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SOMERSET HEALTH AND WELLBEING BOARD & INTEGRATED CARE PARTNERSHIP

Monday 28 November 2022

11.00 am Luttrell Room - County Hall, Taunton

To: The members of the Somerset Health and Wellbeing Board & Integrated Care Partnership

Cllr Bill Revans (Chair), Cllr Adam Dance (Co-Vice Chair), Paul von der Heyde (Co-Vice Chair), Katherine Nolan, Jonathan Higman, Bernie Marden, Dr Robert Weaver, Peter Lewis, Judith Goodchild, Hilary Robinson, Cllr Tessa Munt, Cllr Ros Wyke, Cllr Gill Slocombe, Cllr Lucy Trimnell, Cllr Chris Booth, Cllr Janet Keen, Cllr Brian Hamilton, Sup Dickon Turner, Prof Trudi Grant, Claire Winter and Mel Lock

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 18 November 2022

For further information about the meeting, please contact Terrie Brazier on terrie.brazier@somerset.gov.uk or Democratic Services on democraticservicesteam@somerset.gov.uk

Guidance about procedures at the meeting is included in the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?

RNID typetalk

AGENDA

Item Somerset Health and Wellbeing Board & Integrated Care Partnership - 11.00 am Monday 28 November 2022

*** Public Guidance notes contained in agenda annexe ***

1 **Apologies for absence**

To receive any Board Members' apologies.

2 **Declarations of Interest**

To receive any new declarations of interest.

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at
County Councillors membership of Town, City, Parish or District Councils.
The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 **Minutes from the meeting held on 26 September 2022** (Pages 5 - 16)

The Board is asked to confirm the minutes are accurate**.**

4 **Public Question Time**

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting when they are received three clear working days before the meeting.

5 **Health and Care Strategy (HWB)** (Pages 17 - 38)

To receive the report and presentation.

6 **Better Care Fund (HWB)** (Pages 39 - 112)

To receive the reports and presentation.

7 **Healthwatch Somerset Update and Annual Report (HWB)** (Pages 113 - 144)

To receive the annual report and presentation.

8 **Somerset Safeguarding Adults Board Strategic Plan & Annual Report (HWB)** (Pages 145 - 150)

To receive the report.

9 **Somerset Health and Wellbeing Board Work Programme** (Pages 151 - 154)

To discuss any items for the work programme. To assist the discussion, attached is the Board's current work programme.

10 **Any other urgent items of business**

To note any written reports distributed or workshops held since the last meeting.

The Chair may raise any items of urgent business.

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SOMERSET HEALTH AND WELLBEING BOARD

Minutes of the Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room on 26 September 2022 at 11.00 am

Board Members in Attendance: Cllr Bill Revans (Chair), Cllr Adam Dance (Co-Vice Chair), Mr Paul von der Heyde (Co-Vice Chair), Prof Trudi Grant, Mr Julian Wooster, Mrs Mel Lock, Cllr Ros Wyke, Cllr Janet Keen, Cllr Tessa Munt, Cllr Brian Hamilton, Cllr Gill Slocombe, Cllr Chris Booth, Mr Jonathan Higman

Other Elected Members in Attendance: Cllr Heather Shearer

Other Elected Members in Attendance Virtually: Cllrs Andy Dingwall, Emily Pearlstone, Leigh Redman, Martin Lovell, Rosemary Woods, Sue Osborne, Mandy Chilcott, Jo Roundell-Greene, Fran Smith, Lucy Trimnell, Liz Leyshon, Mike Stanton

Officers in Attendance: Lou Woolway, Mark Leeman, Andrew Melhuish, Fiona Phur, Jasmine Wark, Terrie Brazier, Jonathan Hallows

Officers in Attendance Virtually: Nicola Miles (SCC), Debbie Sorkin (SCC), Patrick Worthington (NHS), Ian Burden (NHS), Jai Vick (Mendip District Council), Dave Baxter and Sarah Stillwell (Sedgemoor District Council)

Apologies for absence – Agenda Item 1

Apologies were received from Cllr Lucy Trimnell, who however attended virtually.

Declarations of Interest - Agenda Item 2

The list of declared interests on the website was noted. There were no new declarations.

Minutes from the meeting held on 13 June 2022 - Agenda Item 3

Cllrs Chris Booth, Janet Keen, and Gill Slocombe, as well as Judith Goodchild of Healthwatch, advised that they had attended the last meeting virtually. The Chair noted that during the discussion on the Pharmaceutical Needs Assessment, a Council Member who spoke actually was resident of Somerset, despite his business being in Dorset. Cllr Keen wanted it minuted under the discussion on future topics for the Work Programme that she had suggested, with respect to mental health services' outpatient access and particularly those patients who are already in the system with a diagnosis, that having an urgent outpatient appointment is critical, especially for

those with a diagnosis of depression and/or anxiety. The minutes were approved with those alterations.

Public Question Time - Agenda Item 4

There were no public questions.

ICS Update - Agenda Item 5

The Chair invited Jonathan Higman, Chief Executive of the Integrated Care Board for NHS Somerset, and Paul von der Heyde, Chair of the Integrated Care Board and the Integrated Care System for NHS Somerset, as well as Co-Vice Chair for the Health and Wellbeing Board, to introduce themselves. The Board was advised of the current pressures and the priorities of the ICB during the initial period which began on 1st July after being formed as a result of the Health and Care bill passed earlier in the year. The ICB had taken on all of the statutory responsibilities of the Clinical Commissioning Group (CCG) beginning first of July, but there is a broader remit, including:

- focusing on improving outcomes for the population
- identifying and tacking inequalities
- demonstrating and delivering value for money for the public
- requirements around social and economic development

With the NHS being a major employer in Somerset, they have a responsibility to buy locally, think locally, support sustainability plans for the local population, etc. One of the things being done at the moment is putting an approach to 'population health management' right at the heart of all they do; therefore, they are working to identify the data which will pinpoint where there is inequality within the county, as well as working through new care models to improve the care of the population in those areas. A new approach to engaging with the public must be part of that.

Over the last few months, the executive team was established for the ICB; a summary of the executive members will be circulated to the Health and Wellbeing Board. In terms of the major accountabilities, these will transfer seamlessly from the CCG to the ICB from April 2023, when the ICB will have responsibility for optometry, dentistry, and pharmacy. The ICB will have more responsibilities as they move forward, including specialist commissioning for more specialist services of the tertiary type. This has all led to significant pressure currently, but great strides have been made in terms of improving elective waiting lists and delivering governmental requirements. They achieved the 104-week wait target at the end of July and are now moving on to deliver a maximum of 78-week waits.

Work has been done on determining their objectives as an organisation and what they hope to achieve over the next six months; they have put this into three categories:

- Delivering the best possible outcomes for the population of Somerset through the winter, which will be challenging on all fronts;
- Taking action on inequality and building our public health capabilities by system working with social care and children's groups, as well as developing joint commissioning;
- Developing our health and care interim strategy by the end of December, followed by our five-year forward plan and development of the ICP.

The Chair of the Integrated Care Board added that the essence of the work going forward would be fundamentally different than it was in the past; it will involve working together as a whole community to help find solutions rather than commissioning and telling people what they are going to do, then checking that they've done it. It is an opportunity to really help people from grassroots level all the way up to complex intervention care.

The Director of Public Health in Somerset presented a report on Proposed Future Health and Wellbeing Board and Integrated Care Partnership Arrangements. The Board was advised that elements of the ICS (Integrated Care System) include the ICB (Integrated Care Board) and also the ICP (Integrated Care Partnership) involving the Health and Wellbeing Board and the Integrated Care Board. There were three different sets of guidance which came out as result of national conversations, and the Somerset Health and Wellbeing Board held a workshop dealing with both the HWBB and the ICP, as they are both statutory boards but there may be considerable overlap between the two as far as responsibilities. Responsibility for the ICP sits within the Health and Wellbeing Board's overall responsibilities, so it is a complex situation. Therefore, it was concluded after much discussion that, because Somerset already has a very tidy, functional system, there should not be separately operated Health and Wellbeing/Integrated Care boards, as this would have created duplication of effort and would have been confusing for the recipients of services in the population.

The report being presented today takes that conversation further, noting that the HWBB and ICB will operate together, aside from rare instances where they may have to meet or operate separately. In order to support bringing together the HWBB and ICB, it was proposed that there would be a transitional period to set up the Integrated Care Partnership (ICP), which will include developing a strategy by the end of October as required statutorily. The Local Government Reorganisation, with vesting on 1st April, will also have an effect on this. So the two boards will begin working together over the next six months to develop their vision for one strategic partnership board for all of Somerset beginning next April, which may be called the Somerset Board. In order

to achieve this, there is a need for three more positions on the board as well as altering the quorate requirements (from the previous two local authority members and one ICB member, to two local authority members and two ICB members). Because there is a need to expedite work on the strategy, there will be a formal working group to do this; HWBB also has the authority for the Joint Strategic Needs Assessment, which will need to be refreshed this year.

The Board raised a number of issues, including:

- Mel Lock asked if a representative from the Care Providers Association could be included on the board; Prof Grant agreed with the logic of such an inclusion and advised that the Board could add this to the recommendations.
- Lou Woolway, Deputy Director of Public Health, stated that the board will have to be much more stringent regarding the work programmes in future, so there will be task and finish groups and more people will be brought in for those.
- Jonathan Higman raised the importance of how we engage with the population at the same time as developing the health and care strategy, and how we bring together the engagement functions of the ICP and the local authority. Cllr Booth questioned the means by which information on the ICP would be communicated to the public; Prof Grant replied that over the transitional period it will be determined how the board will put this into practice and ensure it occurs. She noted that the ICP will only ever be just a Board, whereas years ago the HWBB establish a connected network to work alongside the Board and deal with public engagement, and this type of structure is again required going forward.
- Cllr Janet Keen suggested that there needs to be more detailed scrutiny in order that the board knows when something has gone wrong and can act on it; she opined that when there is dissatisfaction, which elected Members are made aware of, these issues are seldom brought to the Board itself, perhaps because of a lack of communication between service providers. Jonathan Higman responded that different organisations have different processes, but we do need to have input from the population, as complaints are usually about communication and the interface between services, and that will absolutely be a part of the strategy development.
- Cllr Chris Booth enquired how a representative from the VCSE sector would be selected; Prof Grant responded that they generally approach SPARK regarding the whole VCSE sector, but the sector could also come forward with a representative of their choice.
- Cllr Brian Hamilton enquired if this situation with formulating the ICP was unique in Somerset; it was responded that there are three others in the South West, including Cornwall and Gloucestershire, with whom they have been in touch, and a few more nationally. The governance arrangements have been agreed quite quickly in Somerset compared to other areas which are still

struggling. This positive situation is due to our good and long-standing relationships in Somerset, as well as to the workshop that was held.

- Cllr Lucy Trimnell said that she welcomed this new board, as there were previously many issues with having too many groups working in similar ways; she asked who would be on the working group, when it would be formed, how often they would meet, and what its aims would be. Jonathan Higman replied that they are in the process of setting up the health and care strategy from an NHS perspective, and they need to deliver an interim strategy by the end of December; they will meet monthly, with there then being an annual review based on the JSNA data. It will build on what they already have, such as the Fit for My Future strategy; but they are still awaiting new guidance, which was supposed to have arrived in July.
- Cllr Mandy Chilcott asked if this change in governance and structure was a slight pulling away from the County Council, saying that it felt like a two-tier situation was developing; she also questioned how public accountability would be handled, given that the County Council is responsive to the public while the NHS is not so much; and finally, she asked if future agendas and papers would still be on the SCC website. Prof Grant acknowledged the validity of these questions and expressed the hope that in the transition period the board members will be the same for HWBB and the ICP. The HWBB will remain a committee of full Council even while working with the ICP, so it is actually a move closer together, and HWBB and ICP will always be open to health scrutiny, with possibly even more scrutiny in future, which Cllr Chilcott said needed to be as open and transparent as possible. Paul von der Hyde stated that the word 'partnership' denotes pulling closer together, and the Local Authority and the NHS in Somerset are in it together to look after the population. Cllr Slocombe observed that anything that reduces complications for the public is very welcome.

The Chair noted the consensus of the Health and Wellbeing Board members that this is a very welcome development and one that is needed to bring committees together, maximise engagement with the public, and strengthen democratic scrutiny. It was agreed to slightly amend the membership in the reports to include a representative for registered care providers; this membership is referred to in Recommendation 2 below.

The Somerset Health and Wellbeing Board approved the following recommendations:

1. **That the Somerset Health and Wellbeing Board considers the proposals and endorses the approach to align the Health and Wellbeing Board and the ICP.**

2. **That the Board endorses the transition arrangements for the period October 2022 – March 2023, the appointment to the Board of additional members as identified in 2.5 of the report and revised quorum arrangements as detailed in 2.6. The Board agrees to recommend the proposed changes set out in the report to Full Council to consider and approve.**

3. **That the Board notes the timescales associated with the Integrated Care Strategy and agrees to set up a working group to support the ICP's refresh and further development of the strategy.**

4. **That the Board agrees a significant refresh of the needs assessment under the JSNA to support the development of the strategy.**

Children and Young People's Plan - Agenda Item 6

The Chair invited Fiona Phur, Partnership Business Manager at SCC, and Jasmine Wark, SSCP Business Manager, to introduce themselves and summarise their responsibilities. Members of the Board and other attendees were invited to comment on the work around the Children and Young People's Plan using Mentimeter.

The Board was advised that in order to write the C&YP Plan, the views of the children and young people in Somerset we sought to identify what their priorities were; this was presented under the heading of "Hearing the Voice of Children and Young People in our Strategic Process". It was noted that the children and young people also wanted to know what the members of the Health and Wellbeing Board thought about these priorities, so attendees provided input, with the suggestions including mental health, the environment, being connected, educational skills, opportunities for all, safety, being heard, community, sports and leisure, etc. It was then explained how the voices of children and young people were heard in Somerset, which included a care forum with annual achievement awards, the Youth Parliament, Young Somerset, The Unstoppables and the Youth Forum (both SEN groups), and the Somerset Safeguarding Children Partnership (SSCP) as a whole. Members of all of these groups met recently to discuss the cost-of living-crisis; they also work closely with commissioners (asking them to consider service users' expressed needs), the police, Public Health, and the voluntary sector. There are 40 organisations that meet quarterly. The Youth Forum specifically was founded in May 2020 and includes children aged 10-18 years old who meet both on Zoom and in person with the SSCP. In order to formulate the C&YP Plan, they started a year ago with a benchmark from the Youth Parliament, which includes input from the whole country, and extrapolated the voice from Somerset (there are 2500 in Somerset), referencing the climate, mental health,

education, equality, sexual harassment and health, and the newly mentioned issues of domestic abuse and poverty.

A short film was then introduced regarding the problem of how children can be supported when making an allegation of abuse or inappropriate behaviour; it was noted that previously there really weren't the right tools available to deal with this, so Local Area Designated Officers who coordinate these investigations met with children and young people to get feedback on what would be helpful, and this short film is the result of that collaboration. It was then discussed how the C&YP Plan aligns with the Improving Lives strategy, and the governance structure was explained (there are three partner agencies represented, which entails the Chief Accountable Officer for the ICB, the Chief Executive of Somerset County Council, and the Chief Constable of the Avon and Somerset Police, with the SSCP sitting below that along with a number of subgroups). The C&YP Plan included three key rights for children (keeping children and young people safe, supporting physical and emotional health and resilience, and enabling young people to learn and thrive), as well as eight priorities (early help; safeguarding children from the pre-birth period through early childhood and the teenage years; all babies have the best start in life; better support for social, emotional, mental health and wellbeing; support for education and inclusion; reduce bullying and promote positive communities; poverty and homelessness; climate and transport). Anyone who takes reports to the plan is asked to get feedback from young services users so that progress can be monitored, and in the recent Ofsted report our quality assurance processes were praised. The Plan was brought to the SCC Executive meeting in July, where the decision was to encourage all of our relevant partner agencies to formally endorse the C&YP Plan through their own executive arrangements.

A discussion then ensued, with Fiona asking attendees if there were areas where their organisations could assist the SCCP in achieving ins priorities, or if there were ways in which they could work more on listening to children and young people, and some of these ideas were input via Mentimeter, including making people aware of the plan (practitioners, decision-makers, children), supporting the facilities provided by the voluntary sector, ensuring professionals and agencies listen to children's needs, involving children in everything we do, providing training and awareness around child safety, working with registered housing providers, improving mental health, changing the culture in schools regarding seeking help, taking bullying seriously, etc. Cllr Heather Shearer thanked the presenters for the very helpful presentation and opined that professional curiosity needs to be encouraged; e.g., if an organisation is tasked with working with older people, there will also be families connected to them, and the views of those children and young people could also be considered. Cllr Janet Keen noted that early help is the most important key element in the stability of a child as he grows toward independence; it is the responsibility of the mother or principal carer, but at times homemaking assistance may be needed, which might be seen as an

intrusion but which is necessary to ensure that the child progresses and has stability. Fiona agreed, noting the case of a provider who has now engaged ten youth workers to support the vulnerable children and young people in families and guard them from getting involved in unhealthy activities, at the same time that other workers support the adults. Cllr Mandy Chilcott observed that often different organisations pick up only certain bits of information, so Somerset is working to bring all of the information together for safeguarding children. Julian Wooster, Director of Children's Services, stated that the partnership around safeguarding is very strong and that he is very confident about the arrangements in place, but the question remains: How welcoming is Somerset toward children and young people? Some of them say that they don't always feel welcome, and the solution must involve the collective community rather than the services, particularly with respect to children with special needs. Parents of these children understandably want them to be protected, which is not always helpful in them progressing to adulthood. Prof Trudi Grant declared that the engagement work that the SSCP does is wonderful, and we can all learn a lesson from it; Jonathan Higman added that the priorities in the C&YP Plan need to be at the centre of the Integrated Care System strategy. The Chair thank everyone involved in the presentation.

The Somerset Health and Wellbeing Board noted the Children and Young People's Plan.

Health, Care, and Housing - Agenda Item 7

The Chair invited Mark Leeman, Strategy Specialist for Housing, Health and Wellbeing from Somerset West and Taunton District Council, to present the report, which had undergone several consultations, was quite wide-ranging, and focused on closer working. He advised that Debbie Sorkin of SCC, Ian Burden of the NHS, Dave Baxter and Sarah Stillwell of Sedgemoor District Council, and Jai Vick of Mendip District Council were also on hand virtually to answer any potential questions.

The Board was advised that a person's health is determined by many factors, and housing was the second most important. Unhealthy, unsuitable, and/or precarious housing can seriously affect one's health, while one's health can conversely affect a person's ability to maintain a home. There are many factors involved in homelessness, including both individual and wider forces that affect one's ability to access and maintain housing. A range of services and support are provided for the elderly to remain independent in their homes, as well as for helping families and communities to thrive. People are at the heart of care services, as per the Adult Social Care Reform white paper which discusses the need to integrate service delivery.

Mark revisited several previous decisions by the Health and Wellbeing Board regarding this issue and noted the progress made or lack thereof; matters dealt with included:

- Homelessness and rough sleeping, including the establishment of the Homeless Reduction Board (HRB) with a highlight being no deaths due to Covid amongst rough sleepers, countrywide expansion of nursing support (RSPH award nomination in 2022), and progression of Better Futures for Vulnerable People in Somerset
- Independent Living, for which BCF funding continues to drive a range of prevention-related activity and they have obtained a housing provider perspective from Homes in Sedgemoor
- Climate change
- Gypsy/Roma/Travellers
- Health Impact Assessments, where more progress is needed

Strengths have included systems leadership (HWBB/MoU/HRB) and Somerset now being part of the national MENE network and receiving praise for their efforts; weaknesses were identified regarding culture and commissioning. Opportunities are available with respect to the ICS/ICP, LGR, and programmes such as Family Connections; threats include LGR's impact on capacity, workforce in the health and care sectors, refugees, and the cost of living. There have been many offers of help to address these challenges, including Leading for System Change from the NHS, the Better Futures programme, and Adult Social Care workshops. Potential areas of focus in the future which enable outcomes and are prevention-based include support from the HWBB/ICP, the HRB, the BCF, person-centred commissioning, changes in the workforce, creative solutions, specialist accommodation, etc.
The Board discussed several issues which are summarised below:

Somerset Strategic Planning Conference - Cllr Ros Wyke asserted that the most important thing SCC needs to look at seriously is the Somerset Strategic Planning Conference, on which there has not been much movement; Mark Leeman replied that the Board agreed a couple of years ago to look at the relationship between housing, health, care, and the town planning system with the desire to develop a county-wide approach to health impact assessments. This would regard both local development plans and major planning applications for large housing sites. There is much government advice coming out on this from Public Health regarding helping town planning systems to design neighbourhoods and dwellings that are good for people's health, along with access to sport, leisure and recreation. However, it has not been possible to progress this conversation as it was disrupted by Covid, and town planners say it is very difficult to effect these objectives due to the many pressures on developers (such as required contributions to education, local centres, open space, and affordable housing). In some areas such as Torquay they have made progress by

having an officer that liaises between the two systems of health and town planning, in order to help planners develop the guidance. Cllr Wyke responded that a dividend from the upcoming unitary council must be the support of this initiative and the determination to get it right. She was very disappointed that they have not got on top of the issue of housing and health, and she suggested that the Health and Wellbeing Board work programme have this as a focus. She is happy that we are currently exchanging on land being sold for a development that will include protective housing as well as affordable housing.

National Minimum Space Standards - Cllr Gill Slocombe thanked those involved with the report for their work but noted that more needs to be done, such as having national minimum space standards for families, which will improve their health. Developers who want to construct 'shoeboxes' and tower blocks should not be permitted to do so; there must be an agenda for considering impairments to health in housing and for establishing homes for life, keeping in mind the physical impairments of people especially as they become elderly. Nothing can be achieved through town planning if these measures are not already in place.

Memorandum of Understanding (MoU) - Cllr Janet Keen asked if the MoU could be amended to include measures preventing young adults from becoming rough sleepers; she noted that there had been providers in the past like Pathway to Independence, but now many programmes find that there is a better return by dealing with another sphere of housing with less complex needs. Mark Leeman replied that the MoU can in fact be amended, but he gave reassurance that this issue has been picked up in sections on homelessness, rough sleeping, and independent living. He said there were doing equalities impact assessments on it, and excellent work is going on though children's services and particularly the Peter White initiative, such as a pilot around commissioning. As far as the independent living agenda, more of their grant money from DFGs and BCF is being used for housing and supporting children and families. The MoU can be amended to highlight where that work is happening. Lou Woolway noted that this is an issue that straddles the whole system and will be a topic for the HWBB/ICP; she proposes that this matter be set up as a priority workstream for the transition arrangements of the boards. Mel Lock declared that the exciting part about housing is that it is now at the heart of adult social care reform, which gives us a tool, a way forward, and additional funding. There was a meeting about it a few weeks ago where Adult Social Care and housing sat together for the first time in quite a while, and if it can move forward in the right way and make a difference for people, more funding will become available for it from both various areas.

Rough Sleeping - Cllr Lucy Trimnell said it had been an excellent roundup of a huge piece of work; she was worried, however, that as we go into winter rough sleeping will be an acute problem, and the report seemed to indicate that partners have not

engaged fully on this issue. Mark Leeman replied that this situation has improved significantly in the past few months with more engagement from the Better Futures programme and the HRB. Lou Woolway added that when these issues are reported back to the Board, they will need to be recognised as priorities and be dealt with.

Social Housing Providers - Cllr Chris Booth asked whether social housing providers will be able to cope with helping their tenants during the cost of living crisis: Mark Leeman responded that this was an interesting point and noted that last Friday there had been a workshop with all major registered housing developers around early help and how to collaboratively support tenants and vulnerable individuals and families. This is a big challenge, as eight different registered providers have different operating and finance models as well as different client groups. These conversations are driven by the Better Futures programme, and there is a commitment to continuing conversations and working together collaboratively. Also, the Council will have a conference with providers in about a fortnight to share data around prevention and early help. Jonathan Higman stated that he supported the proposals in the report and that the ICP is a good place to start on this work. Lou Woolway pondered if the wording in the recommendations could be tweaked to reflect that, but Cllr Ros Wyke said she supported having a working group rather than altering the recommendations, with their proposals needing to be realistic as well as ambitions.

The Somerset Health and Wellbeing Board approved the following recommendations:

1. **Notes the progress made with delivering *Improving Health and Care Through the Home in Somerset* (MoU);**
2. **Reconfirms the integration of health, care and housing systems/services as a HWBB priority, recognising that progress in this area is an important driver of prevention-focused service delivery, and confirms that all HWBB partners are committed to supporting this work via relevant partnership arrangements;**
3. **Supports a programme of work (suggestions on Pages 11/12) that will enable us to make significant progress within the realm of health, care and housing integration, recognising that this will require both robust leadership and resources (staff/funding), and commits to this programme of work to coming back to the Board for ratification and monitoring;**
4. **Supports collaboration with external support programmes (e.g. Leading for System Change/others) who can bring additional leadership capacity, ideas and general support towards this priority area of activity.**

Work Programme - Agenda Item 8

The Board considered their work programme, recognising that with all of the changes to the governance and membership of the Board, it would be necessary to

review future agendas and work programmes with a view toward oversight of the statutory responsibilities of the HWBB and the ICP. The Board acknowledged that during the transitional period more information would come through to the Board in the form of written reports, allowing the Board to focus on important strategic items. Lou Woolway, Deputy Director of Public Health, advised that she will work with the executive group regarding future agenda items.

The Board supported this approach, particularly as there would be an opportunity for Board members to make comments on written reports, which in turn would be referred to a future meeting to ensure that the comments would be monitored in order to meet the governance requirements of the Board.

The Somerset Health and Wellbeing Board noted the Work Programme

Any Other Items of Business - Agenda Item 10

The Board raised and noted the following issues:

Local Community Networks consultation – This was ongoing and due to end in mid-October 2022; these LCNs could potentially impact on the Board's future work.

Vaccination walk-in centres - Concerns were raised around the lack of these centres in Bridgwater.

Director of Children's Services – The Board noted that Julian Wooster, current Director, would be leaving SCC shortly and that this would be his last meeting with the Board. He thanked the Board for all their support on improving children's services over the years and the essential role that the Board has played in bringing together a range of agencies, structures, and partnerships across Somerset.

The Chair thanked Mr Wooster, everyone who had attended the meeting, and the presenters.

The next meeting is scheduled for 28 November 2022.

The meeting ended at 13:08 pm

CHAIR

Somerset Health and Wellbeing Board
28/11/2022
Report for information

Health and Care Strategy

Lead Officer: Maria Heard, Programme Director, Fit for my Future, NHS Somerset
Author: Maria Heard, Programme Director, Fit for my Future, NHS Somerset
Contact Details: maria.heard1@nhs.net

Summary:	This report provides an overview of the requirement to develop an integrated care strategy by December 2022, a five-year forward plan by March 2023 and how Somerset is approaching this requirement. The Health and Care Act 2022 requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the Integrated Care Board, partner local authorities or NHS England (NHSE). There is a statutory requirement for Somerset ICB, along with Somerset NHS FT and Yeovil District Hospital NHS FT to prepare a five-year Joint Forward Plan before the start of each financial year. In Somerset, we have agreed that this five-year Joint Forward Plan will be a health and care implementation plan for delivering the strategy in Somerset.
Recommendations:	**That the Somerset Health and Wellbeing Board and Integrated Care Partnership:** **1. Receive the information about the requirement to develop an integrated care strategy** **2. Endorse the Fit for my Future strategy as our Somerset Integrated Care Strategy** **3. Agree that they will receive the Somerset strategy at the January meeting** **4. Agree that the five-year joint forward plan will be a system plan inclusive of health and care**
Reasons for recommendations:	The Health and Care Act 2022 requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities (NHSE).

<table>
<tr><td></td><td>There is a statutory requirement for Somerset ICB, along with Somerset NHS FT and Yeovil District Hospital NHS FT to prepare a five-year Joint Forward Plan before the start of each financial year.</td></tr>
<tr><td>Links to The Improving Lives Strategy</td><td>Please tick the Improving Lives priorities influenced by the delivery of this work

<table><tr><td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td><td></td></tr><tr><td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td><td></td></tr><tr><td>Fairer life chances and opportunity for all</td><td></td></tr><tr><td>Improved health and wellbeing and more people living healthy and independent lives for longer</td><td>✓</td></tr></table>
Fit for my Future delivers the fourth aim of the Improving Lives strategy.</td></tr>
<tr><td>Financial, Legal, HR, Social value and partnership Implications:</td><td>There is a statutory requirement for the ICP to develop an integrated care strategy. Somerset Integrated Care Board and Somerset County Council should engage, cooperate and provide the necessary resources. Other partners on the ICP should participate fully (e.g. Somerset Foundation Trust, Adult Social Care, Children’s Social Care, Primary Care, VCSE and Healthwatch).</td></tr>
<tr><td>Equalities Implications:</td><td>The integrated care partnership strategy will ensure our activities are joined together as a system to address inequalities in health.

The Terms of Reference for the ICP includes the requirement to have regard to the Public Sector Equality Duty which applies both to the council and Integrated Care Board.</td></tr>
<tr><td>Risk Assessment:</td><td>No new risks have been identified in the proposed way forward. There are risks of duplication and competing priorities if we do not develop a single system strategy and approach.</td></tr>
</table>

Integrated Care Strategy
Five Year Joint Forward Plan

Maria Heard

28 November 2022

Somerset Integrated Care System

Integrated Care strategy

- The Health and Social Care Act 2022 requires **Integrated Care Partnerships (ICPs) to write a 'Strategy'** to set out how the assessed needs of the population (identified through the JNSA) can be met through the exercise of the functions of the ICB, partner LAs or NHSE
- **The HWBB remains responsible for producing the JSNA and the joint Health and Wellbeing Strategy** (Somerset – Improving Lives)
- **The 'strategy' sets the direction of the system**, setting out how commissioners (NHS and LA), working with providers and other partners, can **deliver more joined up, preventative and person-centred care for their whole population, across the course of their life**
- **It builds on existing plans and strategies** which aim to support integrated approaches to health and care
- The process of developing the 'Strategy' can be used to agree the steps all stakeholders will take together to **deliver system level, evidence based priorities in the short, medium and long term.**
- **Once a 'Strategy' is published, ICPs should continue to consider how it is implemented** – it could include key strategic priorities for system level action, to tackle the needs identified in the JSNA, complementing what is already done at 'place'
- These priorities should **drive a unified focus on the challenges and opportunities to improve health and wellbeing** of people and communities **and reduce geographic disparities** in wellbeing and live expectancy, and overall increase them
- **The CQC reviews will assess how the 'Strategy'** is used to inform the commissioning and provision of quality and safe services across all partners within the ICS, and that it is a credible strategy for the population

Somerset Integrated Care System

Production of the strategy

- **The ICP is responsible for preparing the 'Strategy'**. The ICB and LA should engage, cooperate and provide the necessary resources.
- **Other partners on the ICP should participate fully** (e.g. SFT, ASC/CSC, Primary Care, VCSE and Healthwatch)
- **ICPs must have involve the people who live and work in the area** covered by the ICP, building on work already undertaken
- **The 'Strategy' is intended to meet the needs of local people of all ages identified through JSNAs**, identifying opportunities for research where these gaps exist and how these might be effectively addressed
- **ICPs should use these assessments to:**
  - **explore gaps in care**
  - **unwarranted variation**
  - **disparities in health and care outcomes and experiences**
  - **and understand opportunities where system wide action could take action to improve these**
- **ICPs should aim to go further by drawing on additional intelligence and evidence** from research and practice to build on their understanding of needs
- **ICPs should agree their processes for finalising and signing off the 'Strategy'. <u>For Somerset, this will be through the January joint H&WBB/ICP</u>**

Somerset Integrated Care System

The Five Year Joint Forward Plan

- Statutory requirement for the ICB and partner NHS FTs to prepare a Five Year Joint Forward Plan (JFP) before the start of each financial year. **We have agreed in Somerset that this will be a system JFP covering health and care.**
- This will be a transition year, recognising that the time available to develop JFPs and Integrated Care strategies is shorter than desired
- A draft JFP must be shared with the HWBB, who must be consulted on whether the draft JFP takes proper account of the JSNA and Improving Lives strategy
- The JFP should describe how the ICB and FTs intend to meet the physical and mental health needs of our population through arranging and/or providing NHS services. This should include delivery of universal NHS commitments and address the four core purposes of the ICS.

Principles of the JFP

Principle 1: Fully aligned with the ambitions of the wider system partnership

Principle 2: Supports subsidiarity by building on existing local strategies and plans as well as reflecting universal NHS commitments

Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate

Somerset Integrated Care System

Statutory Requirements for the JFP

- **Describe the health services for which the ICB proposes to make arrangements** in the exercise of its functions.
- **Explain how the ICB intends to discharge certain duties** under General Duties of Integrated Care Boards and Financial Duties of Integrated Care Boards, as set out in the National Health Service Act 2006.
- **Set out any steps that the ICB proposes to take to implement any JLHWS** to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.
- **Set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25.**
- **Set out any steps that the ICB proposes to take to address the particular needs of victims of abuse** (including domestic abuse and sexual abuse, whether of children or adults).

Developing the JFP

- **Consultation -** Close engagement with partners to ensure the plan appropriately addresses the health, wellbeing and care needs of the local population and builds upon existing strategies and plans
- **NHS England -** will review draft JFP in January/February 2022. Formal assurance will be carried out as part of the NHS operational planning process.
- **HWBB -** Must involve the HWBB and they have a role in assuring that we take account of Improving Lives and the JSNA. The H&WBB must review and provide an opinion as to whether we have done so. This statement should be included when we publish the JFP.
- **Annual Update -** JFP should be published prior to the start of each financial year. We must revise it in year if necessary.

Somerset Integrated Care System

Expected national timescales

- 2022 to 2023 will be a transition period
- The 'initial' strategy will influence the first 5 year joint forward plan (ICBs and partner Trusts) which are to be published before the next financial year
- It also to influences the Long Term Plan refresh (not now being published as standalone) and the 2 year operational plans
- ICPs will want to refresh and develop their 'Strategies' as they grow and mature, taking into account updated JSNA, long term plan refresh or other national guidance
- The level of maturity of ICPs may affect the breadth and depth of the work in preparing the initial strategy and therefore for some systems this will be challenging
- It will be for ICPs to decide when to publish its first full 'Strategy', which is for and owned by the local partner organisations
- 5 year joint forward plans are to be refreshed annually and it is expected that ICPs continue to develop and refine their 'Strategy'
- DHSC will review and will likely refresh the Integrated Care Strategy guidance in June 2023 following the first cycle of joint 5 year forward plans and Integrated Care 'Strategies'

How are we delivering this in Somerset?

Building on Fit for my Future, our existing health and care strategy

Somerset County Council and Somerset Integrated Care Board are responsible for preparing the 'Strategy'.

- Joint SROs are Claire Winter, Maria Heard and Mel Lock

Created cross system stakeholder working group to take the strategy forward and answer some key questions:

- Understanding each others emerging strategic priorities
- What do we need to do as a system to deliver the strategy?
- How do we prioritise what we need to do and by when?
- Agree how we deliver the strategy across the system
- How do we know that we are going in the right direction to deliver our strategy?

Five Year Joint Forward Plan will be a health and care implementation plan for delivering the strategy in Somerset.

Role	Who
Joint SROs	Mel Lock – Adult Social Care Claire Winter – Children's Social Care Maria Heard – ICB
Clinical and Care professional leads	Dr Lucy Knight Anna Littlewood Richard Selwyn
Primary Care	Berge Balian
Public Health	Lou Woolway, Orla Dunn
SFT/YDH	David Shannon, Dr Meredith Kane, Jane Yeandle, Greg Cobb
ICB	Shelagh Meldrum, Bernie Marden
VCSE	Katherine Nolan/Charlotte Jones
Healthwatch	Judith Goodchild/Gillian Keniston-Goble
Comms & Eng.	Charlotte Callen
Finance	Scott Sealey
Strategy Project Lead	Tracey Tilsley
PMO	Caroline Greaves

Somerset Integrated Care System

NHS Somerset

Fit for my Future

Somerset's Integrated Care Strategy

Somerset Integrated Care System

Development of Fit for my Future

- Early engagement during Autumn 2018, we heard that people in Somerset:
  - Want more health and care services to be provided locally
  - Want to be in their own homes
  - That our services are disjointed, confusing and do not work together
- Development of the Case for Change
- Development of new models of care
  - Mental health - which attracted additional national funding
  - Out of hospital care
- Engaging and consulting with the public on service changes (2019/20)
  - Consultation on the future location of acute mental health inpatient wards for adults of working age
  - Engagement on our early thinking around a community model of care (2019/20)
- Refresh of the Fit for my Future Strategy – 2021/22
- Development of a vision for our community hospitals 2021/22

Somerset Integrated Care System

Our Somerset ICS vision and strategy

NHS

Improving Lives is the Somerset county strategy, owned by the Health and Wellbeing Board, which sets out how we will work to deliver improvements for our population. We take the Joint Strategic Needs Assessment into account when defining strategy.

The Fit for my Future (FFMF) strategy is how the Somerset ICS will deliver the fourth element of Improving Lives and will guide our system planning and prioritisation.

Organisational strategies (for example, the clinical strategy, which underpins the merger of SFT/YDH), will be set in the context of delivering our overall system strategy.

Ahead of the ICS launching, we refreshed the strategy and engaged with a number of stakeholders to make sure it was fit for purpose, that we learnt from Covid; ensuring the strategy is inclusive and covers all ages of our population and meets the requirements of the ICS. We are mapping transformation programmes across the system to identify where we have gaps and need to accelerate activities in order to deliver the strategy.

SOMERSET COUNTY VISION

We have a vision for Somerset. Over the next ten years, we want all organisations to work together as a partnership to create:

- A thriving a productive Somerset that s ambitious, confident and focused on improving people's lives
- A county of resilient, well-connected and safe and strong communities working to reduce inequalities
- A county infrastructure that supports affordable housing, economic prosperity and sustainable public services
- A county and environment where all partners, private and voluntary sector, focus on improving the health and wellbeing of all our communities

The Fit for my Future Vision

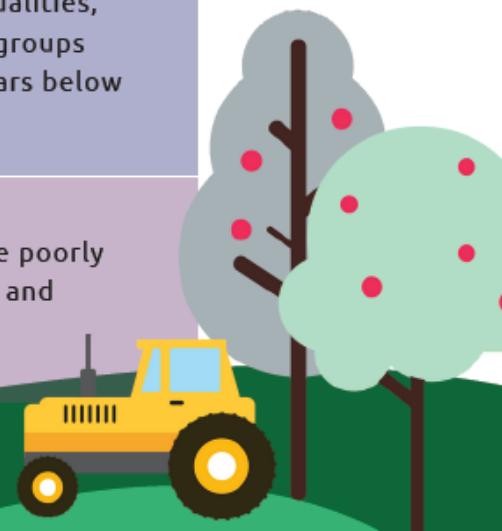
In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.

Somerset Integrated Care System

NHS

What are the obstacles to us achieving our vision?

1 THERE IS A LACK OF FOCUS ON POPULATION HEALTH AND PREVENTION	Healthy life expectancy is decreasing for some groups and we do not focus enough resource and attention on prevention and wellbeing
2 THERE ARE FRACTURED, CLUNKY PATHWAYS AND PROCESSES	Our pathways are disjointed and frequently too long, wasting time and resources for people, carers and colleagues, and negatively impacting the environment
3 TOO MUCH RESOURCE IS SPENT ON HOSPITAL CARE	We are overspent, with too much attention and resource spent on hospital care, and not enough on children's services, mental health and community based services
4 INEQUALITIES ARE WORSENING	We have worsening health inequalities, impacted by COVID, with some groups having life expectancy 10-20 years below others
5 THERE IS POOR CO-ORDINATION OF CARE FOR PEOPLE WITH COMPLEX NEEDS	People with complex needs have poorly co-ordinated care wasting time, and leading to worse outcomes



Somerset Integrated Care System

Fit for my Future aims

NHS

1 IMPROVE THE HEALTH AND WELLBEING OF THE POPULATION

Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness

2 PROVIDE THE BEST CARE AND SUPPORT TO CHILDREN AND ADULTS

Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting

3 STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES

Develop and enhance support in local neighbourhood areas and bring care and support closer to home

4 REDUCE INEQUALITIES

Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health

5 RESPOND WELL TO COMPLEX NEEDS

Improve outcomes for people of all ages with complex needs through personalised, co-ordinated support

Somerset Integrated Care System

Our approach to working together in Somerset ICS

NHS

- Everyone plays their part by working together and removing barriers in order to create the conditions which promote healthy, connected communities
- We live within our means, and use our resources wisely to create a sustainable system
- We have trusting and collaborative relationships
- Engaged colleagues drive innovation from within high-performing teams, with strong supportive leadership
- Our processes and systems make it easy for us to do the right thing and to get it right first time
- We focus on and measure, things that matter to people, carers and colleagues

Somerset Integrated Care System

Our enablers...

NHS

Our organisations deliver the right people, working differently, in a compassionate and inclusive culture

We all work on a single agreed strategy

Excellent communication, quality improvement and learning are at the heart of our work

We make the best use of our collective assets and resources

Our digital technologies are connected, driving access and information sharing across our organisations

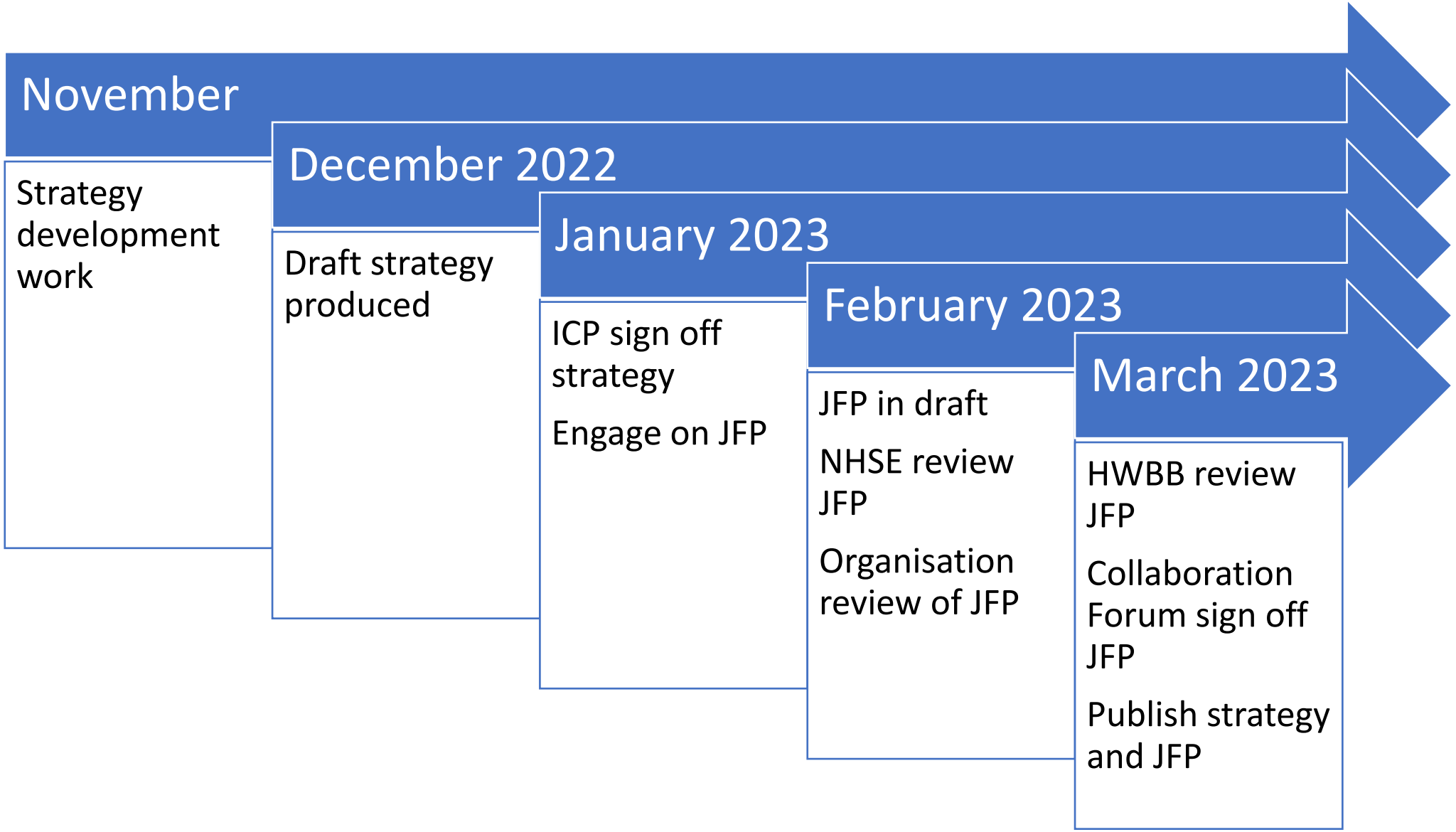
We work in partnership with communities, the voluntary sector, carers ad people with experience

Somerset Integrated Care System

NHS

Somerset Integrated Care System

Next steps



Thank you

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Better Care Fund Plan

Lead Officers: Denise D'Souza, ASC Interim Deputy Director, Commissioning
Alison Rowswell, Acting Director of Operations and Commissioning, NHS Somerset
Author: Denise D'Souza, ASC Interim Deputy Director, Commissioning
Contact Details: denise.dsouza@somerset.gov.uk and alison.rowswell@nhs.net

Summary:	The ICB and the local authority are required to produce a Better Care Fund plan each year. The plan is supported by a Section 75 joint funding agreement that allows the money to be pooled. There are clear guidelines within the planning process that supports the delivery of person-centred services, supports integrated working and is a mechanism for directing funding to Adult Social Care. The joint plan must be approved by NHS England and is currently in the final stages of being signed off. The Health and Wellbeing Board is required as part of the sign off process to have agreed the plan which is attached. The end of year return is also attached for noting. Due to Covid there has been little change to the requirements and measures within the BCF plan and often we have seen due to timing the plan consisting of work already underway. In order to utilise the opportunities with the BCF plan and process we are recommending that work to prepare for next years plan begins this financial year and the opportunities to use this as a mechanism for integrated working and commissioning are explored further. BCF Narrative Template 22/23 Somerset HWB BCF Planning Template BCF Demand and capacity Template 2021/22 Outturn Report

<table>
<tr><td>Recommendations:</td><td>That the Somerset Health and Wellbeing Board agree to

1. Note the outturn report for 2021/22
2. Sign off the Better Care Fund plan for 2022/23
3. Discuss opportunities for future plans</td></tr>
<tr><td>Reasons for recommendations:</td><td>The Better Care Plan is made up of a variety of services and jointly agreed action and is aligned to Somerset's Fit for My Future Programme and the Somerset Improving Lives Strategy.</td></tr>
<tr><td>Links to The Improving Lives Strategy</td><td>Please tick the Improving Lives priorities influenced by the delivery of this work

<table><tr><td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td><td></td></tr><tr><td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td><td></td></tr><tr><td>Fairer life chances and opportunity for all</td><td></td></tr><tr><td>Improved health and wellbeing and more people living healthy and independent lives for longer</td><td>/</td></tr></table></td></tr>
<tr><td>Financial, Legal, HR, Social value and partnership Implications:</td><td>There are no new implications. As previously stated, much of the BCF is committed funding and partners continue to work together on a day to day basis across the many areas covered. The financial agreements are already set out within the Section 75 agreement and part of the legal process to pool budgets.</td></tr>
<tr><td>Equalities Implications:</td><td>The BCF plan is not proposing any new strategy or policy and therefore a detailed Equalities Impact Assessment is not required</td></tr>
<tr><td>Risk Assessment:</td><td>There are specific risks with this approach and by working more closely together we look to reduce risks and duplication</td></tr>
</table>

1. Background

1.1. Last year the Better Care Fund plan was officially rolled over from the previous year due to Covid 19. This year the guidance has been issued slightly earlier than in previous years, although it is in part retrospective. The Better Care Fund was and remains a mechanism for pooling existing resources.

1.2. The Better Care Fund is also a mechanism to promote joint priorities and support joint commissioning especially in the areas relating to carers, intermediate care and the Disabled Facilities Grant (DFG).

1.3. District councils have delegated authority over the use of the DFG as this is also part of the Better Care Fund. The report includes an overview of this funding and highlights the collaborative working that it provides.

2. Improving Lives Priorities and Outcomes

2.1. The Better Care Fund and all its constituent parts continues to support the health and wellbeing of people in Somerset. It does so through a combination of health and care support and prevention schemes from acute hospital interventions right through to community support at home. It is aligned to the Improving Lives Priority: Improved health and wellbeing and more people living healthy and independent lives for longer.

2.2. The Somerset Better Care Fund narrative offers an overview of key aspects of the systems approach relevant to the unprecedented context in which health and care services are working and managing. This should be read in conjunction with the Better Care Fund planning template which sets out the system ambitions against the national metrics and details of each of the schemes funded through the BCF and contribute to our system goals. As well as aligning to the Improving Lives Strategy, it is also aligned to the priorities as part of the Fit for my Future vision to:

- Enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self-management.
- Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
- Provide support in neighbourhood areas with an emphasis on self-management and prevention.
- Value all people alike, addressing inequalities and giving equal priority to physical and mental health.
- Improve outcomes for people through personalised, co-ordinated support.

3. Consultations undertaken

3.1. Not applicable within the Better Care Fund.

3.2. The Fit for My Future programme has involved extensive periods of engagement with local people, service users, patients and stakeholder groups.

4. Request of the Board and Board members

4.1. To note and understand the depth of the Better Care Fund and approve the submission for 2022/23.

4.2. To consider future working and governance arrangements, including how the joint commissioning in the BCF can be governed in an agile way within the context of new overarching arrangements. A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

5. Background papers

5.1. A summary slide deck will be presented during the meeting and be available for distribution with the minutes.

6. Report Sign-Off

	Seen by:	**Name**	**Date**
Cllr Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Mel Lock Cllr Heather Shearer Jonathan Higman	03/11/22
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Hosusing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercaresupport@nhs.net
(please also copy in your respective Better Care Manager)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Dischaege to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metris worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 20121-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and expanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree

- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges
This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.
SCIE - Integrated care Logic Model

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

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

HM Government

NHS

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist
			Complete:
Health and Wellbeing Board:	Somerset		Yes
Completed by:	Emma Dunford		Yes
E-mail:	emma.dunford@nhs.net		Yes
Contact number:	1935384000		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off		Yes
If no, please indicate when the report is expected to be signed off:	Mon 13/06/2022	<< Please enter using the format, DD/MM/YYYY	Yes

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chair of the Somerset Health and Wellbeing Board	Yes

Name:	Cllr Bill Revans

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board: Somerset

Confirmation of Nation Conditions			
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:**	
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Checklist

Complete:

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board: Somerset

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	693.0				On track to meet target	NHS Outcomes Framework data is unavailable, so assessed using absolute SUS admissions data as a proxy. The expected reduction in ambulatory care sensitive condition admissions in 21/22 was expected	This local data suggests Somerset are on track to achieve the target. Since the pandemic emergency admissions (including those for ambulatory sensitive conditions) have significantly reduced. Somerset is	Yes
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	**14 days or more (Q3)**	**14 days or more (Q4)**	**21 days or more (Q3)**	**21 days or more (Q4)**	Not on track to meet target	There has been an increase in the volume of patients residing in hospital >14 and >21 days. Q3 and Q4 performance is outlined below: >14 Day LOS Q3 9.1%, Q4 9.9%	An Ambitious and stretching NCTR reduction trajectory has been agreed for 22/23, in order to improve patient flow across the system. - see actions detailed in metric 'Discharged To Usual Residence'. In	Yes
		8.9%	8.9%	5.0%	5.0%				
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	90.0%				On track to meet target	There are a range of actions in place to support flow through the hospitals to facilitate timely discharge and this includes: * Criteria led discharge * Increased discharge team presence and	92.7% of all elective (excluding day case) and non-elective admissions are discharged to the patients usual place of residence with over 84% of patients with no criteria to reside are discharged on Pathway 0, this is	Yes
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	316				On track to meet target	This target is on track due to community options such as D2A, reablement facilities and other services such as rapid response, supporting people to remain living at home.	Draft 21/22 outturn performance shows a rate per 100,000 population of 310.6 - this is still to be validated by NHS Digital	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	79.9%				Not on track to meet target	The challenges of securing homecare care provision, means that more people have moved into interim placements, therefore extending length of stay in rehab services.	Draft 21/22 outturn performance shows that 76.8% of people aged 65+ were still at home 91 days after discharge from hospital. Although this is short of the target it represents good performance given the	Yes

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Somerset

Income

	2021-22	
Disabled Facilities Grant	£4,952,841	
Improved Better Care Fund	£22,685,408	
CCG Minimum Fund	£43,187,394	
Minimum Sub Total		£70,825,643

	Planned	
CCG Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total		£0

Actual			
Do you wish to change your additional actual CCG funding?	No		
Do you wish to change your additional actual LA funding?	No		
			£0

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£70,825,643	£70,825,643

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	

Expenditure

	2021-22
Plan	£70,825,643

Do you wish to change your actual BCF expenditure?	No

Checklist

Complete:

Yes
Yes
Yes
Yes

Actual	£70,825,643

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	

Yes

Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

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

Selected Health and Wellbeing Board: Somerset

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF has provided stability for local services and pooled funding to support joint working. The BCF has provided the bedrock for improved collaboration for example: * The joint commissioning of equipment and wheelchair services. * Development of intermediate care services has enabled collaboration with key system	Yes
2. Our BCF schemes were implemented as planned in 2021-22	Agree	One of our key successess is the collaboration between the private sector, NHS and Social Care to support people to achieve their desired outcomes and enable a seemless service delivery for Discharge to Assess.	Yes
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	yes - as above	Yes

Part 2: Successes and Challenges

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

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	9. Joint commissioning of health and social care	Intermediate Care: Enabled greater creative delivery of the intermediate care service and Pathway 0. Enabled statutory organisations to get closer to our communities and better understand their role and develop a more integrated model across, health, social care, private sector to deliver intermediate care services.	Yes
Success 2	8. Pooled or aligned resources	as above	Yes

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

Challenge 1	3. Integrated electronic records and sharing across the system with service users	Much progress has been made in enabling access to the various systems used by health and care providers in Somerset, for example use of Sider and care providers viewing Rio. However there is no single platform which enables consistent information flow and visability across all sectors and organisations.	Yes
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Through the pandemic we have maintained a thriving care market and the quality of provision has been maintained. However demand is rising rapidly coupled with a workforce challenge, meaning that the increase in capacity is failing to meet this increased need despite the various actions taken locally to stimulate the market. These have been noted on tab 4 - Metrics	Yes

Footnotes:

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

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

Other

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board: Somerset

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

Specifically the averages SHOULD therefore:

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detai led category:** 1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

Checklist

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates	Complete:
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£21.07	£21.07	£21.35	1.3%	Yes
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£661.15	£661.15	£717.00	8.4%	Yes
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£733.32	£733.32	£772.00	5.3%	Yes
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.		Increased fee levels were due to covid challenges and the requirement to purchase additional beds to support system flow.			Yes

Footnotes:

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.

Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or reabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

	A
1	

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Somerset	
Completed by:	Michelle Skillings	
E-mail:	michelle.skillings1@nhs.net	
Contact number:	1935385015	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Mon 28/11/2022	<< Please enter using the format, DD/MM/YYYY

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Health and Wellbeing Chair
Name:	Cllr Bill Revans

How could this template be improved?	More detailed set of guidance to support this submission template

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Somerset

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	3038	2950	3017	3030	2764	3026
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	231	240	245	236	219	234
2: Step down beds (D2A pathway 2)	182	206	209	202	188	203
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	102	136	137	136	128	138

Any assumptions made:	
	1. NHS Somerset operational plan submitted on an ICS and not an ICB basis, so 22/23 BCF plan does not align fully with this trajectory 2. Assigns ICS discharge x pathways plans to Provider with adjustments (on a lead commissioned basis), i.e. NHS Somerset main Providers SFT and YDH, BNSSG main providers UBHW and NBT, BSW main Providers RUH, Salisbury, Great Western

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Discharge Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	674	652	674	674	609	674
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		328	322	319	327	289	319
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		300	298	294	295	279	285
SOMERSET NHS FOUNDATION TRUST		1618	1566	1618	1618	1461	1618
OTHER		118	112	112	116	126	130
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	69	72	74	74	67	69
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		18	18	18	19	17	19
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		23	22	22	12	14	22
SOMERSET NHS FOUNDATION TRUST		108	115	118	118	107	108
OTHER		13	13	13	13	14	16
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	54	61	62	62	57	62
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		6	6	6	6	5	5
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		17	18	18	11	12	12
SOMERSET NHS FOUNDATION TRUST		98	115	118	118	109	118
OTHER		7	6	5	5	5	6
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	27	38	39	39	36	39
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		4	3	3	3	2	3
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		4	3	2	1	2	2
SOMERSET NHS FOUNDATION TRUST		65	90	92	92	86	92
OTHER		2	2	1	1	2	2

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Somerset

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	1. 1% of demand of VSCE assumed via community, based on discussions with Somerset Council. 2. Urgent Community Response figures sourced from NHS Digital Urgent Community Response Monitoring dashboard. UCR capacity split between hospital and community based on source of referral proportions (Acute Hospital Inpatient/Outpatient) for last 6 month period.

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	3	3	4	4	4	4
Urgent community response	129	145	116	137	120	145
Reablement/support someone to remain at home	44	49	22	50	44	44
Bed based intermediate care (Step up)	51	47	43	47	44	48

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Somerset

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	1. 99% of demand of VSCE assumed via hospital, based on discussions with Somerset Council. 2. UCR capacity based on July22 position, highest point in YTD position - 248. To profile over Q3/4, we have assumed 248/31, and profiled average capacity by calendar days. To ensure alignment with hospital discharge, we have profiled based on source of referral identified within dashboard. 3. Reablement or reabilitation in a person's own home (pathway 1), Bed-based intermediate care (step down)

Capacity - Hospital Discharge

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	342	345	403	364	396	437
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	22	21	22	22	20	22
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	177	212	212	215	192	178
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	314	320	300	323	304	328
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	51	92	88	92	89	93

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Community

Selected Health and Wellbeing Board: Somerset

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	1. 1% of capacity of VSCE assumed via community, based on discussions with Somerset Council. 2. UCR capacity based on July22 position, highest point in YTD position - 248. To profile over Q3/4, we have assumed 248/31, and profiled average capacity by calendar days. To ensure alignment with community discharge, we have profiled based on source of referral identified within dashboard. 3. Reablement or rehabilitation in a person's own home and Intermediate care in a person's own home sourced

Capacity - Community							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	3	3	4	4	4	4
Urgent Community Response	Monthly capacity. Number of new clients.	248	240	248	248	224	248
Reablement or reabilitation in a person's own home	Monthly capacity. Number of new clients.	44	49	40	50	44	44
Intermediate care in a person's own home	Monthly capacity. Number of new clients.	51	47	43	47	44	48

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Somerset

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£61,726
BCF related spend	£37,637
Comments if applicable	

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BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

HM Government

NHS

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".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Somerset	
Completed by:	Michelle Skillings	
E-mail:	michelle.skillings1@nhs.net	
Contact number:	via MS Team (michelle.skillings1@nhs.net)	
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Mon 28/11/2022	<< Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:		

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Health and Wellbeing Chair
Name:	Cllr Bill Revans

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Bill	Revans	bill.revans@somerset.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Jonathan	Higman	jonathan.higman@nhs.net

Additional ICB(s) contacts if relevant	Mrs	Alison	Rowswell	alison.rowswell@nhs.net
Local Authority Chief Executive	Mrs	Paula	Hewitt	paula.hewitt@somerset.gov.uk
Local Authority Director of Adult Social Services (or equivalent)	Mrs	Mel	Lock	mel.lock@somerset.gov.uk
Better Care Fund Lead Official	Ms	Denise	D'Souza	denise.dsouza@somerset.gov.uk
LA Section 151 Officer	Mr	Jason	Vaughan	jason.vaughan@somerset.gov.uk

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 -->

Question Completion - When all questions have been answered and the validation boxes below have turned green, 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.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Somerset

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,952,841	£4,952,841	£0
Minimum NHS Contribution	£45,631,801	£45,631,801	£0
iBCF	£23,372,611	£23,372,611	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£73,957,253**	**£73,957,253**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£12,967,264
Planned spend	£27,123,801

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£15,098,071
Planned spend	£18,508,000

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£0	(0.0%)
Carers Services	£204,000	(0.3%)

Community Based Schemes	£56,019,912	(75.7%)
DFG Related Schemes	£6,152,841	(8.3%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of C	£0	(0.0%)
Home Care or Domiciliary Care	£9,300,500	(12.6%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£0	(0.0%)
Bed based intermediate Care Services	£2,280,000	(3.1%)
Reablement in a persons own home	£0	(0.0%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	**£73,957,253**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	90.9%	90.5%	90.2%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	380	303

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.8%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes

	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Somerset

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Somerset	£4,952,841
DFG breakdown for two-tier areas only (where applicable)	
Mendip	£1,009,598
Sedgemoor	£1,092,482
South Somerset	£1,405,418
Somerset West and Taunton	£1,445,343
Total Minimum LA Contribution (exc iBCF)	**£4,952,841**

iBCF Contribution	Contribution
Somerset	£23,372,611
Total iBCF Contribution	**£23,372,611**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Somerset ICB	£45,631,801
Total NHS Minimum Contribution	**£45,631,801**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£45,631,801**	

	2021-22
Total BCF Pooled Budget	**£73,957,253**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Somerset

>> Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,952,841	£4,952,841	£0
Minimum NHS Contribution	£45,631,801	£45,631,801	£0
iBCF	£23,372,611	£23,372,611	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	**£73,957,253**	**£73,957,253**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£12,967,264	£27,123,801	£0
Adult Social Care services spend from the minimum ICB allocations	£15,098,071	£18,508,000	£0

>> Link to further guidance

Checklist

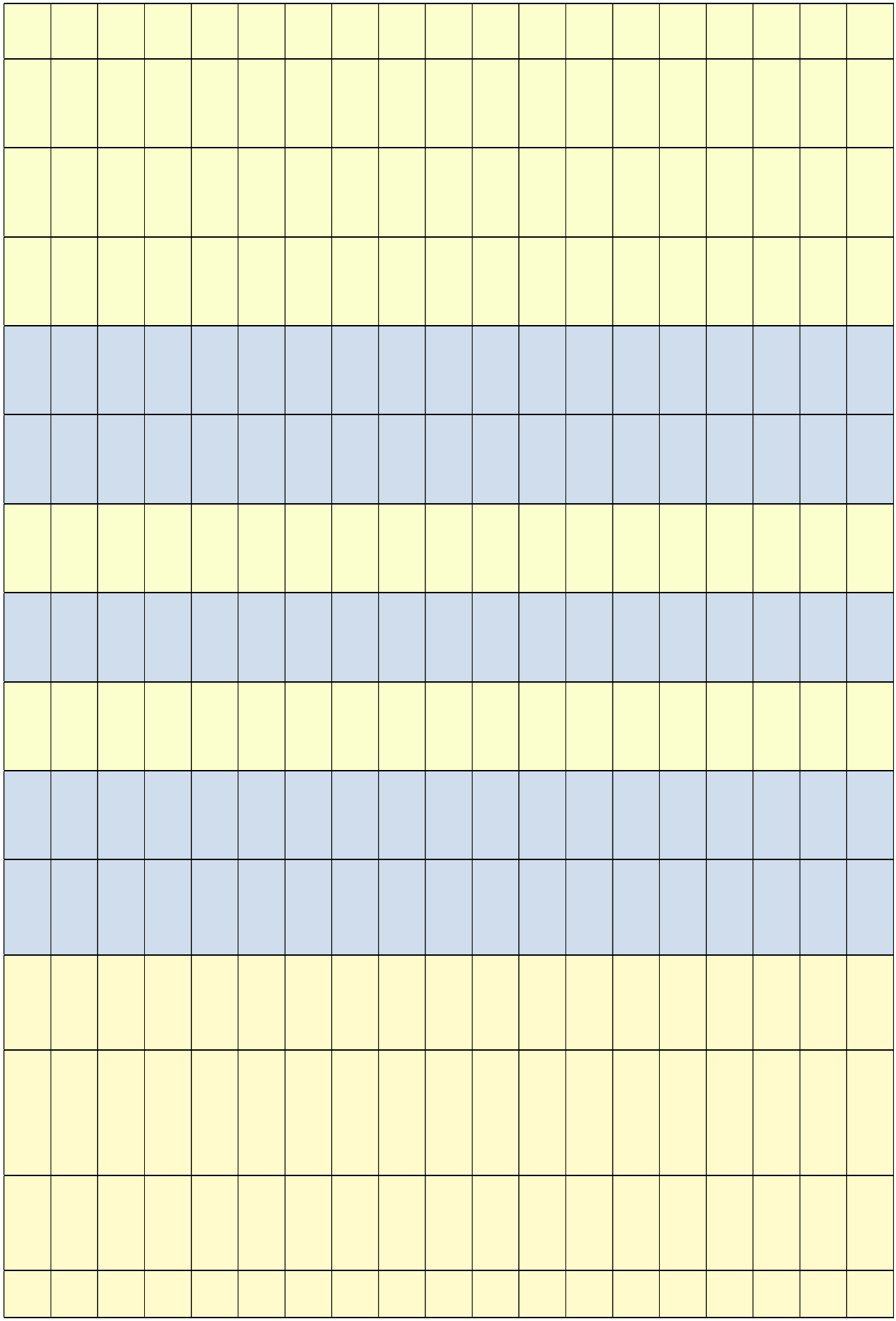
Column complete:

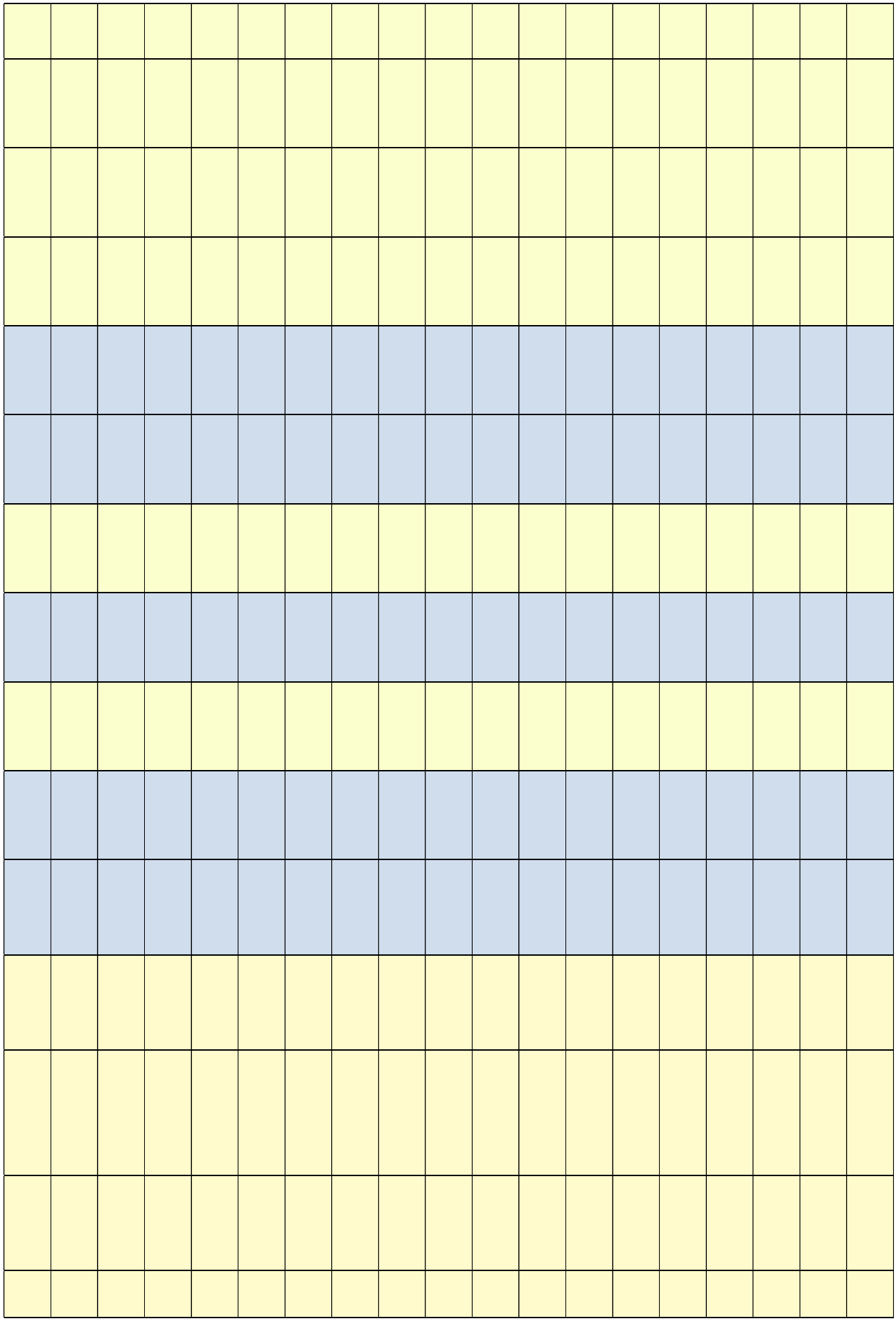
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

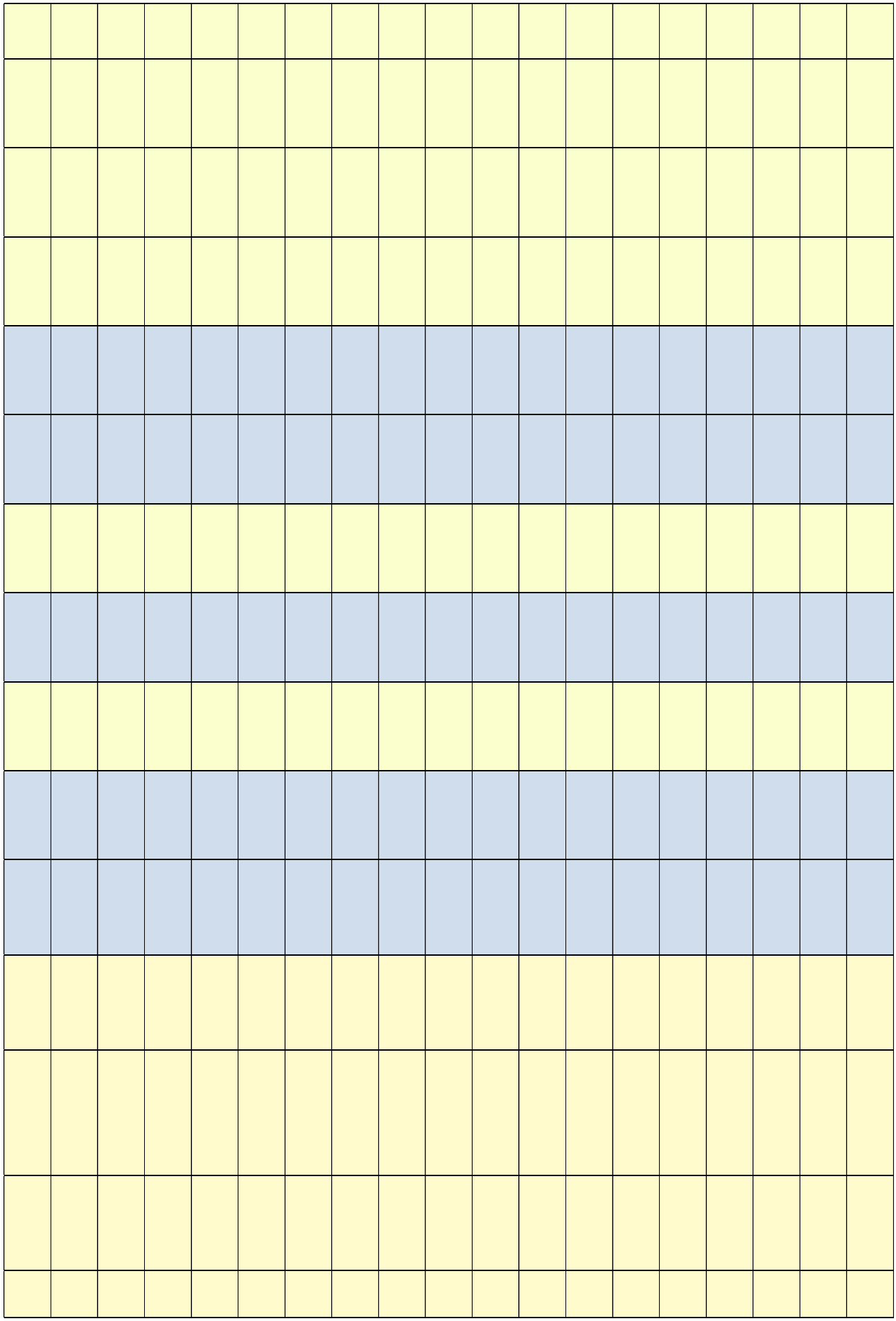
Sheet complete

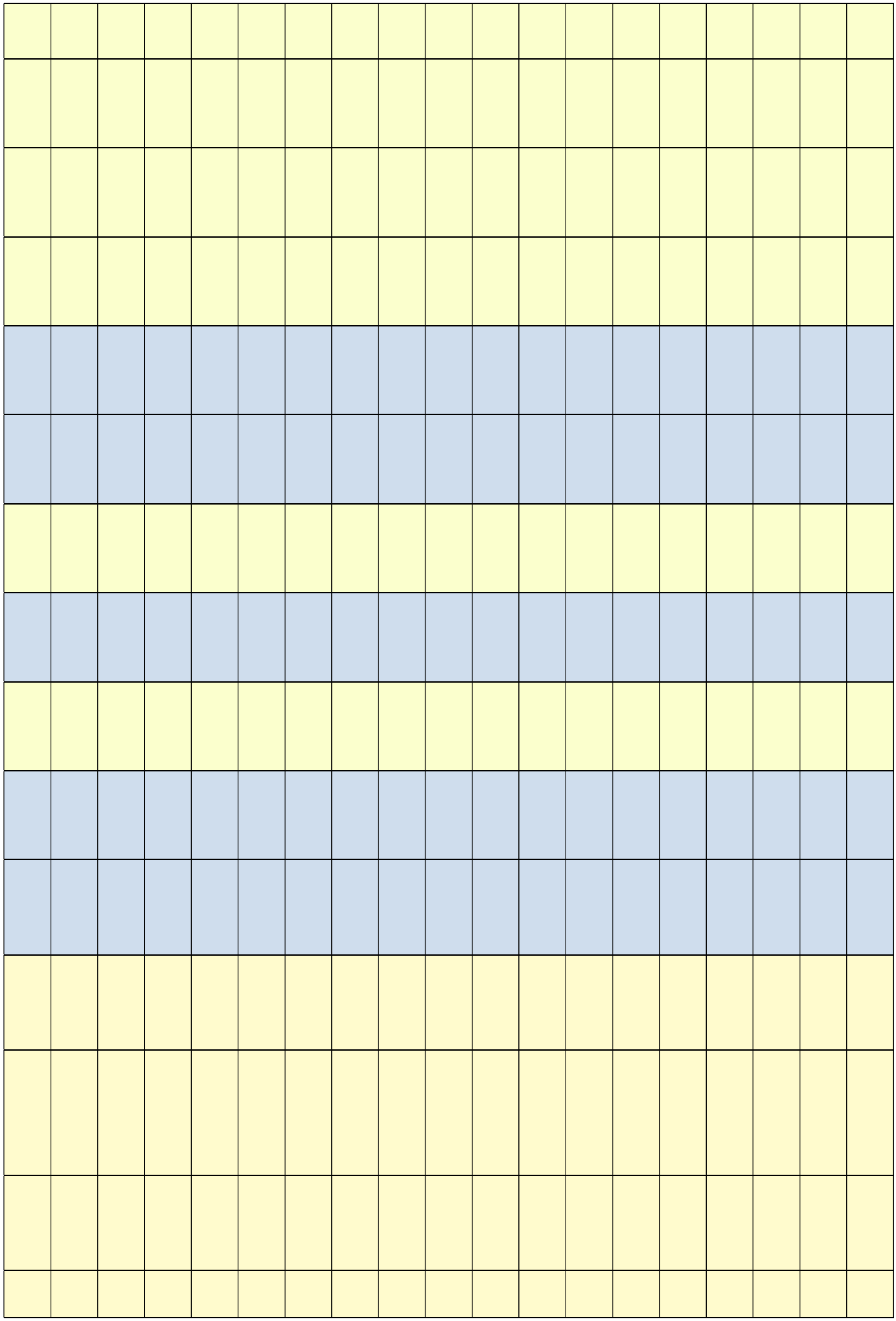
						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	DFG	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Charity / Voluntary Sector	DFG	£4,952,841	Existing
2	Intermediate Care	Out of hospital care and support	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£23,807,407	Existing
2	Intermediate Care	Out of hospital care and support	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Private Sector	Minimum NHS Contribution	£4,241,000	Existing
2	Intermediate Care	Out of hospital care and support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Charity / Voluntary Sector	iBCF	£5,298,500	Existing
2	Intermediate Care	Out of hospital care and support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Local Authority	Minimum NHS Contribution	£3,602,000	Existing
3	NHS funded new models of care	Social Prescribing and related support	Community Based Schemes	Integrated neighbourhood services		Other	Community based support	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£3,316,394	Existing
4	Community bed based care (short stays, hospital	Nursing home pressures, nursing home fees and interim beds	Bed based intermediate Care Services	Other	Mixed provision	Social Care		LA			Private Sector	Minimum NHS Contribution	£2,280,000	Existing

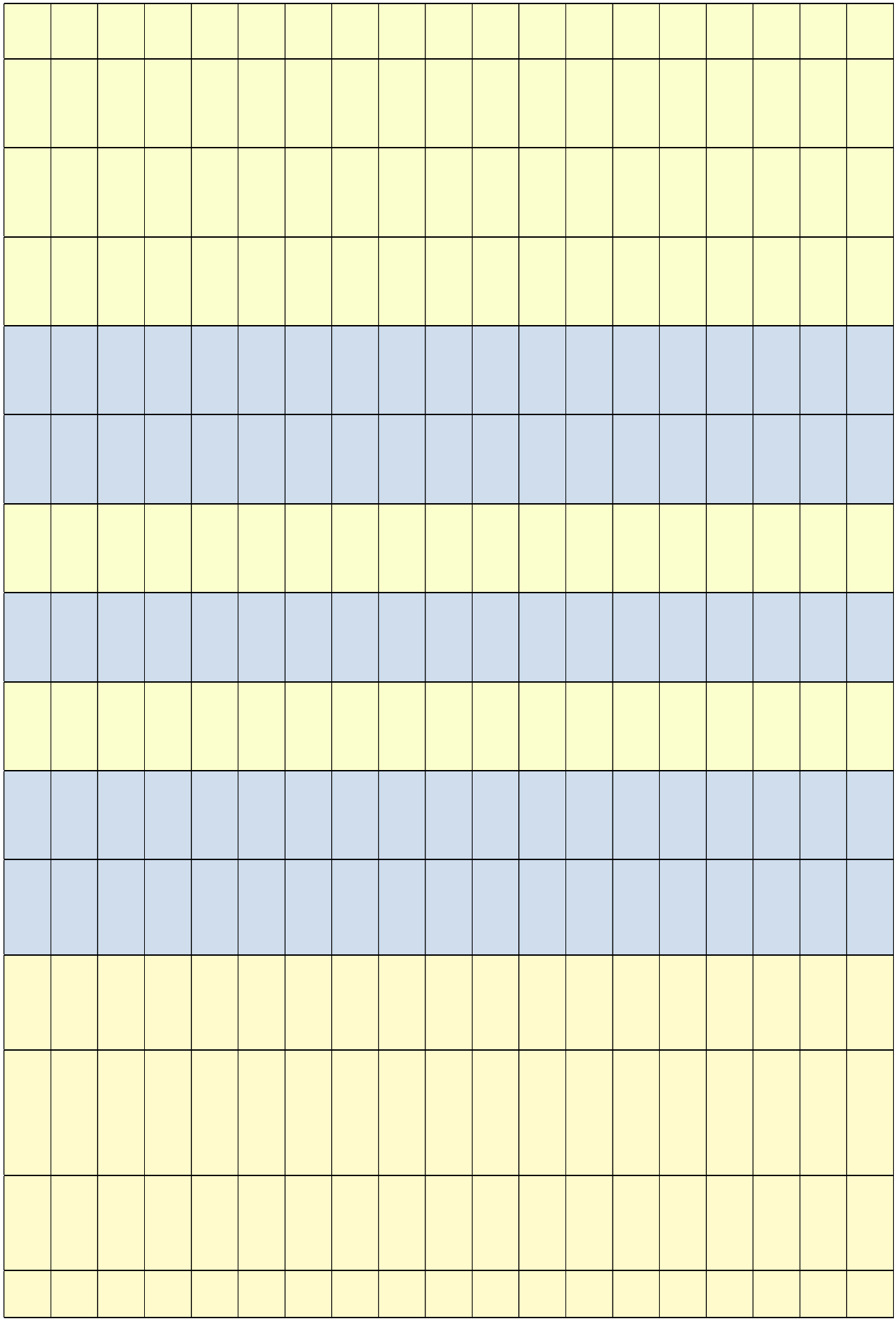
5	Community Equipment Service	NHS additional contribution to community equipment	DFG Related Schemes	Other	Community equip	Social Care		LA			Private Sector	Minimum NHS Contribution	£1,200,000	Existing
6	Support for carers	NHS contribution to the Carers Support Service	Carers Services	Other	Whole county ser	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£204,000	Existing
7	Adult Social Care	Funding to protect front line services, e.g. additional social workers	Community Based Schemes	Other	Social care	Social Care		LA			Local Authority	Minimum NHS Contribution	£5,913,000	Existing
7	Adult Social Care	Funding to protect front line services, e.g. additional social workers	Community Based Schemes	Other	Social care	Social Care		LA			Local Authority	iBCF	£11,334,411	Existing
8	Learning Disability Services	Maintaining and protecting Learning Disability Services	Community Based Schemes	Other	Learning Disability Services	Social Care		LA			Private Sector	Minimum NHS Contribution	£1,068,000	Existing
8	Learning Disability Services	Maintaining and protecting Learning Disability Services	Community Based Schemes	Other	Learning Disability Services	Social Care		LA			Private Sector	iBCF	£6,339,700	Existing
9	Market Support	Funding to support budget pressures in light of increasing number of	Home Care or Domiciliary Care	Domiciliary care workforce development		Social Care		LA			Private Sector	iBCF	£400,000	Existing

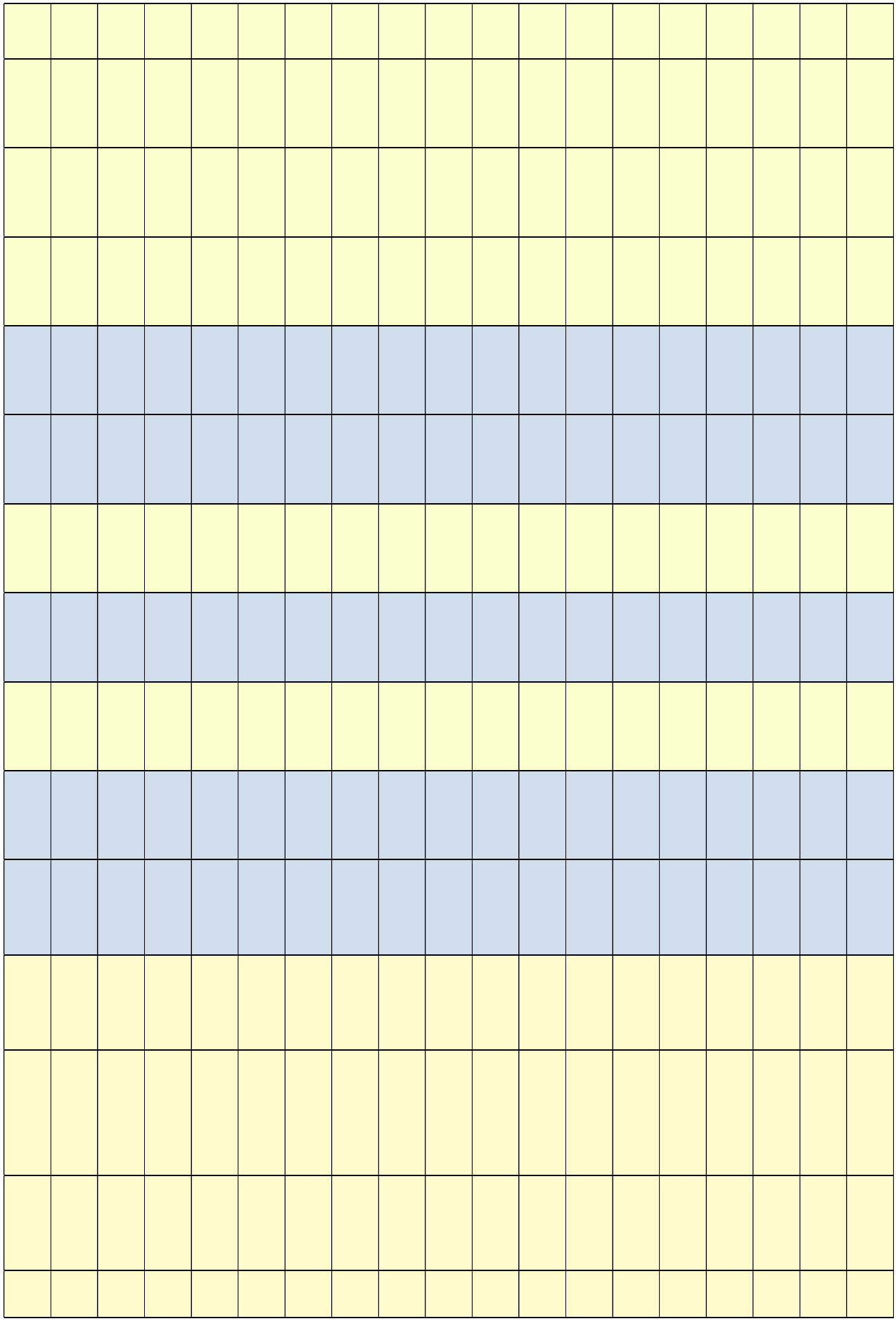


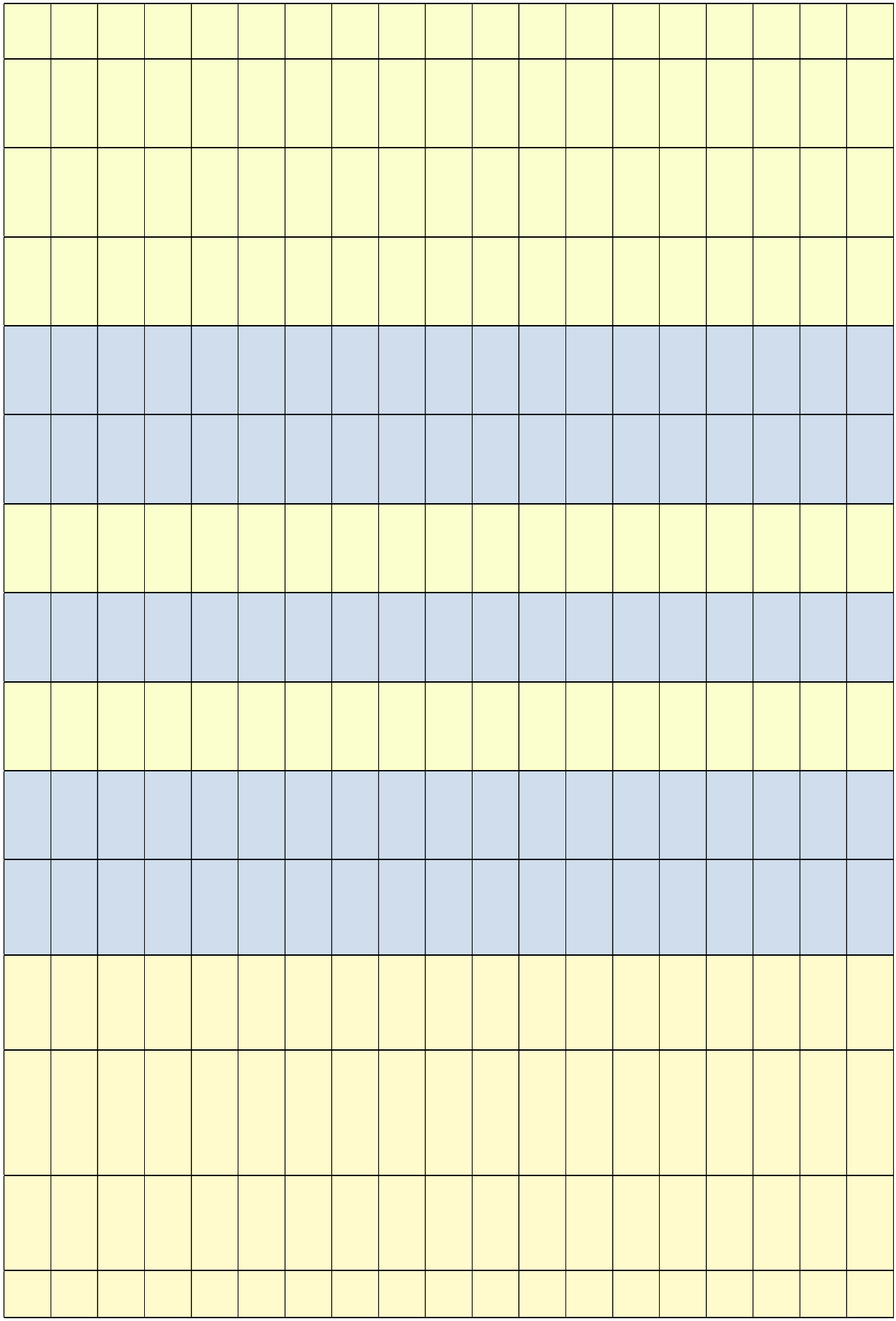


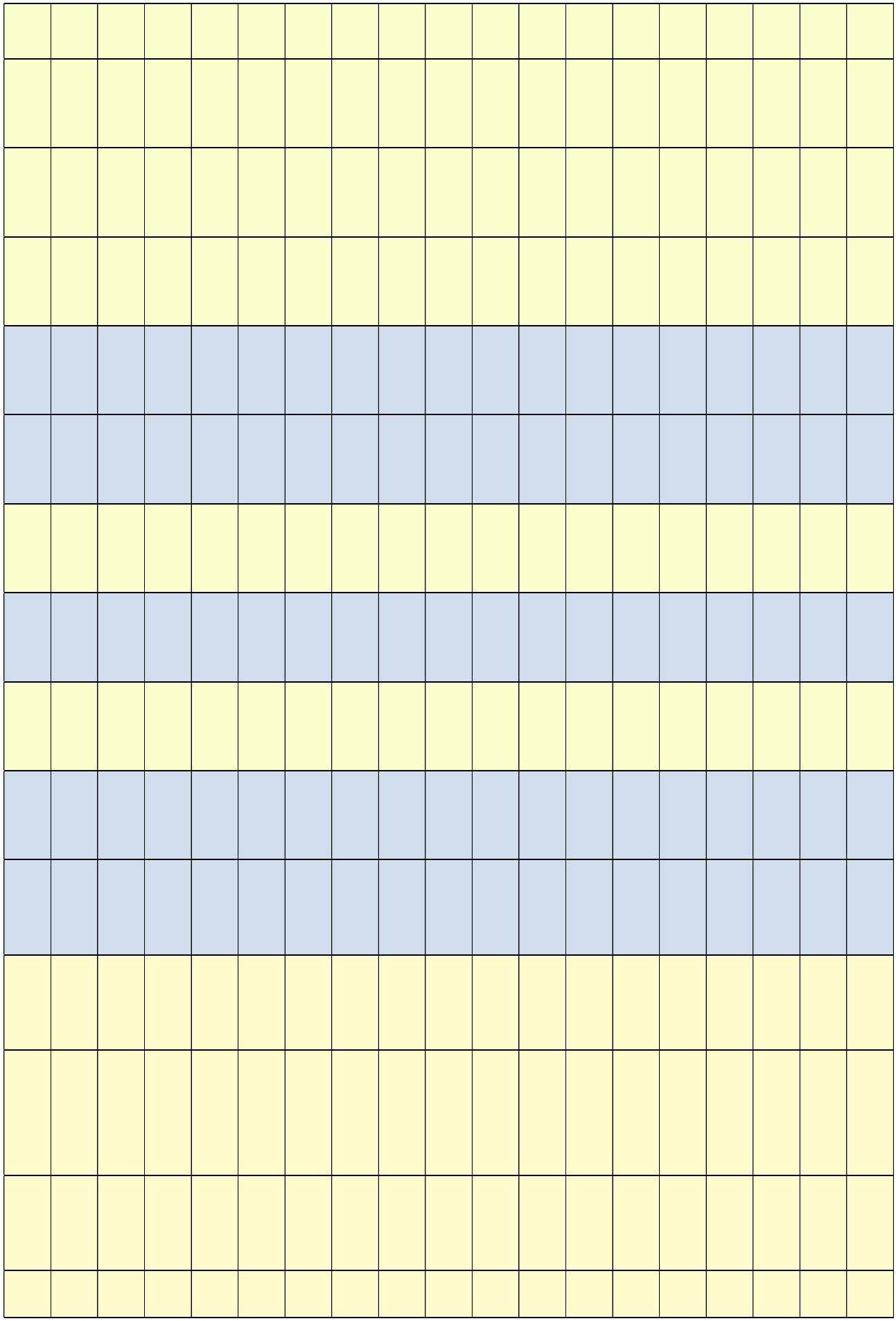


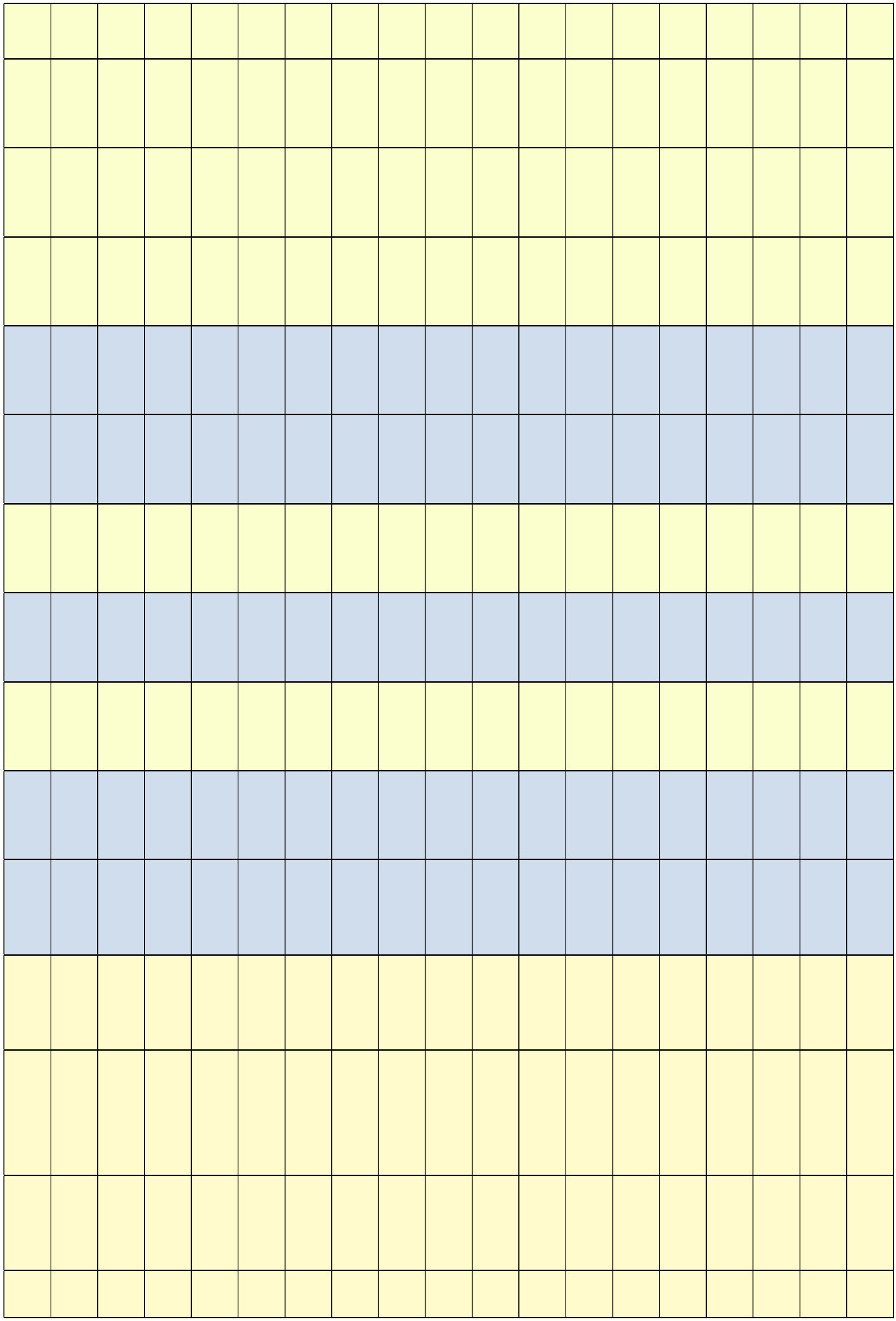


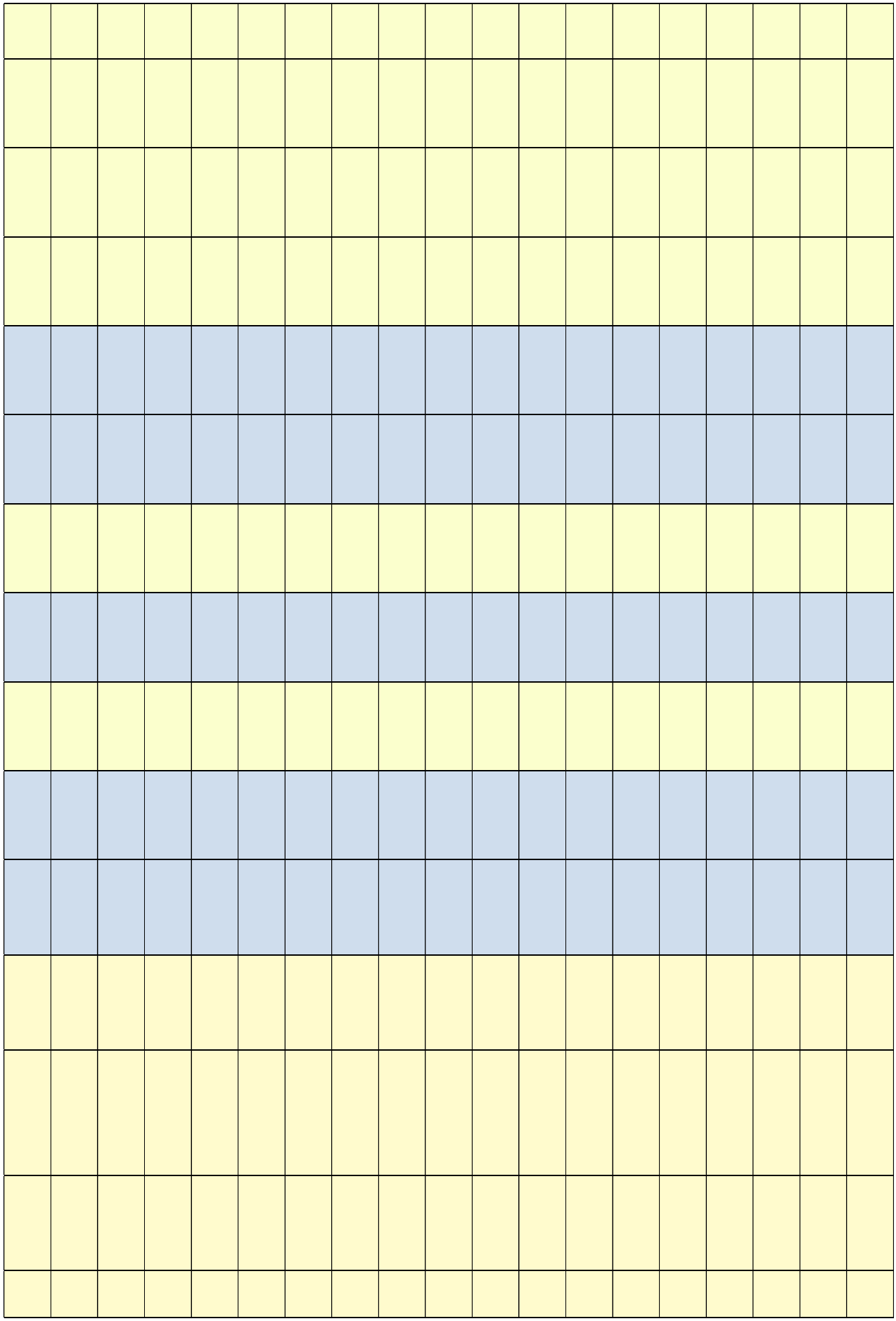


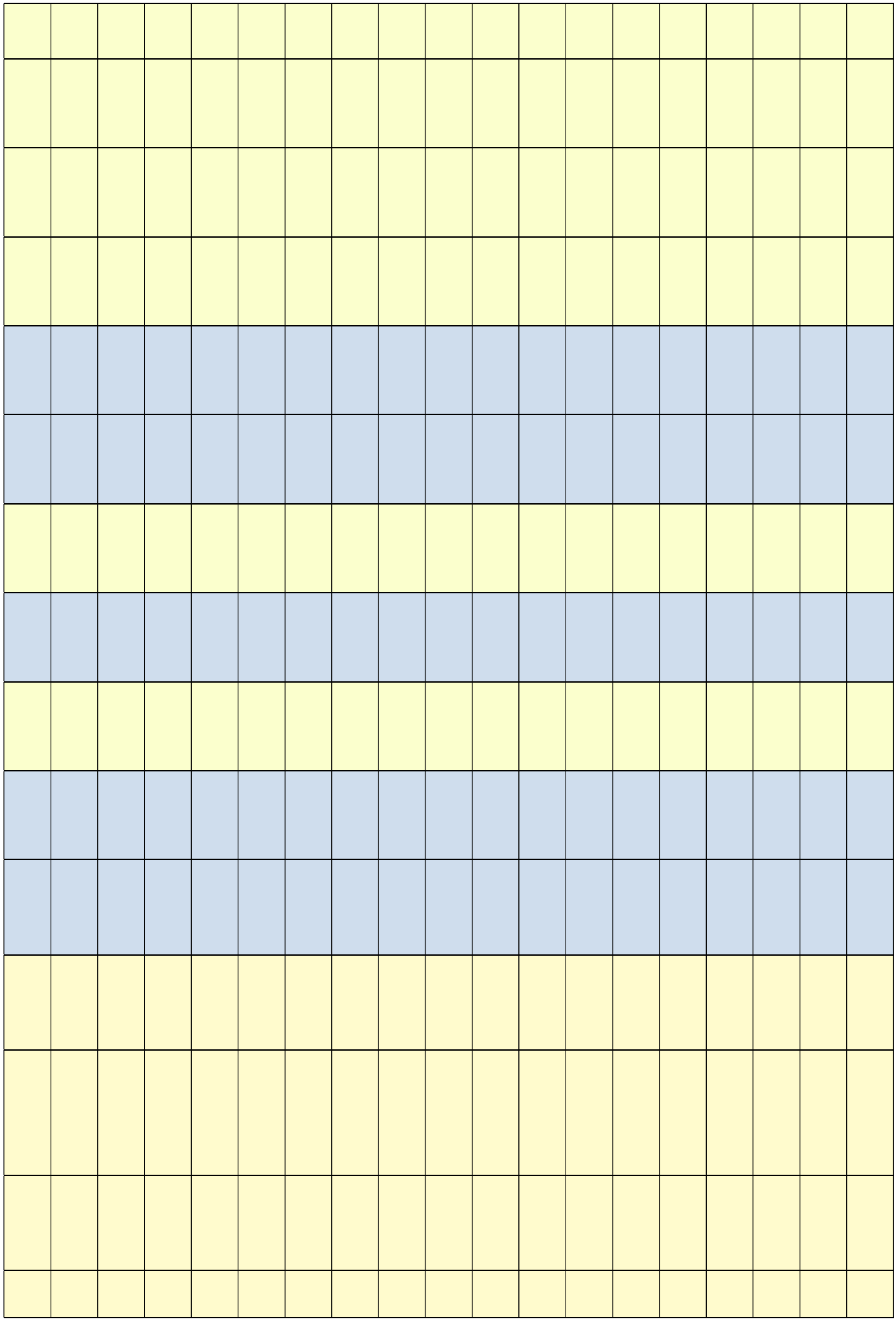


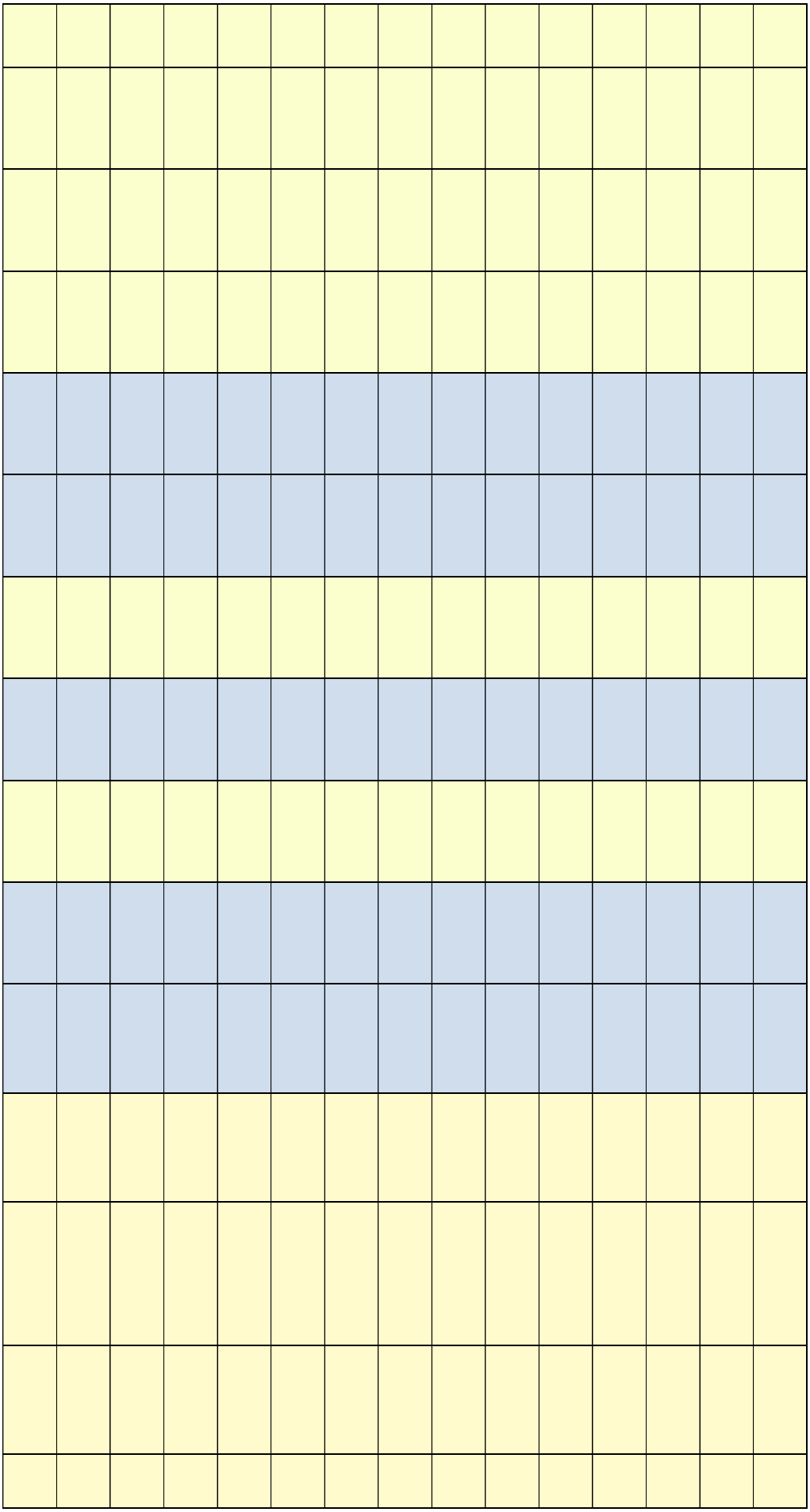












Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.

16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Somerset

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	180.8	169.6	182.0	125.2	The expectation for 22/23 is that the ISR for avoidable emergency admissions will be maintained at the same rate for 21/22 (Q1-3). Admission avoidance schemes continue to be developed, including virtual	Admission avoidance schemes continue to be developed across the Somerset System, including Virtual Wards.
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value	181	181	181	181		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	91.1%	90.4%	89.9%	90.7%	Pattern of admissions has reduced when compared to the pre-covid period (Apr19-Mar20), and leading to a reduction in the overall volume of admissions and discharges. Q1 22-23 Actual included as Q1 Plan. Discharges to usual place of residence expected to maintained in Q2, and due to No Criteria To Reside Backlog clearance in Q3/Q4 the proportion of	Senior discussions continue with parter organisations (Acute Trust and Adult Social Care) to increase the volume of patients discharged home without onward care (Pathway 0). Plans in development in respect of the clearance of No Criteria to Reside backlog (patient awaiting onwarded bedded care) from November onwards. An additional cohort of external Pathway 2
	Numerator	12,043	11,687	11,367	10,288		
	Denominator	13,224	12,929	12,640	11,340		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	90.9%	90.5%	90.2%	90.3%		
	Numerator	11,167	10,874	11,022	11,423		
	Denominator	12,288	12,014	12,213	12,655		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	380.4	316.1	303.0	302.9	Given the numerous and significant challenges facing Adult Social Care and providers the underpinning rationale is that 'standing still' in respect of performance is a good result. To this end the plan for 22/23 plan is aligned to the	As per rationale comments
	Numerator	540	460	441	450		
	Denominator	141,969	145,530	145,530	148,568		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	78.3%	79.9%	76.8%	76.8%	Given the numerous and significant challenges facing Adult Social Care and providers the underpinning rationale is that 'standing still' in respect of performance is a good result; therefore the 22/23 plan is aligned to the 21/22	As per rationale comments
	Numerator	148	151	480	480		
	Denominator	189	189	625	625		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Somerset

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Approval details included on page 2. Stakeholder involvement details included on page 2.		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	Integration and collaborative commissioning included on pages 5-6. Equality and Health Inequalities included on pages 16-18.		
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Details on the Disabled Facilities Grant are included on pages 12 - 15		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Please see confirmation on worksheet '5a. Expenditure'		
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Please see confirmation on worksheet '5a. Expenditure'		
NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	Summary to "Enable people to stay well, safe and independent at home for longer", "provide the right care in the right place at the right time" and the position of the HICM included on pages 7-10		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	Supporting unpaid carers summary is included on page 11		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes	Please see confirmation on worksheet '6. Metrics' Ambition for all metrics have been locally agreed to maintain the current position given the considerable		

NHS Somerset

Better Care Fund (BCF) Programme

Health and Wellbeing Board

28th November 2022

Improving LIVES

NHS Somerset

Better Care Fund (BCF) Programme

- An introduction to the Better Care Fund
- The role of the HWBB in signing off 2021/22 outturn and 2022/23 plans
- Discussion on opportunities for developing the BCF plans for 2023

Improving LIVES

NHS Somerset

What is the Better Care Fund?

- The Better Care Fund is not new; it has been around since 2013. It was seen as a way of pooling budgets and directing funding to Adult Social Care

- It serves as a mechanism to support health and care system partners to deliver integration in a way that supports person-centred care, sustainability and better outcomes for people and their carers:
  - *pooled budgets supported by s75 agreement*
  - *money in pooled budget to protect Adult Social Care services*

Improving LIVES

NHS Somerset

What is the Better Care Fund?

The key principals are to ensure:

- Right care at the right time in the right place.
- People are supported to stay safe, well and independent at home for longer.

Improving LIVES

NHS Somerset

Financial details - 2022/23 plan

The total pooled fund is just under £74 million.

The majority of the spend to support the following:

- £4.9 million is the Disabled Facilities grant
- £24m approx protecting Adult Social Care services
- £30m approx on Intermediate Care services
- £9m approx to the voluntary and community sector

NHS Somerset

Challenges

- Part of the wider NHS planning process. However, guidance often comes out very late in the year.
- Plans therefore have often been rolled over especially over the last 2 years.
- Opportunities for health and social care integration not always has been seen as a key driver in many health and social care systems.
- Often viewed as a bureaucratic process.

Improving LIVES

NHS Somerset

Opportunities

- There will be another BCF process next year and there is the prospect of having a 2 year plan.
- Do we need to wait for the guidance to look at our aspirations and plans for 2023 onwards?
- The metrics measured (4 this year) have remained the same for a number of years and cover:
    1. Admission avoidance
    2. Discharge to usual place of residence
    3. Residential admissions
    4. Reablement

Improving LIVES

NHS Somerset

Narrative Plan

As well as the key metrics within the narrative plan we have to submit we also need to include our plans for

- Use of Disabled Facilities Grant / Housing

- Support to informal carers

- Health Inequalities

Improving LIVES

NHS Somerset

Next steps -2023 onwards

- How do we want to work with partners to develop the plan?
- The plan reflects the work underway and future aspirations.
- Ensuring we have the appropriate governance structure in place to monitor plans and performance
- How would the HWB like to be involved?

Improving LIVES

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Somerset Health and Wellbeing Board
28 November 2022

Report for information

Title: Healthwatch Somerset Annual Report

Lead Officer: Gillian Keniston-Goble, Manager, Healthwatch Somerset
Author: Gillian Keniston-Goble, Manager, Healthwatch Somerset
Contact Details: Gillian Keniston-Goble
Gillian.Keniston-Goble@healthwatchsomerset.co.uk>

Summary:	This report is to present the annual report from Healthwatch Somerset (HWS)
Recommendations:	1. **That the Somerset Health and Wellbeing Board receives our annual report for information.** 2. **That the Somerset Health and Wellbeing Board members share their opinions on our workplan suggestions for 23/24.**
Reasons for recommendations:	HWS has a statutory requirement to publish its annual report before 30th June. It is good practice for us to consult with our stakeholders before creating our workplan.
Links to The Improving Lives Strategy	**Please tick the Improving Lives priorities influenced by the delivery of this work** **A County infrastructure that drives productivity, supports economic prosperity and sustainable public services** — **Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment** — **Fairer life chances and opportunity for all** ***X*** **Improved health and wellbeing and more people living healthy and independent lives for longer** ***X*** The Health and Social Care Act of 2012 put people at the centre of their health and social care. To help realise that ambition, a Healthwatch organisation was set up in every local

	authority area across England. Each one is a key part of its local community, and works in partnership with other organisations in its area. For Healthwatch Somerset, this includes Somerset County Council, the NHS, local hospitals and voluntary organisations. **Healthwatch Somerset** is the county's independent health and care champion. It exists to ensure that people are at the heart of care. We serve the geographical area of Somerset County Council, which includes the districts of Mendip, Sedgemoor, South Somerset and Somerset West and Taunton.
Financial, Legal, HR, Social value and partnership Implications:	Healthwatch Somerset would like to ask the members of the Health and Wellbeing Board to promote our service as an independent health and care champion who represents the voice of the local population within the health and social care system.
Equalities Implications:	Our Vision, Mission and Values underpin our equalities.
Risk Assessment:	Our key risk is around funding for our service, however this comes from central Government and our service is commissioned by SCC.

1. Background Information

1.1 Healthwatch Somerset is your local health and social care champion. From Exmoor to Frome and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice. We are a statutory organisation and as such are obliged to publish an annual report that we would like to share with you.

2. Improving Lives Priorities and Outcomes

2.1 Our role is to be the voice of all of the local population, within the Health and Social Care system and we exist to ensure that people are at the heart of care.

3. Consultations Undertaken

3.1 Not applicable, our reports are listed within the annual report or on our website www.healthwatchsomerset.co.uk

4. Request of the Board and Board Members

4.1 Healthwatch Somerset would like to ask the members of the Health and Wellbeing Board to promote our service as an independent health and care champion who represents the voice of the local population within the health and social care system. We want to be truly representative of the people of

Somerset and the more people who are aware of our service the more likely it is that we do represent everyone.

4.2 We would like to hear both and good and the not so good feedback about people's experiences within health and social care.

4.3 Healthwatch Somerset would like to ask the members of the Board to share their opinions on our workplan suggestions.

5. Background Papers

5.1 The Healthwatch Somerset report can be found on our website www.healthwatchsomerset.co.uk or at this link

6. Report Sign-Off

	Seen by:	**Name**	**Date**
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)		Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)		Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

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Healthwatch Somerset

healthwatch
Somerset

Who are Healthwatch ?

Healthwatch Somerset exists to speak up for local people on health and social care, to make sure that services in the county reflect the needs of the people and communities they serve.

Where did Healthwatch come from?

The Health and Social Care Act 2012 was introduced under the coalition Con/Lib Dem Government..

Healthwatch is an independent statutory member of the Health and Wellbeing Board and the Integrated Care Partnership

How are we funded?

The Department of Health and Social Care fund our work.

DHSC give money to local councils such as SCC so they can commission an effective local Healthwatch Service.

What we do

- We offer help, advice, and signposting
- We anonymously record your experiences and use these to represent your voice to those services, their commissioners, regulators, and funders.
- We visit services to see how they work.
- We go out in the community and work with other organisations.
- We focus on issues that are important to the residents of Somerset, through our workplan and reports.

www.healthwatchsomerset.co.uk

Advice, information and signposting

We will listen and can provide confidential, free information and guidance to help you understand your options and get the help you need. Whether it's finding a local service or discovering how to make a complain.

This year we helped people by:

- Providing up-to-date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

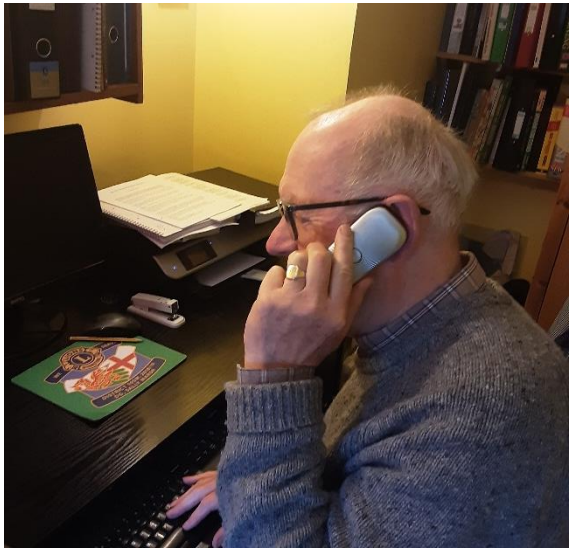
We take feedback about any of the following; Health and Social care services

Our volunteers

Our Board


healthwatch
Somerset
Volunteer with us
healthwatch
Somerset
healthwatch
Somerset
Completed
surveys and feedback forms
Thank you

What our volunteers do



10 volunteers helped with our audit of GP websites

9 volunteers completed surveys with people attending A&E at Musgrove and Yeovil

12 volunteers carried out phone interviews for our District Nursing project

3 volunteers have been involved in the interview process for nursing degree apprentices

Enter and View

Healthwatch Somerset projects 2021-2022

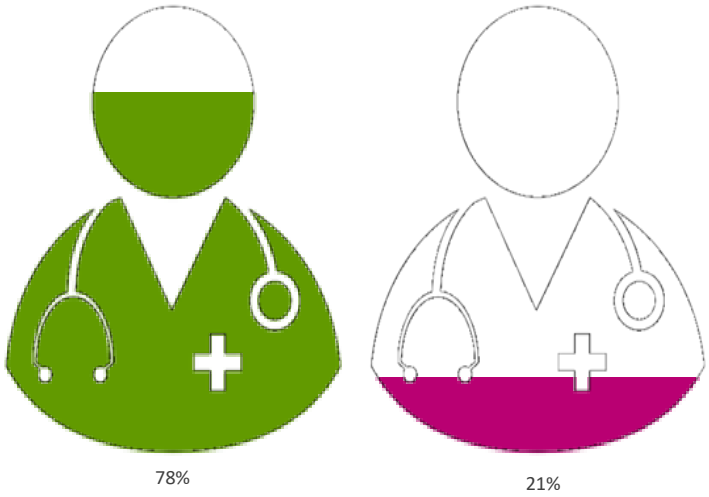
healthwatch Somerset

The District Nursing Service

People's experiences of using the service in Somerset

Aims:

- Working jointly with district nursing teams in Somerset, we wanted to know the current strengths and weaknesses in the delivery of the DNS to patients in Somerset.
- We wanted to explore areas such as:
  - Ease of accessing the service out of hours.
  - People's views on extending routine visits into the weekends and after 5pm.
  - How patients feel about the use of digital technology, for example, video consultations.



Would you be willing to have a routine visit by the District Nurse after 17:00 on weekdays?

The District Nursing Service

People's experiences of using the service in Somerset

- **What people told us:**
- 161 (94%) of 172 respondents rated the DNS as 'Very good'.
- 137 (79%) of 173 respondents would be able to manage a routine visit after 17:00 on weekdays
- 159 (92%) of 173 responses would be able to manage a routine visit on a Saturday or Sunday.
- Most people liked the DNS because they are friendly and helpful.

The District Nursing Service

People's experiences of using the service in Somerset

A couple of our recommendations included:

- Maintaining and building on the level of service should be at the heart of any proposed changes to the DNS.
- Increasing the hours of service, so that routine visits can take place during weekends and evenings where appropriate.

The Young Listeners

Young people's feedback to improve health & social care services

Aims:

To include young people at every stage of the Young Listeners project:

- What training they felt would help them.
- Choosing areas of focus.
- Developing a questionnaire
- Promoting the survey and recording young peoples feedback.

The Young Listeners

Young people's feedback to improve health & social care services

What young people told us:

- There is a lack of communication between services about young people's health and wellbeing.
- Services are not communicating effectively with young people, and they often feel left in the dark.
- There is not enough information or education about health and social care in schools, so young people have to find information online.
- Many services do not promote themselves in a way that is accessible or inclusive of young people.

The Young Listeners

Young people's feedback to improve health & social care services

Recommendations:

- Evaluate and improve how they communicate, with each other and their young patients.
- Provide more training to help schools direct young people to the right services.
- Promote services in ways that are appropriate and accessible to young people.
- Regularly involve young people in planning and decision making.

Referrals for treatment

The impact of waiting for NHS surgery in Somerset

Aims:

- We wanted to see how the Covid19 pandemic may have affected:
  - The length of time people waited for surgery.
  - The quality of the referrals and consultants service.
  - The health and wellbeing of people waiting for surgery.

Referrals for treatment

The impact of waiting for NHS surgery in Somerset

What people told us:

- Many people indicated a lack, or absence, of communication from their specialist during their wait.
- A large proportion of people told us they had experienced one or more of the following due to waiting for surgery:
  - Their condition had deteriorated.
  - Their mobility had reduced which impacted their ability to carry out everyday tasks. And they had to rely more on family and friends.
  - They had experienced changes in their daily mood.
- Many people indicated that they did not know how much longer they would have to wait for their surgery

Referrals for treatment

The impact of waiting for NHS surgery in Somerset

Some of the Recommendations we made were :

- Frequent communication and provision of information to all patients waiting for surgery should be delivered by the specialist and/or their team.
- Provide a ‘package’ of printable information which would include useful advice about who to contact for specific needs/information and useful telephone numbers to external support.
- Regular welfare checks for health and wellbeing should be carried out to help identify changing needs.

21-22 Outcomes

Changes to services;

District Nursing Service

Young People

Waiting for Surgery

NHS111 service

Same day urgent care services

Emergency Department

Our current priorities 22/23

- Reducing the barriers people face when accessing services - particularly digital access.
- Looking at people's experiences of being discharged from hospital to intermediate care or back to their own home.
- Championing the voices of those who often go unheard - including young people in need of mental health support.

In addition to this we have done some engagement work on behalf of the Foundation Trusts around the proposed merger in 2023 and we have resumed our Enter and View visits.

What should we focus on for 23/24?

Workplan short list for 23/24?

Does anyone have questions?

For more information

Healthwatch Somerset
Woodlands House
Woodlands Business Park
Bristol Road
Bridgwater
TA6 4FJ

www.healthwatchsomerset.co.uk

t: 0800 999 1286

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Facebook.com/healthwatchsomerset/

healthwatch Somerset

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Somerset Health and Wellbeing Board
28/11/2022

Report for approval OR information

Somerset Safeguarding Adults Board: Strategic Plan (2022/2023) Refresh and Annual Report (2021/22)

Lead Officer: Keith Perkin, Independent Chair, Somerset Safeguarding Adults Board
Author: Stephen Miles, Acting Strategic Manager - Commissioning Learning Disabilities and Community
Contact Details: stephen.miles@somerset.gov.uk / 01823 359157

Summary:	1. The Somerset Safeguarding Adults Board (SSAB or the Board) operates as an independently chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015. 2. The SSAB's role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day-to-day operations of individual organisations, including those of Somerset County Council. As such, any questions from Somerset Health and Wellbeing Board members regarding operational matters, including individual safeguarding enquiries, are best directed to the representative of the organisation that has the lead for this work. 3. The Board is required by The Care Act 2014 to produce and publish an Annual Plan and Report each year. 4. The purpose of this report is to present the SSAB's Annual Report for the 2021/22 financial year (Appendix A) to the Somerset Health and Wellbeing Board
Recommendations:	**1. That the Somerset Health and Wellbeing Board receives and considers the 2021/22 SSAB Annual Report.** **2. That the Somerset Health and Wellbeing Board continues to promote adult safeguarding across the County Council and in the services that are commissioned**
Reasons for recommendations:	Reason for recommendations: The purpose of this report is to present the Board's Annual Report for the 2021/22 financial year to the Somerset Health and Wellbeing Board.
Links to The Improving Lives Strategy	**Please tick the Improving Lives priorities influenced by the delivery of this work** **A County infrastructure that drives productivity, supports economic prosperity and sustainable public services**

	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	✔
	Fairer life chances and opportunity for all	
	Improved health and wellbeing and more people living healthy and independent lives for longer	
Financial, Legal, HR, Social value and partnership Implications:	**Financial implications:** The majority of the SSAB's funding is provided by Somerset County Council, with contributions from Avon & Somerset Constabulary and NHS Somerset. Safeguarding Adults Reviews (SARs) are resourced by the partnership as and when required and an agreement is now in place between the three statutory partners to resource all SARs from outside the SSAB's core budget. The SSAB continues with its decision not to professionally print the Annual Plan or Report to save on costs and environment impact. All reports are publicly available on the website. **Legal implications:** The Care Act 2014 represented the most significant change to adult social care in more than 60 years, putting people and their carers in control of their care and support. For the first time the Act placed Safeguarding Adults, and the role and functions of a Safeguarding Adults Board, onto a statutory framework from 1st April 2015. In February 2021 the government announced an intention to develop a new assurance framework for adult social care; proposals included a new duty for the Care Quality Commission to assess local authorities' delivery of their statutory adult social care duties from April 2023 onwards. The proposal was formalised in the Health and Care Bill, receiving Royal Assent in April 2022. Whilst the inspection framework and methodology has not yet been published, the emerging scope will very likely include a focus on 'Ensuring Safety' and will include consideration of SAB effectiveness in the local area. **Partner organisations:** Somerset Safeguarding Adults Board benefits from strong partnership commitment. Organisations represented on the Board had the opportunity to detail their achievements and contributions in 2021/22 and all Board members are encouraged to take the Annual Report through their own internal governance routes.	
Equalities Implications:	**Equalities Implications:** None. This report does not relate to a decision and has therefore not been impact assessed.	
Risk Assessment:	**Risk Assessment:** Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation, and the wider safeguarding system, into question, when failings are identified. The Annual Plan and Report, both a legal requirement by the Care Act 2014, provide partner	

	organisations and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset. The Board also has a robust risk register in place which identifies and tracks risk.

1. Background

1.1. The Somerset Safeguarding Adults Board (SSAB) is a statutory body established by the Care Act 2014. It is made up of senior people from organisations who have a role in preventing the neglect and abuse of adults. The main objective of the Board is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:

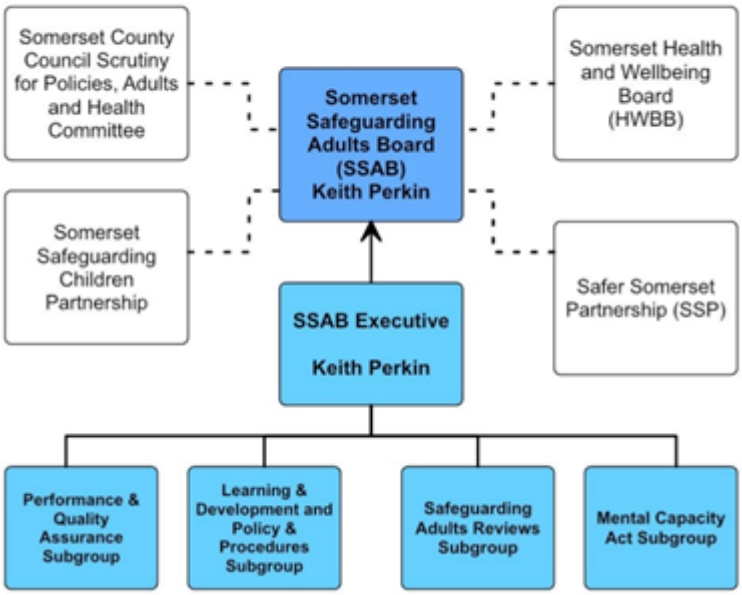
- have needs for care and support; and
- are experiencing, or at risk of, abuse, neglect or exploitation; and
- are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.

1.2. SABs have 3 statutory functions:

- To develop and publish a strategic plan setting out how it will meet its objectives and how members will contribute to these;
- To publish an annual report detailing how effective its work has been;
- To commission Safeguarding Adults Reviews (SARs) for any cases meeting the criteria for these.

1.3. Somerset's SAB is independently Chaired by Keith Perkin, who took up post in January 2020. His role is to support and challenge the commitment and vision of the Board and its partners with a main focus on how agencies effectively work together to safeguarding, prevent and reduce the risk of abuse and neglect. The Board also has a Business Manager and some administrative support available to it to help facilitate the effective work of the Board and its subgroups:

Board structure as at 31/03/2022



2. Improving Lives Priorities and Outcomes

2.1. The work of the Board during 2021/22 continued to be impacted by the need for member organisations (and our SSAB Manager) to prioritise their capacity and response to the pandemic and the associated health and care system pressures arising from it. Despite the demands and capacity challenges faced by the sector, our partner organisations have shown enormous commitment to continuing to help adults in need of safeguarding support and have supported progress activity across a range of priority areas. The Board is keen to highlight the following information for the awareness of the Health and Wellbeing Board:

a) Somerset has seen a **declining rate of safeguarding concerns contrary to national trends, and fewer Safeguarding enquiries being undertaken as a result**. Analysis suggests this is as a direct result of the significant work undertaken over recent years to improve understanding of safeguarding criteria, and more effectively triage or re-direct the previously high number of 'inappropriate' safeguarding contacts to more suitable settings or teams. *The SSAB has recently convened a task and finish group to review this in more detail, working closely with Somerset Direct (the Council's front door/call centre) and colleagues from business intelligence teams to confirm that both reporting and recording, and practice and assurance, remains where we need it to be.*

b) In common with national trends, the majority of individuals involved in a safeguarding enquiry are **over 65 and female**. The **most common risk type is 'neglect and acts of omission**', followed by physical abuse, and financial or material abuse. The **most common location where people were identified as being at risk continues to be a person's own home**, followed by a residential care home

c) Somerset is proud of its commitment to 'Making Safeguarding Personal' and continues to secure **valuable feedback direct from service users, carers and advocates via its safeguarding questionnaires developed in partnership with Healthwatch Somerset**. As of end of March 2022, satisfaction levels were highest from service users (100% satisfied with the outcome of the safeguarding work), followed by IMCAs/Advocates (88%); more could be explored to enhance the experience of friends/relatives/carers in safeguarding activity (50% satisfied with outcome), particularly where younger adults are involved. Direct quotes have included:

"My negativity, which was total, has been transformed to positivity which has never happened before in my life"

"An overwhelming sense of wanting to ensure my mother was in safe hands – nothing was beyond debate to achieve this goal"

"I have the full picture – one that allowed me to make an informed decision about how best to proceed. Nothing was forced on me".

"Sam and the team brought life into my life and made me feel better···I

am very happy with the friendliness and support that has been provided to me. They have listened and done everything they can, and now it is up to me to make my future life work".

d) The SSAB continues to **raise the profile of adult safeguarding and share best practice** via its website, social media channels and internal/external newsletters and briefings. The Board led a regional webinar on 'Promoting Safer Cultures' during National Safeguarding Adults Week in November 2021 and a webinar on 'Professional Curiosity' in March 2022. *Plans underway to deliver a regional webinar on 'Elder Abuse' this November and to host a Conference in the Spring of 2023.* New public facing materials on Mate Crime have been developed via the SSAB's Policy and Procedures subgroup, alongside the adoption of a short animation to help people understand what good friendships are, when they might be harmful and what people can do to reduce their risk of exploitation.

e) The SSAB coordinated an annual organisational self-audit of effective safeguarding activity and, more recently, conducted a repeat **SSAB Effectiveness Survey** of its members focused of the nationally-agreed characteristics of well-performing and ambitions safeguarding partnerships. The survey identified a range of strengths *(including Board culture and leadership, proactive and responsive safeguarding activity, and clear policies and protocols)* as well as some opportunities for future development and continued attention *(including improving service user/carer involvement and influence and seeking more opportunities to prevent abuse and neglect from occurring).*

f) One **Safeguarding Adults Review** was published during 2021-22 ('Matthew'). However, in common with the national and regional picture, Somerset has seen a rise in SAR referrals and is progressing a number of other reviews and debriefs.

2.2. Looking to the future

The SSAB published its 2022-2025 Strategic Plan in May 2022. The Plan is publicly available on its website and can be accessed via this link: SSAB-Strategic-Plan-2022-25-Final-For-Publication.pdf (safeguardingsomerset.org.uk). The most recent summary page of the SSAB's Performance & Quality Report is shared (Appendix D) highlighting current performance against each Strategic Plan strand.

3. Consultations undertaken

3.1. As part of developing its Annual Report the SSAB sought feedback from all of its partners. This includes seeking feedback from representatives of people who use services, carers and the third sector, and Healthwatch. Partners were also invited to contribute content to the Annual Report, and this can be found in Appendix B.

4. Request of the Board and Board members

4.1.

1. That the Somerset Health and Wellbeing Board receives and considers the 2021/22 SSAB Annual Report.
2. That the Somerset Health and Wellbeing Board continues to promote adult safeguarding across the County Council and in the services that are commissioned

5. Background papers

5.1.

- Appendix A – SSAB Annual Report, 2021-22
- Appendix B – SSAB Annual Report Appendix (The Work of Our Members)
- Appendix C – SSAB Annual Report One Page Summary

6. Report Sign-Off

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	
	Executive Member (if applicable)	Cllr Bill Revans	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

Somerset Health and Wellbeing Board – WORK PROGRAMME 2022

Agenda Item	Date of Meeting	Details and Lead Officer
	17 January 2022	
Climate Change and Health		Teresa Harvey
Somerset Safeguarding Adults Board Annual Report		Stephen Miles/SSAB Chair
APHR Update		Trudi Grant
ICS / ICP Verbal Update		Trudi Grant
	21 March 2022	
Homelessness Reduction Board Report (20 mins)		Andy Lloyd-SCC/Claire Tough-Homes in Sedgemoor
Health Protection (HPF) Annual Report (Slides will be at the Board-20 mins)		Jessica Bishop & Alison Bell
Somerset Moves – Physical Activity Strategy (20 mins)		Jane Knowles-Chief Exec at SASP/Kate Anderson-SCC/Thomas Macconnell-CCG
ICS Verbal Overview Update-Governance, Ways of Working, Fit for My Future (15 slides-20 mins)		Jonathan Higman and Paul von der Heyde
SEND Update		Rob Hart/Vikki Hearn

(20-30 mins)		
	13 June 2022	
PNA - Pharmaceutical Needs Assessment		Pip Tucker (15 min)
ICS Verbal Update		Jonathan Higman and Paul von der Heyde
Somerset's People Plan Update		Jane Graham/Chris Squire
	26 September 2022	
ICS Verbal Update		Jonathan Higman and Paul von der Heyde
Children & Young People Plan		Fiona Phur / Jasmine Wark
Health, Care, and Housing		Mark Leeman
	28 November 2022	
Health and Care Strategy (30 min)		Maria Heard
Better Care Fund (30 min)		Denise D'Souza
Healthwatch Update (15 min)		Judith Goodchild/Gillian Keniston-Noble
SSAB Report (20-25 min)		Natalie Green/Keith Perkin

- Reports should generally be no longer than 6 sides of A4 with detail being contained in appendices or available via contact officer.
- If reports are not received by the deadlines indicated, they will be taken off the agenda for that meeting unless there are exceptional circumstances.
- Draft / final reports and appendices to be sent to Terrie Brazier via email (terrie.brazier@somerset.gov.uk) wherever possible.
- None of the above replaces the need for report authors to consult relevant senior officers on the contents of the draft reports during their preparation.
- **All H&WB meetings – 11am in hybrid format with voting members attending face-to-face at County Hall and others attending virtually via Microsoft Teams**

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