Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Bath and North East Somerset

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

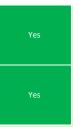| Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Integration is improving as the council continues to work collaboratively with the CCG, but we look forward to expanding and developing our integration with our colleagues across Swindon and Wiltshire and benefiting from the New ICS/ICA potential.	Yes
2. Our BCF schemes were implemented as planned in 2021-22	Neither agree nor disagree	A number of projects that were BCF funded did not record any spend across the year, leading to concerns that the money could have been utilised accrosss other proejcts - this has led to a revised application model to obtain funding in 2022-23 which met some positive goals and set up new projects and this will continue to be closely monitored for improvement.	Yes
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	The narrative plan is almost always written retrospectively as this is requested too late in the year. Having said that, the plan was executed as detailed and it has had a postive impact on the integration of health and social care in our locality. It has generated some good discussions and supports flow conversations well, with funding being invested into integrated	Yes

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	9. Joint commissioning of health and social care	The council and the CCG commissioners have integrated well to successfully oversee the management of the BCF in 2021-22, and ways of working will continue to be developed - integration with colleagues across Swindon and Wiltshire willcontinue through 2022-23 to better improve ways of working.	Yes
Success 2	2. Strong, system-wide governance and systems leadership	The introduction of a number of new tools has helped to improve the strength of governance across the BCF in 2021-22. Clarification of requirements for budget holders through the issuing of a terms of reference document, outlining the reporting expecations and impact of non-sumbmission has helped to align the controls of the management of the BCF funding. In addition looking at BCF in relation to S256 has widened the scope of joing action and activity across the collaboration of ICA partners.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	

Challenge 1	3. Integrated electronic records and sharing across the system with service users	The lack of integration between health (SystmOne) and social care (LiquidLogic) IT systems has limited our ability to evaluate the impact of the reablement service on long-term social-care needs. While we have some workarounds to join up data to support the annual SALT return - including improved coding of SALT outcomes - this focuses more on where people are after reablement rather than what effect the service has had. A review of the service within HCRG Care group has identified the need to make better use of SystmOne and to better integrate these records with LiquidLogic, so there is a collective	Yes
Challenge 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	The introduction of the Alliance Delivery Operational Group as an additonal body of control and consultation should allow better integration of partners across the Council, care providers, hospitals and other third sector organisations in the decision making process, but will take time to streamline and ensure collective buy in accross the number of organisations involved and this will prove to be challenging, but also a productive route to engage with service users.	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other