

## HEALTH AND WELLBEING BOARD

### Minutes of the Meeting held

Tuesday, 29th March, 2022, 10.30 am

Dr Bryn Bird	Clinical Commissioning Group
Councillor Dine Romero	Bath and North East Somerset Council
Will Godfrey	Bath and North East Somerset Council
Paul Harris	Curo
Nicola Hazle	Avon and Wiltshire Partnership Trust
Amritpal Kaur	Healthwatch
Kate Morton	Bath Mind
Richard Smale	Clinical Commissioning Group
Jocelyn Foster	Royal United Hospital Bath NHS Trust
Susan Hayter	Bath & North East Somerset Council
Gary Guest	Bath and North East Somerset Council
Paul Scott	Bath & North East Somerset Council
Jonathan Raisey	Avon & Somerset Police
Kathryn Hamilton	Observer (Bath and North East Somerset Council)

#### 30 WELCOME AND INTRODUCTIONS

The Chair Dr Bryn Bird welcomed everyone to the meeting.

#### 31 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer read out the evacuation procedure.

#### 32 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Cara Charles Banks – Royal United Hospital

Jayne Davis – Bath College

Corinne Edwards – Clinical Commissioning Group (CCG)

Sara Gallagher – Bath Spa University

Andrew Girdher – CCG

Mary Kearney Knowles – Bath and North East Somerset Council

Rebecca Reynolds – Bath and North East Somerset Council

Dr Andrew Smith - BEMS (Primary Care)

### **33 DECLARATIONS OF INTEREST**

There were none.

### **34 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

### **35 PUBLIC QUESTIONS/COMMENTS**

There were none.

### **36 MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

### **37 BETTER CARE FUND UPDATE**

Gary Guest (BANES Commissioning Project Manager - Better Care Fund) presented a powerpoint which gave an operational summary, a brief financial summary and a reminder of a decision taken, as the 25<sup>th</sup> January 2022 meeting of the HWB had been cancelled. He highlighted the following issues:

- Publication of the planning requirement had been delayed
- There was a small pot of uncommitted funding for possible new projects
- Applications for new funding were invited
- A series of workshops were scheduled prior to consideration at the new HWB meeting.

He outlined the decision taken on funding due to the January meeting of Health and Wellbeing Board being cancelled. £12,500 was spent on HR support for TUPE in respect of staff moving from Sirona to BANES.

The following issues were discussed:

- The deadline for applications was 19<sup>th</sup> April 2022
- With increases in the cost of living and cost of energy and consequent impact on mental wellbeing, the delivery of contracts might not be of the same quality
- The likely date for the funding framework announcement was September

2022

- All areas were in a similar position waiting for the announcement
- The Co-Chairs would have a discussion to put pressure on those responsible to ensure an announcement would be made as soon as possible
- With the outcome not likely to be until May and a significant amount of funds challenged already, there was a concern about mitigating risk
- The BCF set criteria for the uncommitted spend, using knowledge to see improvements in flow. Mental health was a possible area of focus.

## **RESOLVED**

- 1) to note the presentation on the Better Care Fund Update; and
- 2) to note £12,500 spent on HR support for TUPE in respect of staff moving from Sirona to BANES.

## **Better Care Fund Update Powerpoint**

### **38 HEALTH AND CARE MODEL**

Richard Smale (CCG) gave a presentation on the Health and Care Model. He highlighted the following issues:

- The aim was to have a framework based on learning from the system in Israel which is data driven, gives good outcomes, is good value for money and is more cost effective if you tap into resources
- The aim was to raise awareness, listen, provide details on how to be involved and build through communities
- To use feedback to improve the health and care model
- Though the system was digital by default, the language would change to maintain a non-digital choice to be more inclusive
- The model was for the whole population for the whole life course for all aspects of health and care, including an emphasis on dying well
- There would be a structure for strategy and transformation with a good foundation for integrated work on the BANES system.

The following issues were discussed:

- It would be useful to see the response to the engagement sessions
- The system must be user friendly for the public, true to the principles, flexible, with a map of the journey and it was vital for all parties to help each other and be challenged
- With the current backlogs of care – waiting lists, ambulance queuing, GP access – there could be a crisis of credibility so there was a need to look at interventions and outcomes
- With the pandemic recovery was needed but it was important to move away from episodic care and deal with the whole and make different decisions
- It was vital to change the patterns to get a more equal experience for all
- There was a need to take note of those who didn't take part and take account of what they need and what we fail on
- Housing was relevant yet the impact of damp/mould on health, caused by houses in poor repair, was not taken seriously enough. Other LAs had got

housing management involved

- The three specialist centres/hospitals locally were already collaborating and it was useful to understand what was working and create learning/sharing cultures
- Collaboration should be at all levels with parties acting in a mature, open-minded and transparent manner
- A new system should be embedded throughout each organisation permeating to all levels.

**RESOLVED** to note the Health and Care Model.  
**Health and Care Model Powerpoint**

39     **DATE OF THE NEXT MEETING**

The date of the next meeting of the Health and Wellbeing Board was Tuesday 21<sup>st</sup> June 2022 at 10.30am.

The meeting ended at 11.45 am

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

# B&NES Better Care Fund Update

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# BCF Programme Updates

## 2022/23 Planning

The BCF Policy Framework and Planning requirements for 2022/23 was expected to be published in March – this has now been delayed to May.

## What to Expect

- There is likely to be a balance between discharge and the broader objectives of BCF in terms of prioritisation of spending commitments for 2022/23.
- Metrics: Length of Stay metric is currently **not** included in draft metrics list, but high potential for this to change due to Senior NHS and Treasury focus.
- Discharge to Usual Place of Residence metric to remain for 2022/23.
- New requirement: Compulsory capacity and demand planning-no detail yet and still being discussed. Submission of demand and capacity plan would be on a different timeline to BCF Plan assurance-likely to be late Summer, Autumn '22
- 2022/23 funding allocations have not yet been published

## Next Steps

Despite not yet knowing the 2022/23 uplifts, we do anticipate that there will be a small pot of uncommitted funding that can be used to support new projects:

2022/23 Distribution	Values
BCF Total (expected minimum)	£70,017,278
Block Contract Commitments	£66,075,436
Measured Scheme Commitments	£2,300,140
Uncommitted Funds	£1,641,702

- New applications have been on hold pending publication of the 22/23 guidance.
- All scheme leads stakeholders will be invited to submit new project applications – deadline for submissions will be mid April.
- All applications will then be assessed against BCF criteria and expected priorities for 22/23.
- Projects that support the Social Care Reform and Flow are expected to have a greater chance of success.
- All projects must be able to demonstrate reporting capabilities and KPI's
- At least 2 other parties should have reviewed and noted their support of the initiative before submission to ensure that parties are aligned.
- A series of workshops will be scheduled with stakeholders to discuss plans and application submission requirements.

# New Funding Application

- Health and Wellbeing board was postponed on 25<sup>th</sup> January 2022
  - Offline approvals were secured for a new BCF funding application for Community Equipment Transition HR Support (£12.5k) that was approved (offline) by LCG in December.
  - Funding will pay for additional HR support throughout a 12 month period to oversee the TUPE process as members of staff transition from Sirona Care and Health CIC to the Council..
  - Additional support will ensure that all elements of the staff transfer process are completed in line with legislation and ensure that the service is appropriately staffed for mobilisation on 1 October 2022.

Scheme Number	Scheme Name	New/Existing Scheme	Details	Amount Requested	Total Value	Term
Page 7 66	Community Equipment Transition HR Support	New	Community equipment is an enabler and helps individuals to remain in their usual place of residence and retain their independence. Additional HR support is required for 12 months to support a period of transition to bring this service in house. Staff members from Sirona Care and Health CIC will TUPE accross to B&NES council, & additional HR support is required to oversee the TUPE process. This will ensure that all elements of the staff transfer process is completed inline with legislation and that the service is staffed and ready to mobilise on 1st October 2022.	£12,500	£12,500	12 Months

## Decision Point

Health and Wellbeing board are asked to formally ratify the offline approvals that were secured in December to allow £12.5k of BCF funding to be committed for 1 year to support the required recruitment.

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# BSW Care Model

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Health and Wellbeing Board  
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Richard Smale

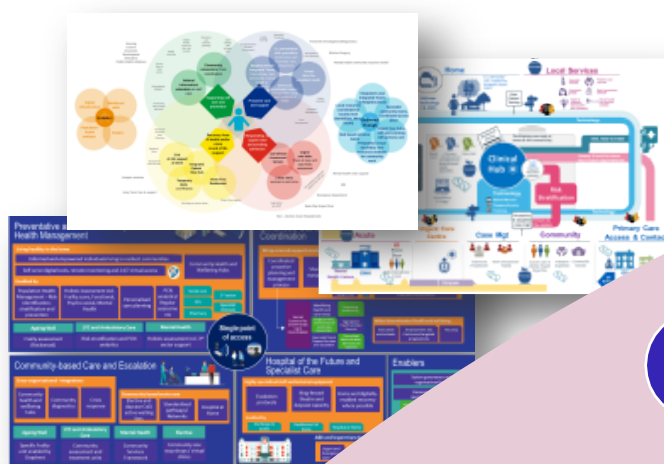
[r.smale@nhs.net](mailto:r.smale@nhs.net)

Dr Brynn Bird

[brynnbird@nhs.net](mailto:brynnbird@nhs.net)



# The development journey



March 2021

- First workshop
- Learning from Clalit, Israel



June 2021

- RUH/BaNES model of care development
- Engagement with Swindon and Wiltshire on similar work



August 2021

- BSW Care Model commissioned to bring together the best elements from the three place-based models and create a single model for the BSW Partnership



Oct '21 – Jan '22

- 7<sup>th</sup> October: BSW event to launch draft model
- Nov-Dec: 6 week public engagement
  - 65 events
  - 1441 people at events
  - 918 online survey responses
- Jan: Engagement report completed



February 2022

- BSW Care Model updated based on learning from public engagement
- Ready to adopt as the strategic vision for BSW Partnership



## Engagement aims and results

### Aims:

- Raise awareness of the model
- Listen to people's views on the model
- Provide details about how to be involved in the future

### Results:

- 1,441 people participated in our engagement events
- 65 events were held in person and virtually
- 21 interviews were held with communities most affected by health inequalities
- 918 people completed our online survey
- 15,000 leaflets and printed copies of the survey distributed to GP practices, community centres and housing associations
- Promotion via our own and our partner networks and channels





## We asked people if they agreed with our health and care priorities

### Responses

- 96% agreed it is important there are coordinators who make sure the support people need is joined up and works for them
- 93% agreed it is important that NHS, local authority and third sector organisations work together
- 91% agreed more specialist services should be available closer to where people live
- 90% agreed personalised care is important
- 80% agreed building communities up by working with their strengths is important
- 74% agreed it is important that digital technology enables more services to be delivered remotely



## Key themes

- Digital inclusion and exclusion
- Mental health provision
- Workforce, recruitment, and access to services
- Finance models
- Vulnerable clients and their access to mainstream services
- Role of the voluntary, community and social enterprise sector
- Role of unpaid carers, volunteers, universities, schools, and public health

We've used this feedback to improve our health and care model



## How we've responded to feedback

You said	We did
The term 'digital by default' needs more explanation	'Digital by default' language has changed and the narrative now describes how we will maintain non-digital choice.
The model is currently very health focussed and needs greater emphasis on the role of the VCSE sector.	The VCSE sector now more prominently represented in the model. We will develop and publish case studies to recognise and celebrate successful partnership work with VCSE sector.
The model needs to acknowledge the current shortages in workforce and difficulties in recruiting.	This is now acknowledged in 'developing our workforce' section of the narrative document.
'Dying well' needs to be mentioned.	An introduction has been added to the model which includes a specific reference to 'dying well.'
Allow more planning time for engagement and to produce easy read versions of materials	Learnings from this project will inform our new people and communities engagement strategy



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## Working together to empower people to lead their best life

Starting well

Living well

Ageing well

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# A model for the whole population



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## The BSW Care Model is for:

- **The whole population** - adults and children, vulnerable groups, families and carers.
- **The whole life course** – starting well, living well, ageing well, end of life care and dying well.
- **All aspects of health and care** – physical and mental health, social care, health and care services and all the wider determinants of health like education, employment and housing.





# Five parts of the model



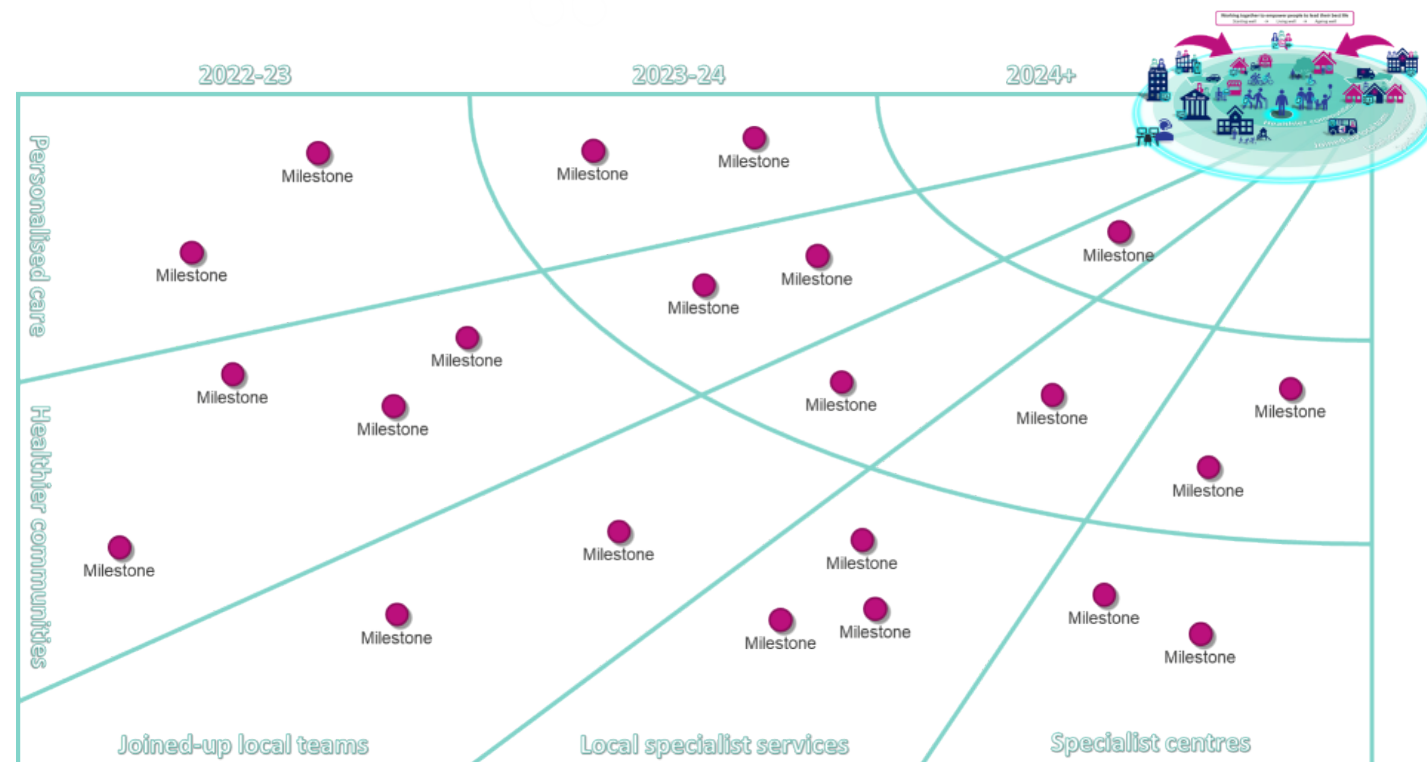
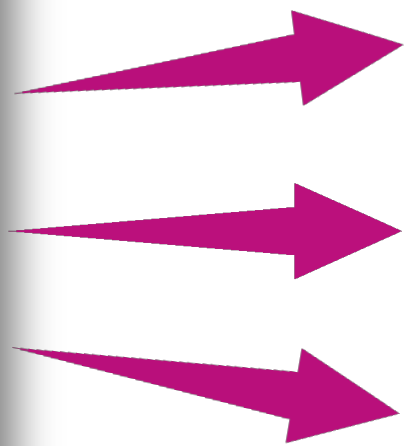
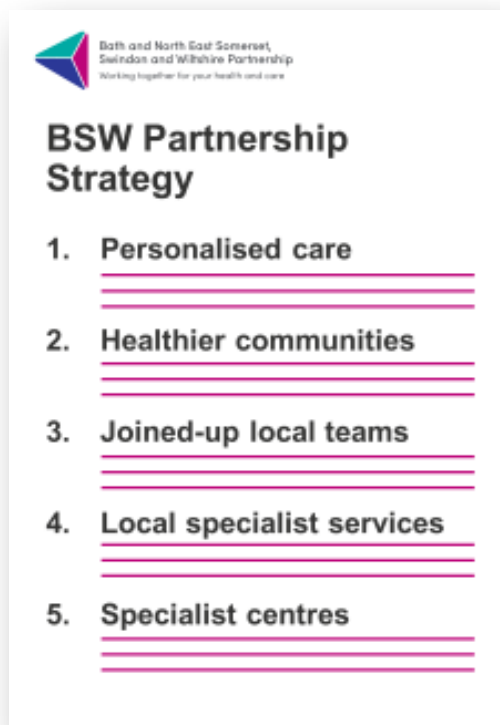
1. Personalised care  
*We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care*
2. Healthier communities  
*We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life*
3. Joined-up local teams  
*Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people*
4. Local specialist services  
*We will make more specialist services available at home and closer to where people live*
5. Specialist centres  
*Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere*



# A structure for strategy and transformation

*“A vision is not just a picture of what could be; it is an appeal to our better selves, a call to become something more.”*

Professor Rosabeth Moss Kanter





## What happens now?

- By linking the refresh of our Joint Strategic Needs Assessments and work on inequalities with the Care Model we can inform where we prioritise our investments and effort.
- The Health and Wellbeing Board will have a key role in considering whether the refreshed Joint Health and Wellbeing Strategy will help to deliver the Care Model.



## Comments and questions.