

AGENDA SUPPLEMENT (1)

Meeting: Health and Wellbeing Board

Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN

Date: Thursday 23 May 2024

Time: 10.00 am

The Agenda for the above meeting was published on 15 May 2024. Additional documents are now available and are attached to this Agenda Supplement.

Please direct any enquiries on this Agenda to Max Hirst - Democratic Services Officer of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email Max.Hirst@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225)713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

10 **ICBC Update (Pages 3 - 8)**

11 **Better Care Plan - standing update (Pages 9 - 20)**

DATE OF PUBLICATION: 20 May 2024

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Wiltshire Council

Health and Wellbeing Board

23 May 2024

Subject: Update on BSW ICB Integrated Community Based Care programme engagement activity

Executive Summary

- I. This paper provides an general update on the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (BSW) Integrated Community Based Care (ICBC) programme and procurement timeline.
- II. The ICBC programme is due to undertake a period of engagement with the public and stakeholders on the programme's direction of travel. An engagement document will be published, with an accompanying survey, inviting people to share their views on transformation priorities for community based care and on the their priorities for the future of community services.

Proposal(s)

It is recommended that the Board:

- i) Notes the update on the ICBC programme and procurement timeline
- ii) Notes the proposed engagement activity

Reason for Proposal

This report is presented to the Board for information.

Fiona Slevin-Brown
Director of Place - Wiltshire
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Subject: Update on BSW ICB Integrated Community Based Care programme engagement activity

Purpose of Report

1. This paper provides an update on the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (BSW) Integrated Community Based Care (ICBC) programme with a specific focus on upcoming engagement activity.

Relevance to the Health and Wellbeing Strategy

2. The BSW ICBC programme is focused on supporting the delivery of improved outcomes including:
 - An overall increase in life expectancy across our population
 - A reduction in the gap between life expectancy and healthy life expectancy across our population
 - Reduced variation in healthy life

Background

3. In Autumn 2022 BSW ICB began a strategic programme of work called the Integrated Community Based Care (ICBC) programme.
4. This programme aims to transform community based care, improve patient outcomes and reduce unnecessary variation in services across BSW.
5. The ICBC programme will bring together the community based care contracts that were inherited by BSW ICB from three separate clinical commissioning groups (CCGs). A new ICBC contract will be developed that includes health and some social care services provided in the community for adults, children and young people.

Programme update

6. The ICBC programme is currently undertaking a procurement for the provider of the new contract.
7. Under the new contract, we will be asking provider(s) to play a key role in transforming community based care in a way that delivers joined up, proactive care and focuses on improving patient outcomes.

8. The new contract is designed around nine transformation priorities that are informed by our Primary and Community Care Delivery Plan, these are:

Transformation priority	Description
Neighbourhood Teams	Take early neighbourhood/local team models, population health management, care coordination, personalised care planning and preventative approaches and mature them so that they a) meet both the mental and physical health and wellbeing needs of the most vulnerable adults and children with long term conditions in our communities, and b) reduce health inequalities and improve access/outcomes. The third sector will be key delivery partners in this model.
Family Child Health Hubs	Family Child Health Hubs will strengthen neighbourhood teams and core primary care services by improving access to wider multi-disciplinary child and specialist paediatric expertise to reduce pressure across the system, join up care, improve quality of care and increase productivity.
All age single point of access for urgent clinical need	Create a BSW single point of access (SPA) which ensures people, with an urgent or emergency clinical need, receive the right clinical intervention, in the most appropriate place at the right time by the most appropriate clinician.
Redesign Care Pathways	Identify adults and children by pathway who are attending or being admitted to hospital with conditions that could be managed in the community and reduce these admissions with a focus on prevention and proactive care over the life of the contract. Redesign adult and children and young people pathways across primary, community and acute services to reduce variation between localities, enable care closer to home, increase emphasis on prevention and early interventions
Specialist advice and support into communities and primary care	Delivery of specialist advice and support into local communities and to primary care, enabling children and adults to seek advice from a community specialist team as their first port of call. to be cared for closer to home. Delivery of children's community services single point of access.
Specialist advice and support for people with LDAN	Transform community provision for people with a learning disability, autism or neurodiversity to deliver improvements across the pillars of identifying, understanding, meeting, maintaining and escalating needs. Delivery of SPA and focus on early intervention and prevention

Transformation priority	Description
Sustainable and innovative workforce	Transform the workforce through integrated/shared recruitment and retention approaches across providers and partnership working with third sector. Redesign roles within the neighbourhood teams based on a more generalist and less specialist approach with a focus on prevention and proactive care.
Digital innovation	Harness digital innovation - operationalise the integrated care record across partner organisations, introduce a digital clinical record, mainstream the use of remote working, remote monitoring, diagnostic capabilities and the NHS App, use of artificial intelligence.
Left shift into community and third sector	Deliver early and ongoing productivity gains through the life of the contract to create capacity to reinvest in transformation priorities and shift funding to community, third sector delivery and prevention delivery.

9. The new contract will be based around six key outcome measures:
 - Improve health & wellbeing of our population
 - Increase overall life expectancy across our population
 - Reduce impact of long term conditions/morbidity
 - Improve access and experience
 - Improve sustainability of workforce & carers
 - Optimise impact of enablers
10. The procurement process is now in a negotiation phase that will run until the end of July 2024.
11. There will then be an evaluation process to assess the bid(s) before determining who will be awarded the contract to deliver integrated community based services across BSW.
12. The award of any contract following this period is expected at end of September 2024. From October 2024 the provider will begin to mobilise their services to be ready for the start of the contract on the 1 April 2025.

Engagement document and survey

13. The ICBC programme has developed an engagement document about the programme. The purpose of the engagement document is to provide stakeholders, particularly patients and the public and those not immediately involved in the ICBC programme with more detailed information about plans for community-based care in BSW.
14. The engagement document will be used to seek views from local communities and partners about the vision and ambition for community based care.

15. Specifically, the aim is to engage on how to deliver the ambitions of the programme and transformation priorities, and to test any views on the detail of the same.
16. A survey will be developed to seek the views of local people and stakeholders. The questions will cover views on:
 - the case for change – whether people recognise the challenges and agree that change is needed
 - the ICBC transformation priorities – do these resonate, do people support them
 - barriers to accessing community based care
 - ways community based care could better support people to manage their health and wellbeing
 - ways community based care could make best use of digital technologies
 - the future of community services – what is important to people, what would they like to see from future services.
17. The engagement period will be widely promoted through existing ICB and system partner communication channels.
18. Following the engagement period, the feedback will be used to develop an engagement report and an updated version of the engagement document, with a new section including the key themes from the engagement.
19. The engagement report and updated version of the engagement document will be shared with potential new providers of community based care. This will ensure that bidders are aware of what is important to local people and be able to consider this when formulating their bids.
20. The engagement document and engagement period will be launched during week commencing 13 May and will run for around 3 weeks.
21. The engagement report and updated engagement document will be made available later in the summer of 2024.

Fiona Slevin-Brown
Director of Place - Wiltshire
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Report Authors:

[Name, title, organisation]

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Wiltshire Council

Health and Wellbeing Board

23rd May 2024

Subject: BCF End of Year Submission Short Summary

Executive Summary

1.1 This report provides the Health and Wellbeing Board (HWB) with an executive briefing of the end of year submission for the Better Care Fund (BCF) for the Wiltshire locality.

1.2 The template must be submitted to the BCF National Team on May 23rd, 2024, and it is a requirement of BCF governance arrangements that this is formally presented to the Health and Wellbeing Board. This is to provide accountability for the funding, information, and input into national datasets, on behalf of Health and Wellbeing Boards.

1.3 The submission was populated by the financial out-turn position statement of the Better Care Fund (BCF) for 2023/24:

	Income	Expenditure	Balance
Total Pooled Fund	£69,511,568	£67,670,874	£1,840,694

Various schemes are showing an underspend due to the timing of the year end submission, such as Disabled Facilities Grant (DFG), Equipment and iBCF. Final DFG spend is unknown at time of completion due to capital outturn timing, so position may change.

1.4 National conditions set out below were all met:

National Condition	Confirmation
1) Jointly agreed plan	Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home longer	Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioning out of hospital services	Yes

1.5 The end of year statements confirmed use of the BCF as an enabler of integrated working:

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The governance structure that was embedded because of the creation of the Integrated Care Alliance in 2023/24 has improved joint working and continues to work well.
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	All schemes were implemented as planned in 2023/24.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF plan has continued to have a positive impact on the integration of health and social care within Wiltshire.

1.6 2023/24 has seen significant changes in Demand and Capacity planning for hospital discharge which has resulted in a significant reduction in acute non criteria to reside. This will be evidenced in our 2024/25 BCF planning refresh

on 10th June 2024.

1.7 The use of BCF mandatory funding streams must be jointly agreed by Integrated Care Boards (ICBs) and Local Authorities to reflect local health and care priorities. Plans must be signed off by Health and Wellbeing Boards. The BCF 2023-25 Plan is being refreshed for 2024-25 and will be submitted on 10 June 2024. The plan will be formally presented to the Board on 11 July 2024.

Proposal(s)

It is recommended that the Board:

- i) Notes the end of year BCF submission 2023-24,
- ii) Approves the delegated sign-off of the Better Care Fund Plan to the Co-Chair

Helen Mullinger
Better Care Fund Commissioning Manager



Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Wiltshire

National data may be unavailable at the time of reporting. As such, please use 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 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	134.6	131.6	157.4	140.3	Not on track to meet target	We expect to exceed the target set	Analysis of the conditions most frequently seen has focussed discussions at senior level. Virtual wards are one means to support a reduction in admissions and capacity has increased in these durign 2023-24 and will reach expected capacity in 2024-25.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.7%	92.2%	92.1%	92.1%	On track to meet target	Target met	We continue to focus on rehabilitation and reablement and following demand and capacity work, funding was increased in latter part of 23-24 to increase capacity in PW1.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,227.0	On track to meet target	While there are pockets of good practice and services to reduce the likelihood of falls, Wiltshire lacks a coordinated falls reduction programme. This is something that we are reviewig for 2024-25.	Our Pathway 1 and 2 provision is heavily therapy led which aims to improve people's strength and maintain independence. The capacity of these services has increased significantly during 23-24 and this capacity will be sustained in 24-25, ensuring as many people as possible are reabled.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				317	Not on track to meet target	The number admitted is higher than Wiltshire would like to see and does not align with our ambition to have as few people as possible admitted to residential or nursing placements.	We have increased the funding for pathways 1 and 2, increasing capacity to take both more people and those with more complex needs. We would expect to see a reduction in residential admissions in 24-25 as a result of this.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				75.2%	On track to meet target	Year end performance is expected to be above 80%	Our detailed review of our HomeFirst service resulted in an action plan for service improvement. This, combined with the increased fuding and capacity, has resulted in more people accessing therapy based support

Checklist Complete:

Yes

Yes

Yes

Yes

Yes



Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board:

Income			
2023-24			
Disabled Facilities Grant	£4,037,936		
Improved Better Care Fund	£10,242,097		
NHS Minimum Fund	£38,174,737		
Minimum Sub Total		£52,454,770	
	Planned		Actual
NHS Additional Funding	£2,102,263		Do you wish to change your additional actual NHS funding? <input type="text" value="No"/>
LA Additional Funding	£9,022,443		Do you wish to change your additional actual LA funding? <input type="text" value="No"/>
Additional Sub Total		£11,124,706	
Total BCF Pooled Fund	Planned 23-24	Actual 23-24	
	£63,579,476	£63,579,476	

Additional Discharge Fund			
Planned			
LA Plan Spend	£1,435,926		
ICB Plan Spend	£2,687,702		
Additional Discharge Fund Total		£4,123,628	
	Planned 23-24	Actual 23-24	
BCF + Discharge Fund	£67,703,105	£67,703,105	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24

Expenditure	
2023-24	
Plan	£69,511,568
Do you wish to change your actual BCF expenditure?	<input type="text" value="Yes"/>
Actual	£67,670,874
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	Various scheme underspends (DFG, equipment and iBCF due to timing) DFG spend is still being finalised so this position could change

Checklist Complete:
<input type="text" value="Yes"/>
<input type="text" value="Yes"/>
<input type="text" value="Yes"/>
<input type="text" value="Yes"/>
<input type="text" value="Yes"/>
<input type="text" value="Yes"/>

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Wiltshire

Checklist

		Yes		Yes		Yes		Yes					
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
1	IC Therapy (Wiltshire Health and Care ASC)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£977,935	£733,451	£977,935	364	304	391	Number of placements	No	
6	Step Up Beds (WHC ACS) Community Hospital Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,023,712	£767,784	£1,023,712	671	608	616	Number of placements	No	
19	Homefirst Plus- Local Authority Contribution	Home-based intermediate care services	Reablement at home (accepting step up and step down)	Additional LA Contribution	£664,898	£498,674	£664,898	210	621	825	Packages	No	
20	Carers - LA contribution to pool (Adults)	Carers Services	Carer advice and support related to Care Act duties	Additional LA Contribution	£668,583	£501,437	£668,583	552	365	470	Beneficiaries	No	
21	Carers - LA contribution to pool (Childrens)	Carers Services	Carer advice and support related to Care Act duties	Additional LA Contribution	£72,674	£54,506	£72,674	552	273	428	Beneficiaries	No	
23	Disabled Facilities Capital Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£5,846,400	£3,013,855	£5,541,915	2,750	126	146	Number of adaptations funded/people supported	No	
26	Medvivo - Telecare Response and Support	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£1,268,238	£562,608	£1,402,927	3,500	1,800	2562	Number of beneficiaries	No	
28	Complex Care packages	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£497,926	£373,444	£497,926	222	192	275	Hours of care (Unless short-term in which case it is packages)	No	
32	Carers - ICB contribution to pool (CCG)	Carers Services	Respite services	Minimum NHS Contribution	£821,067	£615,800	£821,067	50	251	956	Beneficiaries	No	
35	BCF Support Team	Workforce recruitment and retention		Minimum NHS Contribution	£150,739	£113,054	£150,739		-	NA	WTE's gained	No	
41	Step Up/Down Beds - IR Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£3,517,284	£2,919,621	£3,517,284	1,212	304	391	Number of placements	No	
42	Block Beds DZA additional bed capacity - Non Recurrent	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement	Additional LA Contribution	£1,120,358	£753,764	£1,183,521	540	128	246	Number of placements	No	
43	Council reablement	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£414,510	£310,882	£414,510	552	200	266	Packages	No	
44	TF Dom Care - in house - a - Discharge Fund - ICB	Home-based intermediate care services	Reablement at home (accepting step up and step down)	ICB Discharge Funding	£793,663	£595,247	£793,663	210	184	380	Packages	No	
45	TF Dom Care - in house - a	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£259,236	£194,427	£259,236	1,492	1,853	2128	Hours of care (Unless short-term in which case it is packages)	No	
46	Dom Care - Rapid response a Discharge Fund ICB	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	ICB Discharge Funding	£1,052,899	£789,674	£1,052,899	168	157	199	Hours of care (Unless short-term in which case it is packages)	No	
47	EOI & Non CHC complex/spot non recurrent	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Additional LA Contribution	£530,000	£530,000	£670,855	204	209	396	Hours of care (Unless short-term in which case it is packages)	No	
49	Brokerage Support - Non recurrent	Workforce recruitment and retention		Additional LA Contribution	£182,000	£136,500	£182,000		3	3	WTE's gained	No	This was for 3 brokerage roles to support the additional capacity required for ICB requirements. This funding has not been continued into 24-25.
51	Additional staff capacity to Support flow - non recurrent	Workforce recruitment and retention		Additional LA Contribution	£508,000	£381,000	£508,000		-	NA	WTE's gained	No	This fund supported existing roles so there are no planned outputs.
52	Home First Plus - WHC	Home-based intermediate care services	Reablement at home (to support discharge)	BCF	£931,775	£698,832	£931,775	552	621	825	Packages	No	
53	Providing stability and extra capacity in the local care system - Home Care services - New	Workforce recruitment and retention		BCF	£2,845,222	£2,133,916	£2,845,222		-	0	WTE's gained	No	No outcomes were entered on the planning template submitted. This funding supports existing ASC locality teams and was not intended to recruit extra staff.
57	Providing stability and extra capacity in the local care system - Complex Cases	Home Care or Domiciliary Care	Domiciliary care packages	BCF	£1,088,512	£816,384	£1,088,512	222	192	275	Hours of care (Unless short-term in which case it is packages)	No	Data is the same as scheme 28 as both related to complex packages of care.
58	Providing stability and extra capacity in the local care system - Accommodation (i) IBCF	Residential Placements	Nursing home	BCF	£1,043,659	£782,744	£1,043,659	192	187	247	Number of beds/placements	No	
59	Providing stability and extra capacity in the local care system - Accommodation (ii) IBCF	Residential Placements	Nursing home	BCF	£1,439,936	£1,079,952	£1,439,936	191	155	190	Number of beds/placements	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Estimated demand - Hospital Discharge		Prepopulated from plan:							Q2 Refreshed planned demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	154	197	171	162	197	177	151	156	114	130	163	180
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	154	161	151	125	139	144	124	157	113	129	130	114
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	28	30	37	33	23	30	27	25	24	25	20	25

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	163	162	193	160	151	219	178	161	190	175	166	191
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	106	104	127	85	91	103	97	100	102	100	105	104
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	30	43	32	42	35	26	34	32	31	42	21	32

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

Demand - Community		Prepopulated from plan:								Q2 refreshed expected demand				
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Social support (including VCS)	Planned demand. Number of referrals.	20787	25883	25775	20594	20534	25775	25775	400	400	400	400	400	
Urgent Community Response	Planned demand. Number of referrals.	32	34	30	25	28	30	23	596	596	596	596	596	
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	0	0	0	0	0	0	0	30	30	30	30	30	
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	154	161	151	125	139	144	124	88	88	88	88	88	
Other short-term social care	Planned demand. Number of referrals.	50	50	50	50	50	50	50	0	0	0	0	0	

Actual activity - Community		Actual activity:											
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	440	478	542	644	636	818	487	622	610	749	541	581
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	44	42	46	49	51	61	43	44	45	59	53	50
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	41	42	54	85	25	29	32	37	36	21	27	29
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template
8. 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. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

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
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The governance structure that was embedded as a result of the creation of the Integrated Care Alliance in 2023/24 has improved joint working and continues to work well.
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	All schemes were implemented as planned in 2023/24.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	The BCF plan has continued to have a positive impact on the integration of health and social care within Wiltshire.

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 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	6. Good quality and sustainable provider market that can meet demand	The success of the dom care framework has resulted in increased capacity in local markets. The additional capacity has supported hospital discharge pathways and packages of care are able to be established in a more timely manner. The framework will be reviewed in 2024-25 to ensure it continues to incentivise market capacity.
Success 2	Other	The focus on capacity and demand modelling has resulted in evidenced and informed decisions in the allocation of resources to services. Modelling evidenced the need for increased capacity in PW1 services and funding was directed accordingly and has had a positive impact on NCTR rates. The capacity and demand work has also been the catalyst for the review of PW2 and possible repurposing of beds - to take place in 2024-25. The BCF plan refresh provides further detail.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	Resources specific to geographic areas - The Neighbourhood Collaborative work is now established and services delivered are focussed in key areas as identified with strong data analysis. The challenge is in managing broad partnership groups and maintaining engagement and momentum during peak times when capacity is often needed elsewhere.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Wiltshire is working towards a more integrated approach for the sharing of electronic records. Steps have been taken towards the integration of electronic records and data however challenges remain.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
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

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