter time frames. Generally speaking, the three groups align with the year in which the schemes were set up.
- 3.1.2. The Council holds the BCF funds on behalf of the Council and CCG and there is an overarching Section 75 agreement which governs the use and decision making around these funds. This year has been an unusual year for the BCF as there has been little to no guidance or reporting and the expectation has been that the guidance created in 2018/19 should be rolled over into 2020/21.
- 3.1.3. the guidance created in 2018/19 should be rolled over into 2020/21.
- 3.1.4. Over this period B&NES CCG became part of B&NES, Wiltshire and Swindon (BSW) CCG and between September and 2020 and January some first thoughts were drawn together to review the governance of BCF. Appendix one shows some basic flow and governance charts that were agreed at the newly formed Locality Commissioning Group (LCG) in November 2021.

3.2. 2020-21 SUMMARY

- 3.2.1. Due to covid-19 the progress of the BCF schemes has been significantly reduced compared to previous years. The Council's financial recovery plan approved at Cabinet in July 2020 identified £871k of the improved Better Care Fund grant that could support the Council Covid financial recovery through utilising the grant to fund Social care placements and creating a saving on the core Council funded social care budget. An additional underspend on ringfenced DFG is also expected and will be quantified at year end. It is proposed that, at this stage in the financial year, the DFG underspend should be carried over into 21-22 for further consideration when

there is greater opportunity to for wider consultation and decision making. More detail can be seen in appendix 1.

3.2.2. There is ongoing work to review the continuing schemes to ensure they are grouped and contracted correctly. This is specifically for schemes that are rolling year on year. In addition to this work on the governance structure for BCF is continuing, this is to ensure the correct chain of command is followed for signing off any proposed changes etc.

3.2.3. There has been no further guidance from the Better Care Fund for proposals and we only expect to be requested to provide a financial end of year return in the near future.

3.2.4. **KEY POINTS FROM 2020/21:**

- Few changes from 2019/20
- Significant underspend moved to council adult social care pressures
- No new guidance and minimal reporting

3.3. 2021-22 PROPOSALS AND CONSIDERATIONS

3.3.1. As of yet, there has been no further guidance on either the funding coming into BCF or priorities for expenditure. The regional/national BCF teams have given some indication that Discharge to Assess (D2A) may be drawn into BCF in 2021/22 and the recent publication “Integration and Innovation: Working together to improve health and social care for all – February 2021¹” notes it will “Separately set out proposals relating to Adult Social Care contributions to our ambitions in this area, including reconfirming the legal basis of the Better Care Fund, and changes to the legal functioning of the Better Care Fund, and changes to processes around discharge and assessment” as part of the developments of the new Integrated Care Systems. Therefore, at present the funds will continue to need to meet the principles:

3.3.2. That the localities BCF Plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs.

3.3.3. The BCF activity can demonstrate how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG’s minimum contribution.

3.3.4. That a specific proportion of the area’s allocation is invested in NHS commissioned out-of-hospital services, which may include seven-day services and adult social care.

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

3.3.5. That there is a clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). As part of this, all HWBs must adopt the centrally set expectations for reducing or maintaining rates of delayed transfers of care (DToc) during 2019-20 into their BCF plans.

3.3.6. And that all spend contributes to one or more of the following criteria:

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported.

3.3.7. The table below shows the expected BCF funding for 2021/22 with associated up lifts as understood so far. Further detail is yet to added.

		17/18 £	18/19 £	19/20 £	20/21 £	21/22 £
Funding Source	Key					
CCG Section 75 Transfer to Council	BCF	£8,611,434	£8,775,051	£8,895,886	£9,127,512	£9,611,270
CCG Commissioned Out of Hospital Services	OOH	£2,043,943	£2,082,778	£2,858,963	£2,978,670	£2,978,670
CCG Risk Share Contingency	NEA	£549,660	£560,103	£570,130	£600,347	£600,347
CCG Commissioned Community Services	VC	£24,182,014	£25,458,488	£26,160,431	£27,334,308	£27,334,308
Disabilities Facilities Grant Capital	DFG	£1,084,352	£1,177,682	£1,270,789	£1,270,789	£1,441,905
iBCF	iBCF	£3,155,404	£2,063,000	£1,028,000	£0	£1,757,753
Winter Pressures Grant	WP	£0	£729,753	£729,753	£0	£0
Other Local Authority Grants	Grant	£779,987	£1,850,458	£3,001,111	£4,758,864	£3,001,111
Council Revenue for Care Act	ACT	£1,500,000	£1,500,000	£1,390,250	£1,390,250	£1,390,250
Council and Public Health Commissioned Community Services	VC	£19,668,842	£26,576,310	£26,548,612	£23,639,836	£23,639,836
Total		£61,575,637	£70,773,623	£72,453,925	£71,100,576	£71,755,450

3.3.8. The broad expenditure across the four areas is anticipated to be as the table below:

Scheme type	Expenditure
Main schemes	£66,974,447
Measured scheme Grp 1	£2,476,187
Measured schemes Grp 2	£470,450
Measured scheme Grp 3 new for 2021/22	£1,834,366
Total	£71,755,450

3.3.9. For 2021-22 teams were invited to propose new or continued activity for funding to run schemes starting in April 2021, funding could last from 1 –

3years and would have to be in line with the BCF aims, as well as building on existing Council and CCG strategies and work plans.

3.3.10. The funding for these new schemes is drawn from schemes that will be completing in 2020/21, projects that require lower levels of funding in 2021/22 and projects proposed last year which never started in 2020/21 and will not now be taken forward in 2021/22.

3.3.11. The table below outlines the proposed new schemes received with a short commentary and identified funding if they meet the BCF aims. These schemes are provisional and will be brought back to the board once all due diligence has been confirmed. However, at this stage the Finance lead is assured that these proposals can be met within the predicted funding for 2021/22.

New Measured Schemes for 2021/22 (GROUP3)	Scheme No.	National Condition	RAG/Funding Source	Lead	2021/22	
Reviewing of high cost cases	38	SC	iBCF	Neil Manson	£180,000	Funding to support 3 posts to review of high cost cases. The posts will be 2 in VC and 1 in AWP. There is a project group behind these posts
Reablement transformation	39	SC	iBCF BCF	Ryan Doherty	£150,000	Having completed the TUPE transfer and redesigned the service accordingly this is a pot of funding to support wider transformation to ensure the service can continue to develop. This pot will be held in BCF until called upon.
Home care support to virtual care	40	NHS	iBCF	James Child-Evans	£300,000	Support to developing the Virtual frailty ward project through homecare provision
Data and financial development	12e	ALL	BCF	Gareth Jones & Liz Beazer	£41,000	Data cleansing and streamlining to support multi-agency reporting
BCF support	12f	ALL	BCF	BCF team	£49,052	Project support post to develop on-going multi-agency engagement
Assistive Technology - Integrated Project	40	SC	DFG	Gina Bartlett		Funding within the DFG programme (£150k) for a three-year project to increase use capitalising on heightened engagement during covid
DASS projects	41	SC/CM	iBCF	Les Hutchinson	£210,000	A pot of funding for the DASS to quickly support small in year projects

Support to Mental Health Strategy	43	NHS/SC	BCF	Lucy Kitchener	£58,000	2 half time posts supporting the BSW and B&NES council mental health projects
Homeless Hospital Discharge Support project	44	NHS/SC	iBCF	Lucy Kitchener	£60,000	Part of the mental health project, but with a specific focus on finding accommodation for homeless people when discharged to ensure good support and flow out of hospital
Transitions Coordinator	45		Does not meet criteria	Ali Woodiwiss	£40,000	A project to support young people with SEND to move from children's to adult service support. The current PID does not support the BCF outcomes
Client Finance Support	46		iBCF	Helen Bush	£60,625	A new post to improve use of Controc and improve client facing charging. Current PID does not meet BCF outcomes or processes
Specialist Commissioning (Day Services)	47		iBCF	Nakita Singh and Rebecca Potter	£88,390	A new post to take forward day service commissioning.
CCG Commissioning Support. Max 3 x Fixed term posts, subject to further discussion. Proceeding with 1 initially.	48		BCF	James Child-Evans	£180,000	CCG Commissioning Support. 3 x Fixed term posts
Contingency	101		iBCF	BCF team	£248,113	This will be reviewed once the out turn for 2020/21 is confirmed
			BCF		£181,268	
			GRANT		£57,346	
					£1,834,366	Total

3.3.12. More details about the 2021-22 proposals can be found below and in appendix 2. In the table above a proposal is put forward as to which source funding might best fit the scheme/project. At this stage HWB does not need to approve the funding source, but should give approval to the relevance and support to the content of the schemes in order for these schemes to progress. Some of these schemes have full project initiation plans others will require further work once the funding has been agreed. (Those requiring further detail or development include schemes 39, 40, 12e, 41, 46, 48 and 45. The funding is essentially a place marker) There will be a further report at the end of the financial year to confirm funding sources and allocations for 2021/22 which is hoped can be presented alongside a review of funding sources for all schemes. At this stage should the funding sources be as above this can be afforded within the expected funding in 2021/22.

3.3.13. Virgin Care have also submitted a further 4 possible schemes which have yet to be reviewed to see if they meet BCF goals. If appropriate these schemes would need £147k (although one of the four projects has no specified spend). These will be considered should there be sufficient funds identified from any further underspend on 2020/21

3.3.14. The current newly proposed schemes alongside those already in place would create a balance of commitment to the BCF goals for all expenditure as follows:

National Condition	Allocation	As percentage
NHS - Reducing pressures on the NHS and supporting hospital discharge	£4,742,906	7%
SC - Meeting Social Care need	£9,951,036	14%
CM - Stabilising the Care Market	£553,000	1%
INC - Increasing capacity in the system	£420,450	1%
NHS/SC	£55,122,942	77%
SC/CM	£150,000	0%
CM/NHS	£60,000	0%
ALL	£666,726	1%
Total	£71,755,450	100%

3.3.15. Key points from 2021/22

- There is currently no new guidance for 2021/22
- There are proposals related to the Integrated Care Alliance (ICA) which will impact on BCF for which we await further detail
- We have set out some new schemes which are affordable within the projected available funding for next year
- There is further work to do to review scheme funding sources and develop governance as the ICS develops

3.4. DISABLED FACILITIES GRANT (DFG)

3.4.1. The DFG is part of BCF funding but is ringfenced to a set of bespoke criteria and is led by the council. DFG is one of the schemes in the main group of schemes and supports good quality adapted housing for people coming out of hospital and in the community, who need adaptations to properties to meet their changing needs. Appendix 3 shows the proposals for spend which need to be approved by the council and supported by LCG.

3.4.2. The fund has underspent in this last year due to the pandemic making it difficult to access homes. Any underspend will be rolled forward into 2021/22 to catch up on unmet need.

4. STATUTORY CONSIDERATIONS

4.1. The use of Better Care Funding is under National Health Service England (NHSE) guidance and the specific BCF annual guidance².

5. RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1. There is no financial request or assistance needed. Approval is needed to forward these funding proposals and existing schemes to HWB.

5.2. Further engagement is required by senior leadership to confirm funding levels for 2021/22 and bring together as part of the financial review and confirmation of proposals scheduled for the end of the financial year

5.3. Resource is managed through each individual scheme.

6. RISK MANAGEMENT

6.1. Each scheme under BCF will manage its own risks and mitigation approach.

6.2. The below table outlines the operational risks/issues and mitigation for the overall BCF piece of work.

Risk/Issue	Mitigation
Guidance has not yet been received so may create new priorities which do not include the current project proposals or need new project proposals	New schemes should not be ratified until further guidance is given
Uplifts have not yet been factored in for long standing projects so further funding may be needed	Hold a significant unallocated amount
There have been a number of smaller schemes proposed in previous projects which created unnecessary levels of administration	Where possible schemes have been grouped or given 2 or 3 year commitments
There is still work to be done on the large schemes to fully understand the spends and outcomes which may lead to changes needed on existing or new schemes	This is a draft list and will need to come back to alter meeting for final approval
Significant time is spent on aligning reporting with CCG, council and national requirements, potentially leading to inaccurate or delayed data.	Funding has been proposed for some data alignment and improving BCF processes
If new schemes cannot be approved within the next 6wks this will delay projects and limit the scope of others	For SLT, LCG and H&WB to approve in principle the new schemes and confirm funding sources as part of a later financial

² This is the latest guidance which has not been updated beyond this: <https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

	report at the end of the financial year.
With Covid pressures there has been limited time to discuss the development of source funds. Current funds are based on last year's agreements unless centrally agreed by the Government. E.g. The DSG uplift has been agreed. That plans may get delayed if this cannot be agreed in the near future.	Topic raised at LCG

7. EQUALITIES

7.1. Each scheme will manage any equalities impact individually.

8. CLIMATE CHANGE

8.1. n/a – all schemes relate to adult social care

9. OTHER OPTIONS CONSIDERED

9.1. There is no financial request or assistance needed. Approval is needed to forward these funding proposals and existing schemes.

9.2. Further engagement is required by senior leadership to confirm funding levels for 2021/22 and bring together as part of the financial review and confirmation of proposals scheduled for the end of the financial year.

10. CONSULTATION

This report has been reviewed by the section 151 officer. Further work is required to fully clarify the funding position following the review of sources.

11. NEXT STEPS

- Review and confirm current and proposed schemes by Health and Wellbeing board (H&WB)
- Confirm approach to the under spend in 2020/21 as agreed by Council SLT and LCG
- Identify uplift levels across income lines and attach to schemes
- Review source funding for existing schemes and agree
- Prepare an overarching 3-year plan (subject to guidance, changes with the integration white paper and Council / CCG priorities)
- Build governance into new CCG / Council oversight arrangements
- Revise the Section 75 agreement
- Complete 2020/21 reporting
- Bring a year-end report to the council SLT, LCG and HWB

12. SUMMARY

- 12.1. Due to Covid-19 pressures BCF in 2020-21 has resulted in less scheme-based activity than previous years, this has created a significant underspend. A portion of this underspend (£871k) has been contributed to the Council Covid-19 recovery plan. Additional underspend, as documented in this report will be carried over to 2021-22 to enable 14 new schemes. There is additional underspend under the DFG schemes which will be carried over into the DFG spend for 2021-22. Further information about underspend can be seen in appendix 1.
- 12.2. At the Local Commissioning Group meeting on 4th March 2021 it was agreed in principle that:
- 12.2.1. A funding source review would happen in 2021-22
- 12.2.2. Any underspend from 2020-21 can be carried over into 2021-22 BCF schemes
- 12.2.3. The proposed new schemes in 2021-22 can be proposed to the Health and Wellbeing Board on 30th March 2021 for final approval.

13. Actions to be discussed:

- 13.1. Confirmation of the approach for 2020/21 underspends.
- 13.2. Note the proposal to review funding source changes for 2021/22 and confirm the process for agreeing spend.
- 13.3. Approve schemes for 2021/22, including existing projects and new bids.
- 13.4. Approve the 2021-22 Better Care Fund (BCF) next steps.

Contact person	Judith Westcott – judith_westcott@bathnes.gov.uk
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

Appendix 1: Overarching on-going schemes – month 10 position

Scheme	Scheme No.	National Condition	RAG/Funding Source	Plan / Actual	YTD £	FYE £	Total Spend inc C/fwd YTD
Community Services (Virgin)	15	NHS/SC	BCF & VC	Plan	45,613,767	54,736,520	54,736,520
				Actual / Forecast	45,640,794	54,736,520	45,640,794
				Variance	-27,027	0	9,095,726
Integrated Care and Support	7	NHS	BCF & OOH	Plan	2,052,436	2,462,923	2,462,923
				Actual / Forecast	2,052,436	2,462,923	2,052,436
				Variance	0	0	410,487
Protection of Social Care, Sleep in Cover & Fair Price of Care	8	SC	BCF & iBCF	Plan	4,597,193	5,516,631	5,516,631
				Actual / Forecast	4,597,192	5,516,631	4,597,192
				Variance	0	0	919,438
BCF Strategic Support	12	NHS/SC	BCF	Plan	206,382	247,658	247,658
				Actual / Forecast	114,335	142,883	114,335
				Variance	92,047	104,775	133,324
Care Act Implementation	13	SC	ACT	Plan	1,196,559	1,390,250	1,390,250
				Actual / Forecast	1,095,645	1,390,250	1,095,645
				Variance	100,914	0	294,605
Disabled Facilities Grant	14	SC	DFG	Plan	1,058,991	1,270,789	1,270,789
				Actual / Forecast	1,058,991	1,270,789	1,058,991
				Variance	0	0	211,798
Transformation Funding	16	NHS	Grant	Plan	479,124	574,949	574,949
				Actual / Forecast	479,124	574,949	479,124
				Variance	0	0	95,825
BCF Risk Share Contingency	100	NHS	NEA Target currently not met	Plan	0	600,347	600,347
				Actual / Forecast	0	600,347	0
				Variance	0	0	600,347
Measured Schemes	see below	see below	see below	Plan	2,832,219	3,392,757	3,392,757
				Actual / Forecast	2,584,646	3,108,939	2,584,646
				Variance	247,573	283,818	808,111
Measured Schemes	see below	see below	see below	Plan	423,122	477,750	477,750
				Actual / Forecast	190,912	365,652	190,912
				Variance	232,209	112,099	286,838
2020-21 Uncommitted Funds	101		Grant	Plan	358,335	430,001	430,001
				Actual / Forecast	358,335	430,001	358,335
				Variance	0	0	71,667
TOTAL PLAN					58,818,125	71,100,575	71,100,575
TOTAL					58,172,409	70,599,884	58,172,409
TOTAL VARIANCE					645,716	500,692	12,928,166

Group 1 Measures at month 10

Scheme	Scheme No.	National Condition	RAG/Funding Source	Plan / Actual	YTD £	FYE £	Total Spend inc C/fwd YTD
Integrated Reablement (Domiciliary Care Strategic Partners)	3	SC	BCF	Plan	690,507	828,608	828,608
				Actual / Forecast	796,382	796,382	796,382
				Variance	-105,875	32,226	32,226
Integrated Reablement (Home First Additional Capacity)	3	NHS	BCF	Plan	395,070	474,084	474,084
				Actual / Forecast	473,349	473,349	473,349
				Variance	-78,279	735	735
Falls Response Service (exc Virgin)	4	NHS	BCF	Plan	233,986	280,783	280,783
				Actual / Forecast	247,122	274,117	247,122
				Variance	-13,136	6,666	33,661
Assistive Technology	14	SC	iBCF	Plan	83,333	100,000	100,000
				Actual / Forecast	39,817	56,827	39,817
				Variance	43,516	43,173	60,183
Support Planning and Brokerage Service	20	CM	iBCF	Plan	210,833	253,000	253,000
				Actual / Forecast	181,834	215,000	181,834
				Variance	29,000	38,000	71,166
Transition to new Community Resource Centre Model	21	CM	iBCF	Plan	312,639	375,167	375,167
				Actual / Forecast	214,014	375,167	214,014
				Variance	98,625	0	161,153
Transition of Extra Care	22	SC	iBCF	Plan	120,498	144,598	144,598
				Actual / Forecast	78,831	144,598	78,831
				Variance	41,667	0	65,766
Home First Pathways One (7 Day)	23	NHS	iBCF	Plan	280,798	336,958	336,958
				Actual / Forecast	221,205	322,883	221,205
				Variance	59,594	14,075	115,753
Mental Health Pathway Review	24	NHS	iBCF	Plan	250,000	300,000	300,000
				Actual / Forecast	250,000	300,000	250,000
				Variance	0	0	50,000
Trusted Assessor (7 day)	28	NHS	iBCF	Plan	95,833	115,000	115,000
				Actual / Forecast	31,572	42,096	31,572
				Variance	64,261	72,904	83,428
Health Case Co-ordinator	29	NHS	BCF	Plan	29,521	29,521	29,521
				Actual / Forecast	29,521	29,521	29,521
				Variance	0	0	0
Integration Programme	30	NHS/SC	BCF & Grant	Plan	12,500	15,000	15,000
				Actual / Forecast	15,000	15,000	15,000
				Variance	-2,500	0	0
Targeted Community Support	31	SC	iBCF	Plan	50,000	60,000	60,000
				Actual / Forecast	0	0	0
				Variance	50,000	60,000	60,000
Home Care Review	32	SC	iBCF	Plan	18,366	22,039	22,039
				Actual / Forecast	6,000	6,000	6,000
				Variance	12,366	16,039	16,039
External technical support to Client Finance	33	SC	iBCF	Plan	48,333	58,000	58,000
				Actual / Forecast	0	58,000	0
				Variance	48,333	0	58,000
TOTAL PLAN					2,832,219	3,392,757	3,392,757
TOTAL					2,584,646	3,108,939	2,584,646
TOTAL VARIANCE					247,573	283,818	808,111

Group Measures 2 at month 10

Scheme	Scheme No.	National Condition	RAG/Funding Source	Plan / Actual	YTD £	FYE £	Total Spend inc C/fwd YTD
Enhanced Discharge (CHS)	27	NHS	iBCF	Plan	150,000	150,000	150,000
				Actual / Forecast	82,350	150,000	82,350
				Variance	67,650	0	67,650
Block Care Home Placements	35	INC	iBCF	Plan	83,330	100,000	100,000
				Actual / Forecast	-36,614	0	-36,614
				Variance	119,944	100,000	136,614
Social Work capacity for Virgin & AWP	34	INC	iBCF	Plan	100,375	120,450	120,450
				Actual / Forecast	66,642	120,450	66,642
				Variance	33,733	0	53,808
Double handed OT project	36	INC	iBCF	Plan	6,083	7,300	7,300
				Actual / Forecast	-4,799	-4,799	-4,799
				Variance	10,882	12,099	12,099
Housing initiatives	37		iBCF	Plan	83,333	100,000	100,000
				Actual / Forecast	83,333	100,000	83,333
				Variance	0	0	16,667
TOTAL PLAN					423,122	477,750	477,750
TOTAL					190,912	365,652	190,912
TOTAL VARIANCE					232,209	112,099	286,838

Potential variance on underspend on BCF schemes:

Scheme	Scheme No.	Underspend
CRC Transition	21	£100,000
Extra Care Transition	22	£50,000
Enhanced Discharge (CHS)	27	£20,000
Social Work Capacity for Virgin & AWP	24	£18,000
Reablement Transformation (Virgin Care)	3	£105,000
Total		£293,000

Appendix 2: Further detail of the proposed new schemes for 21-22

Scheme	Further Detail
1) Reviewing of high cost cases - fixed term	This scheme will enable 3 additional social workers (2 Virgin, 1 AWP) to complete reviews of the highest costing cases. The aim will be to review these cases to reduce the cost (when applicable). Review will be based on package cost and last review date.
2) Reablement transformation	Having completed the TUPE transfer and redesigned the service accordingly this is a pot of funding to support wider transformation to ensure the service can continue to develop. This pot will be held in BCF until called upon.
3) Hospital@home home care support	Funding to enable home care to work alongside the Hospital@home scheme bringing ICT solutions and carers to support people in their own homes
4) Data and financial development – fixed term	Funding a full-time position over two years for the Business Intelligence team. Focus of the work will be data cleansing and streamlining to support multi-agency reporting.
5) BCF support	A full-time position to support the overall running of the BCF, providing project support post to develop on-going multi-agency engagement.
6) Assistive Technology - Integrated Project	Funding within the DFG programme (£150k) for a three-year project to increase technology use, capitalising on heightened engagement during covid-19. Funding will be split between a project manager role to manage the scheme as well as funding for the technology.
7) DASS projects	A separate pot of money available to the Director of Adult Social Care, funding can be used to in line with the BCF aims and decided with the project group.
8) Support to panels	Additional funding to be used for the support of panels within Adult Social Care.
9) Support to Mental Health Strategy – fixed term	Two half time positions supporting the BSW and B&NES council mental health projects. The creation of a B&NES pathway to independent living for those with mental ill health; and support the work of creating a partnership whole system solution in terms of mental health services.
10) Homeless Hospital Discharge Support project – fixed term	Developing Health and Independence (DHI) Homeless Hospital Discharge team provides 1.5x FTE workers at the RUH to prevent patients being discharged into homelessness or rough sleeping.
11) Transitions Coordinator – fixed term	This funding will be used to employ a transition coordinator who will support young people who are likely to eligible needs under the Care Act 2014 and are likely to experience a complex transition.
12) Client Finance Support - fixed term	Funding would be used to pay a team of consultants to implement the Provider Portal, changes to debtor invoice calendar periods, development of Section 117 split funded packages, intermittent respite set up and the pension credit calculator, this will be done in conjunction with the Client Finance Team.

13) Specialist Commissioning (Day Services) Fixed term	This is a 2-year project delivered by Community Catalysts. In the first year, the Community Catalysts will work within B&NES to identify what community based day opportunities exist and will hold a 'taster programme' for LD/A clients to engage them with the variety of opportunities available to them. Throughout the first year, and in the second year, the Community Catalysts will work to build the choice of opportunities and work with the Specialist Commissioning Team to ensure the right commissioning arrangements are in place to support clients to access these opportunities. We will provide support from the Specialist Commissioning Team (unfunded through this project) to ensure the project is successful.
14) 3 x fixed term Commissioning post within the CCG	CCG Commissioning Support. 3 x Fixed term posts to support health commissioning in the areas of joint interest, e.g. Community Services, Older Adults and Specialist Commissioning.
15) Uplifts and unallocated	This covers funds that are unallocated, and amounts reserved for uplifts in 2021-22.

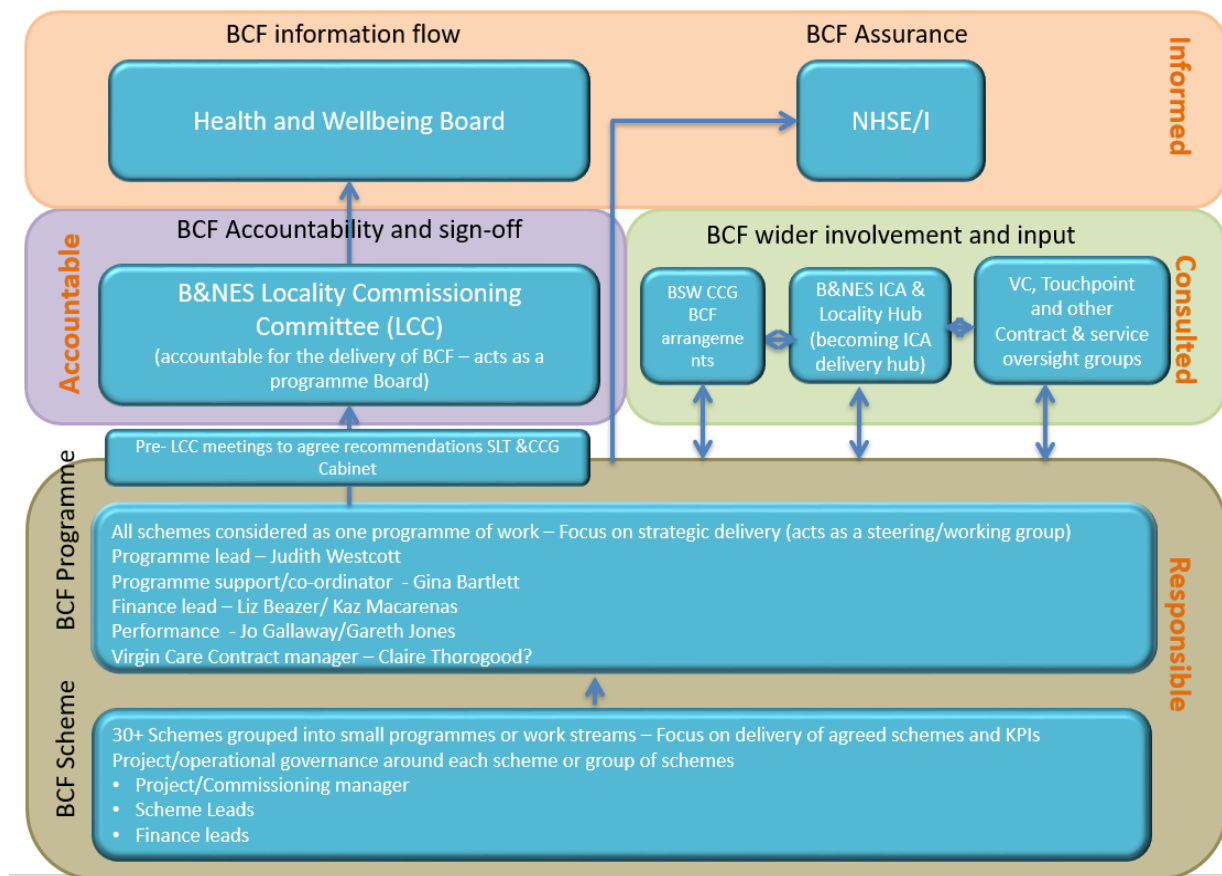
Appendix 3 - Disabled Facilities Grant detailed proposals for 2021/22

The DFG receives an allocation of funding which is then divided between different schemes.

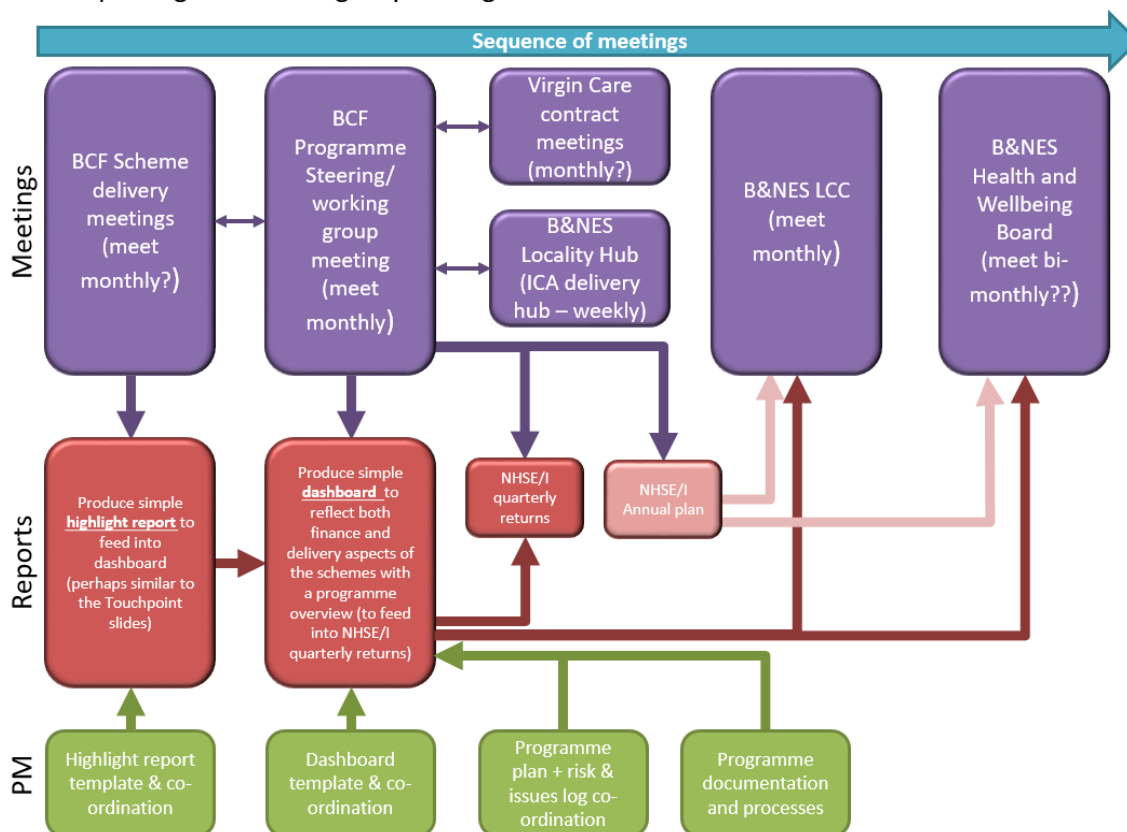
Scheme name	£ spend	Detail
DFG	1,095,000	The main work that the Disabled Facilities Grant covers.
Staff	143,664	Costs to cover staff in 2021-22
HIA	45,000	Home Improvement Agency
Home from Hospital	46,000	The scheme is case work service to make a home safe and suitable for a patient to return home.
Making Space	40,000	New scheme for a decluttering service.
Ceiling Track Hoists	40,000	Part of the Community Equipment Scheme
Minor Adaptations Service (Rails)	95,000	Part of the Community Equipment Scheme
HCLG Grant	10,789	Housing, Communities and Local Government
Assistive Technology	£150,000	Scheme to bring in assisted technology into home care.
OT for Community Equipment	£70,000	Occupational Therapist role for the Community Equipment scheme
Total committed	1,735,453	DSG 2021/22 £1,441,905 plus underspend from 2020/21 £798,174

Appendix 4 – Governance as agreed in November 2020 by LCG

BCF Governance in terms of RACI (Responsible, Accountable, Consulted and Informed)



BCF reporting and meeting sequencing



Appendix 5 – Breakdown of schemes under iBCF and BCF funding.

Scheme No	Scheme Description iBCF	2020/21 £	Proposed 2021/22 £	Status
101	Schemes to be identified-Social Care Budgets	1,400,001	996,617	Existing
14b	Assistive Technologies/Community Equipment	100,000	-	Closed
16	Transformation funding (Virgin)	574,949	574,949	Existing
17	Fair Price of Care	545,000	700,000	Existing
17	National Minimum Wage/Sleep-in Cover	76,000	76,000	Existing
20	Support Planning and Brokerage Service	253,000	253,000	Existing
21	Transition to new Community Resource Centre Model	375,167	300,000	Existing
22	Transition of Extra Care	50,000	100,000	Existing
23	Home First Pathway One	279,521	279,521	Existing
23	Home First Transport and project leadership	57,437	57,437	Existing
24	Mental Health Transformation	300,000	-	Closed
27	Enhanced Discharge	150,000	-	Closed
28	Trusted Assessor (7 Day)	115,000	80,000	Existing
30	Integration Programme - Wiltshire and Swindon Care Skills Partnership	15,000	17,500	Existing
31	Targeted Community Support	60,000	-	Closed
32	Home Care Review - Project team	22,039	-	Closed
33	External technical support to Client Finance	58,000	65,000	Existing
34	Social Work capacity for Virgin & AWP	120,450	120,450	Existing

35	Block Care Home Placements	100,000	300,000	Existing
36	Double handed OT project	7,300	-	Closed
37	Housing initiatives	100,000	-	Closed
	Reviewing of High Costs Cases (Mental Health)	-	180,000	New
	Home Care Support t Hospital @ Home	-	300,000	New
	DASS Small Projects	-	210,000	New
	Homelessness Hospital Discharge Support -Mental Health	-	60,000	New
	Specialist Commissioning Day Services		88,390	New
	Total	4,758,864	4,758,864	

	Scheme No	Scheme Description BCF	2020/21 £	Proposed 2021/22 £	Status
15	1a & b	Your Care, Your Way Integrated Delivery Infrastructure	908,362	956,505	Existing
15	2a	Your Care, Your Way 7 Day Working	297,088	312,834	Existing
15	3a	Your Care, Your Way Integrated Reablement (Virgin)	1,072,861	1,129,723	Existing
15	5	Your Care, Your Way Home from Hospital Schemes	376,262	396,204	Existing
15	9	Your Care, Your Way Social prescribing	107,498	113,195	Existing
15	10	Your Care, Your Way Mental Health Reablement Beds	105,300	110,881	Existing
15	11	Your Care, Your Way Support for Carers	280,098	294,943	Existing
15	15d	Village Agents	31,590	33,264	Existing

	3a	Extra Care Housing Service	67,570	-	Closed
	3d	Integrated Reablement (Transition model funding)	336,584	-	Closed
	3b	Integrated Reablement (Domiciliary Care)	794,136	-	Closed
1	3b	Integrated Reablement - Neuro	34,473	3,783	Existing
	3d	Integrated Reablement Care Response	137,500	-	Existing
		Expanded Reablement		986,000	New
		Reablement Transformation		150,000	New
	4b	Falls Response Service RUH & SWAST	280,783	288,644	Existing
	8	Protection of Social Care	2,752,631	2,898,520	Existing
	8	Protection of Social Care - Housing Schemes	120,000	120,000	Existing
	8	Protection of Social Care - support to purchasing budgets (PD)	10,530	11,088	Existing
	8	Protection of Social Care - support to purchasing budgets (MH)	115,830	121,969	Existing
	8	Protection of Social Care - support to purchasing budgets (OP)	589,680	620,933	Existing
	8	Protection of Social Care - support to purchasing budgets (LD)	336,960	354,819	Existing
	12	BCF Strategic Support (Contingency)	26,521	-	Existing
	12	BCF Strategic Support (Data Finance)	-	41,463	New
	12	BCF Strategic Support (Project Support)	-	53,084	New
	12	BCF Strategic Support (DTCO Peer Review Recommendations)	30,000	-	Closed
	12	BCF Strategic Support - Trusted Reviewer	34,190	-	Closed
	12	BCF Strategic Support Posts	156,946	154,655	Existing

	22	Extra Care Housing Service	94,598	170,762	Existing
	29	Health Case Co-ordinator	29,521	50,000	Existing
		Support to Mental Health Strategy	-	58,000	New
		Fixed Term Commissioning Posts x 3	-	180,000	New
		Total	9,127,512	9,611,270	

This page is intentionally left blank