

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Panel Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	Monday 10th July 2023	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Health & Wellbeing Strategy – Implementation Update and Explanation of the Better Care Fund Funding Arrangements	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: B&NES Health and Wellbeing Strategy's Implementation Plan		

1 THE ISSUE

1.1 Local Joint Health and Wellbeing Boards have a number of statutory functions, two of which are to:

(1) prepare and publish a joint health and Wellbeing Strategy for its population, setting the vision for desired population level outcomes and strategic direction

(2) be the accountable partnership for the Better Care Fund

1.2 This paper gives an update on the development of the Health and Wellbeing Strategy's Implementation Plan and an explanation of the Better Care Fund Funding arrangements

2 RECOMMENDATION

The Panel is asked to;

2.1 Note the update provided

3 THE REPORT

The B&NES Health and Wellbeing Strategy's Implementation Plan

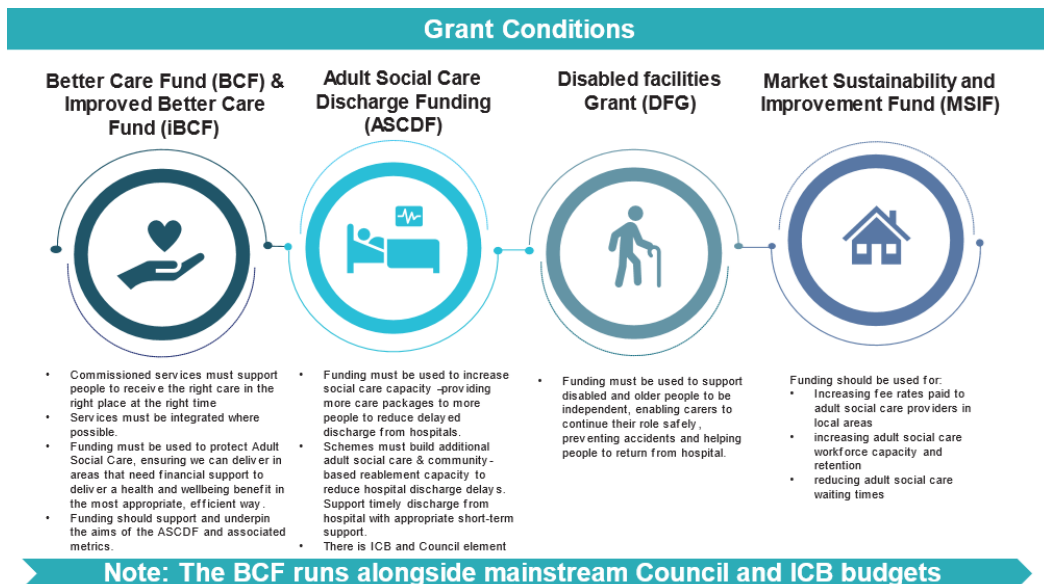
- 3.1 The B&NES Health and Wellbeing [Strategy](#) was approved by the Health and Wellbeing Board in March 2023. Its vision to improve health and reduce inequalities is: *“Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives”*
- 3.2 The Strategy has four key priorities:
- (1) Ensure children and young people are healthy and ready for education
 - (2) Improve skills, good work and employment
 - (3) Strengthen compassionate and healthy communities
 - (4) Create health promoting places
- 3.3 Since the writing of the strategy a Strategy Implementation Plan has been written that sets out actions to be owned and delivered by partnerships and teams against the four priorities above. This Implementation Plan was approved by the Health and Wellbeing Board in June 2023.
- 3.4 A Health and Wellbeing Strategy Steering Group oversaw and advised on the format, content and process for creating the Implementation Plan throughout its development.
- 3.5 The Implementation Plan was developed through extensive and iterative collaboration with individuals, teams and partnerships involving colleagues from the NHS, local VCSE groups and the Council, linking with existing strategies and working with current capacity. Engagement on actions in the plan has taken place with the Children and Young People's Subgroup to the HWB; teams in the local authority's directorates for Public Health and Prevention and Sustainable Communities; HCRG providers group; 3SG; the Community Wellbeing Hub; the Integrated Care Alliance (ICA); and the ICA's Alliance Delivery Operational Group.
- 3.6 All actions in the Implementation Plan are owned by a key partnership, team, or subgroup of the Health and Wellbeing Board. These owners have taken responsibility for ensuring that work is delivered on the agreed actions, reporting on progress to the Health and Wellbeing Board, and bringing related issues to the Board for further intelligence sharing, discussion, and development as appropriate.
- 3.7 Extensive effort has been made to ensure alignment between various strategies and implementation plans currently being developed or refreshed that impact on the health and wellbeing of the B&NES population. Two examples exemplify this:

- (1) The B&NES Swindon and Wiltshire (BSW) Integrated Care Strategy and its draft implementation plan have considered and incorporated priorities and themes from the B&NES Health and Wellbeing Strategy.
 - (2) The Implementation Plan contains employment-related actions that will sit within the Economic Strategy once that is finalised, which will be led by the council's Sustainable Communities directorate. They have been identified as actions that align particularly well with the role of the Health and Wellbeing Board and with its terms of reference, so their inclusion in the Health and Wellbeing Strategy's Implementation Plan will mean that progress on them will be shared and discussed at the Health and Wellbeing Board.
- 3.8 The Implementation Plan sets out milestones and timeframes to monitor progress on delivery.
- 3.9 An indicator set is being developed which will help the Board understand changes to population health, wellbeing and inequalities. The indicator set will also include longer term and overarching indicators including healthy life expectancy which are outside the scope of this Implementation Plan on its own to influence. However, retaining an overview of trends in the health of the population will help the Health and Wellbeing Board frame discussions to focus its work on addressing inequality and improving health and wellbeing for all.
- 3.10 A process by which implementation of the Strategy and its impact will be monitored, understood and reported back to the Board for discussion and assurance is in development and will be overseen by the Health and Wellbeing Strategy Steering Group. A proposal for this process will be brought to the HWB in September for agreement.
- 3.11 The Implementation Plan will be reviewed and refreshed annually.

Better Care fund arrangements

- 3.12 The Better Care Fund (BCF) is a coming together of funds and strategy for the ICB, Council and DHSE to create integrated planning, development and delivery in adult health and social care.
- 3.13 The funds have been in place since 2015 with a growing set of guidance and direction as to how funds should be deployed.
- 3.14 The Health and Wellbeing Board is the responsible and accountable body for the deployment, monitoring and impact of the BCF. It is expected that the outworking of the annual BCF narrative plan, that is submitted to DHSC, reflects the Health and Wellbeing Strategy and the priorities and interests set out by the Health and Wellbeing board and its constituent members in line with the guidance.
- 3.15 The BCF is made up of a number of component parts including:
- (1) The Better Care fund grant from central government
 - (2) Mandatory and voluntary contributions from the ICB and Council

- (3) The iBCF – a grant wholly directed at support for adult social care
 - (4) The Disabled Facilities Grant (DFG) to respond to housing needs largely in the form of adaptations to housing for vulnerable adults.
 - (5) The Adult Social Care Discharge grant which has an ICB and Council allocation
- 3.16 Each of these funds has slightly different stipulations about how they should be used and have different monitoring and recording expectations.
- 3.17 In B&NES the full sum of the BCF funds is circa £78m. With the greater amount of 77% used to manage and fund the Community Services contract currently with HCRG CG. This year roughly 17% goes to towards core commitments including the administration of the fund and a number of prerequisite activities set out by the grant conditions. Annually this results in around 6% year to year to be committed to measurable schemes.
- 3.18 These measured schemes cover a wide range of activities related to three core conditions
- (1) Plans must be jointly agreed by the ICB and the local council chief executive prior to being signed off by the Health and Wellbeing Board, and the funding must be placed in to one or more pooled funds under section 75 of the NHS Act 2006.
 - (2) Plans must show how commissioned services will support people to remain independent at home for longer, and how BCF funding will reduce preventable admissions to hospital and long-term care
 - (3) Plans must show how commissioned services will support people to receive the right care in the right place at the right time, supporting safe and timely discharge, and tackling pressures in delayed discharges
- 3.19 The Health and Wellbeing Board is expected to receive regular updates on the delivery and implementation of the BCF and to also annually agree the narrative plan setting out priorities and commitments.
- 3.20 While the Health and Wellbeing Board is not expected to necessarily decide on changes to schemes on a month-to-month basis it is expected to have a good oversight of the impact and relevance of the schemes in achieving shared goals and strategies across the locality.
- 3.21 Below is an infographic showing the main aims of the funds, directly and in relation to the new Market sustainability grant which is directly managed by the Council.



3.22 This year there have been key changes as follows:

- (1) Significant and considerable focus in the BCF guidance on discharge and urgent care response creating 2 new priorities within BCF
- (2) 2yr plan and commitment (normally the plan is for one year)
- (3) New and more regular data submissions focused on discharge and capacity
- (4) The planning timetable has been brought forward to spring summer submission rather than autumn/winter
- (5) There is new allocation of ASC Discharge grant split into ICB and Council elements
- (6) The New Market Sustainability Fund is picking up the market management and some of the protection of social care narrative that used to be in iBCF. It has a separate reporting process.

3.23 The plan for 2023/5 was submitted to and approved by the Health and Wellbeing Board on 20 June 2023 and submitted to the national team on 28 June 2023.

3.24 Four priorities for measured schemes were set out focusing on prevention, community resilience and wellbeing supporting the strategic plans of the locality as follows:

Strategic Priorities for 2023/5

Significant to BCF targets

Significant to our Key strategies

Under represented in our funding commitments

Demonstrate our shared identity, aspiration and commitment

Supporting "left shift" towards prevention, admission avoidance and planning for the future

Potential area for investment	Detail	What could BCF contribution look like?		
		Year one	Year two	Total
Admission avoidance and neighbourhood development focusing on the role of the Community Wellbeing Hub and carer support and engagement	The wellbeing Hub have set out a Development strategy/business plan showing how they can support stronger communities and carers to improve independence and wellbeing by drawing together the resource, commitment and engagement of the third sector. This provision meets goals within all 4 corporate plans and BCF targets supporting the development of neighbourhood strategies, resilience, admission avoidance and prevention. The overall provision is currently estimated at £1.5m per annum. The BCF could contribute to the resourcing of the hub for base costs or project activity.	£600,000	£1,000,000	£1,600,000
Young people with learning disabilities, autism &/or mental health transitioning into adult care	Council and health budgets are under significant pressure to meet the growing costs of young people with high levels needs moving from children's to adult services. The care cost of one young person can be as much as £1m per annum and the BCF might be a good resource to support adult social care needs as described for iBCF .	£700,000	£700,000	£1,400,000
Provision of resource to support Technology development in care linked to the neighbourhood teams strategy	Technology is an emerging area highlighted for investment at both a local and national level. Working alongside applications to the Adult Social Care Technology Fund and through the development of a system Technology Strategy for adult social care, this is an opportunity to culturally and strategically move forward an agenda for supporting prevention and enabling people to remain in their communities for longer with greater independence at affordable costs as part of our Neighbourhood strategy.	£200,000	£400,000	£600,000
Contingency supporting Transformation and re-contracting of Community health and social care provision	The transformation of the community health and social care services is now well underway with further decisions to be made in October 2023. It is acknowledged that the process of transformation may need additional resources to support new approaches to provision. This is a contingency figure to create capacity across areas that meet BCF targets.		£600,000	£600,000
Total		£1.5m	£2.7m	£4.2m

3.25 The BCF remains a dynamic and central part of our joint working, giving us the potential to develop our systems and positively change outcomes for the residents of B&NES. All partners are encouraged to attend ADOG and Council and ICA/B meetings to bring innovation, challenge and support to the on-going development of the BCF programme.

4 STATUTORY CONSIDERATIONS

4.1 Production of a Health and Wellbeing Strategy is a statutory requirement of the Health and Wellbeing Board. There is no statutory requirement to produce an Implementation Plan to the strategy.

4.2 The Health and Wellbeing Board has a statutory responsibility to approve the annual BCF narrative plan and to manage and monitor the funds throughout the year.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 Any resource implications relating to the Health and Wellbeing Strategy Implementation Plan would be addressed by the partnerships that own the actions in the Plan.

5.2 For the BCF project plans are submitted and agreed by officers in line with the priorities set by the Health and Wellbeing Board and monitored accordingly.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 For the BCF all schemes are subject to quarterly returns with the HCRG CG contract having its own contract management arrangements.

7 EQUALITIES

- 7.1 Priorities in the overarching Strategy and the BCF have been drafted with an aim of reducing inequalities in B&NES, particularly to improve health and wellbeing outcomes for low-income households, people in rural communities, underrepresented groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out.

8 CLIMATE CHANGE

- 8.1 The identified priorities of the Health and Wellbeing Strategy, specifically access to nature and leisure facilities, aim to have a positive impact on the current climate position and this would also apply to the plans set out in the BCF.

9 OTHER OPTIONS CONSIDERED

- 9.1 Not creating an Implementation Plan to the Joint Health and Wellbeing Strategy. However, a view was taken that having an Implementation Plan will be valuable as it will give partnerships and organisations stronger ownership of the Strategy and give the Health and Wellbeing Board greater insight into how the Strategy is being implemented across partnerships and within communities.
- 9.2 The options within BCF would relate to the size of voluntary contributions made by the ICB and council which currently all relate to the governance and delivery of the Community services contract. Decisions will need to be made going forward with the change in the contractual arrangements for the community services as to how and if this should be still managed within the BCF.

10 CONSULTATION

- 10.1 The public consultation period for the joint Strategy ran from September 29th to October 31st, 2022 and this informed the formation of the Strategy's priorities. This Implementation Plan follows from that consultation by setting out some of the practical actions that will be undertaken to deliver on the priorities identified in the strategy.
- 10.2 Consultation for BCF is via the Alliance Delivery Operational Group (ADOG) of the Integrated Care Alliance, (ICA) the ICA board and the Council

SLT. This is set out annually in the narrative plan and is part of the approval process of both the Health and Wellbeing Board and the national approval of the plan.

Contact person	Sarah Heathcote, Health Inequalities Manager, 01225 394455 Judith Westcott, Senior Commissioning Manager, 07929 769 566
Background papers	
Please contact the report author if you need to access this report in an alternative format	