Wiltshire Health Select Committee

Better Care Fund Plan 2023-2025

Wiltshire Council

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

This vision is underpinned by 2 core objectives, to:

enable people to stay well, safe and independent at home for longer

(to improve quality of life and reduce pressure on Urgent and Emergency Care, acute and social care services)

This will be achieved through various mechanisms, including:

- collaborative working with the voluntary, housing and independent provider sectors
- investment in a range of preventative, community health and housing services
- supporting unpaid carers

provide people with the right care, at the right place, at the right time

to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow. This will be achieved by

- embedding strong joint working between the NHS, local government and the voluntary, housing and independent provider sectors.

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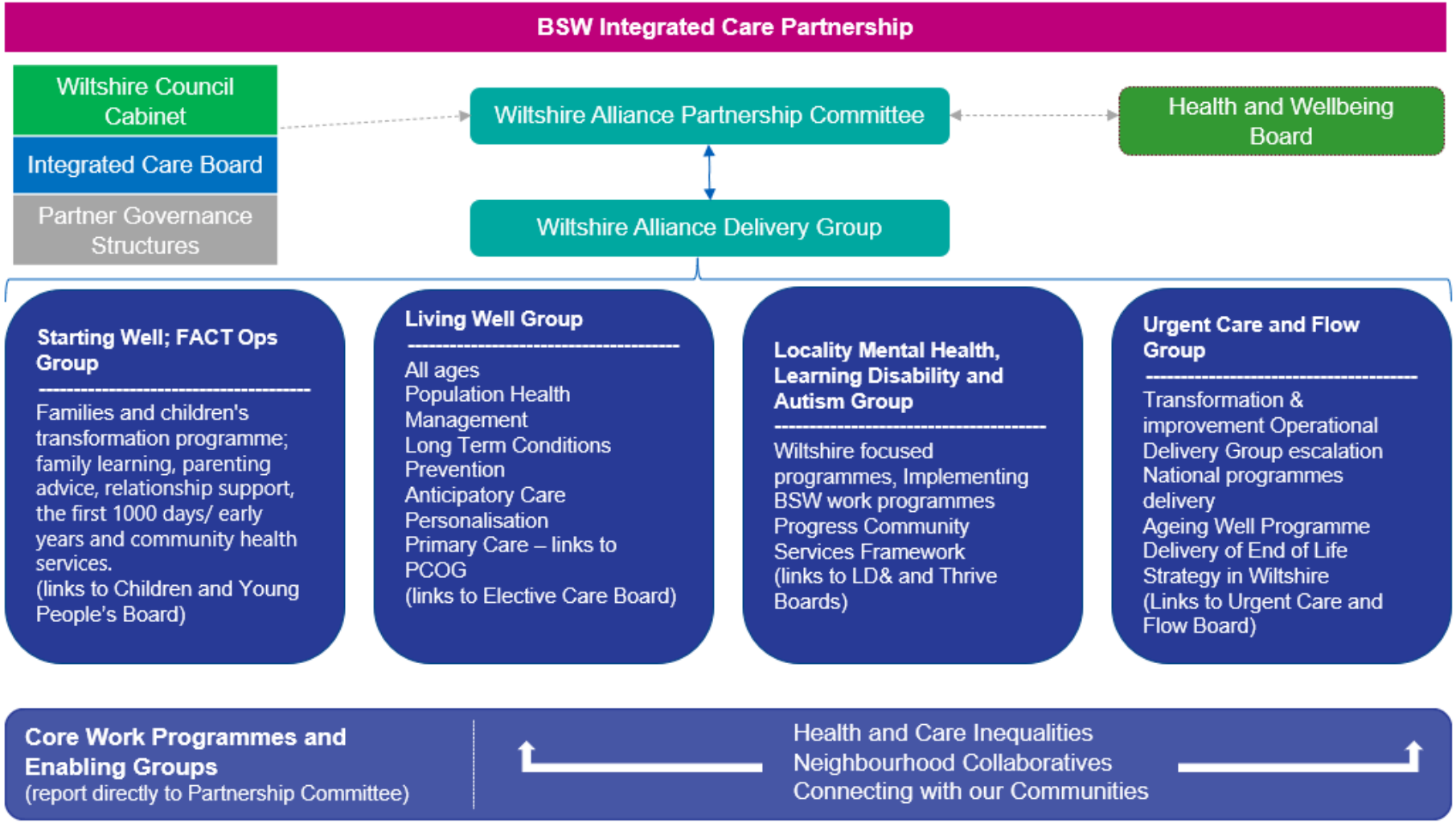
Total pooled fund of £65,511,569 in 2023-24. Spent across 66 schemes

No.	National Condition	Description
1	A jointly agreed plan between local health and social care commissioners and signed off by the HWB	The local authority and ICBs must agree a plan for their HWB area that includes: agreement on use of mandatory BCF funding streams an assessment of capacity and demand for intermediate care services ambitions for making progress against the national metrics The plan must be signed off by the HWB.
2	implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer	This national condition requires areas to agree a joint plan to deliver health and social care services that support improved outcomes against the fund's first policy objective
3	implementing BCF policy objective 2: providing the right care, at the right place, at the right time This includes continued	Includes implementation of the High Impact Change Model for transfers of care, which has been integral to meeting BCF requirements around supporting discharge and supporting the Urgent Emergency Care recovery plan. local areas will be required to agree and submit a plan showing expected demand for intermediate care services, services to support this recovery (including rehabilitation and reablement) and expected capacity to meet this demand
4	maintaining NHS contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF) and investment in NHS commissioned out of hospital services	Plans should set out the approach to investing in NHS out of hospital services locally, and how health and local authority partners will work together to deliver it. Expenditure plans should show the schemes that are being commissioned from BCF funding sources to support this condition.

Governance



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- Joint funded BCF Commissioning Team
  - Commissioning services, monitoring outputs of existing services and overseeing the planning and delivery of the BCF in Wiltshire

- Integrated Services
  - HomeFirst – Wiltshire Health and Care and Wiltshire Council's reablement service working together to support people to live independently in their own homes after a hospital discharge. This joint service reduces the need for ongoing and/or significant packages of care for individuals.
  - Integrated brokerage – brokering care for end of life care , complex continuing healthcare and social care
  - Rapid Response service – supporting people to avoid admission to hospital

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Themes

Reducing Inequalities

Hospital Discharge

Avoidable Admissions

Demand and capacity across intermediate care services

Support for Mental Health, LD and Autism

Use of the Voluntary Sector

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METRICS

Transparency and clarity of BCF spending against BCF objectives, the metrics include the collection of activity data, refreshed metrics and updated spending categories.

Metric	2023-24	2024-25
Discharge to usual place of residence	✓	✓
New: discharge metric ahead of winter 2023 – Discharge ready date	✓	
New: Proportion of people discharged who are still at home after 91 days		✓
Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services	✓	
Admissions to residential and care home	✓	✓
Unplanned admissions for ambulatory sensitive chronic conditions	✓	✓
New: Emergency hospital admissions due to falls in people over 65yrs	✓	✓
New: Outcomes following short-term support to maximise independence		✓

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