

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 21st June, 2022, 10.30 am

Councillor Dine Romero	Bath and North East Somerset Council
Jayne Davis	Bath College
Paul Harris	Curo
Mary Kearney-Knowles	Bath and North East Somerset Council
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Richard Smale	Clinical Commissioning Group

1 **WELCOME AND INTRODUCTIONS**

The Chair, Councillor Dine Romero, Cabinet Member for Children, Young People and Communities welcomed everyone to the meeting.

Members of the Board and officers that were present introduced themselves.

2 **EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

3 **APOLOGIES FOR ABSENCE**

Apologies had been received from Will Godfrey, Chief Executive, BANES; Cara Charles-Barks, Chief Executive, RUH; Rachel Pearce, NHS England Area Representative; Sara Gallagher, Bath Spa University; Suzanne Westhead, Director of Adult Social Care, BANES; Amritpal Kaur, The Care Forum; Kate Morton, Bath Mind; Susan Hayter, Strategic Co-ordination Officer, BANES; Nicola Hazle, AWP (Mental Health Care); Dr Bryn Bird, BSW CCG; Ronnie Lungu (Avon and Somerset Police) and Councillor Alison Born, Cabinet Member for Adult Services.

Libby Walters, Director of Finance & Deputy Chief Executive attended as substitute Cara Charles-Barks.

Ruth Gawler, Avon & Somerset Police attended as substitute for Ronnie Lungu.

4 **DECLARATIONS OF INTEREST**

Sue Poole declared an other interest in agenda item 11 (Reprocurement of Local Healthwatch in Bath and North East Somerset) as she is an employee of Healthwatch BANES. She stated that she would leave the room for the duration of the item.

5 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

6 **PUBLIC QUESTIONS/COMMENTS**

There were none.

7 **MINUTES OF PREVIOUS MEETING; 29TH MARCH 2022**

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

8 **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

Joseph Prince, Team Manager – Insight gave a presentation to the Board regarding this item. A copy of the presentation will be attached as an online appendix to these minutes and a summary is set out below.

Strategic Evidence Base – Update and Key Findings

Themes

Broadly, five themes have emerged.

- B&NES in summary

In 2020, the population of B&NES was estimated to be 196,953. (ONS)

The population has grown steadily over time:

This growth has come from a combination of increasing student numbers at the two Universities and an increasing number of new housing developments.

The shape of the population is largely driven by the high number of university students.

This data will be superseded by release of data collected during the 2021 Census in early summer 2022.

Overall population outcomes remain good.

- Life Expectancy is 80.8 for men and 84.7 for women, both significantly higher than national average. (OHID).
- 84% of residents satisfied with area as a place to live compared to 75% nationally. (Voicebox & LGIU)
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- Inequalities

2019 - As a whole, B&NES remains one of the least deprived local authorities in the country (ONS). However, within some areas, inequality is widening and deprivation remains significant.

Two small areas within the most deprived 10% nationally – Twerton West and Whiteway.

Premature mortality:

Between 2019 and 2021 the average number of B&NES residents that died each year was 1,748. Over this same period, the average number of premature deaths per year was 444. (OHID)

B&NES has a lower premature mortality rate than England, but there are wards within B&NES where the mortality rate for the under 75s is substantially higher.

Education and Lifestyle outcomes:

- Education outcomes (DFE)

The attainment gap between children eligible for free school meals is significant and has not changed over time. For early years, this is one of the highest gaps in the country. This trend continues in 20/21 Key Stage 4 attainment.

There remains an attainment gap for children with Special Educational needs and Disability, although this has reduced across all key stages.

Children eligible for free school meals and those of a mixed ethnic background see higher rates of fixed term exclusions than for England and similar authorities

- Lifestyle

Smoking - Tobacco remains the greatest risk factor for mortality in B&NES, particularly for those in their 50s and 60s, but also for those aged 70+. (OHID)
In B&NES, 1 in 4 workers in routine and manual occupations smoke.

Drugs - England level data shows that the most deprived areas have a higher prevalence of opiate and/or crack cocaine use than the least deprived deciles. (OHID)

Alcohol - In the over 40s, men are significantly more likely to be admitted to hospital due to an alcohol related injury or illness than women. (OHID)

- Demand and Growth

Requests for adult social care support rose by 8% between 18/19 and 20/21, although provisional data for 21/22 suggests a 17% reduction. (In-house data)

There were 1,708 Education Health and Care Plans for children with Special Education Needs and Disability in 2021. 128% increase since 2016, reflecting both national and regional trends. (in-house data)

5,842 households are on the waiting list for social housing as of March 2022 a 12.5% increase since 2021 (in-house data)

83% of adults in the UK reported an increase in their cost of living in March 2022. (House of Commons Library)

Low-income households spend a larger proportion than average on energy and food so will be more affected by price increases. The Resolution Foundation estimates that an extra 1.3 million people will fall into absolute poverty in 2023, including 500,000 children.

Housing Growth - At least 14,800 more homes between 2022 and 2042 (Local Plan). 54% of additionality from regional demand may need adaptations for disability, (WECA) 15% increase in 65+ population (ONS).

Employment Forecasts - Forecast to return to pre-pandemic levels by 2022 with modest growth thereafter. (Hardisty Jones Associates) Growth in administrative services, health and care, arts and entertainment.

- Ongoing pandemic impacts

B&NES had a lower overall rate of covid deaths than England. (ONS)

Cumulative excess deaths show that there were 289 excess deaths in B&NES between March 2020 and February 2022. The expected number of deaths over this period was 3,303 so there was an increase of 9%.

Exact local prevalence is unknown as self-reported long covid is not systematically recorded by GPs. Applying the national estimates to our local population, we would be expecting approximately 5,500 people in B&NES with long-COVID. (ONS)

Children and Young people's experience of lockdowns can be attributed to increased complexity and demand in services (Social Care, SEN)
Falls in 80+ resulting in hospitalisation rising and much higher than national rates. (OHID)

- Wellbeing and Mental health

Anxiety levels have generally been higher in B&NES than England since 2013/14 and have shown a greater increase than the national figure in 2020/21. (ONS)

During the period of the Coronavirus pandemic though national rates of probable mental disorders increased more steeply – to 1 in 6 in 2021

(estimating 5,750 children and young people with a probable mental disorder in B&NES).

Social and Emotional Mental Health (SEMH) as the primary SEND need has more than doubled in recent years. (In-house data).

We also see high and increasing levels of (*OHID*):

- U18 hospital admissions for mental health conditions
- Eating disorders
- U18 hospital admissions for alcohol specific conditions
- Self harm hospital admissions
- Young women and girls have particularly high levels of admissions for self-harm and mental health conditions

Gaps

Data will be fed in when received regarding these subject areas.

- Health System Data:
 - Population health analytics
 - Service demand and pressures
- Digital Inclusion
- Active Travel
- Young Carers
- Child Exploitation
- Tourism and Visitor Economy
- Environmental Nuisance
- Regeneration

Future Approach

- Published June 2022
 - Infographic headline document
 - Summary document (~150 pages)
 - Links to underlying content (e.g. more detailed reports) on Council website
- Iterative, what we know changes all the time.
- Refresh when new knowledge is generated.
- Aligned to core strategy/local plan refresh
- Ward Profiles (Post Census), including community asset information

Questions for strategy

- How might we build on our positive outcomes and use community assets to support everyone?
- How can we best respond to rapidly changing demands?
- How can we collaborate to produce better evidence/intelligence?

Paul Harris said that now the data had been gathered the focus should be on

choosing the most important issues and tackling them. He added that from his point of view these would be Inequalities and CYP and Adults Mental Health.

Rebecca Reynolds stated that a Sub-Group of the Board had been set up to decide on focus areas.

Councillor Romero said that what we do now with this information is so important.

Jayne Davis said that action must be taken to resolve the education gap as that can affect those from Early Years through to 19. She added that this can impact some disadvantaged learners throughout their whole lives.

Mary Kearney-Knowles commented that she felt that a whole system approach was needed and that a collective response was required to those issues that are deemed as a priority. She added that she recognised and acknowledged the pressures associated within Children's Health and that the development of the ICS (Integrated Care System) should be seen as an opportunity to tackle these issues.

Councillor Romero said that they need to find ways to address the problems identified and that the specific wards identified in B&NES have been classed as areas of deprivation for some time.

Richard Smale said that he was keen to accept the challenge to try to tackle the issues raised and that it was key that a collective response is orchestrated. He added that he believed that we should not be afraid to target those areas in most need and that tangible next steps should be agreed by the Sub-Group.

Rebecca Reynolds commented that since the last meeting of the Board a development session had been held and that Sophie Broadfield, Director of Sustainable Communities had agreed for the need to work with specific communities to address issues raised.

Jayne Davis said that the Sub-Group was the right place to start to form ideas of how to resolve some of these matters. She added that she felt that the Board would benefit from inviting in people who are closer to the problems to gather further evidence and address them.

Rebecca Reynolds agreed and said that public engagement with the Board was very important.

Ruth Gawler asked if the Sub-Group would report back to the Board.

Councillor Romero replied that it would.

Councillor Rob Appleyard commented that he hoped this work would act as an opportunity for change. He added that in terms of attainment he was aware of the work that the St. John's Foundation were doing with schools and asked the Board to consider hearing about the impact of their work.

Mary Kearney-Knowles said that a report could be provided if the Board decided that they would like further information.

Councillor Romero thanked Joseph Prince for his presentation on behalf of the Board and said she looked forward to seeing what developments could be made over the coming months.

Strategic Evidence Base - Summary May 2022

9 HOUSING, HEALTH AND WELLBEING

Paul Harris, Executive Director, Curo addressed the Board, a summary of his presentation is set out below.

Housing crisis

Crisis has been ongoing for around 30 years and the recent Government target of building 300,000 new houses a year is not being met.

Investment in safety and zero carbon

This work is of course necessary but has changed the perspective of how we manage our budget.

Levels of mental ill-health and disability

Increase in these numbers is higher for those people who live in affordable homes.

Poverty / Cost of living

This is inevitably affecting those who were already struggling more.

Social housing and other tenures

Social Housing

- 2.4m tenants (1.6m LA)
- Lonely, anxious, support
- Smaller homes (66 sqm)
- 13% decent homes failure
- 66% energy efficiency

Private rented

- 4.4m private renters
- Currently unregulated
- Smallish homes (74 sqm)
- 21% decent homes failure
- 42% energy efficiency

Owner occupied

- 15.5m owner occupiers
- Larger homes (109 sqm)
- 16% decent homes failure
- 42% energy efficiency

B&NES (Housing) context

- High cost of living
- Huge waiting lists
- Increasing homelessness, overcrowding
 - Large families living in properties with a low number of rooms
- Accessibility
 - Properties not equipped or in a good enough state for the people living there
- Curo estate
 - Former Council homes in the main, built in the 1960's
- Lack of development / land prices / planning
 - Small numbers of Affordable Homes

Major factors affecting health

- Space
- Neighbourhood
- Quality of home
- Damp & Mould
- Cost/poverty
- Poor finish/furniture

Damp & Mould - An increasing concern

- 42% Curo properties reported at least once
- 49% residents have someone at home for whom D&M makes their health worse
- 15% residents can heat only one room
- 6.5% have disability, damp & mould and affordability concerns

What is Curo doing to help

- Damp & Mould Plan, remote monitoring, national awareness-raising
- Customer support fund
- Passport 2 Housing, Money Advice Service, Navigators
- Hoarding – help & advice
- Better data – targeted investments (£100m over five years)
- Building new homes (+ HE funding)
- Green spaces plan

What can other partners do to help

- NHS/ICS – understand role housing plays in health and wellbeing; recognise

- harmful effects of damp and mould, work closely with housing providers
- All – consider joint investments to improve housing quality and save costs elsewhere in the system
- LA – properly fund DFG (Disabled Facilities Grants) process; create adapted housing register; air quality strategy

Rebecca Reynolds said that the presentation showed it was clear that there is a link between housing conditions and the health of residents. She asked who within the Council would be best to talk with regarding the Disabled Facilities Grants.

Paul Harris replied that they would normally discuss this with Graham Sabourn (Head of Housing) and Mike Chedzoy (Housing Options & Homelessness Manager).

Councillor Romero suggested that these officers could be invited to a future meeting of the Board.

Libby Walters asked if a shortlist of top priorities could be identified.

Paul Harris replied that the gaps in housing provision need to be addressed as well as homelessness and availability of supported accommodation. He added that the Foyer in Bath which provides housing for people aged between 18 and 25, normally does so for up to two years, but currently has 5 people that have been there for longer as there is a lack of 'move on' facilities.

He said that work to improve neighbourhoods in our most deprived areas should also be prioritised.

Richard Smale commented that he would be willing to provide contacts if required to the NHS / ICS to enable further discussions.

Jayne Davis stated that it was vital to have the views of young people on the issues that affect them. She added that she believed that the homeless problem was bigger than the current figures suggest.

Paul Harris agreed and said that he felt that the count that takes place is not reflective of the actual number of homeless people and that the numbers are much bigger.

Mary Kearney-Knowles said that the presentation shows how startling the housing problem is and that it is a clear priority that needs addressing.

Rebecca Reynolds suggested that the BSW Academy could also look to have the subject of housing and health as part of their training and development programme.

Joseph Prince said that housing features highly in the JSNA (Joint Strategic Needs Assessment) and that the evidence is there to support it as a priority to be addressed.

Councillor Rob Appleyard asked how the Council and Housing Association can improve the provision of larger properties.

Paul Harris replied that the Housing Association should where possible attempt to

work more closely with Planning Dept. He added that the Council could consider the development of larger properties by not always selling their land to the highest bidder and having an influence on what type of houses are built.

Councillor Romero asked what scope was there to extend current properties and was there any type of programme to do so.

Paul Harris replied that Curo do have an Asset Management Plan and that they are considering whether the basements of some central properties could be developed. He added that they have 800 listed homes to which no development work is allowed and said that that for some properties it can be a very long process.

Councillor Romero commented that she would like officers to assess what work would be required to have in place an Adapted Homes Register. She also thanked Paul Harris for his presentation on behalf of the Board.

10 **BETTER CARE FUND REPORT**

Judith Westcott, Senior Commissioning Manager for Adult Health and Social Care addressed the Board. A copy of her presentation will be attached as an online appendix to these minutes, a summary is set out below.

Key Better Care Fund Developments

Allocations from Integrated Care Boards to BCF plans for 2022-23 have been published. The NHS Revenue finance and contracting guidance (published 12 April) confirmed that the NHS contribution to the BCF would increase by 5.66% in 2022-23.

- Disabled Facilities Grant Determination: Department for Levelling Up, Housing & Communities have confirmed 2022-23 allocations for the Disabled Facilities Grant. Allocation for 2022-23 will be £1,441,905.
- Improved Better Care Fund (iBCF) Grant Determination: Publication issued & confirms that the grant determination for the iBCF for 2022-23 will be £4,903,011 (3.02% increase from 2021-22).
- Better Care Fund Planning and Assurance 2022-23: The national Better Care Fund team are working closely with Government Departments to secure final sign off for this year's Planning Requirements. The planning timeline looks like it will begin in July and run until September (but is subject to partner sign off).

Better Care Fund End of Year Report – 2021/22

The Better Care Fund reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF policy framework and the BCF programme. The key purpose of the report is to:

- To confirm the status of continued compliance against the requirements of the fund (BCF)

- To confirm actual income and expenditure in BCF plans at the end of the financial year.
- To provide information from local areas on challenges, achievements, and support needs in progressing the delivering of BCF plans.
- To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.

Non Recurrent Funding Applications 22-23

Our ambition - Working together to empower people to lead their best life

Benefits to deliver:

- Keeping people safe by improving the status quo
- Improving people's outcomes by testing different system approaches and learning from these
- Transforming people's lives through prevention and early intervention

Our journey outcomes:

- Recovery /relieving system pressure
- System learning / culture change
- B&NES System transformation

Organisations across the B&NES health and social care sector were invited to apply for nonrecurrent project funding through submission of a high-level project plan.

30 projects were initially submitted for consideration for 22-23 non-recurrent funding. 3 projects were withdrawn as they were able to secure funding from a different source or felt the application was no longer relevant. 27 projects were presented to the AODG (Alliance and Delivery Operational Group) panel across 3x separate 1-hour sessions. The total value of the 27 projects was £8,984,157.

ADOG members and applicants were invited to rank applications in priority order by submitting a 'league table' style vote. Votes have been collated and results can now be shared with the Health and Wellbeing Board, as some of these projects will utilise available iBCF funding.

Available Funding: Project applications totalled £8,984,157, and unfortunately, only approximately £4,153,000 is available for commitment.

Whilst at this stage, we are only able to commit to supporting 9 of the 27 projects that were submitted for consideration, discussions will be held at ADOG to agree plans for reducing the spend on the approved projects with the aim of releasing funds to projects that were unsuccessful. If plans are developed quickly, funding can be released promptly, allowing some of the other high scoring projects to be initiated.

Rebecca Reynolds commented that she felt that there was a robust governance system in place for the Fund. She asked for clarification that the Board were being asked to approve a further £1.2m into the process.

Judith Westcott replied that this was correct.

Mary Kearney-Knowles said that she could also give the Board an assurance of the robust process that is carried out by the Fund.

Paul Harris said that he welcomed the use of the BCF in providing some stepdown provision. He added that if it was felt that Curo could provide any further support to contact Harriet Bosnell.

Judith Westcott replied that ADOG would welcome a housing representative.

The Health & Wellbeing Board **RESOLVED** to:

- i) Note the contents of the report.
- ii) Approve the 2021-22 End of Year Better Care Fund Report,
- iii) Note the key developments regarding the 2022-23 Better Care Fund planning,
- iv) Note the process and agree in principle the next steps that have been outlined and undertaken in collaboration with the Alliance and Delivery Operational Group (ADOG) for 2022-23 non-recurrent funding.

Better Care Fund Slides for HWB

11 HEALTHWATCH PROCUREMENT

Andy Thomas, Head of Strategy Engagement & Marketing addressed the Board and highlighted the following points from the report.

Healthwatch England provides advice to the Secretary of State for Health and Social Care, NHS England and English local authorities. He added that the Secretary of State is also required to consult Healthwatch England on the NHS mandate, which sets the objectives for the NHS.

Healthwatch England also provides advice and support to Local Healthwatch organisations. Based in upper-tier and unitary local authority areas in England - and funded and commissioned by them – they gather evidence from the views and experiences of patients, service users and the public about their local health and care services and provide feedback based on that evidence.

Following a procurement process for a local Healthwatch in Bath and North East Somerset, the Care Forum were commissioned for a period running from 1st April 2018 to 31st March 2021, with the option to extend for up to 24 months following this.

The Care Forum was granted two 12-month extensions to the original contract for Local Healthwatch in Bath and North East Somerset, from 1st April 2021 to 31st March 2022. from 1st April 2022 to 31st March 2023.

There is therefore now a requirement to re-procure Local Healthwatch in Bath & North East Somerset from 1st April 2023, and initial work is underway to plan for this procurement process, which will be undertaken by Bath & North East Somerset Council.

The current indicative timetable identifies a review of the previous specification over the summer in the light of these and other changes, with a view to beginning the procurement process in the autumn.

The Health and Wellbeing Board is therefore invited to nominate a member to assist with this process of reviewing and updating the specification, ahead of the procurement process beginning.

Paul Harris said that he would be happy to be involved.

Mary Kearney-Knowles said that she would also be willing to take part in the process.

The Board **RESOLVED** to;

- i) Note the position relating to Local Healthwatch procurement in Bath and North East Somerset as set out in the report.
- ii) Agree that Paul Harris and Mary Kearney-Knowles represent the Health and Wellbeing Board and sit on a working group to review the specification for Local Healthwatch in Bath and North East Somerset.

The meeting ended at 12.35 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Somerset Council

Improving People's Lives

Strategic Evidence Base –
Update and Key Findings

- Review the process, why we're doing this and what we're trying to achieve.
- Present summary findings as we currently understand them.
- Outline upcoming work and key gaps.
- Outline timescale for publication of materials (and where).
- Discuss Future approach.
- Outline some key questions for strategic planning

Background

October 2021: CMT agreed the development of a Strategic Evidence Base as an early priority for the B&NES Data Strategy.

November 2021: Approach agreed by Health & Wellbeing Board as meeting legal requirements.

Page 17 The following requirements were identified:

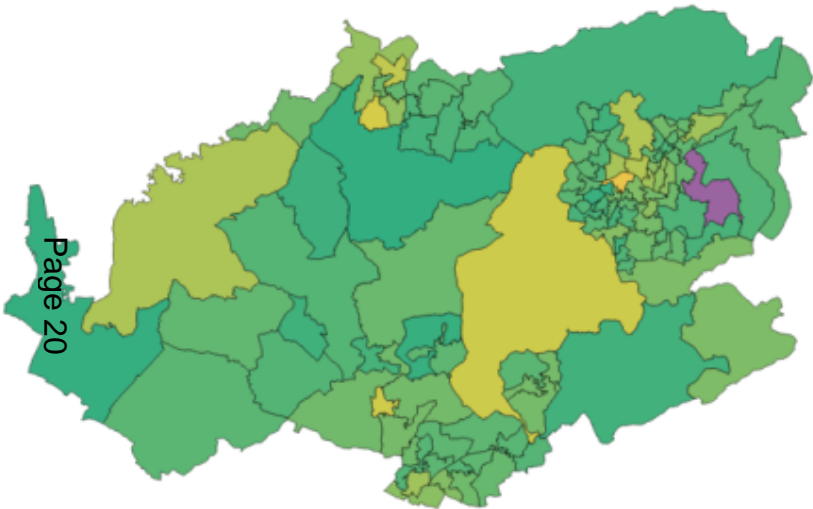
- **Legal requirement to produce a “Joint Strategic Needs Assessment” to inform the Health and Wellbeing Strategy and requirements of the Integrated Care System** and to support the development of an overarching commissioning strategy for Social Care. (*Public Health, CCG/ICS, Adult Social Care*)
- A narrative summary of key facts and figures to accompany annual statement of financial accounts and refreshed Corporate Strategy. (*Finance/Policy*)
- Subject area specific content relating to contextual safeguarding needs of children and young people to inform local strategic and operational planning as well as meet Ofsted inspection requirements. (*Children's Services*)
- An evidence base for a renewed economic strategy (*Sustainable Places*)
- A strategic evidence narrative for Bath and North East Somerset Economic Renewal Board to inform practical delivery of the emerging vision for the local area. (*Sustainable Places, HR, Strategy & Policy*)
- An annual report for the Council, outlining key facts and figures and performance outcomes to promote transparency and promote increased use of evidence amongst strategic political decision making (*Finance/Corporate Governance*)

- B&NES in summary
- Inequalities
- Demand and Growth
- Ongoing pandemic impacts
- Wellbeing and Mental health

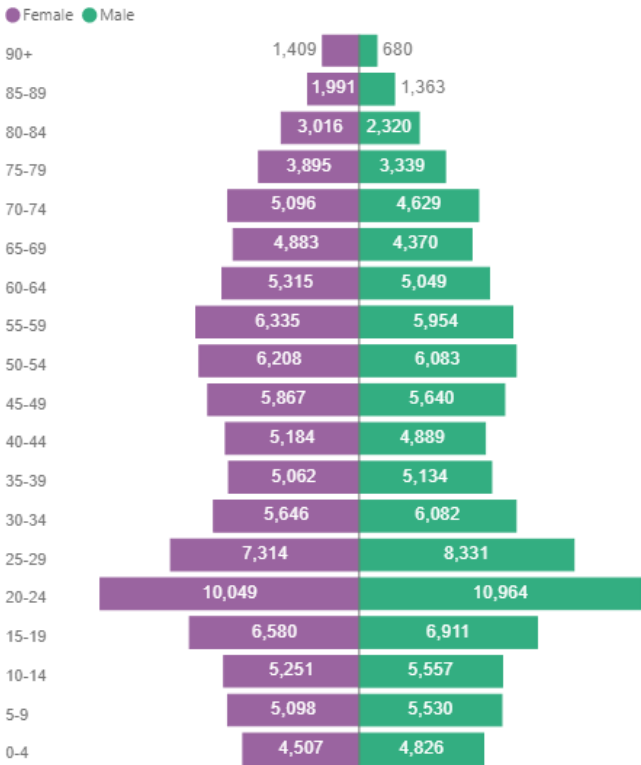
B&NES in Summary

Our population continues to grow...

Population Count (n)



Population Pyramid - Current Year



In 2020, the population of B&NES was estimated to be 196,953. (ONS)

- The population has grown steadily over time:
 - This growth has come from a combination of increasing student numbers at the two Universities and an increasing number of new housing developments.
 - The shape of the population is largely driven by the high number of university students.
- This data will be superseded by release of data collected during the 2021 Census in early summer 2022.

Population by Year

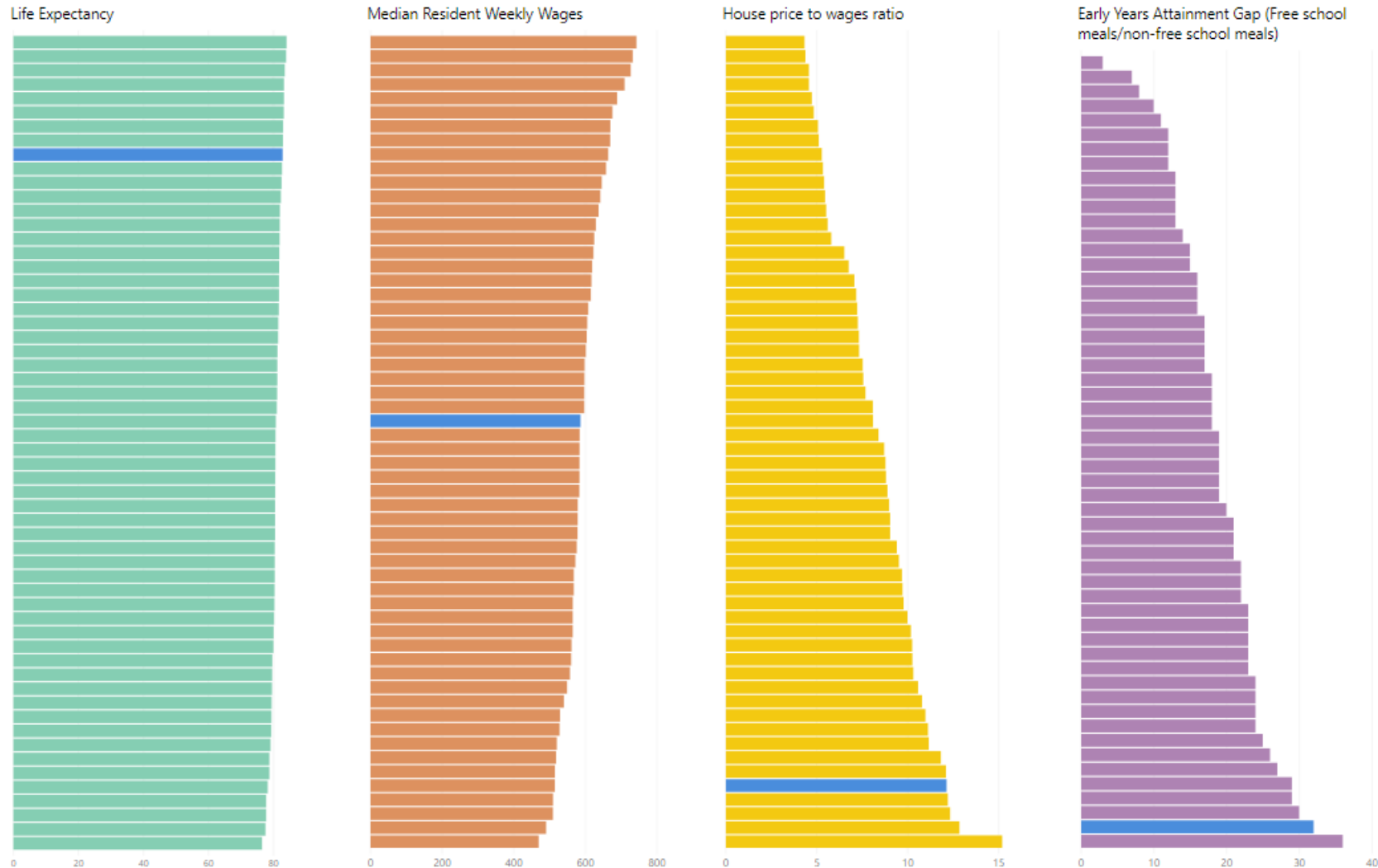


..and overall population outcomes remain good,

- **Life Expectancy** is 80.8 for men and 84.7 for women, both significantly higher than national average. (*OHID*)
- **Population wellbeing** (happiness) is in line with national average (*ONS*)
- **84%** of residents **satisfied with area as a place** to live compared to 75% nationally. (*Voicebox & LGIU*)
- Overall, pupils in B&NES consistently attain **higher grades** compared to regional and national figures in **all stages** of education. (*DfE*)
- **49%** of working age population educated to degree level or above, higher than West of England and England) (*ONS*)
- **79% Employment rate**, higher than national, regional and most similar authorities (*ONS*)

..but it is not a straightforward story.

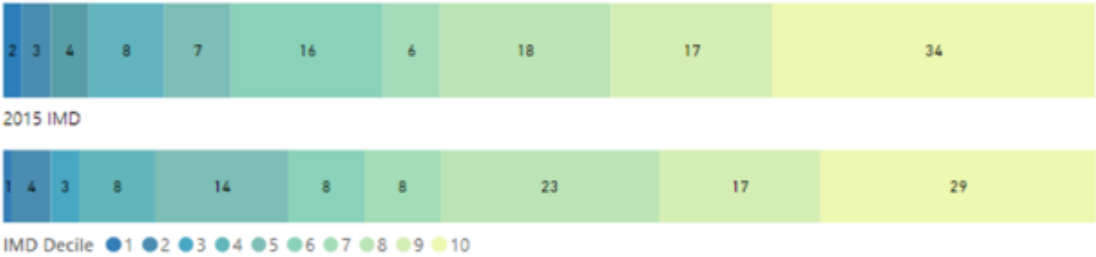
Understanding Socio-economic challenges: Bath and North East Somerset compared to English Unitary local authorities (Most Recent Data, higher rank is better)



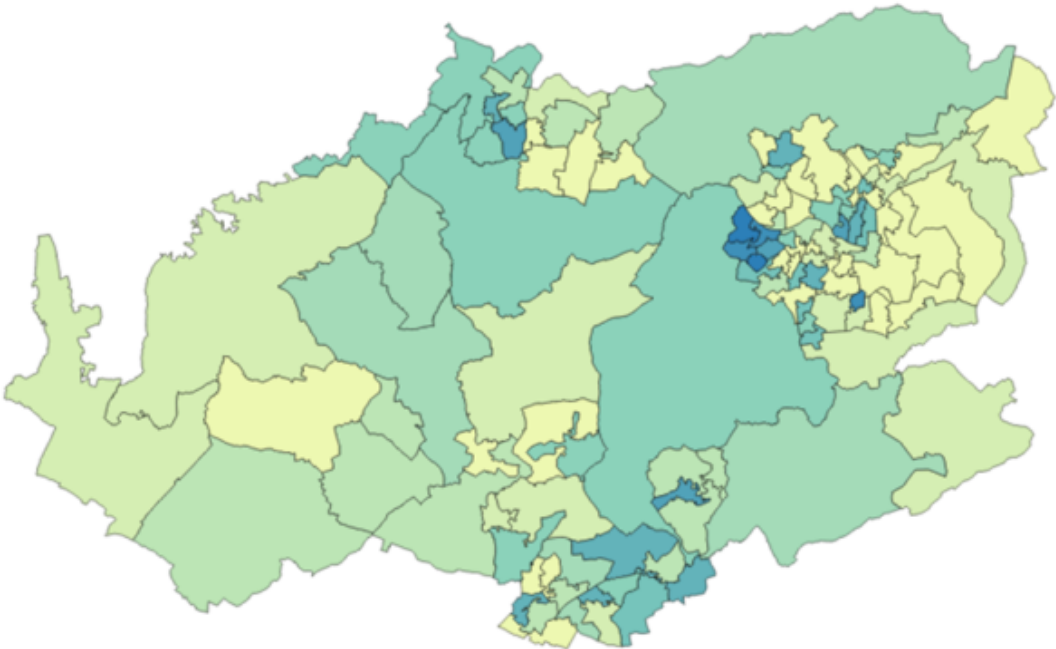
Inequalities

Despite overall low levels, we still see pockets of deprivation.

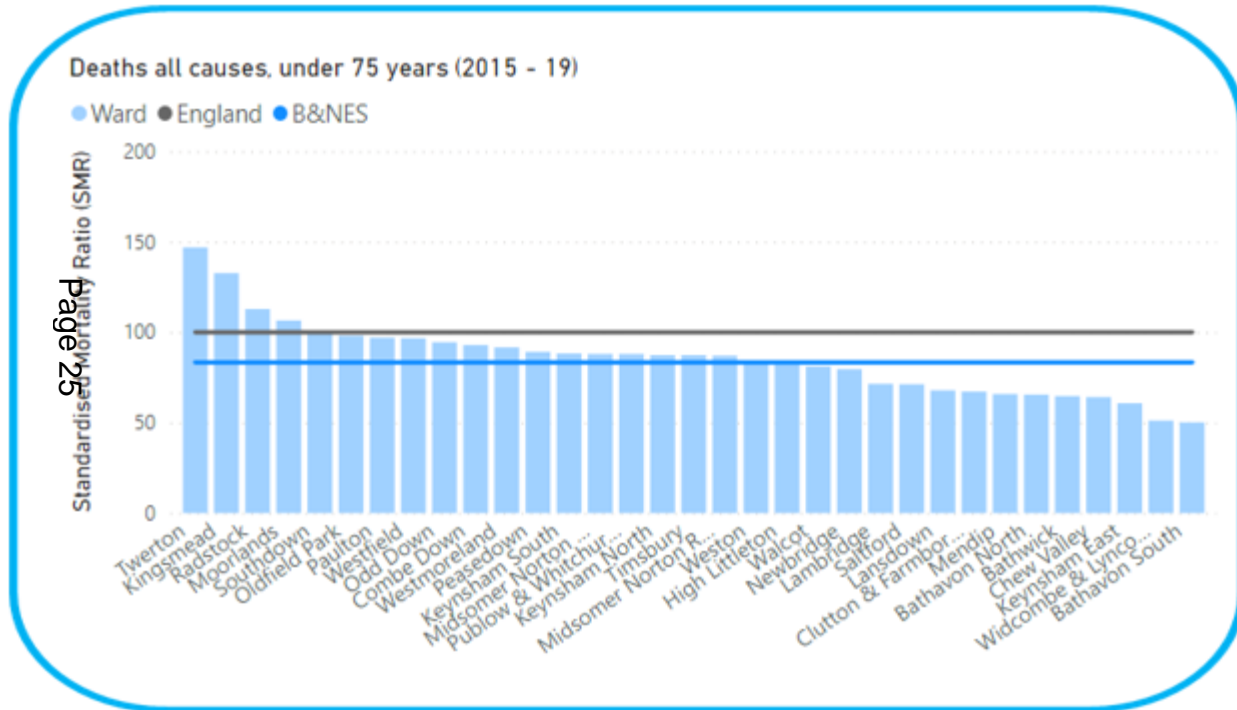
Indices of Multiple Deprivation 2019 (1=Most Deprived Nationally) - Select to filter map



- As of 2019 - As a whole, B&NES remains one of the least deprived local authorities in the country (ONS)
- However, within some areas, inequality is widening and deprivation remains significant.
 - Two small areas within the most deprived 10% nationally – Twerton West and Whiteway.



These inequalities can affect: Premature mortality,...



- Between 2019 and 2021 the average number of B&NES residents that died each year was 1,748. Over this same period, the **average number of premature deaths per year was 444.** (OHID)
- B&NES has a lower premature mortality rate than England, but there are **wards within B&NES where the mortality rate for the under 75s is substantially higher** [see chart]
- For males, improvements in premature mortality in **England** since 2011 have slowed down the most for males living in the most deprived areas. For **females living in the most deprived areas, premature mortality rates have actually increased.**

... Education and Lifestyle outcomes

Education outcomes (DFE)

- Except for Key Stage 4, education outcome data was suspended for the 19/20 and 20/21 academic years
- **Girls consistently perform better than boys** at all key stages.
- The **attainment gap** between children eligible for **free school meals is significant** and has not changed over time. For early years, this is one of the highest gaps in the country. This trend continues in 20/21 Key Stage 4 attainment.
- There remains an **attainment gap** for children with **Special Educational needs and Disability**, although this **has reduced** across all key stages.
- Children eligible for **free school meals** and those of a **mixed ethnic background** see higher rates of fixed term **exclusions** than for England and similar authorities

Lifestyle

Smoking

- **Tobacco** remains the **greatest risk factor for mortality** in B&NES, particularly for those in their 50s and 60s, but also for those aged 70+. (*OHID*)
 - In B&NES, 1 in 4 workers in **routine and manual occupations** smoke.
- Children who have ever been eligible for free school meals in B&NES schools more likely to have ever tried smoking, as well as more likely to smoke regularly. (*Schools Health & Wellbeing Survey*)

Drugs

- England level data shows that the most deprived areas have a higher prevalence of opiate and/or crack cocaine use than the least deprived deciles. (*OHID*)

Alcohol

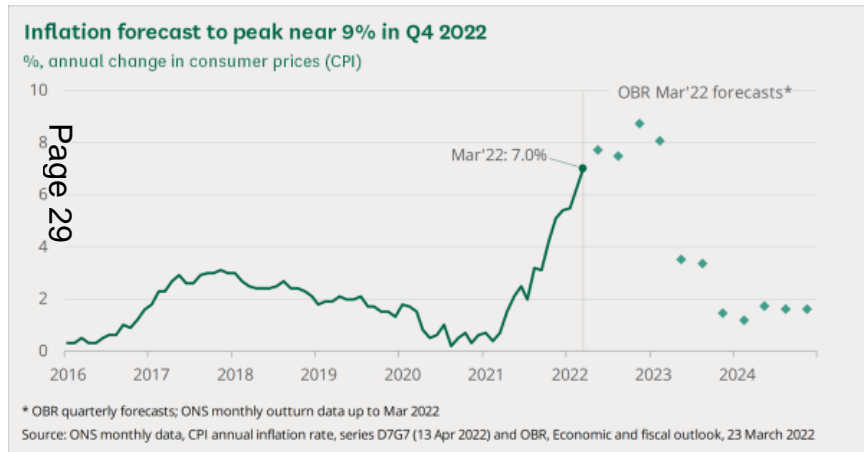
- In the over 40s, men are significantly more likely to be admitted to hospital due to an alcohol related injury or illness than women. (*OHID*)

Demand and Growth

We can see changing demand for services...

- Requests for **adult social care** support **rose by 8%** between 18/19 and 20/21, although provisional data for 21/22 suggests a 17% reduction. *(In-house data)*
 - This demand is likely to have been driven by changed funding arrangements and discharge policies as a result of Covid-19
- There were **1,708 Education Health and Care Plans** for children with Special Education Needs and Disability in 2021. **128% increase** since 2016, reflecting both national and regional trends. *(in-house data)*
- 5,842 households are on the **waiting list for social housing** as of March 2022 a 12.5% increase since 2021 *(in-house data)*
- **Looked After Children** rates have remained broadly stable for several years but with a recent small increase (**200** in April 2021, highest ever number). *(in-house data)*
 - In part attributed to an increase in unaccompanied asylum-seeking children, a pattern which is expected to be repeated nationally.

...in the context of national pressures on cost of living.



- 83% of adults in the UK reported an increase in their cost of living in March 2022. (*House of Commons Library*)
- The Office for Budget Responsibility expects household post-tax incomes adjusted for inflation to start falling in Q2 2022 and not recover until Q3 2024.
- Low-income households spend a larger proportion than average on energy and food so will be more affected by price increases. The Resolution Foundation estimates that an **extra 1.3 million people will fall into absolute poverty in 2023**, including 500,000 children.

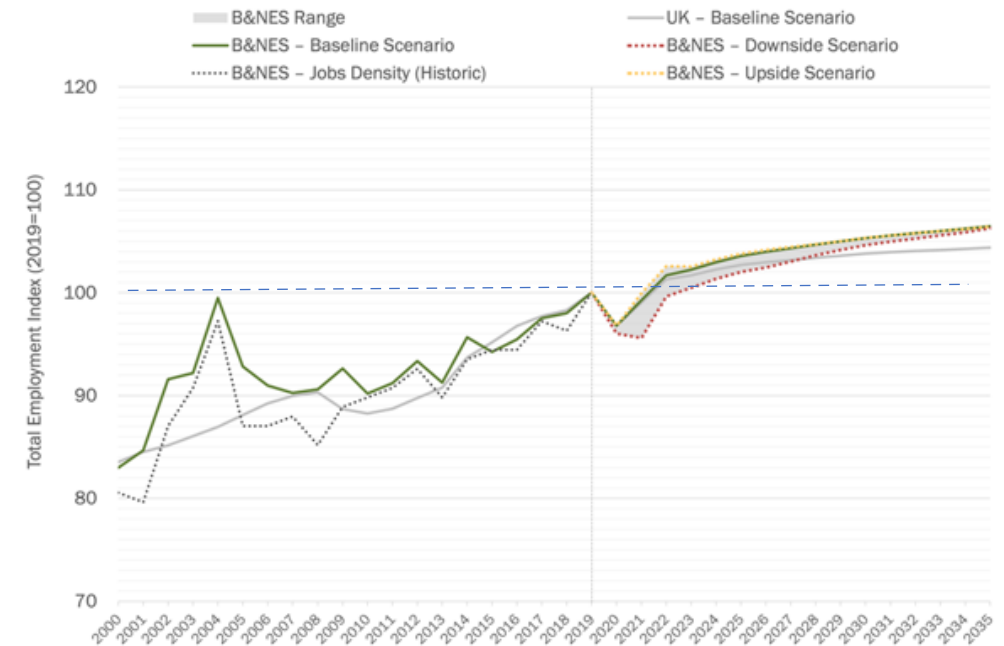
And we are forecasting significant growth...

• Housing Growth

- At least **14,800** more homes between 2022 and 2042 (*Local Plan*)
 - 54% of additionality from regional demand may need adaptations for disability, (*WECA*) 15% increase in 65+ population (*ONS*).
 - Causing increased transport demand, one of largest contributors to local carbon emissions (*BEIS*)
 - Local Plan refresh commencing 2022

• Employment Forecasts

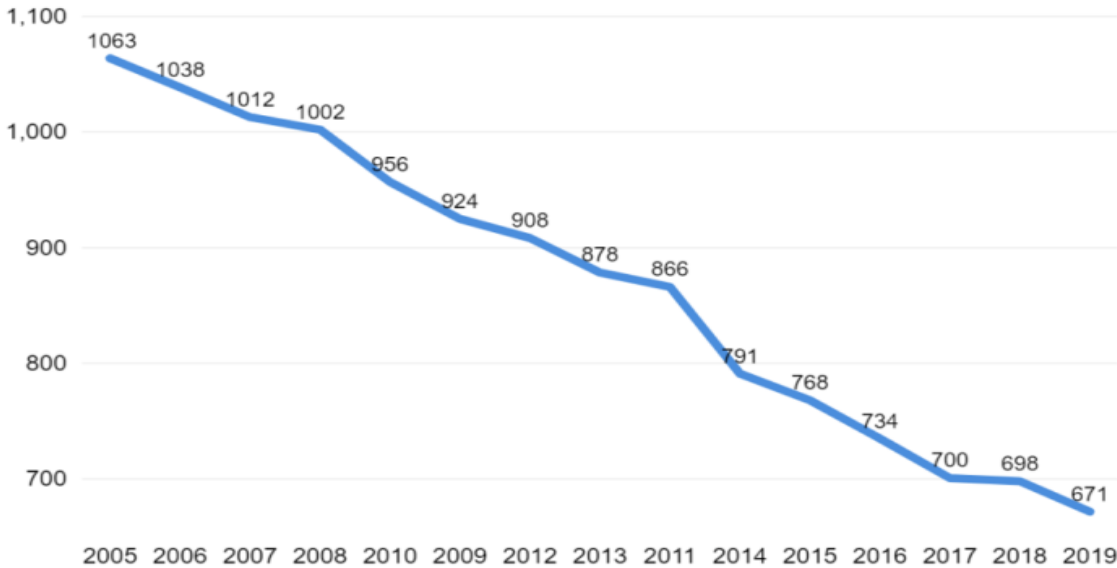
- Forecast to return to pre-pandemic levels by 2022 with modest growth thereafter. (*Hardisty Jones Associates*)
 - Growth in administrative services, health and care, arts and entertainment
- This is in the context of reducing gross pay (both residential and workplace) and persistently low unemployment. (*ONS*)



...in the context of reducing carbon emissions

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B&NES District CO2 Emissions (kt CO2)

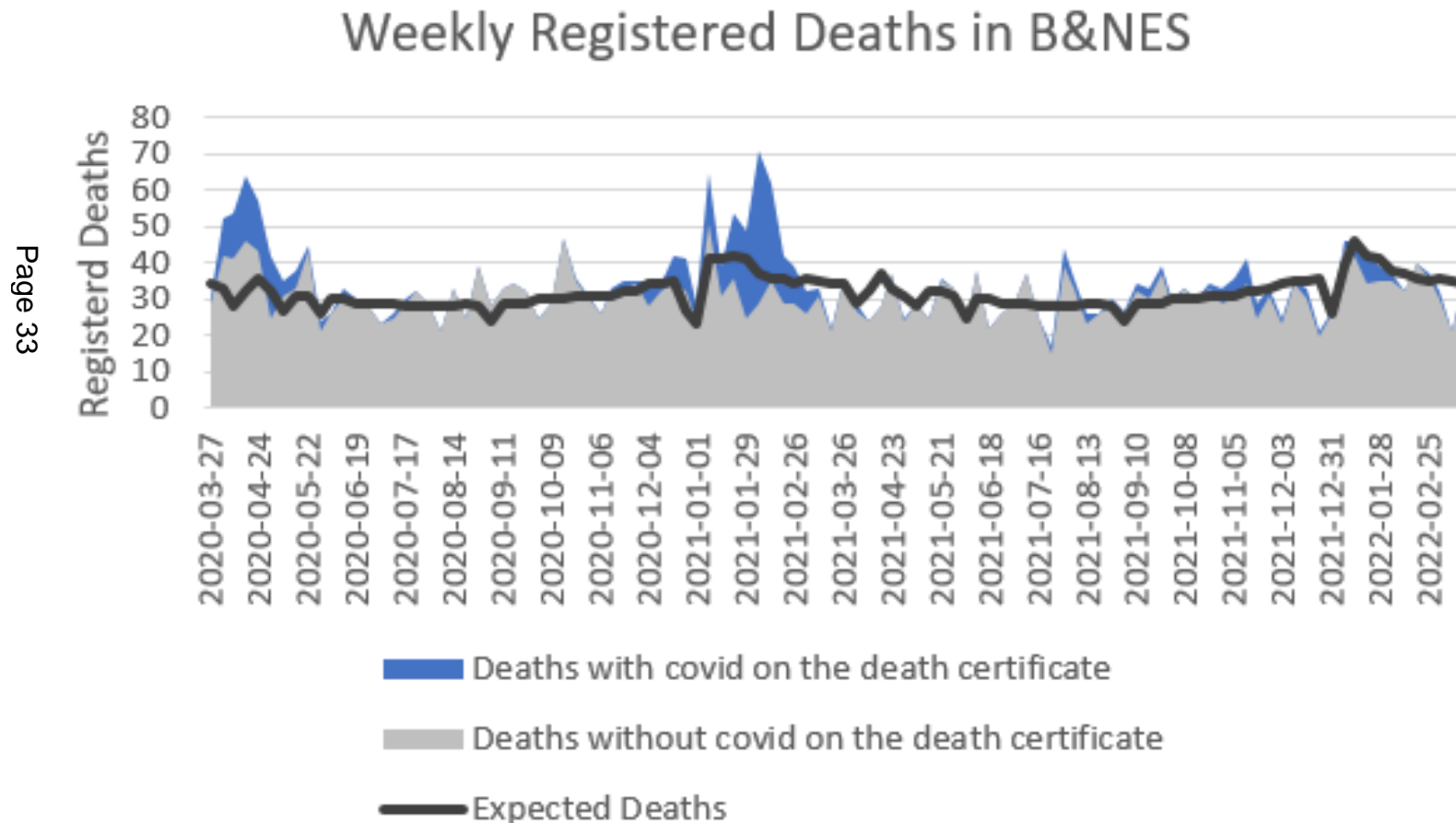


37% reduction in Co2 emissions since 2005
(BEIS)

However emissions from transport have not fallen (17% of emissions in 2019).

Ongoing pandemic impacts

There were two clear peaks in mortality



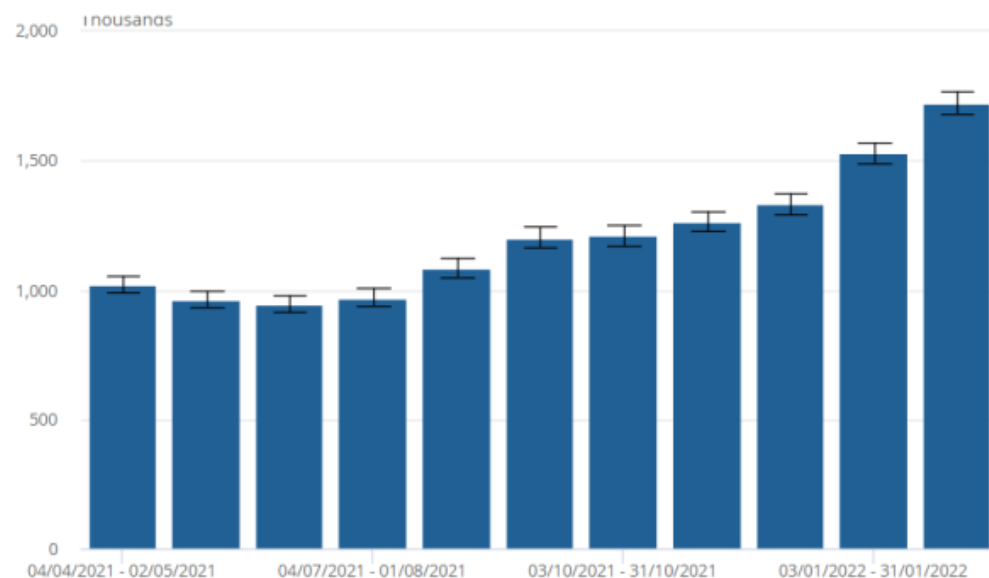
B&NES had a lower overall rate of covid deaths than England. (ONS)

Cumulative excess deaths show that there were **289 excess deaths** in B&NES between **March 2020 and February 2022**. The expected number of deaths over this period was 3,303 so there was an **increase of 9%**.

We still know relatively little about Long Covid

Figure 1: 1.7 million people were experiencing self-reported long COVID as of 5 March 2022

Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 5 March 2022



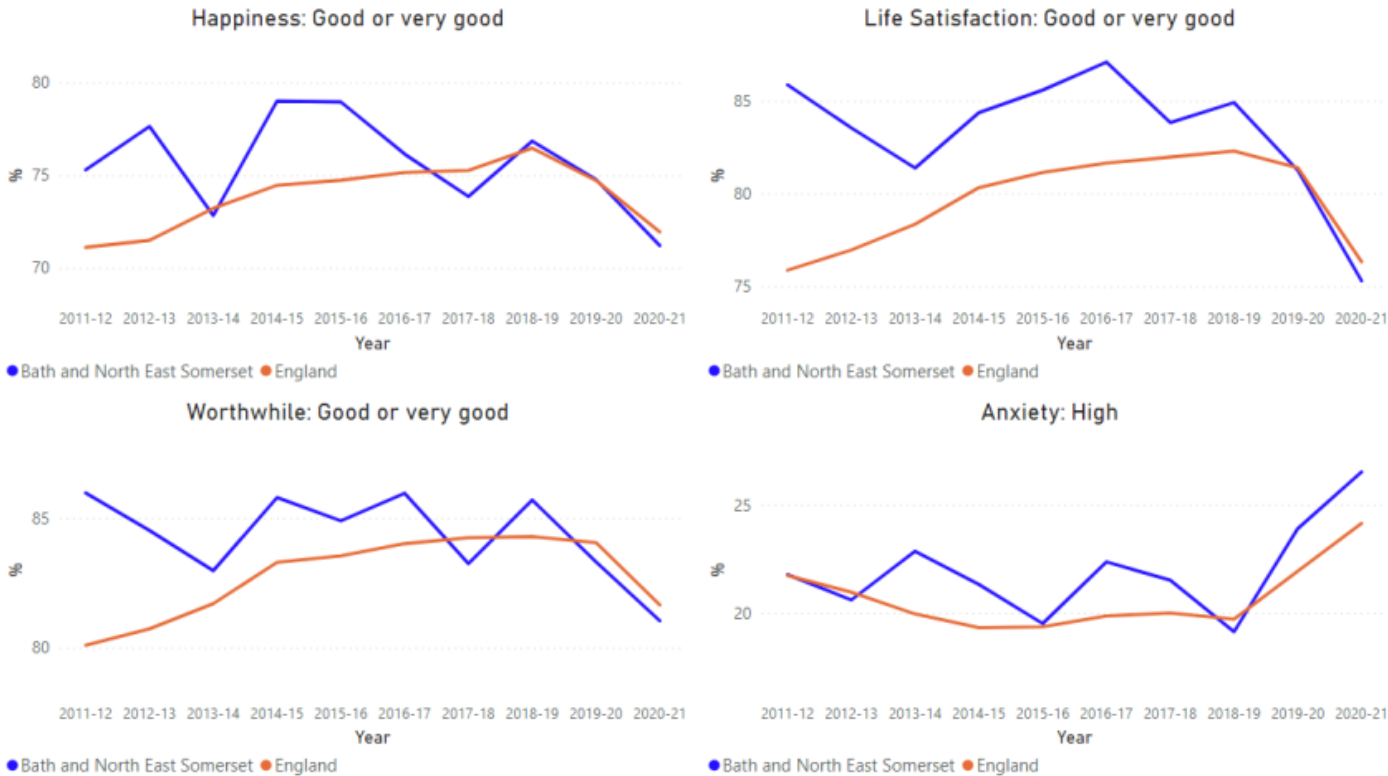
Exact local prevalence is unknown as self-reported long covid is not systematically recorded by GPs. Applying the national estimates to our local population, we would be expecting approximately **5,500** people in B&NES with long-COVID. (ONS)

And it is too early to gauge longer term impacts, but..

- Children and Young people's experience of lockdowns can be attributed to increased complexity and demand in services (*Social Care, SEN*)
- Falls in 80+ resulting in hospitalisation rising and much higher than national rates. (*OHID*)
- Traffic volumes seem to be back to pre-pandemic levels, although people are still working at home in large numbers (*Local traffic counts, Voicebox population survey*)
- Forecasts of an economic recovery (*Hardisty Jones*) may be too optimistic

Wellbeing and Mental Health

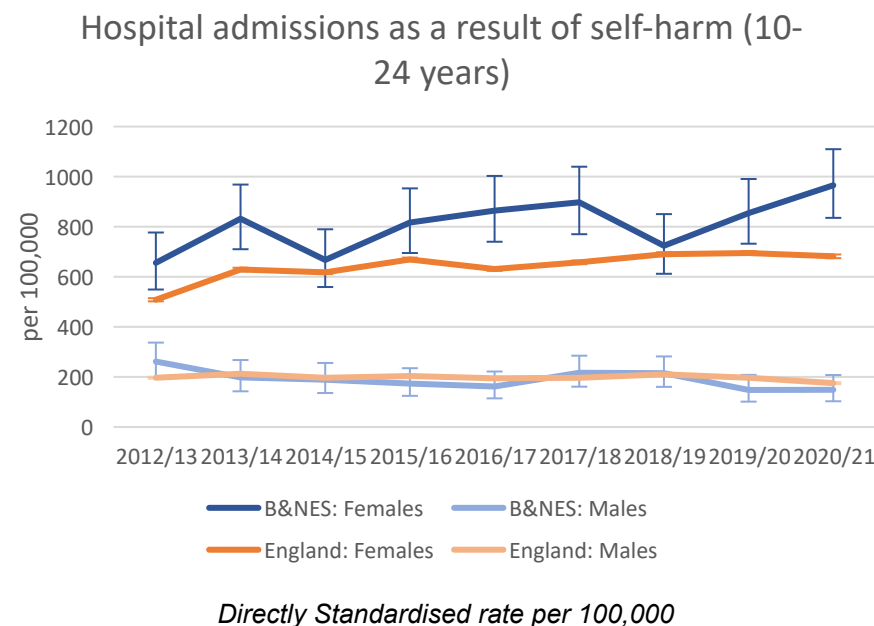
Wellbeing has been affected by the pandemic...



Anxiety levels have generally been higher in B&NES than England since 2013/14 and have shown a greater increase than the national figure in 2020/21. (ONS)

We may be witnessing an increase in prevalence of children and young people with mental health disorders...

- Between 2004 and 2017 national survey findings indicate that the **prevalence of a mental disorder** increased only slightly, whereas there was an increase in **emotional disorders**. (*NHS Digital*)
 - During the period of the Coronavirus pandemic though national rates of probable mental disorders increased more steeply – to **1 in 6 in 2021** (*estimating 5,750 children and young people with a probable mental disorder in B&NES*).
- Social and Emotional Mental Health (SEMH) as the primary **SEND** need has more than doubled in recent years. (*In-house data*)
- CAMHS **referrals** and **assessments** increased between 2014/15 and 2018/19, but since then referrals have levelled off and assessments have fallen (with a slight dip during the pandemic) (*In-house data*)
- Conversely local community mental health services saw significant increases in demand in 2020/21. (*In-house data*)
- We also see high and increasing levels of (*OHID*):
 - U18 hospital admissions for mental health conditions
 - Eating disorders
 - U18 hospital admissions for alcohol specific conditions
 - Self harm hospital admissions
 - Young women and girls have particularly high levels of admissions for self-harm and mental health conditions.



... but the picture is less clear for adults.

- Estimates suggest there are around **25,000 adults in B&NES** with a CMD; ~15,500 females and ~9,600 males. (*NHS Digital*)
- Incidence of diagnosed (and recorded) **depression** are increasing in B&NES, with over 2,000 people diagnosed for the first time in 2020/21. (*OHID*)
- For children being assessed as needing social care intervention in B&NES, **parent mental ill-health** has been consistently highest factor identified as contributing to a safeguarding concern over many years. (*in-house data*)
- Some mental health services are recording an increase in demand (*in-house data*)

In summary...

- The overall picture of the population remains positive, with good outcomes
 - But these outcomes are not equally experienced, with existing inequalities still evident
- We are experiencing rapid changes in demand for services in the context of a national cost of living challenge.
- We are also forecasting growth in housing, transport and employment, in the context of a commitment to reduce our carbon emissions, an ageing population and reducing wages
- It is still too soon to understand the longer term impact of the pandemic
 - But there is increasing evidence of worsening mental health and wellbeing
- We also have a lot more to learn...

Upcoming content

- Air Quality/CAZ - *May 2022*
- Travel times - *May 2022*
- **Findings from 2021 Census** – *from 28/06/2022 to 2024*
- Domestic Abuse – *waiting for consultants report*
- Housing Conditions Survey – *waiting for consultants report*
- School health & wellbeing surveys in primary (Years 4 and 6) and secondary (Years 8 and 10) – *July 2022*
- Planning Policy: New Core Strategy Evidence - *Jun 2022 and ongoing*

- Health System Data:
 - Population health analytics
 - Service demand and pressures
- Digital Inclusion
- Active Travel
- Young Carers
- Child Exploitation
- Tourism and Visitor Economy
- Environmental Nuisance
- Regeneration

- Published June 2022
 - Infographic headline document
 - Summary document (~150 pages)
 - Links to underlying content (e.g. more detailed reports) on Council website
- Iterative, what we know changes all the time.
- Refresh when new knowledge is generated.
- Aligned to core strategy/local plan refresh
- Ward Profiles (Post Census), including community asset information

Some questions for strategy...

- How might we build on our positive outcomes and use community assets to support everyone?
- How are we addressing inequalities in our work?
- How can we best respond to rapidly changing demands?
- Do we understand the long term implications of population growth and demographic change?
- How might we respond to findings around children's mental health?
- How can we collaborate to produce better evidence/intelligence?

Better Care Fund Update Health and Wellbeing Board

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21 June 2022



Key Better Care Fund Developments

Allocations from Integrated Care Boards to BCF plans for 2022-23 have been published. The NHS Revenue finance and contracting guidance (published 12 April) confirmed that the NHS contribution to the BCF would increase by 5.66% in 2022-23.

- **Disabled Facilities Grant Determination:** Department for Levelling Up, Housing & Communities have confirmed 2022-23 allocations for the Disabled Facilities Grant. Allocation for 2022-23 will be £1,441,905.
- **Improved Better Care Fund (iBCF) Grant Determination:** Publication issued & confirms that the grant determination for the iBCF for 2022-23 will be £4,903,011 (3.02% increase from 2021-22).
- **Better Care Fund Planning and Assurance 2022-23:** The national Better Care Fund team are working closely with Government Departments to secure final sign off for this year's Planning Requirements. The planning timeline looks like it will begin in July and run until September (but is subject to partner sign off).

Better Care Fund End of Year Report – 2021/22

The Better Care Fund reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF policy framework and the BCF programme. The key purpose of the report is to:

- To confirm the status of continued compliance against the requirements of the fund (BCF)
- To confirm actual income and expenditure in BCF plans at the end of the financial year.
- To provide information from local areas on challenges, achievements, and support needs in progressing the delivering of BCF plans.
- To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.

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Decision Point: The Health and Wellbeing Board is formally requested to approve the Better Care Fund End of Year Report for 2021-22

Non Recurrent Funding Applications 22-23

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Our
ambition

Working together to empower people to lead their best life

Starting well —→ Living well —→ Ageing well —→ Dying well

Benefits to deliver

Keeping people safe by improving the status quo:

- Increasing bedded capacity
- Improving people-flow through the system
- Improving staff capacity / retention / recruitment to services

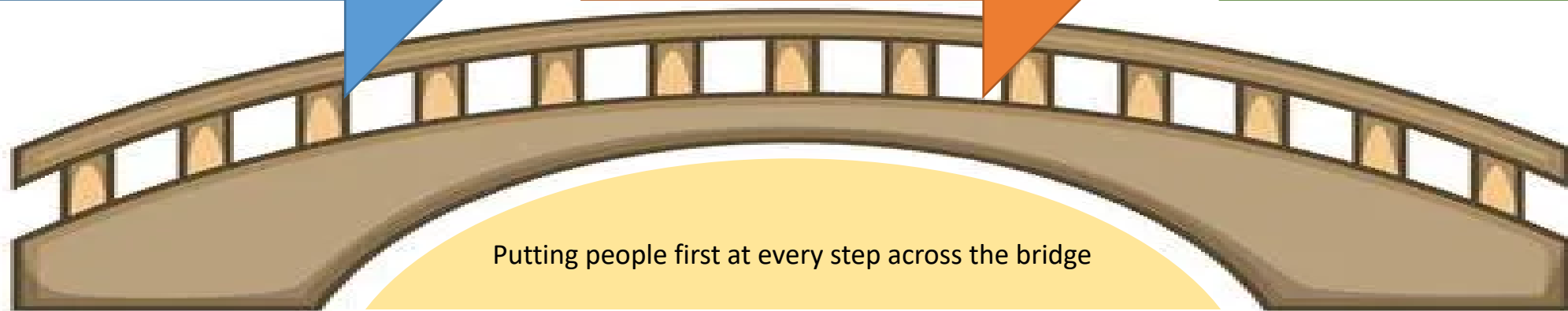
Improving peoples outcomes by testing different system approaches and learning from these:

- Increasing value for money
- Improving ways of working
- Reducing the need for bedded capacity

Transforming peoples lives through prevention and early intervention:

- Increasing care at home
- Increasing community capacity
- Improving wellbeing
- Reducing health inequalities

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Our journey outcomes

Recovery /relieving
system pressure

System learning /
culture change

B&NES System
transformation

Now

Future

Summary	Funding	Committed Q1	Uncomitted
Ageing Well	1,428	1,160	268
BCF/iBCF not already committed 2022/23	1,787	-	1,787
IPC converted to iBCF/BCF social care reserve	180	180	-
HDP converted to iBCF/BCF social care reserve	644*	-	644
Discharge & ERF+	335	45	290
S256	2,000	1,596	404
Virtual Wards	760	-	760
Winter Access Funds	4	4	-
Total	7,138	2,985	4,153

* To be confirmed

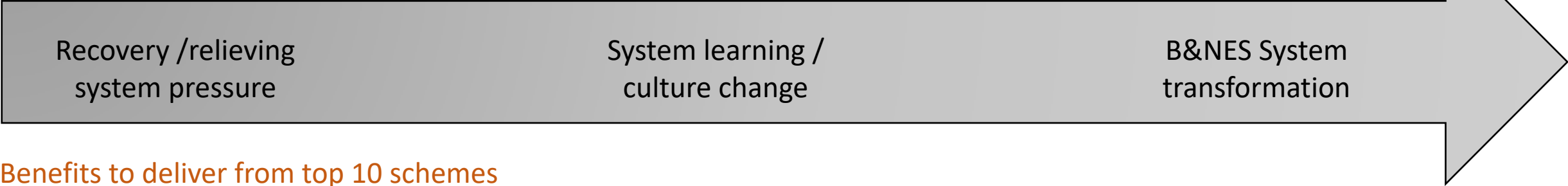
Schemes submitted to the NCTR trajectory to draw down Elected care funding

Rank	Project Name	Applicant	Points	Rank	Existing/N	Comment	Amount Requested	Proposed £ Source	Running Total NCTR trajectory
1	Provider D2A Block Contracts	Tom Jarvis	372	1	Existing	Not listed but trajectory dependant upon this continuing	£1,300,000	CCG / iBCF	£1,300,000
2	Discharge to Assess Beds in Care Homes	Karen Green	363	2	Existing	Not listed but trajectory dependant upon this continuing	£1,560,000	CCG / iBCF	£2,860,000
3	GP Cover for Discharge to Assess Beds	Karen Green	328	3	Existing	Not listed but trajectory dependant upon this continuing	£67,500	CCG / iBCF	£2,927,500
5	Expansion of Home First Capacity	Niall Prosser	298	5	New	Listed in the NCTR trajectory	£563,000	CCG / iBCF	£3,490,500
6	HCRG Care Group Flow Team (HCRG Priority #2)	Emily O'Hara	285	6	Existing	Not listed but trajectory dependant upon this continuing	£78,030	iBCF	£3,568,530
9	Reviewing of High Cost Placements (HCRG Priority #1)	Emily O'Hara	245	9	Existing	Not listed but trajectory dependant upon this continuing	£77,139	iBCF	£3,645,669
13	Extension of Stepdown Provision	Tereza Cleverley	218	13	Existing	Not listed but trajectory dependant upon this continuing	£26,438	CCG / iBCF	£3,672,107
7	Hospital at Home	Niall Prosser	285	7	Existing	Not listed and separate from the NCTR trajectory	£375,000	Virtual Wards	£4,047,107
4	Lack of Mobilisation	Niall Prosser	299	4	New		£653,000	CCG / iBCF	£4,700,107
8	Reablement Flow Lead (HCRG Priority #3)	Emily O'Hara	266	8	New		£59,819	iBCF	£4,759,926
10	Expanded Support for patients & carer during hospital admission	Astrid Siddorn	234	10	New		£153,233	CCG	£4,913,159
11	Expansion of Flow Team (HCRG Priority #4)	Emily O'Hara	222	11	New		£230,036	CCG	£5,143,195
12	Home First Champions	Niall Prosser	222	12	New		£300,000	CCG	£5,443,195
14	Increase in Pharmacist Support	Niall Prosser	203	15	New		£112,000	CCG	£5,555,195
15	Operational Improvement Manager for Home First Transformation	Rhiannon Hills	200	16	New		£135,176	CCG	£5,690,371

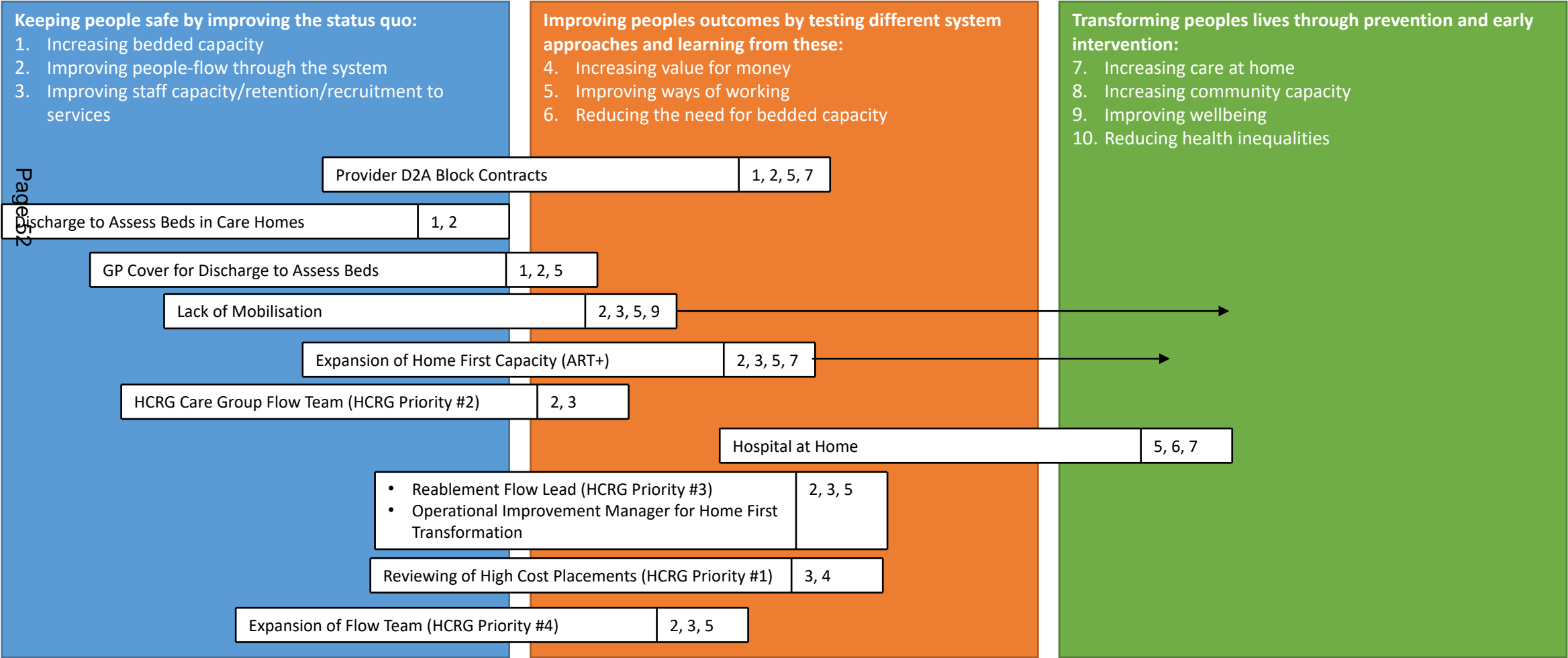
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- Top 15 schemes based first on inclusion in NCTR trajectory and then by rankings are shown
- The running total column shows the cumulative total of funding each project (e.g. the top 3 projects total value = £2,927,500)
- The proposed funding source column gives an indicative view of which funding source could be used to fund each project (based on criteria requirements)
- Based- on current funds that means we would be able to fund the first 8 schemes if no further changes are made

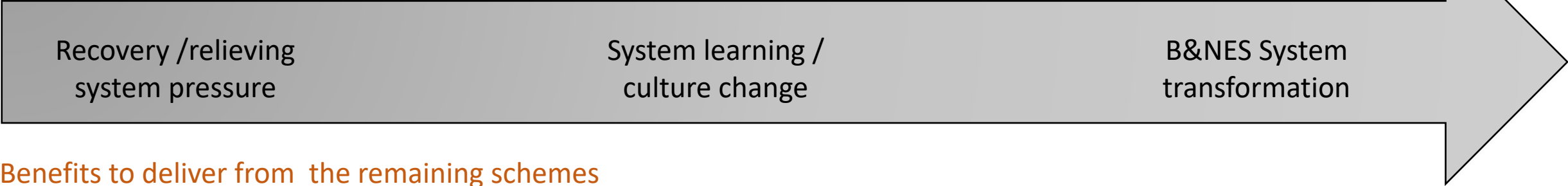
Our journey outcomes



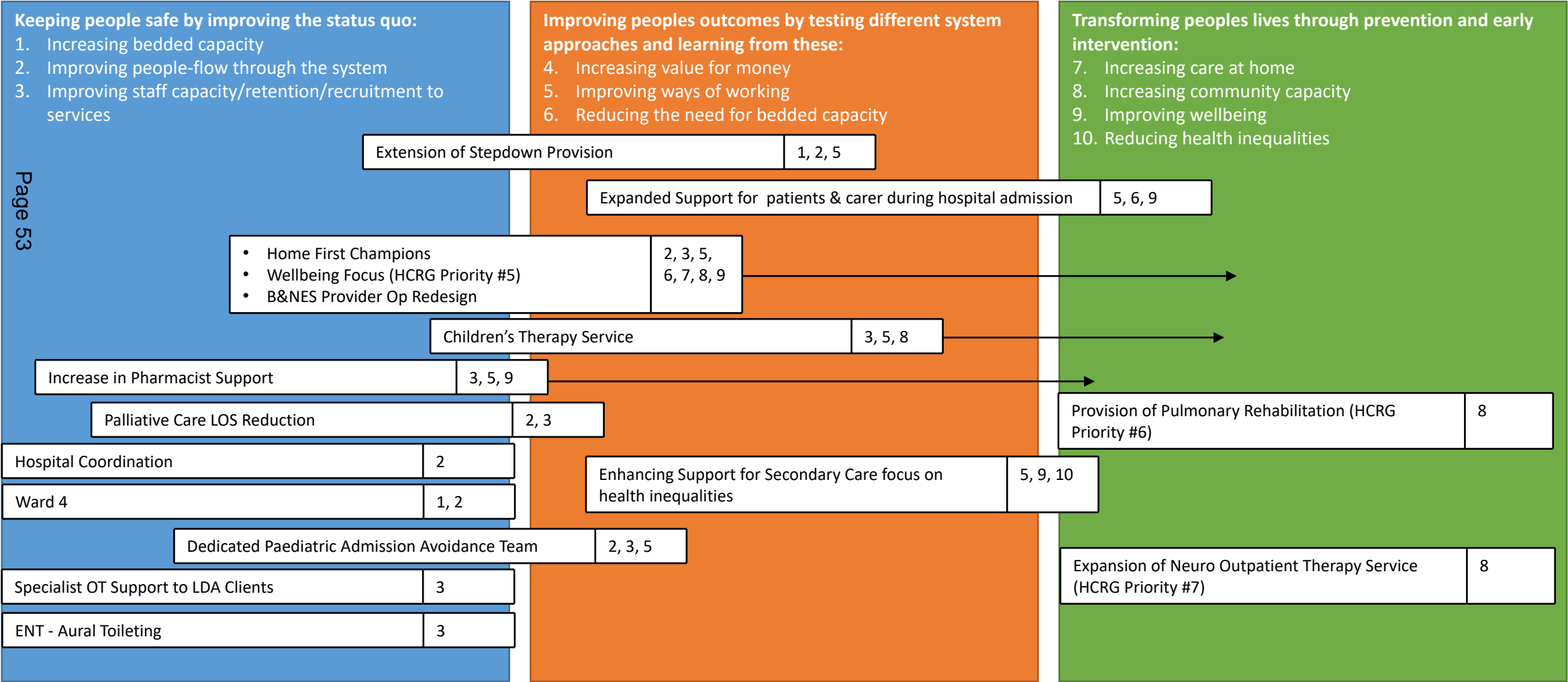
Benefits to deliver from top 10 schemes



Our journey outcomes



Benefits to deliver from the remaining schemes



Summary of Possible Options and agreements from the ICA board/ LCG



- | | |
|--|--|
| <ol style="list-style-type: none">1. Fund only that which can be afforded with the available funds in ranked order linked to the NCTR trajectories2. Fund as above and then find additional funds to support transformation3. Fund as above, but request that key projects are revised to spend less and collaborate more4. Fund as above and then identify which projects should be funded as part of the providers core contract5. Fund as above but also agree to fund a number of transformation activities without known additional funds:<ol style="list-style-type: none">1. With the at risk expectation that they can reduce spend on the top two items,2. Setting out the projects and activities which will directly reduce spend e.g. agreeing to reduce D2A time from 9wks to 4wks3. Setting up tight impact monitoring as an ICA with monthly shared oversight to ensure projects and activities are being outworked to meet spending capacity | <ol style="list-style-type: none">1. Agreed2. There are no further funds at this point, but the ICA/LCG encouraged applicants to prepare for the possibility of additional funds3. Agreed4. Agreed5. Agreed – the ICA board would like to see ADOG manage the projects as suggested here with robust trajectories for outcomes and funding. Effectively reducing spend on activities in the blue zone over the year and starting orange/green projects based on shared commitments and risk. |
|--|--|