

Public Document Pack

Contact: Leo Taylor
Direct Dial: 01934 634621
E-mail: leo.taylor@n-somerset.gov.uk
Date: 21 February 2023

Dear Sir or Madam

The Health and Wellbeing Board – Wednesday, 1 March 2023, 2.00 pm – New Council Chamber - Town Hall

A meeting of the Health and Wellbeing Board will take place as indicated above.

Please Note that any member of the press and public may listen in to proceedings at this meeting via the weblink below –

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health and Wellbeing Board

Councillor Mike Bell (Chairman), Colin Bradbury (Vice-Chairman), Georgie Bigg, Jeremy Blatchford, Councillor Ciaran Cronnelly, Mandy Gardner, Councillor Catherine Gibbons, Mark Graham, Councillor Wendy Griggs, John Heather, Sarah James, Matt Lenny, Shruti Patel, Sarah Pepper, Stephen Quinton, Julie Sharma, Sheila Smith, Timothy Snaden, Hayley Verrico

This document and associated papers can be made available in a different format on request.

Agenda

1. **Public Participation (Standing Order 17)**

To receive and hear any person who wishes to address the Committee. The Chairman will select the order of the matters to be heard. Each person will be limited to a period of five minutes. Public participation time must not exceed thirty minutes.

Requests to speak must be submitted in writing to the Assistant Director Legal & Governance or the officer mentioned at the top of this agenda letter, by noon on the working day before the meeting and the request must detail the subject matter of the address.

2. **Apologies for absence and notification of substitutes**

3. **Declaration of disclosable pecuniary interest (Standing Order 37)**

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the meeting in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

4. **Minutes** (Pages 5 - 8)

Minutes of the Health and Wellbeing Board Meeting on 26 October 2022, to approve as a correct record.

5. **Matters referred by Council, the Executive, other Committees and Panels (if any)**

6. **Update from the two Locality Partnerships in North Somerset, Weston, Worle and Villages; and Woodspring** (Pages 9 - 12)

7. **Joint Health and Wellbeing Strategy Phase 2** (Pages 13 - 38)

8. **Developing an Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire** (Pages 39 - 78)

9. **Adult Social Care Discharge Fund incorporation into the Better Care Fund** (Pages 79 - 88)

10. **Update on new ways of working for the Board** (Pages 89 - 92)

11. **HWB Work Plan**

Exempt Items

Should the Health and Wellbeing Board wish to consider a matter as an Exempt Item, the following resolution should be passed -

“(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.”

Also, if appropriate, the following resolution should be passed –

“(2) That members of the Council who are not members of the Health and Wellbeing Board be invited to remain.”

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer's representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co

Minutes

of the Meeting of

The Health and Wellbeing Board

Wednesday, 26 October 2022

New Council Chamber - Town Hall

Meeting Commenced: 2.00 pm

Meeting Concluded: 3.55 pm

Councillor Mike Bell (Board Chair and Executive Member Adult Social Care and Health)

Colin Bradbury (Board Vice-Chair and Area Director BNSSG CCG)

Councillor Catherine Gibbons (Executive Member Children and Young People)

Matt Lenny (Director of Public Health, NSC)

Sheila Smith (Director of Children's Services, NSC)

Hayley Verrico (Director of Adult's Services, NSC)

Mandy Gardner (VANS / North Somerset Wellbeing Collective)

Jeremy Blatchford (ALCA)

Councillor Ciaran Cronnelly (Health Overview and Scrutiny Panel)

Councillor Wendy Griggs (Children and Young People's Services Policy and Scrutiny Panel)

Mark Graham (North Somerset Wellbeing Collective)

Dr John Heather (GP representative)

Apologies: Georgie Bigg, Sarah James, Paul Lucock, Shruti Patel, Stephen Quinton and Emmy Watts.

Others in attendance: Ros Cox (Locality Partnership), Paula Clarke (Director of Strategy and Transformation, UHBW) Dr Natasha Ward (Harbourside Family Practice)

NSC Officers in attendance: Georgie MacArthur (Consultant in Public Health), Emma Diakou (Head of Business Insight, Policy and Partnerships). Leo Taylor (Democratic Services)

12 Declaration of disclosable pecuniary interest (Standing Order 37)

None.

13 Minutes

Resolved: that the minutes of the meeting of 29 June 2022 be approved as a correct record

14 New ways of working for the Board

The Director of Public Health presented the report reviewing where the Board was working well and ways in which the Board could become more effective. This included, for the Boards endorsement, a series changes to the Board's Terms of Reference (ToR) to support more effective delivery and to establish clearer roles and responsibilities.

There was discussion about possible additional representatives (education and housing) and it was noted that further expansion of the Membership would be considered by the Board in due course.

Resolved:

- (1) that the ten highlighted proposed changes to the Board's ToR and ways of working (set out in the report) be endorsed; and
- (2) that the proposed revised Health and Wellbeing Board Terms of Reference (ToR) document (appended to the report) be adopted.

15 Weston Worle and villages, Woodspring localities updates

Ros Cox (Weston, Worle and Villages Delivery Director, ICB Localities) presented the report outlining plans and the work that the ICB Localities in Weston, Worle and Villages and Woodspring participate in and how this work was being conducted with partners to ensure alignment across North Somerset whilst also identifying the needs of the population in each locality and working closely with lived experience representatives.

Noting that the locality plans would be available soon, The Director added that the next stage would be to develop these into the Integrated Care System (ICS) Strategy.

The following issues were covered when discussing the updates:

- the importance of transport in addressing rural accessibility challenges and the need to maximise opportunities through coordination with community networks and services;
- coordinating winter planning across the partnership; and
- the need to address GDPR data sharing challenges.

Resolved: that the report be noted

16 Joint Health and Wellbeing Strategy Action Plan

The Consultant in Public Health (North Somerset Council) presented the report which summarised the refreshed Health and Wellbeing Action Plan and ongoing progress in implementing the strategy.

The Board sought and received clarification on the following:

- How was Action Plan tested with localities and who was responsible for delivery?
- How were access issues for Children with complex medical needs and elderly residents in rural areas being addressed?
- The role of ICSs in respect of green infrastructure (eg retrofitting home insulation) to improve outcomes for people with long term conditions and addressing health inequalities.
- The role of social media in the communications strategy – engagement with community partners and their role in amplifying the message.
- Adapting the plan around the cost-of-living crisis. Member heard that this

was a feature of phase 2 of the plan and would be picked up under equality/inclusion, using cohort learning around where support was most valuable (from Feb 2023 onwards).

There was further discussion around the length of the Action Plan “agenda” and the suggestion that this needed further prioritisation. Also discussion around Action Plan objectives in the context of evidence illustrating the benefits of a more targeted approach.

In concluding the item, the Chairman confirmed that Members’ feedback would be taken on board. Going forward, he also emphasised the importance of partners keeping the Board updated on changing priorities – in order to ensure commitment around shared budgets and ongoing projects and thereby maximising impact.

Resolved: that the report be noted

17 **BNSSG Integrated Care System Strategy**

The Director of Strategy, Partnerships and Population (BNSSG ICB) gave a presentation setting out the key aims of the Integrated Care system, the work done to date around the rationale for, and identification of, priorities, and how the system might work together differently.

In opening discussion and feedback, the Chairman commented on the tendency towards ‘high-level’ terminology and the risk of it becoming remote from day-to-day reality on the ground; the need for the strategy to demonstrably integrate with locality plans, reflecting localised targeting and ensuring equal partnership.

Further feedback from Members focussed on the following themes:

Workforce –

- A clear ‘vision’ was needed for addressing what was a national workforce challenge in this area?
- Workforce and productivity would always be a challenge with no single panacea; addressing this required building momentum behind a wide range of interventions (prevention, community engagement, housing, education, new ways of working (digital/assistive care), education etc)
- The key challenge was driving shift towards the preventative and community sector agendas.

Public expectation -

- Significant work was needed to be put into this: courageous decisions around priorities were needed to get the best return on investment but in return the public would expect commitment to partnership, the commissioning of class leading service, and clear evidence that this integrated approach was delivering improved outcomes.

System aims -

- The ‘system’ needed to be very clear about the aims (and the values underpinning them) – eg what improving outcomes actually means. Meeting targets did not necessarily translate to improvements in quality of life.
- Tackling inequalities was often expressed in terms of access but there was

- need to consider the whole picture eg building education into the strategy.
- There was reference to the use of Board workshops informing the H&WS Action Plan with the suggestion that these be taken a stage further to focus on how to influence the ICS strategy.

The Director of Strategy, Partnerships and Population appreciated Members' feedback at this early stage in the development of the Integrated Care System strategy and looked forward to bringing it back to the Board in a more refined form for further consideration in due course.

In concluding discussions, the Chair noted the suggestion about extending the H&WB Action Plan workshops remit, emphasising the importance of common data sets when developing strategies. He also highlighted comments about the need to rise to the rise to the prevention agenda and community involvement challenges, noting the additional challenge around delivering physical/mental health parity. These were significant challenges and approaches needed to be evolved and adapted over the longer term, whilst bringing people and communities along on the journey by being honest and clear about what was deliverable.

18 HWB Work Plan

The Director of Public Health referred to his report under the New Ways of Working for the Board (Item 5 above) and specifically to the proposed Board Operations Group which would develop the forward plan of Board meeting topics and their content. He would be writing to Members shortly with further suggestions in that regard. Members were invited to put themselves forward for membership of the Operations Group.

Chairman

**One Weston,
Worle and Villages**
Locality Partnership

Woodspring
Locality Partnership

REPORT TO THE HEALTH & WELLBEING BOARD

DATE OF MEETING: 1ST MARCH 2023

SUBJECT OF REPORT: UPDATE FROM THE TWO LOCALITY PARTNERSHIPS IN NORTH SOMERSET; WESTON, WORLE AND VILLAGES AND WOODSPRING

TOWN OR PARISH: N/A

PRESENTING:

DAVID MOSS – ICB DELIVERY DIRECTOR WOODSPRING

KEY DECISION: NONE

RECOMMENDATION

MEMBERS OF THE PANEL ARE ASKED TO:

- a) Note the content and key projects being progressed by the two Partnerships in North Somerset
- b) Give suggestions and observations about any area of particular interest or relevance not covered within the report

1. SUMMARY OF REPORT

This report outlines the headline plans and the work that the ICB localities in Weston Worle and Villages and Woodspring are progressing in conjunction with locality provider partners, lived experience representatives and the VCFSE sector. Whilst some projects are specific to the needs of each locality, there is 'join-up' in key areas enabling a North Somerset wide approach to be taken.

Since the last briefing to the Board in October 2022, significant focus has been maintained by both Partnerships on two key areas of work which both serve to align services into an integrated model of care; These are Adult Community Mental Health Services and the Ageing Well Programme which are described in more detail below.

2. DETAILS

2.1 Community Mental Health Programme

The implementation of the Community Mental Health (CMH) framework in North Somerset, is a co-designed Integrated Mental Health Team (IMHT) and model of care involving both the Woodspring and Weston, Worle & Villages Localities. This is to ensure that there is consistency across the population of North Somerset, and to make it easier for partners working at a Local Authority footprint to support and engage with the programme.

Weston, Worle and Villages

The IMHT hub launched in October 2022 and is managing people who do not meet the threshold of care within Secondary Mental Health Services. Early feedback from service users has shown good positive results. A phased approach is being taken with a GP pathway approach launching on 16th February which will align with NHS 111 developments in a later phase. Funding and resources have been agreed for 2023/24.

Work is ongoing with CANS around the launch of the virtual hub which will link with the IMHT hub

Woodspring

In December 2022, the Woodspring CMH Sub-Group secured an increase in recurrent budget for Woodspring IMHT from £40k per annum to circa £250k p.a. enabling funding for a core team in line with that of WWV.

Due to the mobilisation resource required, implementation of the IMHT for each Locality is phased. The launch of the Woodspring IMHT is scheduled to take place in May 2023 although final confirmation of enabling resources is awaited to support this date from the BNSSG CMH Programme Delivery Board.

In terms of additional support for professionals and the local population, February 2023 marks the 12 month anniversary of the weekly, multi-agency Woodspring Shared Caseload Meeting which has supported 45 cases to date.

The Woodspring Recovery Navigator Service was launched in September 2022, bringing 3 Recovery Navigators into the Locality. The service is funded by the three Primary Care Networks (PCN's) and managed by third sector provider Second Step. 2 Mental Health Practitioners have also been appointed to support GP colleagues and their patients, along with a Clinical Associate Psychologist who started their training in January 2023.

The Woodspring CMH Sub-Group is currently working with Organisational Design consultancy Oliver & Co to ensure the principles and required culture change set out in the target operating model is practically applied to all new pathways and provides a simple assurance tool to monitor progress.

2.2 Ageing Well

Ageing well is a System level (BNSSG) Programme which will be taking an 'anticipatory' approach to the holistic needs of older people with multiple long- term conditions in their own home and those living in Care homes.

These are likely to be the most vulnerable people in our area and by proactively providing personalised care within the community the aim is to avoid admission to hospital or attendance at Emergency Departments.

Both Programmes of work have required the active contribution of all locality partners including lived experience representatives. The overall aim being to fundamentally shift the balance of care to an integrated health and care system where the community becomes the default setting of care, 24/7, where high quality hospital services are used only when needed, and where people can maximise their health, independence and be active in their own wellbeing.

Ageing Well proposals from both localities are currently being reviewed within the ICB in conjunction with the financial allocations for 2023/24 announced by NHSE. We await confirmation of System and Locality funding to enable a phased implementation of the locality models.

3. EQUALITY IMPLICATIONS

The ICB collaborating with its partners will ensure that all approaches are fair and equitable to the population of North Somerset. Equalities Impact Assessment and Quality Impact assessments underpin our strategic direction.

An Outcomes framework for Community Mental Health and Ageing Well Programmes have been produced to ensure we can evaluate both our successes and cross- programme learning we can derive from service developments which are being implemented locally.

AUTHOR

Andrea Robertson – Transformation Programme lead, Woodspring
On behalf of;
David Moss – Woodspring Delivery Director
Ros Cox – Weston, Worle and Villages Delivery Director

BACKGROUND READING

www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/

www.longtermplan.nhs.uk/areas-of-work/ageing-well/

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North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 01 March 2023

SUBJECT OF REPORT: Joint Health and Wellbeing Strategy – Phase 2

TOWN OR PARISH: All

OFFICER PRESENTING: Dr Georgie MacArthur, Consultant in Public Health

KEY DECISION: No

REASON: Financial implications not exceeding £500K; recommendations do not have a significant impact on two or more wards.

RECOMMENDATIONS:

- TO NOTE the progress on implementing the **original**, and '**Phase 1**' refresh, actions within the North Somerset Health and Wellbeing (HWB) Strategy.
- TO NOTE the progress on delivering the '**Phase 2**' refresh of the North Somerset Health and Wellbeing Strategy.
- TO AGREE the proposals being developed within the '*Adult mental health*', '*CYP mental health*', '*CYP risk behaviour*', '*Physical activity*', and '*Green infrastructure*' Phase 2 priority workstreams, including agreeing awarding of funding as per the options outlined in section 2.

1. SUMMARY OF REPORT

The delivery of North Somerset's Health and Wellbeing Strategy has so far proceeded in three stages:

1. Implementation of the **original** strategy's published actions (since Autumn 2021).
2. Identification of new priority workstreams and interventions, as facilitated by funding from the BNSSG ICB alongside funding from the public health ringfenced grant, and agreed by the Health and Wellbeing Board in June 2022; the **Phase 1 action plan refresh** (implemented since Autumn 2022).
3. Further priority workstream identification, using the remaining joint funding; the **Phase 2 refresh** (currently in the planning phase).

This paper provides

- a) a brief update on the delivery of actions agreed within the **original**, and **Phase 1 refresh**, of the strategy
- b) an update on the **Phase 2 refresh** plans. including for the following workstreams:

- For **Adult and CYP mental health** – establishment of a targeted grant programme, and progress on a new NS mental health strategy.
- For **CYP risk behaviour** – collaborative work between NSC Children’s and Public Health teams on evidence-based interventions.
- For **physical activity** – development of a new NS physical activity strategy which will guide spending.
- For **green infrastructure** – identification and funding of projects in collaboration with place-based teams across the Council.
- For **equality, diversity and inclusion** – plans for funding to be developed, linked to actions across the Health and Wellbeing Strategy and to the development of other strategies e.g. the North Somerset Mental Health Strategy.
- For **carers’ health and wellbeing** – a proposal to develop plans for supporting carers’ health and wellbeing following a carers’ needs assessment and refresh of the carers’ strategy.

2. DETAILS

2.1. Background

Delivery of actions within North Somerset’s Health and Wellbeing Strategy commenced in Autumn 2021. As members of the Board will be aware, additional strategy actions and initiatives were funded as ‘Phase 1’ of the strategy refresh. In the October 2022 Health and Wellbeing Board, members agreed that the remaining additional funding would be utilised in a ‘Phase 2’ process across seven priority workstreams of activity, three of which are directly linked to the development of mental health and physical activity strategies. An update on progress is provided in further detail below. It should be noted that limitations on available capacity to design and administrate approaches to allocate funding within a small number of the Phase 2 workstreams have slightly delayed progress.

2.2. Delivery of the original Health and Wellbeing Strategy actions

The latest update of progress in implementing actions outlined in the HWB strategy, as of Q2 2022/23, is below. Further detail can be found in the [data dashboard](#).

Status	Actions	Percentage
Completed	28	33%
In-Progress (Green/Green-Amber)	18	21%
In-progress (Amber)	30	35%
In-progress (Red) or Not Started	6	7%
Update pending	4	5%
	86	

2.3. Delivery of the Phase 1 refresh Health and Wellbeing Strategy actions

An additional 21 actions and programmes were funded through the Phase 1 refresh process completed in June 2022. A proportion of these activities commenced in Autumn 2022, and this update represents the first 'Phase 1 refresh' progress report shared with the Board.

Status	Number of actions	Percentage
In-Progress (Green-Amber)	6	29%
In-progress (Amber)	5	24%
In-progress (Red) or Not Started	5	24%
Update pending	5	24%

2.4. Indicative Phase 2 priority workstreams and allocations

At the October 2022 Health and Wellbeing Board, seven themes were deemed to be priority areas for allocation of remaining funding, given their importance to population health and/or the need to strengthen activity within the existing Health and Wellbeing Strategy action plan. These were (with their indicative financial allocations):

- Adult mental health (£100,000)
- Children and young people mental health (£100,000)
- Children and young people risk behaviours (£50,000)
- Physical activity (£80,000)
- Green infrastructure (£65,000)
- Equality, diversity, and inclusion (£50,000)
- Carers' health and wellbeing (£40,000)

2.5. Updates on priority workstreams

2.5.1. Adult mental health and CYP mental health

An all-age North Somerset Mental Health Strategy is in development, overseen by a multi-agency stakeholder group. This is planned for publication in Spring 2023.

The majority (£120,000) of the Phase 2 funding allocation for adult and CYP mental health will fund interventions and activities devised through this Strategy's action plan. The remaining £80,000 has been made available for applications through a mental health grant scheme, targeting interventions that focus on:

- Addressing and/or responding to experiences of trauma;
- Enabling implementation of trauma-informed practice and trauma-responsive services; or
- Addressing and/or responding to trauma and adversity in childhood by improving resilience and wellbeing and preventing or responding to self-harm among CYP.

This grant programme was rapidly established and prioritised action on trauma and resilience in adults and CYP as a reflection of the urgent need in this area, and as advocated for by stakeholders and agreed by the North Somerset Mental Health Strategy Group. The programme opened on 4 January and closed on 6 February. Proposals have been reviewed and scored by an evaluation panel including colleagues from NSC, BNSSG ICB and the

VCFSE sector and have also been considered by members of the Mental Health Strategy Group (although it is noted that attendance among the group was limited owing to timing).

Five bids were received (please see Appendix for details). On the basis of urgency of need being identified among young people, the evidence base regarding the impact of whole-school and inclusive approaches to mental health, and higher risk and need among specific CYP populations in schools who may benefit from a trauma-informed approach (LGBTQ+ young people, CYP with SEND, care experienced YP), it is proposed that funding be awarded to the following proposals which focus on CYP, together totalling £80K:

1. Interventions to prevent and address self-harm among young people: a Wellbeing Practitioner with Off The Record to deliver group workshops, based on CBT principles, with young people in secondary schools who may be self-harming and for those impacted by low self-esteem and poor body image.
2. Embedding a trauma-informed approach in primary and secondary schools via training; topic-specific seminars; peer supervision; a pilot programme in two schools and a co-ordinator post. Led by North Somerset Council Children's Directorate.

A strategically-focused bid for a trauma-informed practice operational lead for North Somerset was also a high-scoring bid and was considered a priority in both parts of the evaluation process, thus it is proposed that this be considered in relation to the remaining Mental Health Strategy action plan budget, and that other sources of funding be explored that might be able to contribute to this. This is also the case for a proposal for an expanded offer of 1:1 trauma counselling and education and support workshops for parents of CYP who are self-harming, which meets a known need (the total cost of this bid was low at £6K).

The Health and Wellbeing Board are asked to indicate whether they give approval for the above approach.

2.5.2. CYP and Risk

Colleagues in North Somerset Council's Children's Directorate and Public Health team have collaborated to propose an intervention to reduce the risk of engagement in harmful behaviours, building on findings in the recent Exploitation Needs Assessment and Children and Young People's Mental Health Needs Assessment. It is proposed to the Health and Wellbeing Board that a programme of work be initiated, overseen by the multi-agency North Somerset Exploitation Partnership, that focuses on addressing exploitation, a major determinant of multiple harms and risk behaviours among CYP and through the life course. The proposed work would involve:

1. Training of school staff (and other linked professionals such as school nurses) to improve knowledge, skills and confidence in identifying CYP that may be at risk of exploitation; and identifying and responding to signs that CYP are being subjected to criminal and/or sexual exploitation, enabling referral to sources of intervention and support.
2. Strengthening pathways of preventive interventions for those at risk, as well as strengthening interventions for CYP that have been subject to exploitation to strengthen the support available.

The above actions are intended to reduce exploitation through a preventive approach involving early identification of risk, as well as reducing the significant and long-term impacts on mental health, sexual health, drug and alcohol use, education, criminal activity and others.

An evidence-based programme of work would be developed and overseen by the North Somerset Exploitation Partnership, with a dedicated Task-and-Finish Group focused on review of evidence, engagement with relevant partners and CYP with lived experience, evaluation of the costs and feasibility of different options, and co-production, to develop a new model or set of pathways within the funding allocation of £50K.

An evaluation framework would be developed in tandem, using quantitative data including (but not limited to): the impact of training on professionals' knowledge and skills; referrals to the Substance Advice Service, mental health services and sexual health services; involvement in county lines; and qualitative feedback from CYP and professionals.

The Health and Wellbeing Board are asked to provide any comments and to indicate whether there is approval of plans this proposed workstream.

2.5.3. Physical activity

A draft version of the all-age Joint Physical Activity Strategy has now been developed following extensive consultation with residents, physical activity providers, schools, town and parish councils and key stakeholders. Several barriers, gaps and opportunities were identified following consultation and have been grouped into the following key themes:

- Accessibility
- Built environment
- Natural environment
- Funding and resources
- Behavioural influences
- Target groups
- Activities and promotion
- Connectivity and travel.

A Physical Activity Strategy Steering Group is being formed and will oversee action planning and allocation of the £80K budget afforded by the Health and Wellbeing Board for physical activity interventions that will deliver the objectives and actions related to the themes outlined above.

2.5.4. Green infrastructure

Total funding of £65K was allocated by the Health and Wellbeing Board for Place-based activity that supports delivery of the Health and Wellbeing Strategy concurrently with other North Somerset Strategies such as the Green Infrastructure and Active Travel strategies.

Colleagues in both NSC's Public Health and Place Directorates have worked with relevant strategic leads across the Council to propose that this funding be allocated to the projects below.

The Health and Wellbeing Board are asked to provide any comments and to indicate whether there is approval of plans this proposed workstream.

Name of project	Budget	Description of activity	Anticipated outcomes	Project monitoring and evaluation
Green infrastructure - Ranger	£30k	Employment of a Ranger for a period of 2 years. Existing UK Shared Prosperity Funding for 0.75 FTE of this role, and this additional	Improved health and wellbeing outcomes for participants	-Attendance at events (monitoring new and existing participation)

		<p>investment, will enable appointment of a full time Ranger. This will increase the impact of this new role.</p> <p>The Ranger will lead sessions for volunteers and residents who have been encouraged to take up Green Social Prescribing (GSP) opportunities; targeting areas of deprivation as well as our disabled community and older people.</p>	<p>(through exercise, mindfulness, reduced social isolation and community cohesion) and direct action to improve biodiversity and address the climate emergency.</p>	<p>-Participant feedback and self-assessed wellbeing before and after sessions</p> <p>-Natural environment perception scores</p> <p>-Feedback sessions with existing volunteer groups and GSP providers</p>
Pier to Pier cycle route opening event	£5k	<p>Promotion of the Pier-to-Pier active route is planned to start from May 2023. This will realise a 40-year aspiration to link Clevedon and Weston via a cycle route and enable physical activity through regular leisure and commuter use.</p> <p>A launch event will promote the new route and encourage use. Weston Hospice-care volunteers will promote a family cycle ride along the route. Associated activity on the day could include:</p> <ul style="list-style-type: none"> • Bicycle demonstrations • Bikes for hire schemes supported by NSC • Bike maintenance activities • The Council's 'smoothie bike' • Avon & Somerset bike branding team • Promotion of local cycling groups and other charities and organisations that support cycling accessibility for all <p>The funding would support activities, as well as barriers and other event safety measures. Match funding would be in-kind from the Placemaking team, eBikes UFO and other cycling charities and organisations.</p>	<p>Promotion of cycling to North Somerset residents by demonstrating accessibility and fun of cycling, including promotion of the new Pier to Pier cycle route.</p> <p>A successful event could demonstrate the value of further cycling promotion events in North Somerset.</p>	<p>-Estimation of attendee numbers (it is hoped the event will attract at least 250 attendees)</p> <p>-Monitoring of social media engagement with the event (aim for promotion of the event, cycling routes and local businesses and organisations to reach at least 1,000 views)</p>
Weston Central Liveable Neighbourhood	£20k	<p>Contribution towards an overall project budget of £270k (other source of funding is the Department for Transport's Active Travel Fund).</p> <p>Central Weston is one of the most deprived areas in the region. This funding will enable the expansion of a scheme to make residential streets of Weston Central (BS23 3AF) a Liveable Neighbourhood.</p> <p>The additional funding will allow NSC to add further active travel elements such as pedestrian priority at side roads, build-outs to aid safe crossing, parklets (mini on-street parks & seating) and/or bicycle hangars for secure cycle parking.</p>	<p>Removal of through traffic and reduction in vehicle speeds resulting in safer streets. Walking, wheeling and cycling therefore become more attractive options for short journeys.</p> <p>Reduced health inequalities by addressing some of the leading causes of ill-health.</p>	<p>Monitoring and evaluation plan for the broader scheme being finalised.</p> <p>Likely to include:</p> <ul style="list-style-type: none"> - Before and after surveys on activity levels with local residents (qualitative and quantitative questions) - Before and after video surveys of numbers walking/ wheeling and cycling - Before and after surveys of through traffic and parking

		Liveable Neighbourhoods (also known as Low Traffic Neighbourhoods) have been shown to increase physical activity, improve air quality and boost mental wellbeing		-Longer term health outcomes monitoring
Improving Pedestrian Wait Times at Signalised Crossings	£10K	<p>Contribution towards an overall project budget of £75k (other sources of funding are 2 separate pots from Active Travel England)</p> <p>All signalised pedestrian crossings in the district are being considered under this scheme to reconfigure them and elevate the priority / hierarchy of active travel users through reductions in wait times.</p> <p>Crossings in areas of deprivation and near schools and/or health services will be prioritised and up to a third of all local crossings could be reconfigured if funding bids are successful.</p> <p>The project is scalable so this funding will expand the number of crossings being reconfigured.</p>	<p>This project is part of a wider effort to improve our active travel network.</p> <p>Individual impacts of reconfiguring one crossing likely to be small but will add up over time and across the whole population to increase the number of active travel users. This is an important step as we look to decarbonise our transport network and promote the many health and wellbeing and economic benefits of active travel.</p>	<p>Initial feasibility trial (conducted at two sites in Nailsea) has identified reductions in average pedestrian wait times of more than 30%.</p> <p>Evaluation plan will allow us to clearly identify the impacts from the funding and report/publicise accordingly. Could include:</p> <ul style="list-style-type: none"> -The locations and number of crossings optimised -Reductions in pedestrian wait times -The number of pedestrian trips impacted

2.5.5. Equality, diversity, and inclusion

NSC Officers have engaged with the Equality Scheme Implementation Group and have consider ways in which dedicated funding specifically for equality, diversity and inclusion (EDI) could enhance the impact of the HWB Strategy. It was proposed that funding should ensure that planned activities across all HWB strategy workstreams address EDI e.g. through top-up funding where required to strengthen EDI. However, it is also likely that investment will be needed for actions in the Mental Health Strategy and Physical Activity Strategy (and other strategic plans) that aim to increase inclusivity and address needs in specific groups e.g. Black, Asian and minority ethnic groups, LGBTQ+ people, refugees and asylum seekers, and other groups. As such, it is proposed that investment be held temporarily, and more specific plans be developed and returned to the Health and Wellbeing Board for approval at a later date.

2.5.6. Carers' health and wellbeing

A refresh of the Carers Strategy is planned and further work is required to develop a carers health and wellbeing needs assessment. Plans for funding to support carers' health will be developed in line with those activities and returned to the Health and Wellbeing Board later in the year for approval.

3. FINANCIAL IMPLICATIONS

Funding for the Phase 1 and Phase 2 refresh of HWB Strategy action plan has been facilitated by joint funding from the public health ringfenced grant and BNSSG ICB. Governance for funding proposals is provided by the Health and Wellbeing Board.

4. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The Health and Wellbeing Strategy incorporates a range of plans which support action in addressing climate change, such as a focus on community-based initiatives that aim to provide local activities and services closer to people's homes, reducing the need for travel.

In addition, the Phase 2 refresh includes a number of proposals under the 'green infrastructure' workstream that will directly support climate action.

5. RISK MANAGEMENT

Delivery and implementation of the strategy and action plan is overseen by the Health and Wellbeing Board, and risks to delivery of this work will be identified to the Board for discussion and resolution.

6. EQUALITY IMPLICATIONS

The Health and Wellbeing Strategy includes actions which are targeted to areas of greatest deprivation or health need, or which prioritise activities that address needs in particular population groups.

Proposals outlined in the Phase 2 refresh have, or will, similarly include consideration of how interventions may best be targeted to underserved populations.

7. CORPORATE IMPLICATIONS

As outlined in previous updates, the Health and Wellbeing Strategy reflects NSC's vision of being open, fair, and green via the focus on consultation, engagement and inclusion of community-focused action and targeted action to address health inequalities.

This strategy, including activities within the Phase 2 refresh, directly support a range of strategies and programmes already in place, such as the Economic Plan, Green Infrastructure Strategy, and Active Travel Strategy among others, as well as being linked to strategic developments across the ICB.

AUTHOR

Dr Lewis Peake, Specialty Registrar in Public Health
Dr Georgie MacArthur, Consultant in Public Health

APPENDICES

Appendix 1.

Mental health strategy bids received:

1. Embedding a trauma-informed approach in primary and secondary schools via training; topic-specific seminars; peer supervision; a pilot programme in two schools and a co-ordinator post.
2. Co-training workshops with professionals across North Somerset for 3-days over a 9-month period to enable shared learning and to increase understanding of trauma and the impact of trauma, building of relationships and development of a consistent approach to trauma-informed practice.

3. Interventions to prevent and address self-harm among young people: a Wellbeing Practitioner to deliver group workshops, based on CBT principles, with young people in secondary schools who may be self-harming and for those impacted by low self-esteem and poor body image.
4. Training in trauma-informed practice and enhanced delivery of 1:1 trauma counselling for people who have experienced trauma, including refugees. Parent education and support workshops to be delivered in one school as a pilot scheme and then two additional schools.
5. Training in trauma-informed practice and operational capacity to co-ordinate and join-up existing trauma-informed practice, and implement a North Somerset action plan, including a steering group, development of a trauma-informed Ambassador network, embedding shared values into strategy, policy and practice, involvement and co-production, and operational support for delivery of the BNSSG TI workplan.

REFERENCES

N/A

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Joint Health & Wellbeing Strategy 2021-2024



Background

Original HWB Strategy

- Over 60 actions with more than 140 outcome measures
- Being delivered by NSC and partners since Autumn 2021

Phase 1 refresh

- Funded by additional resource from BNSSG ICB and PH grant
- 21 additional activities
- Some delivery by NSC and partners as of Autumn 2022

Phase 2 refresh

- Funded by remaining additional resource from BNSSG ICB and PH grant
- 7 indicative workstreams agreed by HWB Board in October 2022
- Update on planning, and proposal for some reallocation

Recommendations to HWB Board (01/03/23)

1. TO NOTE the progress on implementing the **original**, and '**Phase 1**' refresh, actions of the North Somerset Health and Wellbeing Strategy.
2. TO NOTE the progress on delivering '**Phase 2**' of the North Somerset Health and Wellbeing Strategy refresh.
3. TO AGREE the proposals developed within the 'Adult mental health', 'CYP mental health', 'CYP risk behaviour', 'Physical activity', and 'Green infrastructure' Phase 2 priority workstreams, including agreeing awarding of funding as per the options outlined.

Progress update: **Original** H+WB Strategy actions

Status as per end of Q2 2022/23

Status	Number	Percentage
Completed	28	33%
In-Progress (Green/Green-Amber)	18	21%
In-progress (Amber)	30	35%
In-progress (Red) or Not Started	6	7%
Update pending	4	5%

Progress update: Phase 1 H+WB Strategy actions

Status as per end of Q3 2022/23

Status	Number	Percentage
In-Progress (Green/Green-Amber)	6	29%
In-progress (Amber)	5	24%
In-progress (Red) or Not Started	5	24%
Update pending	5	24%

Phase 2 development

At the October 2022 HWB Board, the Board agreed the remaining HWB strategy funding would be used to deliver actions and initiatives under these theme areas:

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HWB of carers	£40K
Equality, Diversity, Inclusion	£50K
Green infrastructure & sustainability	£65K

Mental health - adults	£100K
Mental health - CYP	£100K
Risk behaviour – YP	£50K
Physical activity	£80K

Phase 2 development: Adult and CYP mental health

Budget allocated: £200k

Forum/format for oversight: NS Mental Health Strategy Group

Progress:

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- All-age MH strategy in development; £120k reserved
- £80k available through focused grant scheme for projects that:
 - Address and/or respond to experience of trauma
 - Enable implementation of trauma-informed practice
 - Prevent or respond to self-harm among CYP

Phase 2 development: Adult and CYP mental health

- Proposed bids for approval by the Health and Wellbeing Board (total £80K):
 - Wellbeing Practitioner with OTR to provide group support for young people who may be self-harming and for those impacted by low self-esteem and poor body image. (Off the Record)
 - Embedding a trauma-informed approach in primary and secondary schools via training, topic-specific seminars, peer supervision groups, pilot programme (2 schools), co-ordinator role. (NSC Children's)
 - Other sources of funding (including consideration alongside remaining MH budget) to be sought for training and trauma-informed practice operational post for North Somerset
 - 1:1 counselling and parent support.

Phase 2 development: CYP risk behaviours

Budget allocated: £50k

Forum/format for oversight: NS Exploitation Partnership

Progress:

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- Actions to be informed by Exploitation Needs Assessment and CYP Mental Health Needs Assessment
- Focus proposed: training of school staff re identifying risk of exploitation & signs that CYP have been subjected to CCE/ CSE; strengthening pathways of preventative interventions and responsive interventions.
- Evaluation framework to be developed in tandem.

Phase 2 development: Physical activity

Budget allocated: £80k

Forum/format for oversight: NS Physical Activity Steering Group

Progress:

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- Draft strategy now developed
- Key themes include: Accessibility, Built environment, Natural environment, Funding and Resource, Target groups, Activities and promotion, Connectivity and Travel.
- Funding proposals to be produced in line with development of action plan and prioritisation process

Phase 2 development: Green infrastructure

Budget allocated: £65k

Forum/format for oversight: Collaboration between NSC PHRS and Place Directorate

Progress:

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- Proposed direct award of funding to projects as informed by NS Strategies such as the North Somerset Green Infrastructure and Active Travel strategies.

Phase 2 development: Green infrastructure

Project	Budget	Activity	Anticipated outcomes
Green infrastructure ranger	£30k	To part-fund a 2-year Ranger post. The role will include: <ul style="list-style-type: none"> • Leading sessions relating to green social prescribing • Proactive targeting of activity in areas of deprivation, as well as for older people and people with disabilities. 	Improved health and wellbeing for participants (through exercise, mindfulness, reduced social isolation, etc), and direct action to improve biodiversity.
Pier to Pier cycle route	£5k	To fund a launch event of the Pier-to-Pier cycle route (expected May 23), including: bicycle demonstrations, bike hire schemes, maintenance activities, promotion of local cycling groups.	Promotion of cycling to NS residents by demonstrating accessibility, and fun, of cycling.
Weston Central liveable neighbourhood	£20k	Part funding of this project (total budget £270k), which will enable further active travel elements within the project plan, such as: pedestrian priority at side roads, 'parklets', and bicycle hangars for secure parking.	Removal of through traffic, and other activity that results in safer streets, and thereby increased walking and cycling.
Improved pedestrian signal crossings	£10k	Part funding of this project (total budget £75k), to increase the number of crossing reconfigured to elevate the priority given to pedestrians and active travel users. Crossings in areas of deprivation to be prioritised.	At the individual level, the impact of changing one crossing is likely to be small, however across the LA area and population, this is an important step in promoting active travel.

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Phase 2 development: ED+I and Carers' health

Budget allocated: £90k originally combined

Progress:

- ED+I: Completed engagement with Equality Scheme Implementation Group
 - Recommendation that EDI action across all 7 workstreams
 - Specific actions may be linked to mental health strategy
- Carers' Health: to build on Carers' Needs Assessment & strategy refresh (2023-24) – progress delayed to date owing to limited capacity.

The Health and Wellbeing Board are asked to:

- Note and comment on progress with implementation of the HWB strategy
- Comment on proposed actions developed as part of Phase 2 of the action plan refresh

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Approve recommendations for funding in specific workstreams:

- Mental health
- CYP and risk behaviour
- Green infrastructure

Thank you

Health.wellbeing@n-somerset.gov.uk

With thanks to:

Lewis Peake, StR Public Health

Colleagues across NSC Public Health, Adults, Children's and Place Directorates

Mental Health Strategy Board

Equality Scheme Implementation Group

Health and Wellbeing Strategy Oversight Board

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Agenda Item 8



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Report to the North Somerset Health and Well Being Board

Date of Meeting: 1 March 2023

**Subject of Report: Developing an Integrated Care Strategy for Bristol,
North Somerset and South Gloucestershire**

Officer Presenting: Sebastian Habibi, Programme Director, BNSSG ICB

Recommendations

Members are asked to:

- Note the cross-system efforts and progress to date in developing a system-wide Integrated Care Strategy.
- Note plans for developing a 5-Year Joint Forward Plan and the timeline for sharing a draft with the Board for consultation during April/May
- **Agree to hold a development session in April/May to facilitate engagement on the draft Joint Forward Plan**

Summary of Report

Please see the supporting slide deck which will be presented at the meeting and provide an overview as follows:

- Strategic Framework
- Strategy development work in progress and next steps
- Joint Forward Plan

Author:

Sebastian Habibi, Programme Director, BNSSG ICB

Appendices:

- Strategic Framework supporting evidence – key findings from Discovery Phase (Appendix 1)
- 1st draft examples of Priority Outcome Proposals for strategic change (Appendix 2)

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Healthier Together



Improving health and care in Bristol,
North Somerset and South Gloucestershire

Developing an Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire (BNSSG)

North Somerset Health and Wellbeing Board

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March 2023

Sebastian Habibi: Healthier Together Programme Director



Introduction

Purpose

1. Integrated Care System strategy development

- a. To brief the Board on the BNSSG Strategic Framework and supporting evidence, published in December 2022
- b. To update the Board on the current work in progress to further develop the ICS strategy

2. Joint Forward Plan

- a. To brief the Board on the purpose of the Joint Forward Plan, highlight key requirements from legislation and guidance; and, to set out the process and timeline
- b. To signpost plans to publish the draft Joint Forward Plan by 31 March and to consult with the Board during in April-May
- c. **Recommendation – That the Board agrees to hold a development session in April/May to facilitate engagement on the draft Joint Forward Plan**

Contents

- **Strategic Framework:** Slides 3-6
 - Supporting evidence: Appendix 1 (Slides 21-31)
- **Strategy development current work in progress**
 - Developing our approach to strategy: Slides 8-10
 - Prioritisation: Slides 11-13
 - Strategy Development next steps and timeline: Slide 14
 - Example Priority Outcome Proposals: Appendix 2 (Slides 32-25)
- **Joint Forward Plan:** Slides 16-20

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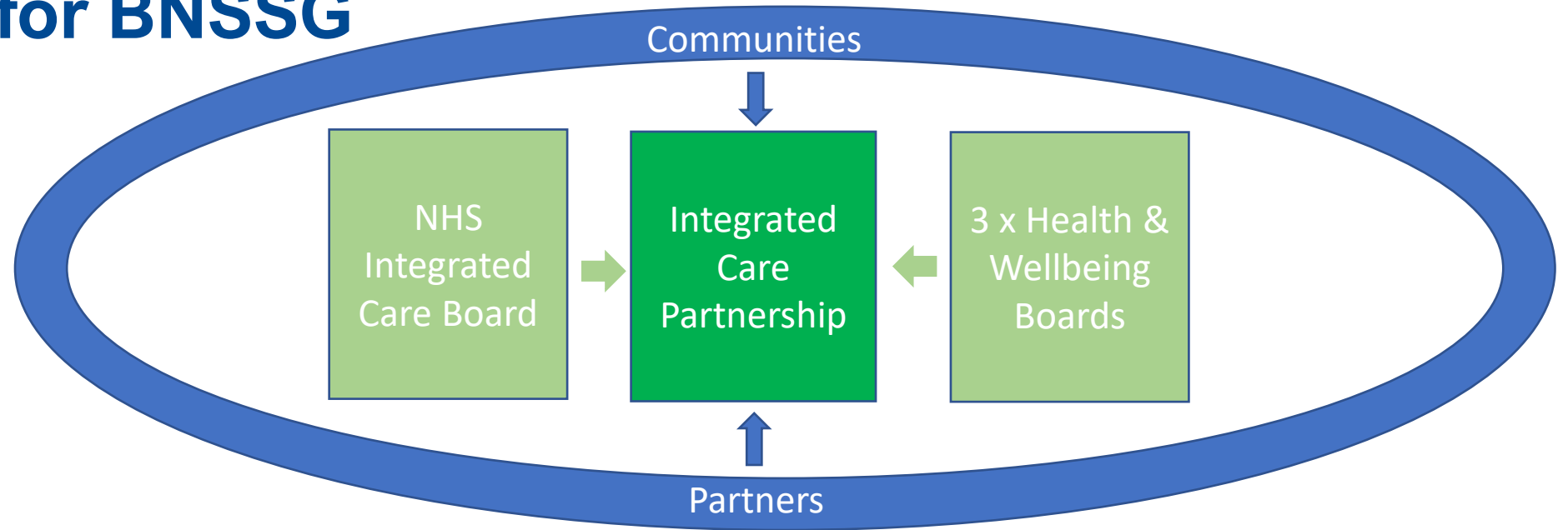
Strategic Framework

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An Integrated Care Partnership is developing an integrated care strategy for BNSSG

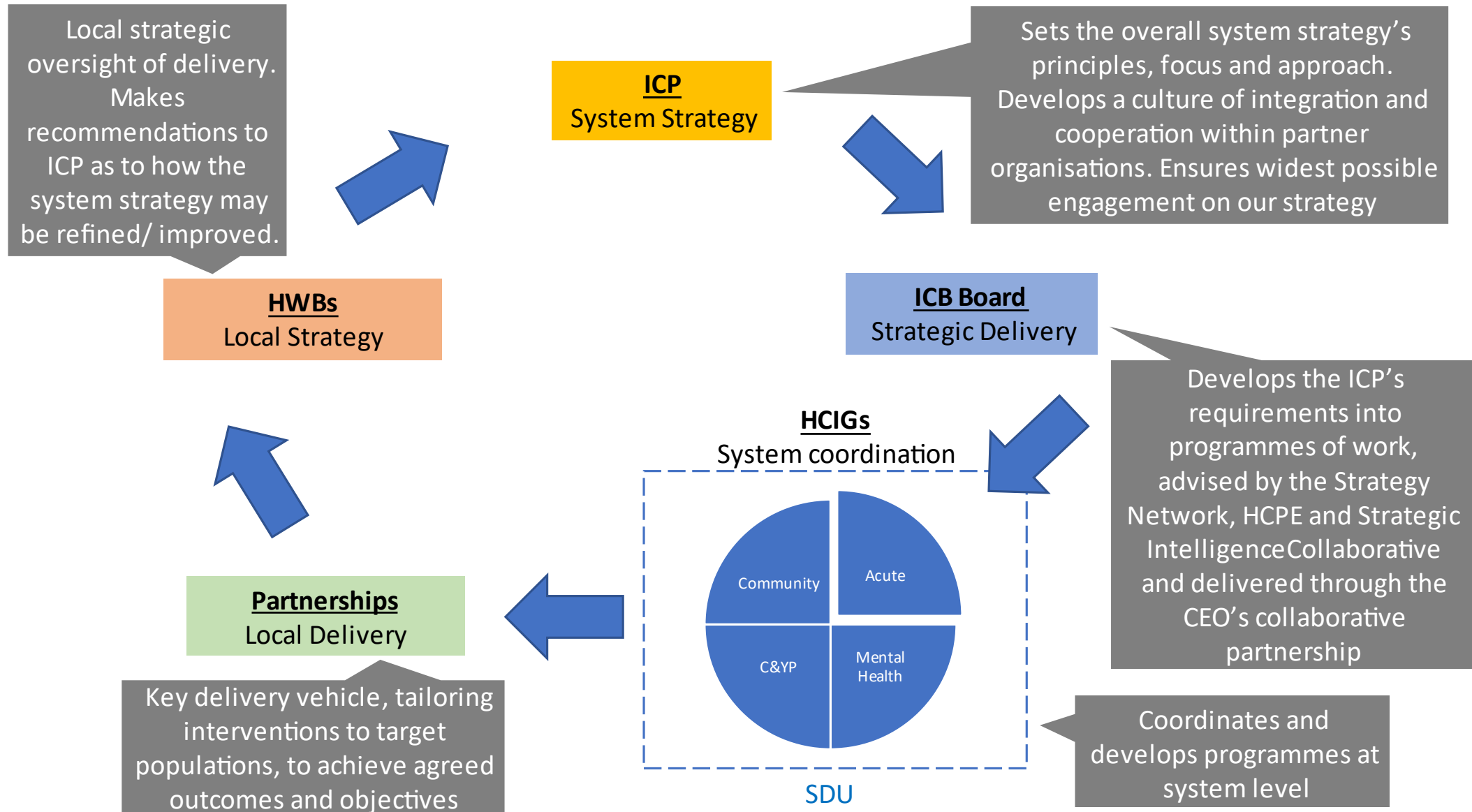
The Integrated Care Partnership is a committee of the 3 Local Authorities and the NHS Integrated Care Board within BNSSG



The purpose of the strategy is to guide decisions and action on:

1. **Improving outcomes** in population health and healthcare
2. **Tackling inequalities** in outcomes, experience and access
3. Enhancing **productivity and value for money**
4. Contributing to broader **social and economic development**

The Integrated Care Partnership operates within a system of governance



Strategy development progress to date

- Integrated Care Partnership agreed a Strategic Framework in December 22
 - Underpinned by supporting documents:
 - Our Future Health: strategic needs assessment (Annex 1)
 - Have Your Say: public engagement thematic analysis (Annex 2)
 - Summary of Locality Partnership Priorities (Annex 3)
 - ICS Green Plan (Annex 4)
 - Strategy alignment analysis (Annex 5)
- Built around the 4 aims of the ICS, within a life-course approach
- Next step is to prioritise a small number of strategic objectives

BNSSG Strategic framework on a page

MISSION

HEALTHIER TOGETHER BY WORKING TOGETHER

VISION

People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it.

OUR 4 AIMS

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Improve outcomes in population health and healthcare

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

Help the NHS support broader social and economic development.

OUR APPROACH TO THOSE AIMS


Build on the work of the HWBs and Localities


Building community led partnerships


Seeing 'risk' from the view of the person not the organisation


A new relationship with the VCSE


Being brave and innovative


Design led by the Clinician/practitioner, user or carer together


Seeing the whole person/issue


An asset-based approach to community development

OUTCOMES

Everything we do as a system will have measurable outcomes

PRIORITISATION

Focus on areas where we can have the biggest impact

BALANCE

We will balance multiple needs and expectations in our system.

REALISM

This will be grounded in what is achievable and deliverable

LIFECOURSE FRAMEWORK



We will make this an 'all-age' strategy with interventions at all stages of the life course

START WELL – LIVE WELL – AGE WELL – DIE WELL

WHAT WE MUST DO



High quality services in all care settings

Financial sustainability and taxpayer value



People empowered to control their own health

Sustainable, motivated, valued workforce



Strategy development

Current work in progress

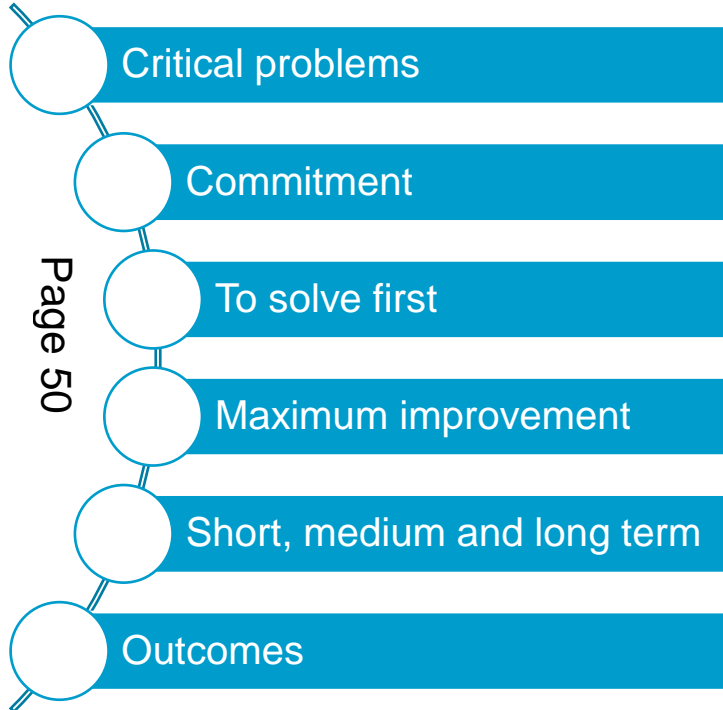
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How might we “do” strategy in BNSSG ICS?*

1. A **diagnosis** that defines or explains the nature of the challenge. A good diagnosis simplifies the often overwhelming complexity of reality by identifying certain aspects of the situation as critical.
2. A **guiding policy** for dealing with the challenge. This is an overall approach chosen to cope with or overcome the obstacles identified in the diagnosis. Channels action in a certain direction, without defining exactly what should be done.
3. A set of **coherent actions** that are designed to carry out the guiding policy. These are steps that are coordinated with one another to work together in accomplishing the guiding policy.

* Three illustrative examples are set out in Appendix 2

Working definition of an ICS strategic objective:



In short:

*The **critical challenges or opportunities** that we commit to addressing collectively, because we believe that this will **achieve the biggest improvements in outcomes or mitigate the biggest risks/issues** that would stop us improving outcomes.*

In more detail:

*The **problems** that we endeavour to **solve first** to deliver **maximum improvement in outcomes**:*

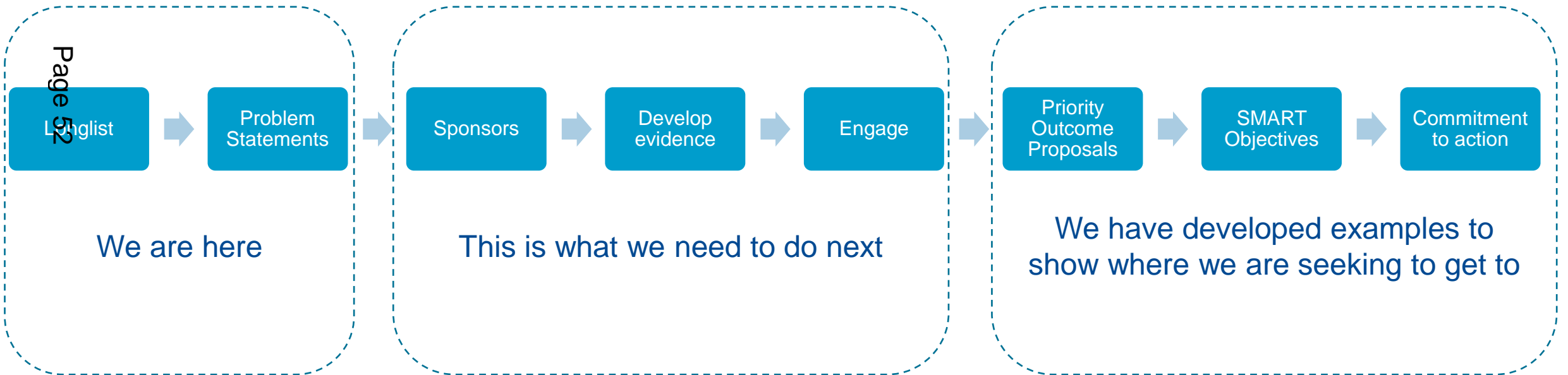
- **Initial diagnosis** has identified these problems as **shared critical challenges** that if addressed through an effective partnership approach, would lead to step-change improvements in outcomes **or mitigate the biggest risks/issues** stopping us improving outcomes
- **Further diagnosis** has determined the **root causes** of these problems
- An initial **feasibility assessment** has demonstrated **credible opportunities for solutions** and the **potential improvements in outcomes**
- **Solutions will depend on strategic change**, rather than operational improvements alone
- **SMART objectives** have been identified and a **guiding policy** is being developed
- The ICS Partners expect to commit to taking **coordinated action** in line with the guiding policy
- **Incremental measures of progress** will be identified and **aligned to the Outcomes Framework**

How we will measure success: BNSSG Outcomes Framework

The health of our population will be improved through a focus on...	Code	Our Outcomes
The health of our RESIDENTS	RES1	We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups
	RES2	We will reduce early deaths from preventable causes - cardiovascular and respiratory conditions, liver disease and cancers - in the communities which currently have the poorest outcomes
	RES3	
	RES4	We will lower the burden of infectious disease in all population groups
	RES5	We will reduce the proportion of people in BNSSG who smoke
	RES6	We will improve self-reported mental wellbeing We will increase the proportion of children who achieve a good level of education attainment
Page 51 The health of our SERVICES	SER7	We will increase the proportion of our residents who report that they are able to find information about health and care services easily
	SER8	We will increase the proportion of our residents who report that they are able to access the services they need, when they need them
	SER9	We will increase the proportion of our residents who report that their health and care is delivered through joined up services
The health of our STAFF	STA10	We will increase the proportion of our health and care staff who report being able to deliver high value care
	STA11	We will reduce sickness absence rates across all our Healthier Together partner organisations
	STA12	We will improve self-reported health and wellbeing amongst our staff
	STA13	We will improve Equality and Diversity workforce measures in all Healthier Together Partner organisations
The health of our COMMUNITIES	COM14	We will reduce the number and proportion of people living in fuel poverty
	COM15	We will reduce the number of people living in poor housing conditions
	COM16	We will reduce levels of domestic violence and abuse
	COM17	We will reduce levels of child poverty
	COM18	We will increase the number of our residents describing their community as a healthy, safe, and positive place to live
The health and wellbeing of our ENVIRONMENT	ENV19	We will increase the proportion of energy used by the estates of our Healthier Together partner organisations from renewable sources
	ENV20	We will reduce the total carbon footprint generated through travel of patients using our services
	ENV21	We will increase use of active travel, public transport and other sustainable transport by our staff, service users and communities

Purpose of the strategy prioritisation process

- To facilitate decisions...
- That move us on from a Longlist of opportunities and challenges...
- By building consensus on why we should focus on a small number of pivotal objectives...
- So that we commit to action to improve outcomes...



Diagnosis

Guiding Policy

Coordinated action

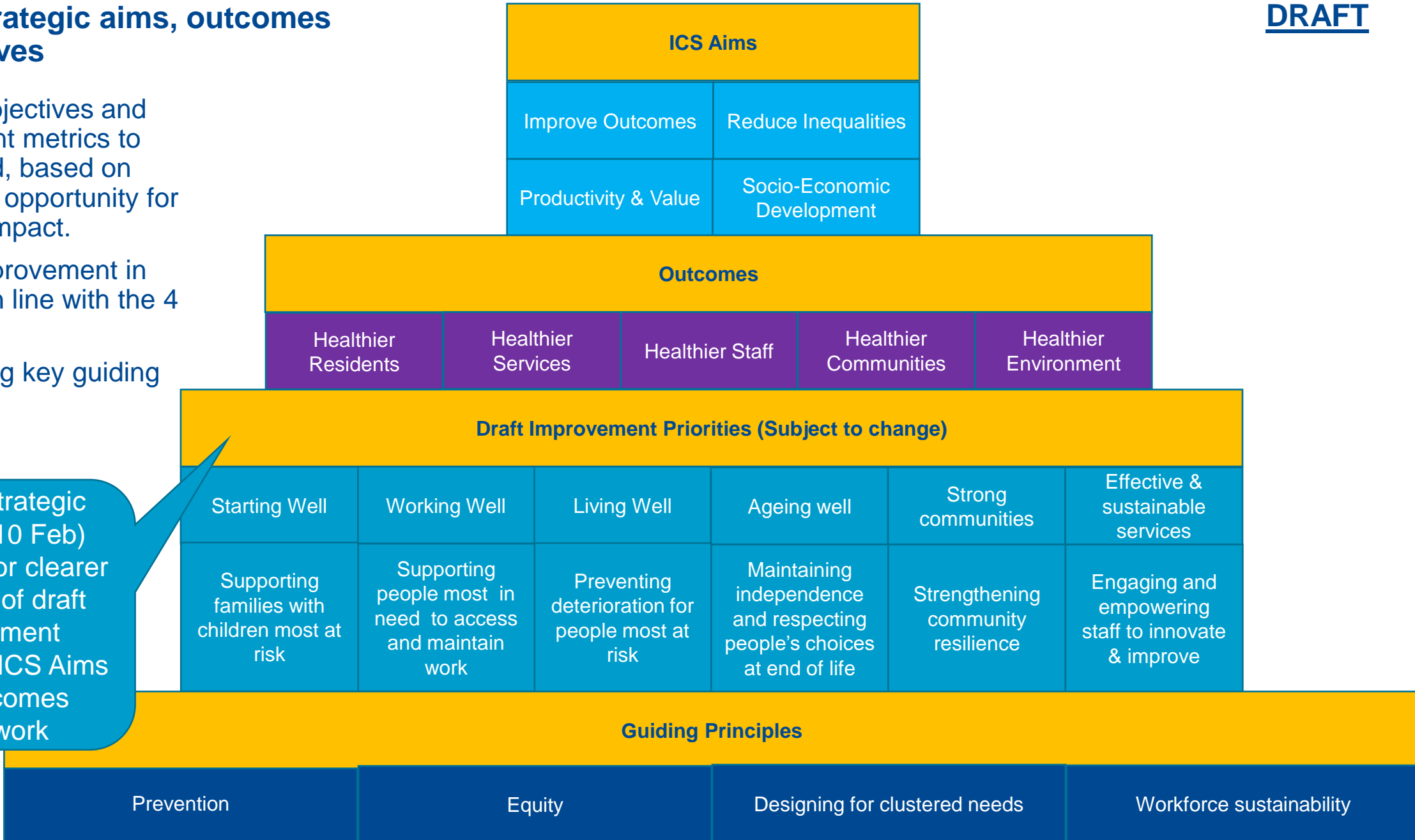
Developing the Longlist: progress to date

- Longlist of >200 issues collated by ICB Strategy team in Autumn 2022
 - Sources: Strategic Needs Assessment; Have Your Say; Locality Priorities; Health & Wellbeing Strategies; NHS Operational Plans; Partnership Day
- Consolidated into a list of c45 opportunities, issues and risks:
- Translated into c41 draft problem statements (ongoing)
- A small number of improvement priorities to be identified for developing strength based solutions

Aligning strategic aims, outcomes and objectives

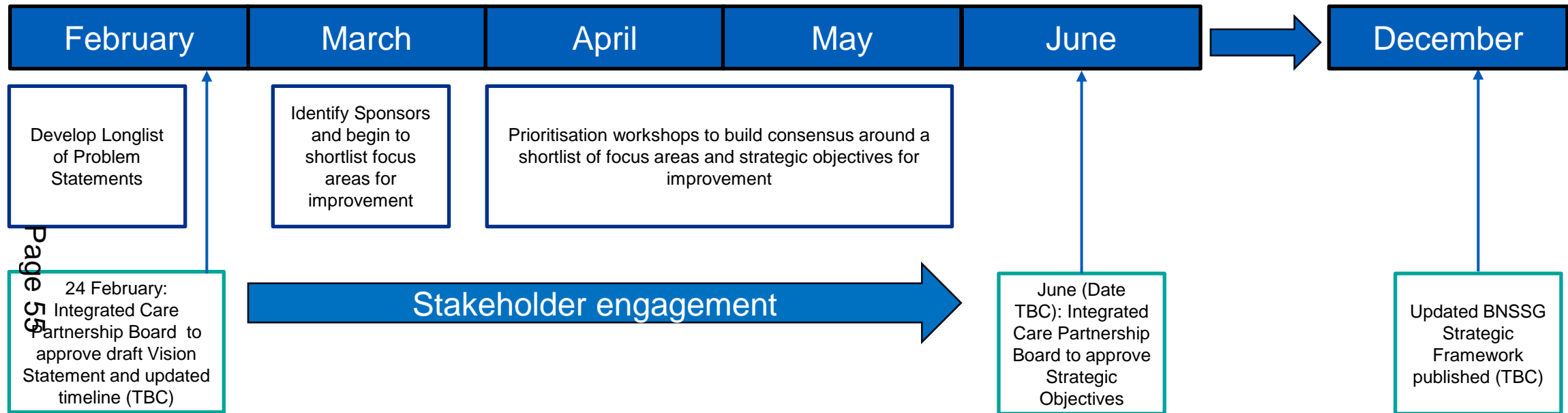
- Strategic objectives and improvement metrics to be identified, based on evidence of opportunity for maximum impact.
- To drive improvement in outcomes in line with the 4 ICS aims
- And applying key guiding principles

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BNSSG Strategic Network (10 Feb) has asked for clearer alignment of draft Improvement Priorities to ICS Aims and Outcomes Framework

Strategy development next steps – draft timeline*



* Timeline subject to approval by Integrated Care Partnership Board

Joint Forward Plan

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Purpose of the Joint Forward Plan (JFP)

To describe how the ICB and provider trusts intend to meet the physical and mental health needs of the **population** through arranging and/or providing NHS services, supported by local authority and VCSE partners

Address the four core purposes of ICS:

1. Improving outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Helping the NHS support broader social and economic development

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Delivery of universal NHS commitments:

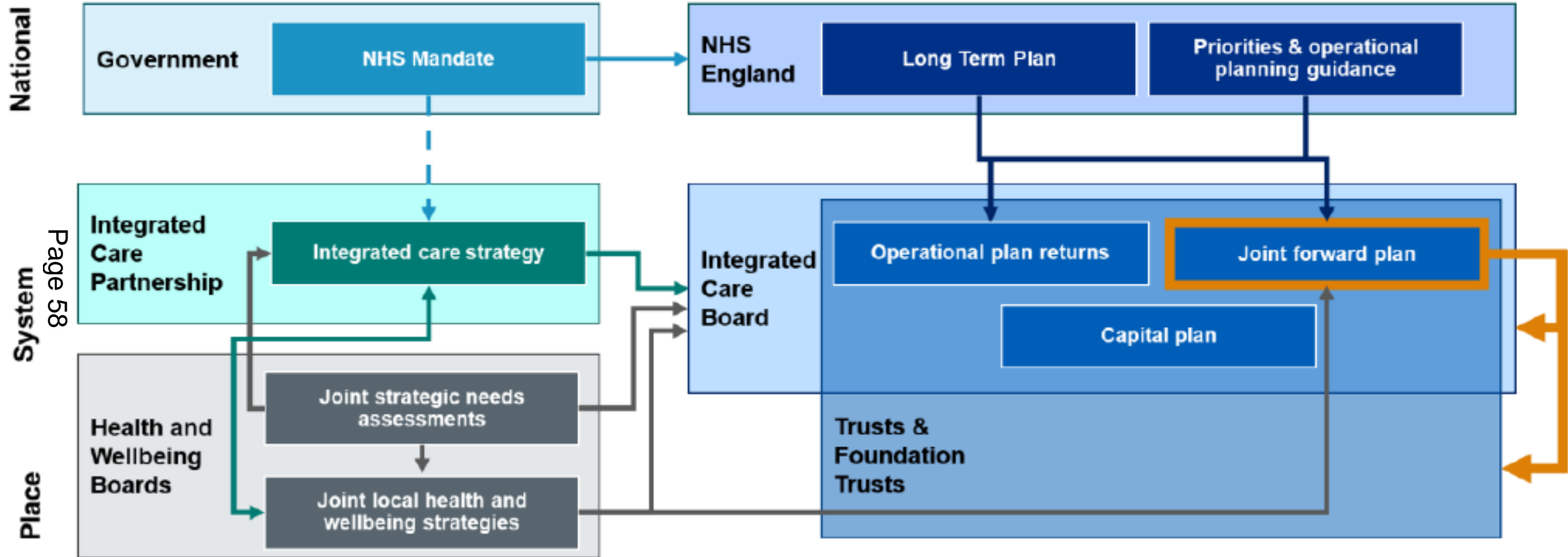
1. Long Term plan
2. Annual NHS Priorities
3. Operational planning guidance

Meet Legal Requirements:

1. Public Sector Equality Duty
2. Section 149 of the Equality Act 2010
3. NHS Act 2006

National guidance encourages systems to use the JFP to develop a shared delivery plan for the ICS Integrated Care strategy (developed by the ICP) and the Joint Local Health & Wellbeing Strategies (developed by HWBs)

Legislative Framework – relationship with other strategies and plans



System Page 58

BNSSG approach to development of the 2023 JFP

1. Draw from the ICS Strategic Framework, NHS Operational Planning, Health and Wellbeing Board Strategies, ICS Decision-Making Framework and other existing plans and strategies
2. 2022/23 is a transitional year. Our operational plans reflect nationally mandated priorities and the continuation of programmes that were initiated prior to establishment of the new ICS in July.

As our Strategy evolves, and our approaches to delivering in partnership become more embedded, then the business cycle will be more synchronised between our Strategy and operational plans.
4. We will develop a standard approach for consultation on the annual review required before the start of each financial year.

Proposed structure for BNSSG JFP

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Background

- Who are we?
- Our purpose and vision
- Our Strategic Framework
- Our Population Needs
- How are we working together
- How are we delivering together

Joint Forward Plan

- What is the JFP?
- How the JFP will be further developed and delivered
- How we will know if we are succeeding (Outcomes framework)

Our Plan

- To improve the lives of our children - Inc Safeguarding
- To improve the lives of people in our communities – inc Personalised Care
- To improve the lives of people with MH, LD & A
- To improve our acute healthcare services – inc Maternity
- To meet net zero target

Our enablers

- Workforce
- Digital
- Estates
- Finance & Procurement
- Population Health Management
- Health and Care Professional Leadership

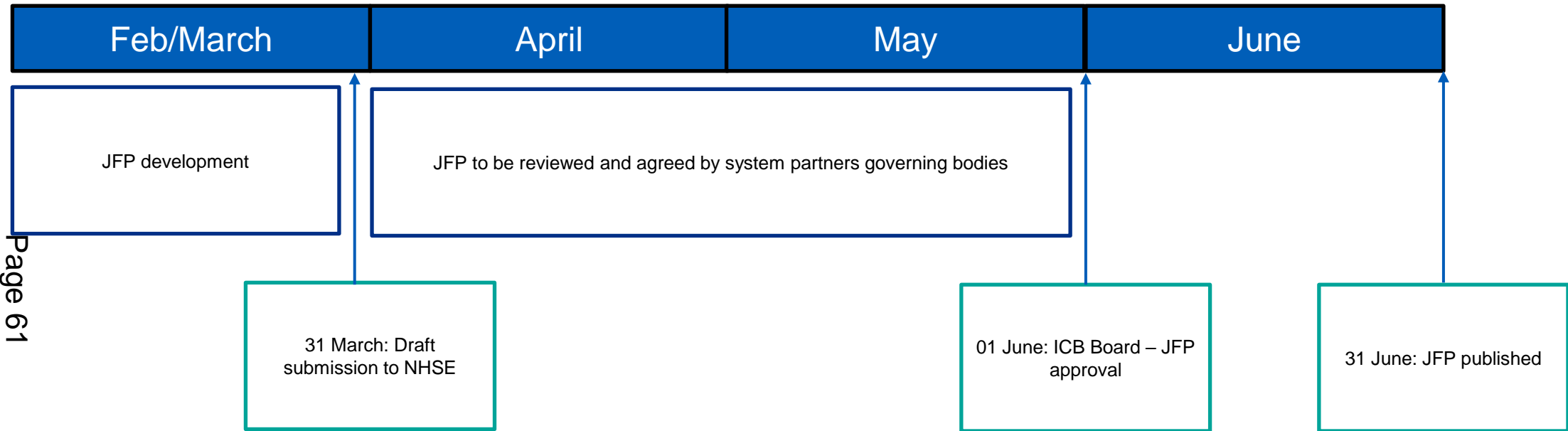
Reflecting the Strategic Framework content

Plain English requirements reflecting mandate

Reflecting existing programmes under each of the Improvement Groups structure

Reflecting other frameworks, strategies and national requirements

2023 Joint Forward Plan Timeline



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The Integrated Care Partnership and three Health and Wellbeing Boards must be consulted on the draft Joint Forward Plan.

Appendix 1:

**Strategic Framework supporting evidence –
key findings from Discovery Phase**

Have Your Say – public engagement thematic
analysis

Our Future Health – strategic needs assessment

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"Have Your Say"

Summary of key findings

What keeps you healthy, happy and well?

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Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

What gets in the way of you staying happy, healthy and well?

Page 65



30%
Work-life balance



26%
**Cost of living and
financial concerns**



19%
**Mental health
concerns**

Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



What do you think you need more of, either now or in the future, to stay happy, healthy and well?

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Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

What would you prioritise to ensure a happy and healthy population in BNSSG?

Page 67

17%

Improved health and care services

11%

Access to outdoors and green spaces

10%

Exercise, keeping fit and being active

Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

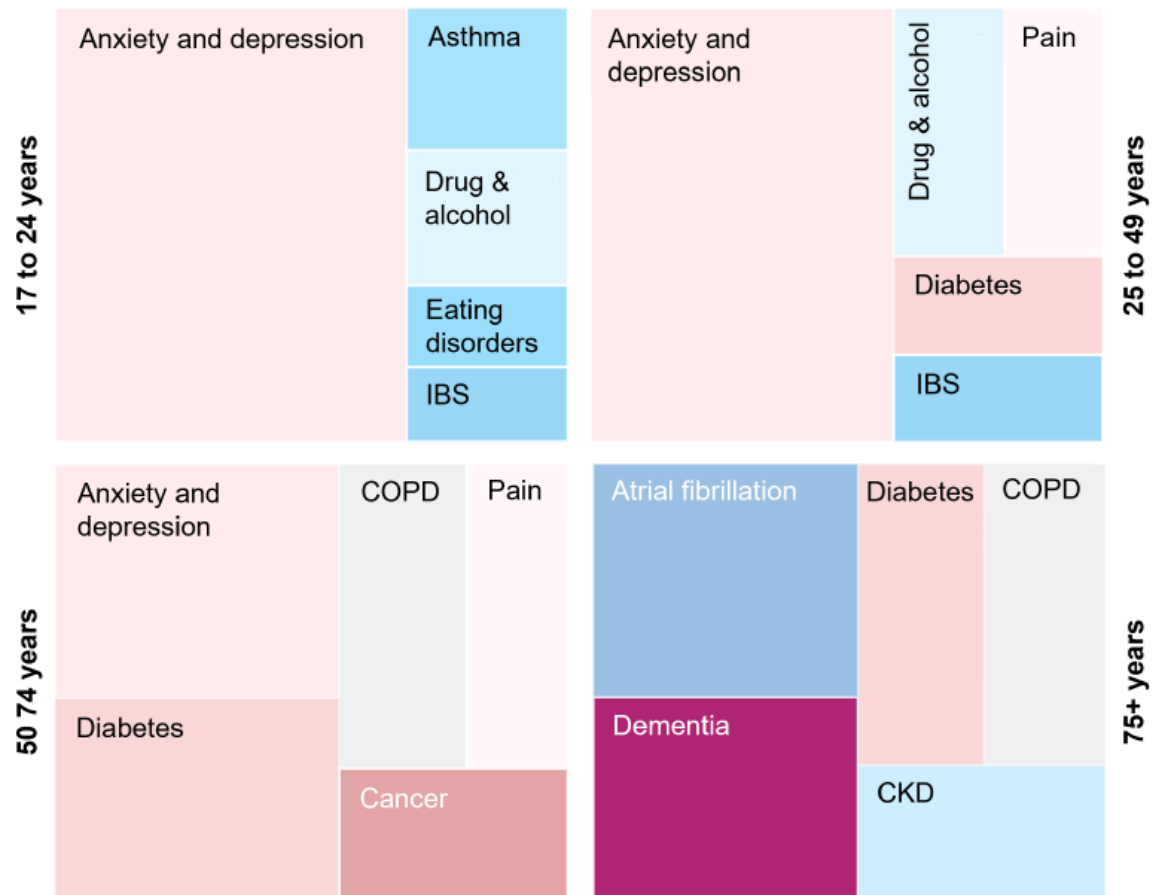
Our Future Health



- Built up from what is already known using existing JSNA Products, H&WBB Reports, System Outcomes Framework and Population Health Management resources.
- Part of the initial stage of system wide strategy development.
- High level synthesis to get across key messages for the system.
- Opportunities to deliver at scale > not to replace work done at place level.

Health impacts

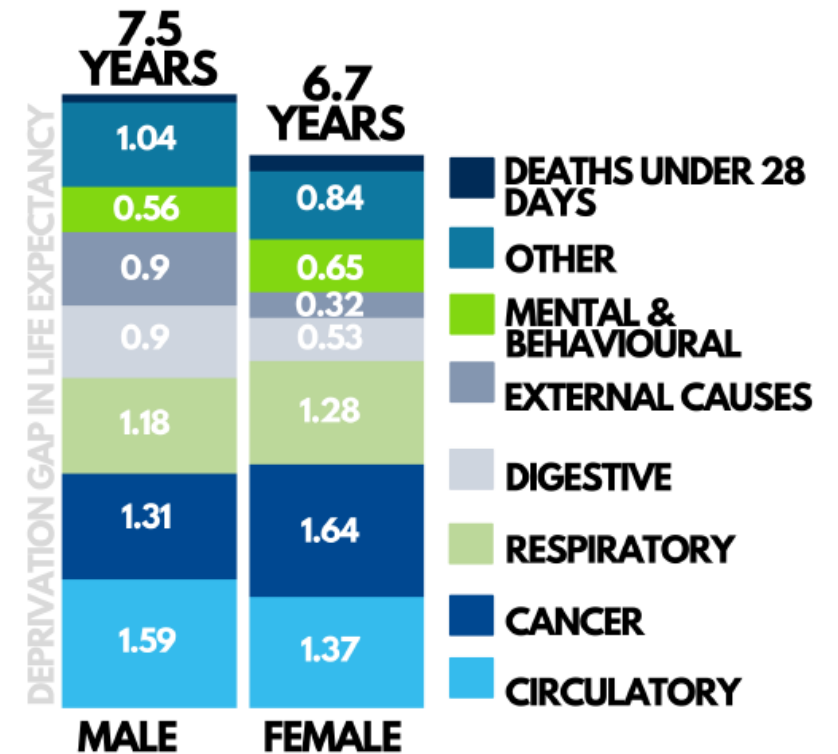
Figure 3.3: The impacts on health through the life-course in BNSSG Health impacts are based on Cambridge score categories, calculated as the prevalence of a condition multiplied by the 'weighting' for that condition. Weightings take into account risk of death and intensity of service use.



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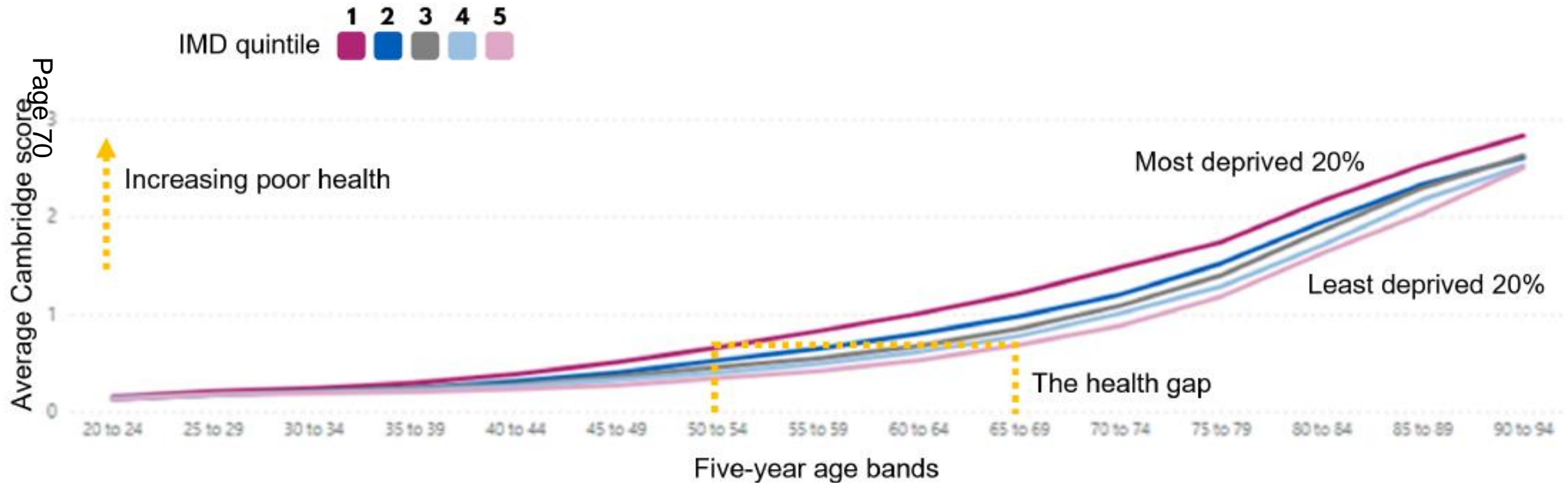
Figure 3.8: The life expectancy gap

Conditions contributing to the life expectancy gap (in years) in BNSSG between the most and least deprived.



The population health mission

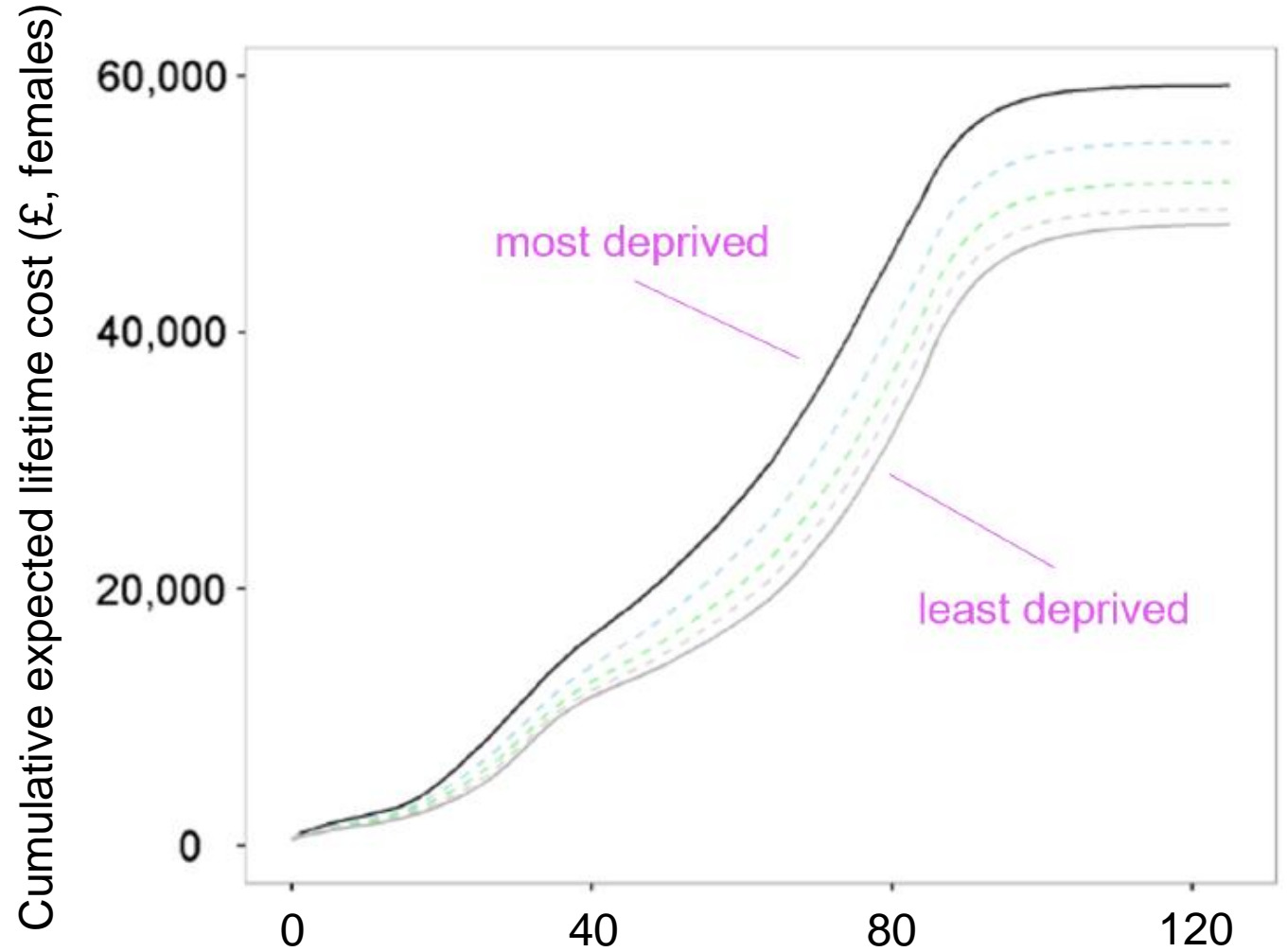
Drivers: poverty, discrimination, childhood trauma → poor mental health, drugs, alcohol, smoking, poor diet → pain, diabetes, COPD, cancer, heart disease, dementia



Inequality is expensive

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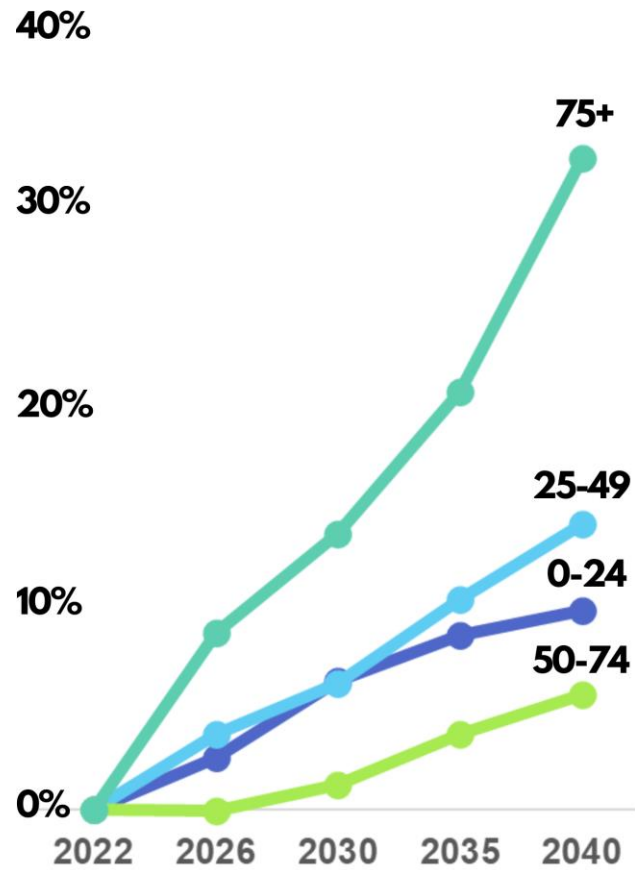
Applying these estimates to the BNSSG population, the total cost of hospital episodes associated with deprivation in BNSSG is in the region of £100 million per year.



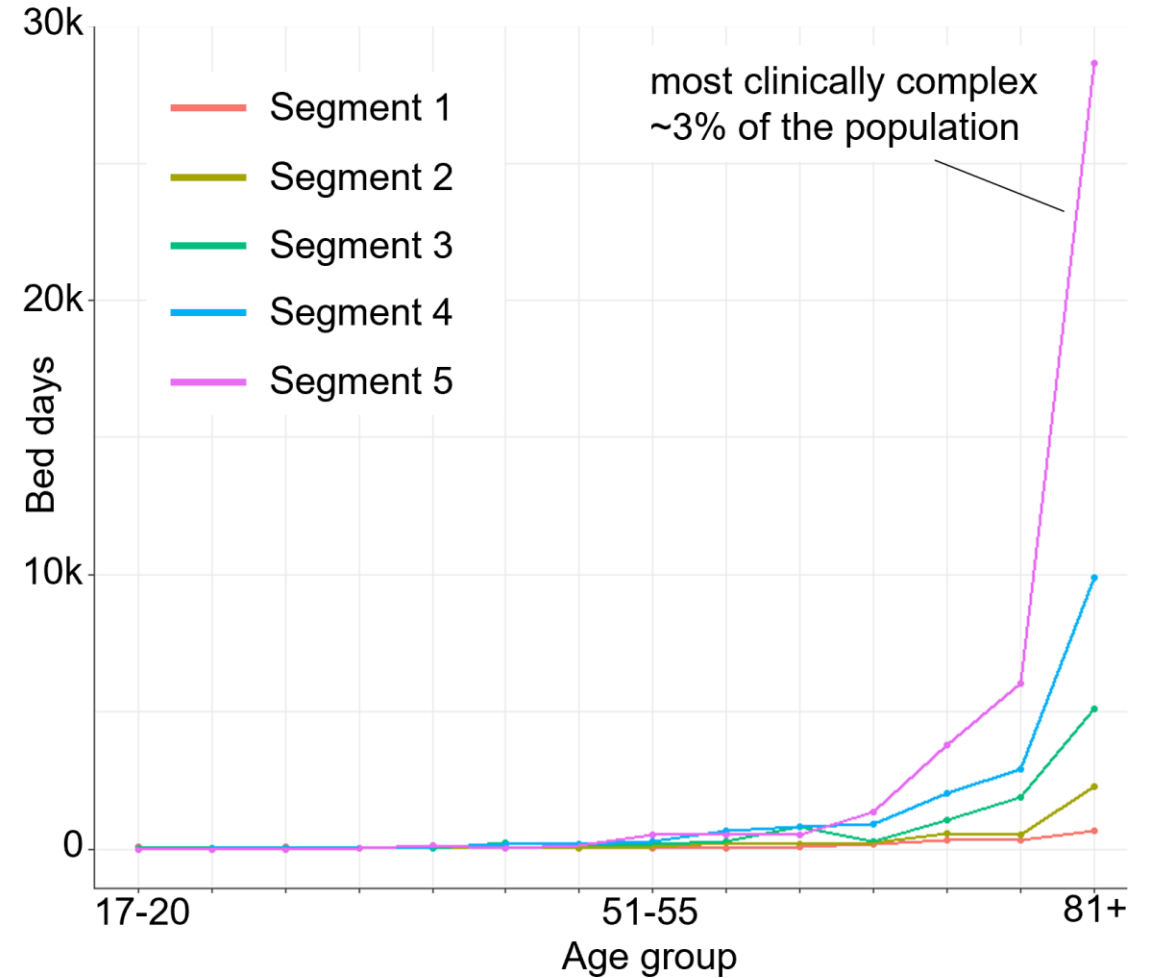
The population health problem

BNSSG population projections

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Annual bed days due to falls by age and segment



Appendix 2

1st draft examples of Priority Outcome Proposals for strategic change (Jan 2023)

1. Ageing Population
2. Chronic Pain
3. Children & Young People with Autism

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1) Problem statement	2) Guiding Policy	3) Coherent Actions	Linked outcomes
<p><u>Ageing population</u></p> <p>Our unplanned care system is not delivering optimal outcomes for frail elderly residents</p> <p>The >75 population is forecast to grow by ~10% in the next 4 years and by ~35% by 2040. An increasing proportion of this group have multi morbidities.</p> <p>Our current unplanned care system is likely to be overwhelmed by demand if we continue to wait for frail/ elderly people to need hospitalisation before responding.</p>	<p><u>Anticipate, co-ordinate and divert</u></p> <p>Identify those at highest risk of deterioration/ hospitalisation and intervene systematically, proactively and comprehensively.</p> <p>Coordinate care to ensure complex needs are addressed through personalised, patient-centred provision.</p> <p>A single coherent, defined pathway for people as they age and reach the end of their life.</p>	<p><u>Data:</u> BNSSG core Segments 4 and 5 identify the 10% most co-morbid people in our population, with highest risk of unplanned hospitalisation for Ambulatory Care Sensitive conditions</p> <p><u>Strengths based approach:</u> VCSE lead on proactive support in the community to help people stay well (e.g. falls prevention). Community health workers recruited from the places where need is most concentrated</p> <p><u>Planning care packages:</u> Development of proactive interventions and care packages that anticipate need and sustain independence for people for longer</p> <p><u>Enhanced support for care homes</u> Consistent, multi-disciplinary support to care homes, including advanced care planning, medication reviews, staff education and technology enabled care</p> <p><u>Psychological and practical support:</u> working with individuals and their families as they age and approach the end of their life; to help them understand their options and plan based on what is important to them</p>	<p>POP2: We will reduce early deaths from preventable causes in the communities which currently have the poorest outcomes</p> <p>SER9: We will increase the proportion of people who report that their health and care is delivered through joined up services</p> <p>STA13: We will improve Equality and Diversity workforce measures in all <i>Healthier Together</i> Partner organisations</p>

1) Problem statement	2) Guiding Policy	3) Coherent Actions	Linked outcomes
<p><u>Chronic pain</u></p> <p>The UK prevalence of chronic pain (present >3months) is ~43% and increases with age as predisposing comorbidities such as obesity, arthritis, diabetes mellitus and malignancy become more common. The commonest causes are back pain and osteoarthritis of the hips and knees, which together account for >65% of those suffering from chronic pain. A subset of those individuals, conservatively estimated at 10-15%, have disabling chronic pain that significantly interferes with their activities of daily living and is associated with poor health outcomes and inequalities and unsustainable growth in health and social care costs. Chronic pain also limits social and economic activity.</p> <ul style="list-style-type: none"> Chronic pain has the second highest impact on poor health in BNSSG after anxiety/depression (greater than diabetes) and has the highest impact in the over 50s, especially in areas of deprivation. Weston-Super-Mare is a 'town in pain' across all adult ages There is significant overlap between chronic pain and mental health issues, especially anxiety and depression, and also with drug and alcohol dependency When conditions cluster in an individual they often exacerbate each other. The most common clusters of three conditions in deprived areas in BNSSG are combinations of hypertension, depression/anxiety, diabetes and chronic pain Healthcare costs are c5 times greater for people living with chronic pain for 12 months (c£3.485m vs c£0.719m per 1,000 population). Utilisation is increased across all locations and treatment modalities. Painful musculoskeletal conditions such as low back pain and joint arthritis are some of the leading causes of sickness absence. 	<p><u>Shift left</u></p> <p>Develop integrated community support to improve outcomes and reduce avoidable costs</p> <p><u>Support the whole person, address the causes of pain and prevent complications</u></p> <p>Identify where people experiencing chronic pain are living with other conditions that may be exacerbating each other. Facilitate access to support to meet the whole person's needs.</p> <p><u>Deliver local community-based pain management programmes much earlier in the pain pathway which address the causes of pain alongside symptoms.</u></p> <p>There is increasing data that individuals with protected characteristics are under-represented across all pain treatment modalities. Work in partnership and engage with VCSEs, primary, community and specialist pain providers to improve equity of access and to reduce the impact of chronic pain on people's ability to work.</p>	<p><u>Access:</u> provide information in multiple languages and distribute through a broad range of channels. Enable people to access support through multiple access points e.g. Pharmacies, VCSE organisations, Employers and Employment Agencies. Roll-out community-based pain management clinics at scale—based on findings from the BNSSG pilot(s).</p> <p><u>Prevention:</u> support people to address lifestyle and/or other risk factors that may be causing and/or exacerbating chronic pain.</p> <p><u>Clustered needs:</u> use data to proactively target pain management programmes to those people living with chronic pain, and other associated conditions, who are most in need and will benefit the most.</p> <p><u>Integrated support for mental and physical health:</u> facilitate access to support for people living with chronic pain that may also need help with anxiety and/or depression</p> <p><u>Inequalities:</u> use population health data to identify and target groups and work with community organisations to improve equity of access</p> <p><u>Employment:</u> work in partnership with employers and Trade Unions to support staff to minimise the impact of chronic pain on their ability to work. Provide dedicated support for health and care staff</p> <p><u>Workforce:</u> community-based workforce will need to be developed. Will require investment in training by psychologists for community staff and volunteers (e.g. for VCSE).</p>	<p>POP1: We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups</p> <p>POP5: We will improve everyone's mental wellbeing</p> <p>SER8: We will increase the proportion of people who report that they are able to access the services they need, when they need them</p> <p>SER9: We will increase the proportion of people who report that their health and care is delivered through joined up services</p> <p>STA11: We will reduce sickness absence rates across all our Healthier Together partner organisations</p>

1) Problem statement	2) Guiding Policy	3) Coherent Actions	Linked outcomes
<p>Children & Young People with Autism Our commissioned Autism assessment pathway is not delivering assessments in a timely manner leading to unmet needs with extensive impact, huge frustration and anger for families, poor working experience for clinicians and a large backlog of accepted referrals</p> <p>Demand data 2792 c&yp accepted and on waiting list for assessment. 1638 referrals waiting to receive outcome of triage. Referrals being received at approx. 130/month 40 assessment appointments available per month</p> <p>Pathway completely overwhelmed – many referrals deemed non-urgent means some c&yp and their families will wait years for assessment</p>	<p>Move system (and society) from being focused on diagnosis to being focused on meeting needs - “needs led” approach</p> <p>Reshape a support and assessment pathway that includes diagnosis but as a later option rather than a first thought</p> <p>Deal with current backlog</p> <p>Identify for assessment those c&yp who are urgent priority cases</p> <p>Signpost c&yp who are not triaged for assessment to other support</p>	<p>Data: consistent methodology to identify those with emerging neurodiverse needs</p> <p>Strengths based approach: system to jointly develop and embrace a “needs led” approach as has been successfully trialled in other parts of the country</p> <p>Community support: development of services and support that focus on anticipating need, meeting needs in most appropriate place rather than a diagnosis and crisis-driven model. 15 grant funded “needs led” services that are delivering support within the community to yp& families on waiting list. Local parent carer forums commissioned to provide face to face and virtual neurodiverse workshops 2021-2024</p> <p>Keyworker team developed, recruited and operational, working with LD&A young people at point of crisis</p> <p>Practical support: working with c&yp and their families as neurodiverse challenges emerge. The User Experience autism diagnosis project will result in 4 digital support platforms later this year</p>	<p>RES 5: We will improve everyone's mental wellbeing</p> <p>RES 6: We will give the next generation the best opportunity to be healthy and well</p> <p>SER 7: We will increase the proportion of our residents who report that they are able to find information about health and care services easily</p> <p>SER 8: We will increase the proportion of our residents who report that they are able to access the services they need, when they need them</p> <p>SER 9: We will increase the proportion of our residents who report that their health and care is delivered through joined up services</p> <p>STA12: We will improve self-reported health and wellbeing amongst our staff</p>

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North Somerset Council

Report to the Health and Wellbeing Board

Date of Meeting: 1 March 2023

Subject of Report: Adult Social Care Discharge Fund incorporation into the Better Care Fund

Town or Parish: All

Officer/Member Presenting: Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions

Key Decision: Yes

Reason:

As it results in the Local Authority incurring expenditure or making savings of £500,000 or over and it is significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the Local Authority.

Recommendations

To retrospectively approve the decision of the Chair of the Health and Wellbeing Board to take delegated actions on the receipt and distribution of the Adult Social Care Discharge Grant.

1. Summary of Report

The report summarises the urgent actions taken to distribute and execute the Adult Social Care Discharge Grant to support Hospital discharge arrangements this Winter.

2. Policy

The vision for adult social care is to promote wellbeing by helping people in North Somerset to be as independent as possible for as long possible. It sets out the aspirations of the directorate by describing the offer and the values needed to achieve it. Equally, BNSSG ICS has an ambitious digital and information sharing programme which is shared by North Some. In line with the ICS Design Framework BNSSG ICS seeks to:

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience, and access;
- Enhance productivity and value for money.

3. Details

The national challenges facing the performance of the health and social system was responded to by government in its announcement in November of a new Adult Social Care Discharge grant. This fund was aimed at addressing as much as practically possible, barriers to hospital discharge. Either directly from Acutes or indirectly by additional delays on exiting the Discharge to Assess pathways operated by Sirona, our local health community provider. In total £3.2 million was allocated to BNSSG local authorities based on the Adult Social Care Relative Needs Formula, North Somerset Council receiving £769k.

Additionally BNSSG ICB received £8.3M allocated to ICBs using NHS England's methodology based on a combination of i) a fair-shares distribution based on 2022 to 2023 ICB weighted populations and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding). The North Somerset area share of this resource is £2.1m.

This combined fund will be pooled into the Better Care Fund (BCF). The funding will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and weekly activity data and have met the other conditions.

Whilst the Adult Discharge Grant will form part of the ongoing funding discussions for 2023/24 and beyond, the purpose of the grant is to have an immediate impact on discharge performance, as BNSSG has received sizable funding, in part because of its current performance difficulties. The grant is therefore short term in nature and will need to be expedited with a focus on immediate impact, which negates at this stage the opportunity to plan the funding or focus on longer term performance. Both the LA and ICB will receive additional Adult social Care discharge funding for 2023/24.

As indicated above the funds will be subject to extensive monitoring and government scrutiny. Plans were submitted for vetting rapidly before Christmas – North Somerset/BNSSG plans have been approved and the plans are subject to extensive financial and activity monitoring, with detailed returns required on a weekly basis. Whilst the proportion of funding is split, in practise much of the project activity is led via NSC commissioned resources which has put additional pressure given the already heightened level of system wide activity. Monitoring is focused on shifting the dial on the following outcomes:

- The number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected via a new template);
- The number of people discharged to their usual place of residence (existing BCF metric);
- The absolute number of people 'not meeting criteria to reside' (and who have not been discharged);
- The number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep); and
- The proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.
- BNSSG will also submit number of NCTR in the community

Appendix One outlines the projects submitted for approval in December, which were signed off via delegated authority by Cllr Bell, as Chair of the Health and Wellbeing Board, which together with the ICB Board is the accountable body for this and all BCF delivery. Inevitably given the speed of delivery and short timescale, resources will be subject to regular review to ensure resources are used effectively and is subject to weekly governance meetings with the ICB to ensure progress to revise individual schemes.

Highlights of the funding proposals are:

- Advance payment of proposed domiciliary care pay awards to December 2022 and social media campaigns to stimulate recruitment.
- Additional social work and occupational therapy capacity to reduce delays in completion of assessments.

- Ten additional intermediate care beds aimed at supporting care homes with therapy and access to skilled community reablement staff to maximise independence.
- Commission of additional specialist Mental Health supported living accommodation to prevent homelessness (Curo).
- Additional TEC equipment to support discharge arrangements
- Additional VCSE support to work with care homes supporting people awaiting access to Discharge to Assess pathways (VANS).
- Additional digital equipment and free Carelink service for clients discharged from hospital settings.
- Free community meals for clients discharged from hospital for the first fortnight.
- Additional block domiciliary care provision for dementia.
- Additional capacity to Rapid Response services (AYC) to extend falls pilot beyond the existing Carelink cohort. Service working in collaboration with Sirona and SWAST to support urgent community responses.

These schemes are in their infancy but have already contributed to the significant improvement in key performance outcomes in the system during January and February, albeit the introduction of the schemes was also at the point of an increase in care home bed provision and the Care Hotel, so cause and effect are difficult to entangle.

4. Consultation

Despite the short timescales for the determination of the grant, the plans were subject to extensive consultation with both Local Delivery Partnerships and Care Providers, as well as internal leadership. Wherever possible initiatives were aimed at addressing known causes of blockages for Acutes.

5. Financial Implications

As indicated earlier the £2.8 m of resources will be incorporated into the BCF with two elements, one received direct to the LA and the second element as part of a Section 75 agreement into the BCF pool.

Costs

N/A

Funding

See Appendix One for detailed projects.

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

Funding of additional TEC will support the reduction in care journeys.

8. Risk Management

The risk management issues are the short-term nature of the funding, and the impact on long term loss of independence from the unavailability of care packages and the impact on clinical outcomes of deterioration in Acute and Ambulance response times from accumulative hospital delays in discharge.

9. Equality Implications

[Have you undertaken an Equality Impact Assessment? Yes/No No

The funding initiatives are designed to have positive equality impacts particularly in relation to older people who are disproportionately impacted by hospital discharge delays and access to care packages.

10. Corporate Implications

N/A

11. Options Considered

N/A given very limited time to mobilise services quickly.

Author:

Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions
07766366097 gerald.hunt@n-somerset.gov.uk

Appendices:

Appendix One ASC Discharge Fund North Somerset

Background Papers:

None

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached to this funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners).

Health and Wellbeing Board:	North Somerset
Completed by:	Gerald Hunt
E-mail:	gerald.hunt@n-somerset.gov.uk
Contact number:	7766366097

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Chair of Health & Wellbeing Board
Name:	Mike Bell

If the following contacts have changed since your main BCF plan was submitted, please update the details.

*Area Assurance Contact Details:	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
	Health and Wellbeing Board Chair	Cllr	Mike	Bell	Mike.Bell@n-somerset.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Lisa	Manson	Lisa.Manson@nhs.net
	Local Authority Chief Executive		Jo	Walker	Jo.Walker@n-somerset.gov.uk
	LA Section 151 Officer		Amy	Webb	Amy.Webb@n-somerset.gov.uk
	LA BCF Lead		Gerald	Hunt	Gerald.Hunt@n-somerset.gov.uk
	ICB Lead		Julie	Kell	julie.kell1@nhs.net

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board:

North Somerset

Source of funding		Amount pooled	Planned spend
LA allocation		£769,955	£769,955
ICB allocation	NHS Bristol, North Somerset and South Gloucestershire ICB	<i>Please enter amount pooled from ICB</i>	
		<i>Please enter amount pooled from ICB</i>	
		<i>Please enter amount pooled from ICB</i>	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Cultural change	Behavioural change Pilot - award a cash incentive to self funders and chargeable clients that are willing to	Additional or redeployed capacity from current care workers	Redeploy other local authority staff		10 additional care packages	Both	Social Care	North Somerset	Local authority grant	£26,300
2	supporting Complex Packages	Additional Agency Social Work staff to complete faster assessment in reach readmission in care home setting delivered by NSC reablement and therapy	Additional or redeployed capacity from current care workers	Costs of agency staff		100 NCTR days reduced	Both	Social Care	North Somerset	Local authority grant	£40,000
3	Bed Based Intermediate Care Services	redeploy CHC nurses to improve identification of Fast Track FOL	Additional or redeployed capacity from current care workers	Redeploy other local authority staff		500 NCTR days reduced	Residential care	Social Care	North Somerset	Local authority grant	£280,000
4	redeploy CHC nurses to improve identification of Fast Track FOL	additional CHC assessment capacity in order to release substantive nurses to work	Additional or redeployed capacity from current care workers	Costs of agency staff		3/7 additional discharges over 10 week period	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£14,750
5	Administration	Management/Contract staff to support Returns/Capacity	Administration			enabler	Both	Social Care	North Somerset	Local authority grant	£7,600
6	Brokerage administration capacity	Temporary increase in ICB brokerage admin support to release broker	Administration			Enabler	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£7,500
7	equipment	re-equip prior to migrate additional acoustic monitoring, WHZAM and	Assistive Technologies and Equipment	Community based equipment		200 NCTR days reduced	Both	Community Health	North Somerset	ICB allocation	£150,000
8	Equipment	Additional Carelink equipment and up to three months free alarm pendant service to support Tec offers	Assistive Technologies and Equipment	Telecare		as above	Both	Social Care	North Somerset	Local authority grant	£70,000

9	System support: extension Medequip 7 days week	Medequip providing/ installing equipment 7 day week basis & Greater use of additional chairs and handling sheets for care providers to support hospital discharge	Assistive Technologies and Equipment	Community based equipment		21 additional orders of fast track equipment	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£15,000
10	Equipment	Free not community meal for 14 days after hospital discharge, as required to support discharge, rather than purchase of small block (2 beds) MH/ homeless P3 beds in supported living/Care homes	Assistive Technologies and Equipment	Community based equipment		Enabler	Both	Community Health	North Somerset	ICB allocation	£50,000
11	reablement to support discharge in one's own home	support Home care to support care homes for advice and guidance	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		Enabler	Home care	Social Care	North Somerset	ICB allocation	£30,000
12	Mental Health and homelessness	backlink for care providers /VCSE and training resources to support the release of targeted care staff to	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		takes 3-6 clients in over the period	Both	Social Care	North Somerset	ICB allocation	£70,000
13	Care homes	support Home care to support care homes for advice and guidance	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		sustain 10 beds not closing during winter period	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£50,000
14	Training support	Additional Live in care /Waking Nights Provision	Home Care or Domiciliary Care	Domiciliary care workforce development		enabler	Home care	Primary Care	North Somerset	ICB allocation	£50,000
15	Domiciliary Care	Urgent one on DP to support heating poverty to support and prevent hospital discharges. One off £700 DP	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		100 nctr days reduced	Home care	Social Care	North Somerset	Local authority grant	£25,000
16	Home Care	BNSSG social care providers. Training in core and clinical skills to improve confidence	Home Care or Domiciliary Care	Domiciliary care packages	supporting providers to manage complex discharges	enabler	Home care	Social Care	North Somerset	ICB allocation	£25,000
17	Additional capacity care homes	Shared funding pool for ICB/LA to utilise where MH/LDA individuals are in crisis in the community and advance domiciliary care providers fees (inc those elements of Direct Payment that are payment for 74 days to dom care providers for hospital admissions to improve retention of dom care staff by bringing forward the annual inflationary increases by	Home Care or Domiciliary Care	Domiciliary care packages		enabling	Both	Social Care	North Somerset	ICB allocation	£13,750
18	Crisis response funding for MH/LDA in community	Advance domiciliary care providers fees (inc those elements of Direct Payment that are payment for 74 days to dom care providers for hospital admissions to improve retention of dom care staff by bringing forward the annual inflationary increases by	Home Care or Domiciliary Care	Domiciliary care packages		Estimated 5-10 cases additional	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£40,000
19	Domiciliary care	Recruitment campaigns to populate the 'new to healthcare' fast track scheme being run by Weston	Improve retention of existing workforce	Bringing forward planned pay increases		30 additional care packages	Home care	Social Care	North Somerset	ICB allocation	£400,000
20	Domiciliary Care	Virtual discharge team to include IDS, brokerage etc over xmas period working overtime	Improve retention of existing workforce	Retention bonuses for existing care staff		enabler	Home care	Community Health	North Somerset	ICB allocation	£25,000
21	Advance CHC dom care annual pay award to 1 Dec 2022	1 FTE Brokerage officer to support additional commissioning activity increase by an additional 5 to 10% domiciliary care rates on more rural and difficult to recruit contracts in	Improve retention of existing workforce	Bringing forward planned pay increases		8 extra complex discharges	Home care	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£75,000
22	Recruitment campaigns	Virtual discharge team to include IDS, brokerage etc over xmas period working overtime	Improve retention of existing workforce	Incentive payments		Enabler	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£3,750
23	Facilitation of discharges during BH and weekends	1 FTE Brokerage officer to support additional commissioning activity increase by an additional 5 to 10% domiciliary care rates on more rural and difficult to recruit contracts in	Increase hours worked by existing workforce	Overtime for existing staff.	supporting discharges over W/Es and Christmas and	7 Extra discharges over Christmas break	Both	Community Health	NHS Bristol, North Somerset and South Gloucestershire ICB	ICB allocation	£6,538
24	Additional Brokerage capacity	Local recruitment initiatives	Increase hours worked by existing workforce	Overtime for existing staff.		Enabler	Both	Social Care	North Somerset	Local authority grant	£10,000
27	Domiciliary care	Local recruitment initiatives	Local recruitment initiatives			10 additional care packages	Home care	Social Care	North Somerset	Local authority grant	£35,055

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:

- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible. Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	Area to indicate setting
Administration			NA

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North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 1 MARCH 2023

SUBJECT OF REPORT: UPDATE ON NEW WAYS OF WORKING FOR THE BOARD

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: MATT LENNY, DIRECTOR OF PUBLIC HEALTH AND REGULATORY SERVICES

KEY DECISION: YES

REASON: APPROVAL OF REVISED TERMS OF REFERENCE

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to note progress in taking forward recommendations from the LGA review and recommendations presented at the October 2022 meeting.

1. SUMMARY OF REPORT

This report summarises progress against the ambitions set out in October 2022.

2. DETAILS

The report sets out how the Board will work in the future, but the notable changes proposed are:

- 1) An expansion of the Board membership to increase links with locality partnerships, community empowerment work, local placemaking activity and to the Police.
UPDATE: New invitations extended with the ability to invite guests to attend for relevant items/discussions.
- 2) Agreement that all Board members have the same voting rights when agreeing actions.
UPDATE: Terms of reference updated to this effect, noting that scrutiny chairs do not vote to retain independence in their scrutiny function.
- 3) A new system of formal (x3 a year) and informal appreciative enquiry meetings (number to be confirmed) be adopted to help develop understanding and insight through workshop style activity with clear recommendations for action.
UPDATE: The Operations Group has met to develop a framework for a priority list of topics. This will support delivery of the common priorities of the Locality Partnerships and the Health and Wellbeing Strategy and Action Plan.

- 4) Setting up a new Microsoft Teams channel for all members of the Board to be able to share information and communicate well outside of meetings.
UPDATE: Technical solution being investigated to enable sharing across all organisations with appropriate information governance in place.
- 5) Setting up a new operations group to develop a forward plan of meetings – formal and informal appreciative enquiry sessions – and to develop content to support analysis, recommendations and actions. Volunteers have already been identified from the Locality Partnership, VANS, Healthwatch and Public Health. Other nominations are welcome.
UPDATE: Operations Group has met for the first time and considered key tasks. Terms of reference and a work plan are being developed to share with the Board. These will be circulated via email for comment.
- 6) We will develop leadership roles from with the Board for the key elements of strategy delivery so participation and commitment is increased beyond meetings. Recommendations for leadership will be developed by the Operations Group.
UPDATE: Operations Group has met for the first time and considered key tasks. Terms of reference and a work plan are being developed to share with the Board. These will be circulated via email for comment. This will include proposals for distributed leadership.
- 7) Support the continued development of the Joint Strategic Needs Assessment as the key source of intelligence about our local population needs in the short, medium and long term. Members will contribute quantitative and qualitative information to help build that resource.
UPDATE: Operations Group has met for the first time and considered key tasks. Terms of reference and a work plan are being developed to share with the Board. These will be circulated via email for comment. This will include proposals for developing a shared approach on qualitative intelligence including a health and wellbeing survey to be delivered in 2023/24.
- 8) Adopt a three-test model for each meeting of the Board to ensure positive impact.
UPDATE: The test will be used at the end of each meeting as part of forward plan.
- 9) Develop a new quarterly newsletter to report on progress in delivering the strategy and celebrate new ways of working in North Somerset. All Board members and their organisations/networks are invited to contribute to each edition.
UPDATE: Operations Group has met for the first time and considered key tasks. Terms of reference and a work plan are being developed to share with the Board. These will be circulated via email for comment. This will include proposals for this shared communication platform and how contributions will be gathered and used.
- 10) Establish a regular survey of local stakeholders around the impact and future development of the HAWB. This will also help to raise awareness of our work and encourage participation in the activity of the board.
UPDATE: Operations Group has met for the first time and considered key tasks. Terms of reference and a work plan are being developed to share with the Board.

These will be circulated via email for comment. This will include a plan for a stakeholder survey to be delivered in Autumn 2023.

3. FINANCIAL IMPLICATIONS

There are no direct financial implications of these suggested new ways of working. Board members are asked to consider how they will commit capacity to the new appreciate enquiry approach and the operations group as appropriate.

4. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The HWB strategy incorporates a range of plans to support action to address climate change, for instance, via requirements to consider climate change being included as contractual requirements where possible, and community-based initiatives that aim to provide local activities and services closer to people's homes, reducing the need for travel. Action to address climate change will be considered during phase 2 of the action plan refresh process.

5. RISK MANAGEMENT

Delivery and implementation of the HWBS and action plan is overseen by the Health and Wellbeing Board and risks to delivery of this work will be identified to the Board for discussion and resolution.

6. EQUALITY IMPLICATIONS

The Health and Wellbeing Strategy includes actions targeted to areas of greatest deprivation or health need or prioritise activities that address needs in particular population groups with higher need to address health inequalities.

7. CORPORATE IMPLICATIONS

The HWBS reflects North Somerset Council's vision of being open, fair and green via the focus on consultation, engagement, community-focused action, and ongoing review of impact; and a central aim of reducing inequalities. The strategy also aims to support a range of strategies and programmes already in place, such as the Economic Plan, Green Infrastructure Strategy, Active Travel Strategy, Volunteering Strategy, Carers Strategy, and Libraries Strategy among others, as well as being linked to strategic developments across the ICB.

The strategy has direct links and consistency with the emerging Locality Partnerships and Integrated Care Strategy to ensure consistency with health and social care priorities.

AUTHOR

Matt Lenny, Director of Public Health and Regulatory Services

APPENDICES

None

BACKGROUND PAPERS

None

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