Integration and Better Care Plan

Wiltshire Health and Care Economy 2019/20

Final Version for approval by Health & Wellbeing Board
18 September 2019

1. Document Summary

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Constituent Clinical Commissioning Group	Wiltshire Clinical Commissioning Group
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3. Signatures

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Contents

4. Foreword and Introduction

4.1. Wiltshire Council and Wiltshire Clinical Commissioning Group (CCG) are pleased to present their fourth Better Care Fund (BCF) Plan. This plan covers the period 2019/20 and is a development of the two-year plan that covered the years 2017/18 and 2018/19. NHS England has advised that the BCF is likely to be more closely aligned to the NHS Long-Term Plan during 2019/20 and this plan has been designed to be flexible to extend into 2020/21 to meet that challenge.

4.2. During the lifetime of the previous plan, the Wiltshire system adopted a new approach to leadership and culture change. Governance arrangements have been refreshed and system leaders from health and social care are committed to working together to deliver their integration strategy.

4.3. A strong culture of joint working and governance has developed through the years of the BCF (and, more recently, the Improved Better Care Fund and Winter Pressure Grant) that provides a platform to further build on successful change projects and initiatives already delivered.

4.4. The BCF has been a positive mechanism for change in Wiltshire, bringing together commissioners and providers to work in a collaborative way to approach the challenges that the county faces in the future with a rising, elderly population, greater complexity of need and continuing financial pressure in the health and social care system.

4.5. Confidence in joint working led to the establishment of a new programme and subsequently an integration governance structure in 2018 with the Wiltshire Integration Board (WIB) bringing together, for the first time, system leaders at the highest level to develop and drive implementation of integrated systems that will help to meet the challenges of the coming years.

4.6. The WIB agreed the development of the Wiltshire Integration Programme, which consists of seven workstreams, of which WS6 and WS7 have already been closed and WS2 is nearing completion:

- WS1 - A new Wiltshire integrated Health and Social Care model
- WS2 - A Joint Health and Social Care (Health and Wellbeing) Strategy.
- WS3 - Strengthening Joint Commissioning.
- WS4 - An Integrated Workforce Strategy.
- WS5 - A Digital roadmap for Wiltshire.
- WS6 - A new governance structure supporting whole system governance.
- WS7 - Improve Health and Wellbeing Board Effectiveness.

These new workstreams has in turn caused initiation of new projects across the system.

4.7. While these new priorities are in development, an existing programme of 33 schemes funded by the BCF continues to be implemented with the objectives of contributing to NHS England's high-impact changes and to the specific performance objectives of:

- Reducing non-elective (NEL) avoidable admissions to acute care.
- Reducing length of stay in acute care and community beds.
- Supporting the reduction in delayed transfers of care (DToC).

- Reducing permanent admissions to care homes.
- Supporting people to live independently for longer through reablement.

4.8. The Wiltshire system is also part of the Bath & NE Somerset, Swindon and Wiltshire (BSW) Sustainability and Transformation Partnership (STP), which enables the Wiltshire system to operate as part of a larger, sub-regional footprint. A key priority of the BSW STP, as part of its system operational plan, is to support sustainable communities, i.e. to support the delivery of joined up primary, community and social care services appropriately scaled to achieve integrated health and care for people.

5. Vision and Context

Our Vision

5.1. Our vision for Wiltshire is set out in the Joint Health and Wellbeing Strategy (JHWS):

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives."

5.2. Additionally, the specific approach to integration within the JHWS is as follows:

"Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible."

5.3. To deliver this vision, the Health and Wellbeing Board strategy set out four core themes:

- **Prevention** – Improving health and wellbeing by encouraging and supporting people to take responsibility for improving and maintaining their own health.
- **Tackling Inequalities** - Addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.
- **Localisation** – Enabling communities to be stronger and more resilient and recognising that, across Wiltshire, different approaches will be required to deliver the best outcomes for all our population.
- **Integration** – Ensuring health and social care is personalised, joined up and delivered at the right time and place, and as close to home as is possible.

5.4. Delivery of the JHWS requires increased integration and cooperation between public health, primary care, secondary care and specialist health services, social care and other teams through multi-disciplinary teams. This affects how services are jointly commissioned at a countywide level and developing joint working on enablers, such as workforce and digital.

5.5. The local health and care system remains under pressure and can be confusing for patients, families and carers. As our populations get older and more people develop long-term health conditions, our system is under greater pressure to cope with the changing needs and expectations of the people it serves. This is leads to higher demand for social care and increasing pressure on carers and community health services.

The Wiltshire Integration Programme

5.6. Wiltshire's health and social care system leaders have placed leadership and culture change at the heart of their programme of transformation. Governance arrangements have been refreshed and there is significant alignment of drive and commitment.

5.7. A strong culture of joint working and governance developed through the BCF (and, more recently, the Improved Better Care Fund and Winter Pressure Grant) provides a platform to further build on successful change projects and initiatives already delivered. This has led to the Wiltshire Integration Programme (WIP), which is innovative and flexible in its approach.

5.8. The Council, the CCG and our partners in the acute, community and mental health sectors continue to work together to the following objectives:

- To shift the focus from acute to primary and community care and, in turn, to prevention and population health management.
- To share the risks and rewards of investment locally, moving over time to commissioning based on whole population health outcomes rather than a system which rewards increased contact.
- To have a shared and transparent governance structure.
- To establish joint outcomes and evidence-based provision.
- To provide a multi-skilled and joined up workforce.

5.9. The recently formed Wiltshire Commissioning Group (WCG) and Wiltshire Delivery Group (WDG) provide an open space for commissioners to define the "what" and for providers to develop the "how". With the WIB providing the chief executive forum across the whole system.

5.10. Rather than simply looking for new schemes to initiate, the new governance arrangements seek to identify and challenge, from an evidence base, those local schemes and delivery outcomes that can be expanded or amended to deliver more, and to ensure that the wider footprint of the BSW STP is aligned to create appropriate economies of scale.

5.11. Significant progress has been made in developing joint working and, building on this, the Council, the CCG and their partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population.

5.12. Prevention is central to the vision to increase the healthy and productive life using an integrated approach based on sound evidence with a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined-up responses to people who require care and support across organisational and geographical boundaries.

5.13. In developing the new model for health and social care, the WDG has adopted the Kings Fund's ten components of care as a framework for our new model. Three priority areas for transformation are identified to translate this theoretical framework into the changes required to deliver care in an integrated way to deliver the Wiltshire new health and social care model, illustrated at Appendix 'E'.

5.14. The priorities are:

- Prevention.
- Development of Integrated Neighbourhood Teams (INT) and Primary Care Networks (PCN).
- Development of Integrated Rapid response in Crisis (IRR).

The priority areas have been signed off by the Wiltshire Integration Board and Wiltshire Commissioning Group, which has an additional priority in respect of integrated commissioning

5.15. These priorities will be developed, alongside the two projects already underway: Trusted Assessment and Home First+, as well as a new programme of work around Primary Care Transformation founded on the development of PCNs, which will form the building blocks of the BSW Integrated Care System (ICS) and a full review of intermediate care services during 2019/20.

5.16. Whole-place commissioning will be achieved by aligning budgets and, where appropriate, pooling budgets and integrating staff. Commissioning intentions are to provide more efficient, effective and coherent services leading to developing arrangements for capitated budgets & outcomes-based commissioning.

5.17. The detailed relationships and priorities within the new governance structure are set out in Appendix 'A'.

5.18. Since the first BCP was first produced in 2014, there has been significant progress in the development of joint-working, including the successful establishment and functioning of both the Health and Wellbeing Board (HWB) and the supporting Joint Commissioning Board, as well as the appointment of directors in each of the Council and the CCG with responsibility for joint commissioning.

5.19. High-profile schemes have been implemented, including Home First and, more recently, Home First Plus. Wiltshire Council also ceased procurement of external reablement services and established an internal reablement service, which has contributed to a significant reduction in the level of delayed transfers of care supporting the overall reduction of around a quarter in 2018/19.

5.20. There has been universal recognition of the importance of working more efficiently at scale and sharing learning with our geographical neighbours, while simultaneously realising opportunities to work more specifically to better meet the needs of our local population.

5.21. The Wiltshire system is focused on building on that success, making more efficiencies and improvements to our local NEL avoidance schemes and discharge pathways. We aim to see even more communities and agencies working together across Wiltshire as we move our new service model into locality areas. Through our expanded working with wider stakeholders, other opportunities for integration will follow, allowing us to accelerate our Integration journey.

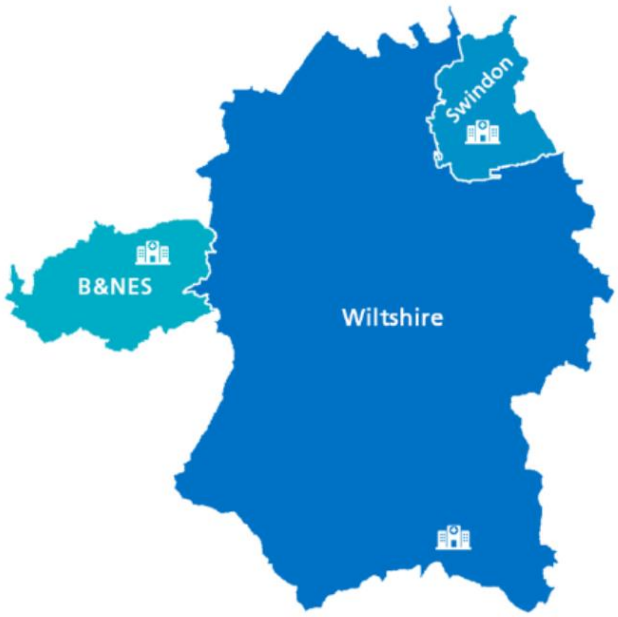
Sustainability and Transformation Partnership (STP)

5.22. The BSW STP has been in operation since 2016. System partners are currently working together to produce the BSW response to the Long-Term Plan for the NHS. A key component of this is to develop sustainable health and care services that are able to meet the demands of a growing and ageing population, many who have multiple, long term conditions and complex needs. Like many systems, we are also experiencing significant challenges with the recruitment and retention of a range of workforce roles across health and social care.

5.23. The Wiltshire BCP carries forward elements of the BSW STP, which has established the following five key priorities:

- Improving the health and wellbeing of our population.
- Developing sustainable communities.
- Sustainable Secondary Care services.
- Transforming care across BSW.
- Creating strong Clinical Networks.

Figure 1: Areas covered by the BSW STP



5.24. Prevention, locality-based integrated teams and a focus on workforce and capacity issues, such as the domiciliary care workforce and care home capacity, are strong themes running through the local BCP as well. The BCP also complements the STP's key priorities for urgent and emergency care, particularly the national priority on hospital to home services.

5.25. The three narrative 2019/20 plans in draft form for the BSW area have been shared with a view to understanding opportunities for further alignment in 2020-21, subject to changes in national direction in terms of the BCF and the NHS Long Term Plan.

6. Context of the 2019/20 Better Care Plan

How the Better Care Plan contributes to the Shared Vision

6.1. Since its first iteration, the BCP has provided a strong framework for integration, transformation and system wide delivery across Wiltshire. In 2019/20, the BCP continues to play a significant role in managing pressure across the system, monitored by newly refreshed, system-wide governance processes. It will help to deliver the vision for health and social care in Wiltshire through a commitment to enhancing a sustainable system that promotes health and wellbeing.

6.2. This work is supported by all system partners and emphasises prevention, self-management and signposting, including working with the voluntary sector to improve levels of prevention, early intervention and independence with schemes such as the Local Areas Co-ordination (LAC) Pilot. This will be complemented by investment in community-focused provision, development of locality-based, integrated teams, supporting primary care, and continued joint commissioning of an integrated urgent care service and Home First Plus to avoid admissions, reduce LoS and support discharge.

6.3. This will create a more closely-aligned service delivery infrastructure supported in part by the BCF and IBCF and Winter Pressure Grant. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-recurring, resources will be on the continued wider transformation of adult social care (including front door services) to support the NHS

6.4. We will continue to develop Home First Plus as part of the integrated discharge pathway, along with continued efforts to increase capacity in the domiciliary care market through our new Alliance framework. Our new model for health and social care is now moving into the mobilisation phase with important schemes planned for Integrated Rapid Response at Crisis, trusted assessment, and linked initiatives around the Cathedral programme, which includes the Red Bag scheme.

6.5. These are important steps for delivering tangible change in line with the JHWS, so people can say their care is planned with people who work together to understand them and their carers, put them in control, and co-ordinate and deliver services to achieve best outcomes for them.

Wiltshire Joint Strategic Needs Assessment

6.6. The Wiltshire Joint Strategic Needs Assessment is being updated in 2019/20 and the Better Care Programme has fed into the consultation exercise to ensure that there is alignment across the whole system, particularly in respect of identifying localised need within localities and to support the system's responsibilities under section 4 of the Health and Social Care Act 2012 to reduce health inequalities. In order to meet Wiltshire's obligations under the Equality Act 2010, in respect of people with protected characteristics, all of the projects being initiated in 2019/20 will be supported by an Equalities Impact Assessment and a Quality Impact Assessment.

Local demography and the Needs of Wiltshire's Population

6.7. Wiltshire is a large, predominantly rural and generally prosperous county. Wiltshire Council and NHS Wiltshire are broadly coterminous and the registered and resident populations are therefore largely the same.

6.8. Almost half the population lives in towns and villages of fewer than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the county is classified as rural and there are significant areas with a rich and diverse heritage of national and international interest, such as Stonehenge and Salisbury Cathedral.

6.9. Table A illustrates the scale of the challenge facing the County. Taken from the Wiltshire Joint Strategic Needs Assessment (JSNA), it shows a 7.1% rise in overall population to 2030 but with an increase in the same period of 26.7% for over-65s and around 60% for over-85s (although significantly fewer in terms of numbers alone). In the same period, the working-age population is projected to reduce by 1.7%, making an urgent case for resilient communities and a sustainable health and social care system. These ageing changes are greater in Wiltshire than in other systems in the South West or in England[1].

Table A: Wiltshire demographic forecast

Table: Population	Mid-year estimate		Population Projection			
	2014	2017	2018	2019	2020	2030
Total Population	484,560	496,043	498,500	503,600	510,100	531,500
Under 20	114,609	115,852	116,200	117,200	118,700	117,800
Ages 20-64	273,123	276,425	275,700	277,400	280,100	271,800
Aged 65 & over	96,828	103,766	106,400	108,800	111,100	141,900
Age 65+ (% of total pop)	20.0%	20.9%	21.3%	21.6%	21.8%	26.7%
Aged 85 & over	13,283	14,193	14,500	14,900	15,300	22,600
Age 85+ (% of total pop)	2.7%	2.9%	2.9%	3.0%	3.0%	4.3%

6.10. The population of Wiltshire is served by three main acute trusts, only one of which is in the County. Around 35% of Wiltshire residents use Salisbury Foundation Trust (SFT), 31% use the Royal United Hospital (RUH) in Bath with the balance (around 29%) attending the Great Western Hospital (GWH) in Swindon. This distribution of activity and service demand adds complexity to admission avoidance and discharge planning.

6.11. Table B shows projections for people needing future support or care. This is a specific challenge for Wiltshire, as there will be fewer working people available to support the larger number of people who are likely to need services. The Wiltshire system is therefore investing in prevention and in the development of resilient communities.

[1] Source: ONS Sub-National Population Projections, 2016

Table B: People needing support arrangements or providing care in the future[2].

Table: Support Arrangements	2019	2020	2025	2030
Total population aged 65+ unable to manage at least one self-care activity on their own	30,894	31,712	36,198	41,732
Total population aged 65+ unable to manage at least one domestic task on their own	31,123	31,987	36,681	42,258
People aged 65+ providing unpaid care	15,516	15,841	17,682	20,003
Total population aged 65+ living in a care home with or without nursing	3,421	3,551	4,208	5,002

6.12. The BCP supports Carer Support Wiltshire, which undertakes carer reviews, provides respite care and provides voluntary emergency care that enables early identification of a carer to provide alternative support in an emergency.

6.13. While the system aims to help people live independently in their own homes for as long as possible, some people need to live in residential or nursing home environments. We have invested in training and wider support to care homes to ensure those in care homes receive appropriate care. There are around 200 nursing and residential care homes in Wiltshire with around 5,000 beds. A challenge faced in planning for this sector is that it contains a high number of self-funders who may revert to local authority support or to Continuing Healthcare (CHC) when their resource expires. These are expensive placements and people are usually very reluctant to move.

6.14. An additional challenge, particularly in the south of the county is that recruitment of care staff remains difficult in an area with low unemployment and where house prices are many times the average salary.

6.15. Demand for council-funded placements has not grown over the last four years[3], as additional home care has been provided. Demand for dementia care is growing and suggests we might want to look at supported living and extra care housing as a way of reducing the need for residential placements and allowing people to feel supported in their local community.

6.16. We know that high levels of social isolation can lead to admission to hospital and greater levels of care[4]. Levels of social isolation, as measured by the annual client and biannual carers' survey, are higher than we would like to see within Wiltshire. The Wiltshire Older People's Collaborative reviewed the impact of social isolation and identified areas at high risk of social isolation. This led to the development of the LAC pilot to support the signposting of people to local community assets which can help reduce the levels of social isolation across the county.

[2] Source: www.poppi.org.uk
[3] Check and source – JHWS?
[4] https://www.scie.org.uk/publications/ataglance/ataglance60.asp

Health Inequalities

6.17. Tackling health inequalities in Wiltshire requires our health and social care services to work with communities to address the wider determinants of health in the county, including social isolation and loneliness, poor housing, poor educational attainment, poverty, unemployment and family breakdown. The increased needs of particular groups such as disabled people and carers, the military, those in prison, Gypsies, Travellers and Boaters - and the way these needs are met - can also affect the inequality gap. The Joint Health and Wellbeing Strategy sets out ways in which we are addressing health inequalities as a system. The Director of Public Health is a member of the Joint Commissioning Board that oversees the BCF in Wiltshire.

Mental Health and Dementia

6.18. Local dementia diagnosis rates are around 66%, very close to the national target level of 67% with some outstanding individual GP practice performance. However, the impact of dementia on long term care needs for families and care home capacity is continuing to rise. The BCP work on training care home employees seeks to ensure residents remain in the home rather than be transferred to hospital. A dementia strategy and action plan has been developed, although gaps in care and need must be targeted to ensure a more community-focused /crisis intervention-based model of care. Through the BCP, we are already looking at:

- Care Home Liaison services.
- Focused support to AWP in relation to discharge planning.
- Acute in-reach programmes for dementia.

6.19. Demand for autism support services is also increasing.

6.20. The Wiltshire Joint Strategic Needs Assessment (JSNA) and other national and pathway-specific benchmarking tools are used to prioritise resources.

End of life care

6.21. End of Life Care has been a principal area of focus for the CCG and the Council. The Wiltshire End of Life Strategy for Adults was first published in 2014 and significant progress has been made through working collaboratively with providers to develop a range of care and support services. The BCF supports end-of-life services, including the Urgent Care at Home service, step up beds in the community and the 72-hours end-of-life care pathway. In 2019/20, we will continue to develop our existing and new services to deliver personalised and well-co-ordinated care, which empowers patients to make informed choices about their needs.

The Adult Social Care market in Wiltshire

6.22. The care market in Wiltshire is facing several capacity and availability challenges that reflect those faced across the country, including recruitment and retention of adequate numbers of appropriately skilled, experienced staff. The majority of social care users in Wiltshire fund their own care, and this high percentage of ‘self-funders’ has influenced how the market has developed in the county.

6.23. The way home care is commissioned has changed with the development of Home First Plus, the Council’s in-house reablement service to help manage demand and a move from purchasing care from a small number of lead providers to developing a Help to Live at Home Alliance that provides a framework to influence the market and manage

price. The Alliance has attracted additional providers into the county and has allowed commissioners to develop workforce initiatives, including workforce capacity grants for providers and a Proud to Care workforce programme to support recruitment and retention. The Alliance Board, which includes provider representatives, has agreed a work programme with the priorities of workforce, process improvement and financial sustainability.

6.24. To address specific short-falls in capacity (for example in parts of the county that are difficult to access) commissioners are looking at new models of provision, including piloting a 'Care Match' service where small teams of care workers can provide more flexible support. Commissioners have also offered block contracts to secure hours of care for hospital discharge and to support Home First Plus.

6.25. Historically, the lack of home care capacity has led to an over-reliance on care home beds to support hospital discharges and there is more to do to stimulate the home care market, particularly in more rural parts of the county.

6.26. The voluntary sector is commissioned to provide 'Home from Hospital' services which support people who may need a little support, for example with shopping or confidence-building.

6.27. A principal national and local priority is to ensure that there are no delays in acute hospitals for patients who require social care. Wiltshire's performance in this area is currently in the lowest 15% nationally, as measured by the NHS/Social Care performance dashboard published by the government. The review of intermediate care in 2019/20 has a particular focus on supporting improvement in this area.

The Domiciliary Care Market in Wiltshire

6.28. There is a mixed domiciliary care market in Wiltshire with a range of small and large providers. High levels of employment in the county make it difficult for providers to recruit and retain staff in care roles. Rurality is also an issue and it is difficult to secure provision in some more isolated parts of the county.

6.29. Commissioners have been securing the market by developing a Help to Live at Home Alliance. The Alliance has 74 contracted providers, including six which are new to the County since November 2018. The Alliance aims to grow capacity and support members with recruitment and retention. Capacity grants have been awarded to fund recruitment initiatives, and some separate block contracts for winter capacity and bridging arrangements.

Commissioning Priorities

6.30. Commissioning priorities in 2019 include the implementation of a new commissioning structure being implemented in Q3 within the Council as a precursor to improved joint commissioning with the CCG. The restructuring of commissioning structures within the CCG depends on continuing discussions on the shape and nature of commissioning structures within the new BSW STP.

6.31. There is nevertheless, a continuing emphasis on joint commissioning that already takes place in respect of:

- Carers Services.
- Voluntary sector services to support prevention.
- Home Care (Help to Live at Home Alliance), including live-in care.

- Integrated urgent care services, including telecare.
- Community equipment.
- Mental Health and LD services
- Dementia Services
- Children's services
- Intermediate Care provision

6.32. A continuing focus will be maintained in 2019/20 on joint commissioning and joint working in respect of:

- Care home beds.
- Care Home Selection
- Brokerage functions.
- Continuing Health Care.
- Prevention, personalisation, social prescribing, personal health budgets.
- Integrated Neighbourhood Teams.
- Integrated Rapid Response in Crisis.

6.33. Work is taking place during 2019/20, supported by an external consultancy, to develop an Adult Care Accommodation Strategy that will lead to an estates strategy covering:

- Residential and nursing care.
- Supported living.
- Extra care.

6.34. A technology-enabled care and support strategy is being developed to ensure better use of new technology to improve outcomes and the programme is working with the 'One Southwest' and BSW digital strategy.

Choice Policy

6.35. Wiltshire has operated a localised 'Choice' policy since 2015, defining how acute trusts, community hospitals and intermediate care manage patient choice in respect of discharge planning, particularly at the point when a patient is assessed as no longer requiring the level of care they have been receiving.

6.36. Patients and/or their representatives' participation, engagement and communication are central to the process for managing Choice on discharge. The principal aim of the Wiltshire Choice Policy is to enable choice in the context of reducing delays in the appropriate transfer of care or discharge of patients, through early engagement and support, and the implementation of a fair and transparent escalation process which all parties understand and can contribute to.

7. Reviewing Existing Better Care Plan Schemes

7.1. Our vision for better care is based upon the outcomes in our JHWS and based on the JSNA that is led and informed by the people of Wiltshire. The principle of care as close to home as possible is embedded in all our thinking with home being the first option. This vision is delivered through the joint principles of discharging people home as soon as they are medically fit and a focus on long-term independence.

7.2. Despite some data issues during 2018/19, our performance improved with most of the frail elderly population in Wiltshire still at home 91 days after discharge. We have been able in 2018/19 to reverse a worsening situation for our DToC with a reduction in delayed transfers of the order of 25% in the year.

7.3. The BCP has been the key driver for out of hospital care and has provided a very strong case for change that is evidence-based and recognised and understood by the whole system. The BCP has been running for the last five years and has provided a strong framework for integration, transformation and system wide change.

Review of BCP Schemes Funded by the BCF

7.4. In preparation for the 2019/20 plan, a complete review of the BCP schemes funded by the BCF in 2017/19 was undertaken in Q4 of 2018/19. This did not include any schemes funded by the IBCF and the Winter Pressures Grant. The schemes were reviewed in line with the following evaluation cycle to determine if individual schemes were delivering the desired outcomes to be able to attract continuation of BCF funding.

- **Step 1**: Demonstrate links between the scheme and national priorities and high-impact actions.
- **Step 2**: Show the desired outcomes of the schemes.
- **Step 3**: Describe the impact of the schemes.
- **Step 4**: Show the impact if the scheme were stopped.
- **Step 5**: Decide 19/20 BCF investment, including whether to continue funding the scheme through the BCF, through another funding stream, alter the scheme or stop it altogether.

7.5. Schemes were aligned to the High Impact Change Model (HICM) for delayed transfers of care to determine the relative value of the schemes in relation to DTOC and the results are set out in Table C, below.

7.6. It should be noted that the scheme IDs in this narrative document may vary from the scheme IDs in the official NHSE submission template, due to the constraints within the reporting template.

Strengths-Based Approach to Care

7.7. A strengths- or asset-based approach to care acknowledges a person's disability and/or illness etc. but shifts the focus to 'the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so'.

7.8. A strengths-based innovation site is planned at SFT and will start in mid-October.

Table C: Linking BCP Schemes and High Impact Change Model (HICM)

High Impact Change	Schemes (scheme reference numbers)
Early Discharge Planning	1 - Therapy Support Intermediate Care 4 – Acute Trust Liaison
Systems to Monitor Patient Flow	2 – Access to Care (SPA) 3 – Patient Flow Hub
Multi-disciplinary working	5 – Strengthening QA
Home First – Discharge to Assess	6 – Step Up/Step Down Beds 7 – Intermediate Care Social Workers & Hospital Social Work Teams 8 – Home First Plus 9 – Step Up Beds (WHC) 10 – Social Care Help and Rehab Project 11 – GP & ANP Cover for Intermediate Care 12 – Community Services 13 – Rehab Support Workers 14 – Medical Room 15 – Urgent Care at Home (Dom Care) 16 – Integrated Community Equipment Services (Council) 17 – Integrated Community Equipment Services (CCG) 18 – RUH Homefirst Pathway 32 – Telecare Response & Support
Seven-Day Services	20 – End of Life Care: 72-hour Pathway
Focus on Choice	21 – Self-Funder Support – CHS 22 – Information & Advice Portal Management 30 – Carer's Pooled Fund 31 – Carers – Voyage Respite
Enhancing Health in Care Homes	23 – Mental Health Care Home Liaison 24 – Community Geriatrician. 29 – Public Health Prevention - Training
Programme Office, Internal Staff & Contingency	25 – Finance & Performance, PMO, etc 34 - Unallocated
Protecting Adult Social Care	26 – Care Act 27 – Maintaining ASC Services 28 – Complex Care Packages 33 – Disabled Facilities Grant (DFG)

7.9. The impact of schemes against national measures was also determined, as follows:

Table D: Linking BCF-funded Schemes and National Measures

National Measures	Schemes (scheme reference numbers)
Reducing NEL Admissions	2 – Access to Care (SPA) 9 – Step Up Beds (WHC) 10 – Social Care Help and Rehab Project 12 – Community Services 15 – Urgent Care at Home (Dom Care) 22 – Information and Advice Portal 23 – Mental Health Care Home Liaison 29 – Public Health Prevention – Training 32 – Telecare Response & Support
Reducing LoS and DToCs in acute hospitals	3 – Patient Flow Hub 4 – Acute Trust Liaison Service 6 – Step Up/Step Down Beds 7 – Intermediate Care Social Workers & Hospital Social Work Teams 12 – GP & ANP Cover for Intermediate Care Beds 13 – Rehab Support Workers 16 – Integrated Community Equipment Services (Council) 17 – Integrated Community Equipment Services (CCG) 18 – RUH Homefirst Pathway 1 20 – End of Life Care: 72-hour Pathway 27 – Maintaining ASC Services 24 – Community Geriatrician
Reducing LoS and DToCs in community hospitals	28 – Complex Care Packages
Improving reablement	1 - Therapy Support for Intermediate Care 8 – Home First Plus 26 – Care Act 14 – Medical Room
Reducing permanent admissions to care homes.	5 – Strengthening QA 19 – Bassett House Beds 21 – Self-Funder Support – CHS
No direct contribution to national priorities	25 – Finance and Performance 30 – Carers – Pooled Fund 31 – Carers – Voyage 33 – DFG 34 – Unallocated and Contingency

7.10. Consideration was also given to the links between funding and the impact on national priorities. Most schemes contributed to more than one focus area but, for evaluation, they have only been counted against their primary focus area. The majority of BCF money is invested in schemes that support a reduction in LoS and DToCs in acute hospitals.

Table E: Linking BCF Schemes and National Priorities

National Priorities	Value	Percentage
Number of Acute NEL Admissions	£8.11m	19.8%
Reducing LoS and DToCs in acute hospitals	£21.12m	51.7%
Reducing LoS and DToCs in community hospitals	£0.40m	1.0%
Reablement 91-day standard	£4.87m	11.9%
Reducing permanent admissions to care homes.	£0.68m	1.7%
Contributes to other local priorities	£5.70m	13.9%

7.11. Finally, consideration was given to Wiltshire's position in relation to national rankings to understand priorities for improvement. It was concluded that good performance had been maintained in NEL admissions and care home rankings but there was significant room for improvement in DToC.

7.12. The reablement data is affected by performance reporting difficulties and data collection, which means that the true figure may be better than reported. This is being investigated as part of the Intermediate Care Review in 2019/20.

Table F: Linking BCP Schemes and National Rankings

Measure	2018/19		2019/20	
	Actual	Rank (out of 151)	Target	Forecast (after Q1)
NEL Admissions	50,856	TBC	50,764	52,000
Permanent admissions to care homes	358	TBC	500	400
Reablement – at home 91 days after discharge	86.9%	TBC	90.0%	79%
Delayed Transfers of Care	19,206	TBC	14,400	21,000

7.13. The ranking for reablement is adversely affected by recording issues and there will be a significant improvement in 2019/20 due to improved data gathering.

Conclusions of the Review of BCP Schemes

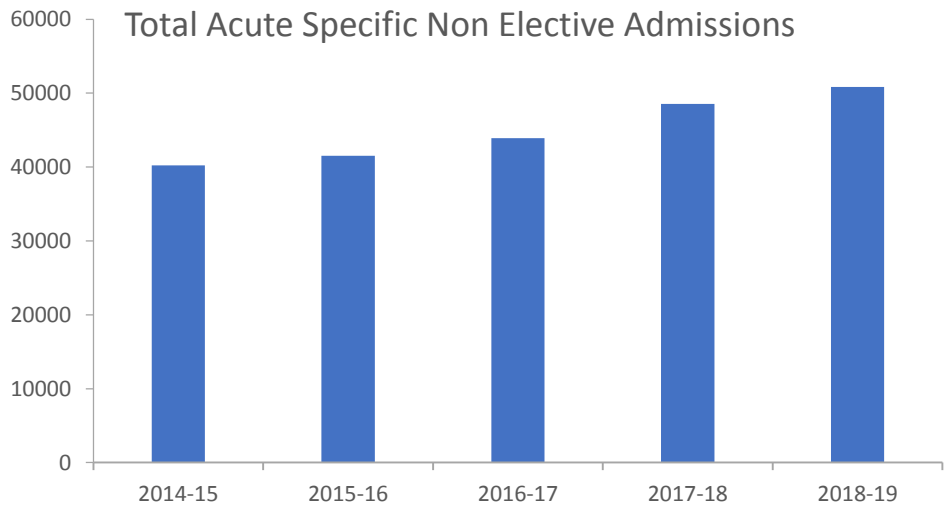
7.14. The following conclusions were reached following the review:

Performance: Non-Elective Admissions

7.15. NEL Admissions have increased steadily in the last three years for the Wiltshire population and, although growth slowed in 2018/19, it remains 6% above the planned activity. Over £8.11m (19.8%) of BCF funding was allocated to schemes with a primary focus of decreasing NEL. Wiltshire has dropped from a rank of 8th in 2017/18 to 9th in 2018/19 but remains a high performer nationally.

7.16. The conditions and types of admissions with a short LOS will be reviewed as part of the Rapid Response at Crisis Project in 2019/20 to identify a community solution (including ambulatory care) and the impact of current schemes to support a reduction in NEL admissions will be investigated as part of the Intermediate Care Review.

Figure 2: Total Acute Specific NEL Admissions 2014/15 to 2018/19



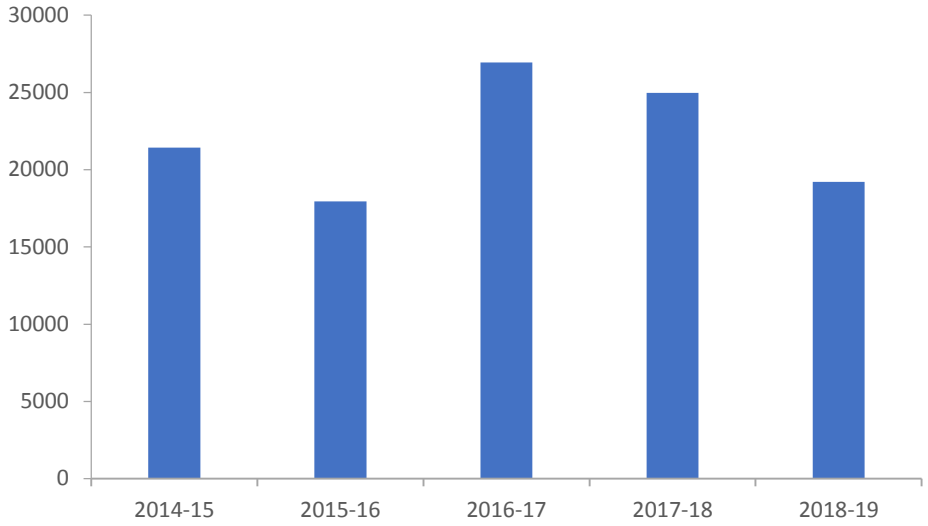
Performance: Delayed Transfers of Care

7.17. In 2018-19, DToC reduced by 23% (5,771 days) compared to 2017/18 but it remains above the trajectory of 14,400. 33% of all DToCs are a result of domiciliary care and another 33% are due to residential and nursing home delays, which accounts for 66% of total delays. The percentage of delayed days associated with housing and non-acute transfer have increased compared to 2017/18.

7.18. Delays associated with public funding, equipment and adaptations, and personal choice have reduced. Nearly £21m of BCF was allocated to schemes with the primary focus of decreasing LoS and DTOCs in acute hospitals.

7.19. The Wiltshire system is focused on reducing the causes of DToCs across all providers and to bringing its trajectory within its target consistently. The Better Care Programme will play a more comprehensive role in 2019/20 in investigating the causes of DToCs and recommending action that can be supported by BCP schemes to meet reduction targets and have a meaningful impact on the HICM.

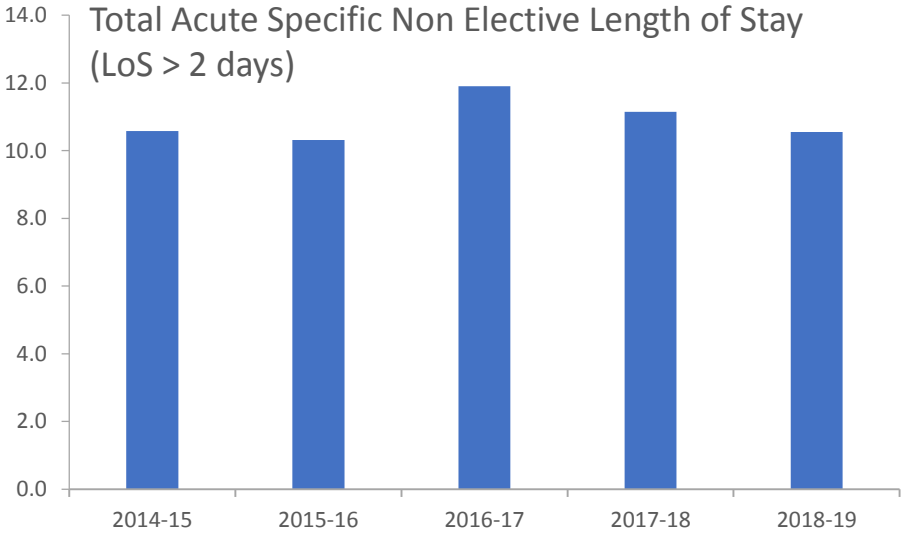
Figure 3: Total DToC Days 2014/15 to 2018/19



Performance: Length of Stay

7.20. In line with the considerable reduction in DTOC, the overall non-elective LOS for the Wiltshire population has reduced and, although we have not yet returned to 2016/17 levels, there is improvement in this measure. Wiltshire's average LoS is slightly above the national average, but in line with other comparable peers.

Figure 4: Total Acute Specific NEL LoS (LoS more than 2 days)



7.21. To continue the downward trend for LOS, the focus must change from just DTOC to other long waiters (stranded and super stranded patients). The 2019/20 BCP supports integrated services improving flow through the whole system and the Intermediate Care Review will recommend ways to improve the discharge process for these cases.

Performance: Reablement (91 Day measure)

7.22. This ASCOF indicator demonstrates the effectiveness of reablement services to improve an individual's independence. Throughout 2017/18 and 2018/19, Wiltshire has seen a deterioration in performance, which follows a change in coding practice around 'consent' and this is under review. £4.87m (11.9%) of BCF is invested in services to support reablement, including the new Home First Plus service, which is already demonstrating significant improvement in Q1 of 2019/20.

Figure 5: Reablement – 91 days post-discharge (percentage)

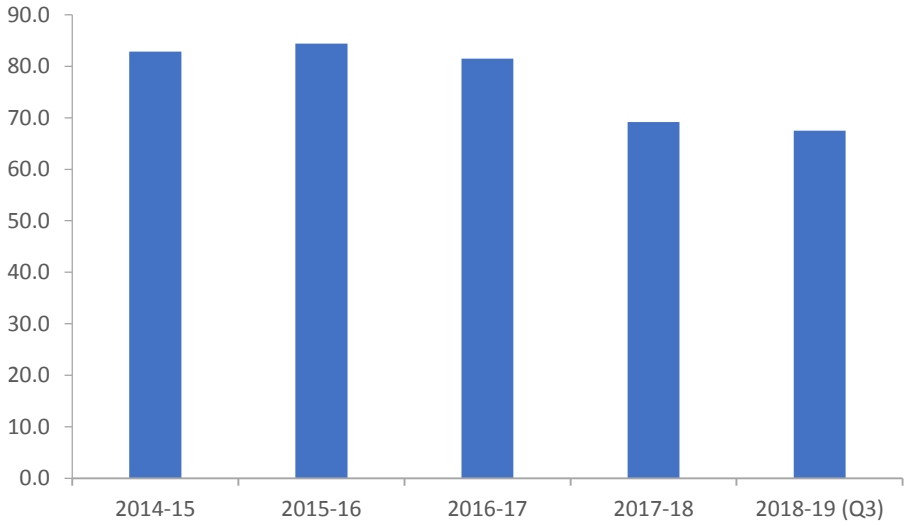


Table G: Reablement national ranking

Region	Reablement	
	%	Rank (1= Highest)
Wiltshire	67.1	147
England	82.9	N/A
South West	80.2	N/A
Statistical neighbours	80.2	N/A

Performance: Permanent admissions to care homes

7.23. There was strong performance in 2018/19 for this indicator with a rate of 354 admissions per 100,000 of population to care homes. This is well below the national average of 586, although waits for residential and nursing home placements are a major contributor to DTOC (33%).

7.24. In 2019/20, £0.68m (1.7%) of BCF investment has a primary focus on avoiding permanent admissions to care homes.

Figure 6: Total Permanent Admissions to Care Homes (Age 65+)

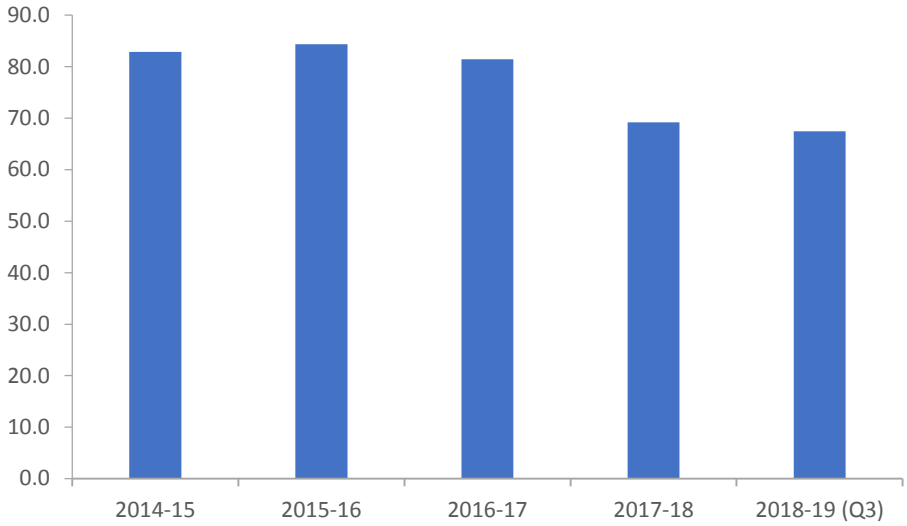


Table H: Permanent Admissions to Care Homes

Region	Admissions to Care Homes	
	Rate (per 100,000 of population	Rank (1= Lowest)
Wiltshire	353.7	15
England	585.6	N/A
South West	545.8	N/A
Statistical neighbours	538.8	N/A

7.25. The link between admissions to care homes and delays waiting for placements is being investigated in 2019/20 as part of another stream of work within Adult Social Care. Work is required to reduce delays in acute hospitals for these patients without increasing overall permanent placements.

Overall Summary of Scheme evaluation

7.26. Overall, the current schemes have had a positive impact on the majority of the national BCF measures but it is acknowledged that the DToC measure is still not good enough. More detailed evaluation at the individual scheme level showed that seven schemes totalling £5.70m (13.9%) of BCF money do not directly contribute to the delivery of BCF system measures, although they do contribute to and enable the delivery of the aims and principles of the BCP.

7.27. As part of the continuing assessment of BCF-funded schemes, the following priorities will be applied to any review:

- Evidenced return on investment (efficiency).

- Improving integration.
- Evidence of the effective of the scheme on people's outcomes and the impact of the scheme to the overall system.
- More rigorous data collection/reporting and transparency around delivery and performance management.

7.28. Working with NHSE and regional colleagues, we are aware that the next significant change in DToC performance through the HICM should be to go further with our implementation of trusted assessment, Red Bag scheme and to work on our choice policy, which, when taken together, will further improve and built on our whole system performance.

Setting the agenda for 2019/20 and beyond

7.29. The review of governance in 2018/19 improved accountability, clarity of purpose for key integration board meetings and created the open space for system leaders and senior officers to strategically review the whole system, and to identify a new model for health and social care, along with priority projects.

7.30. The WDG priorities as part of the creation of a new Health and Social Care model during 2019/20, as agreed through the WIB, are:

- Prevention – including working closely with the voluntary sector to coordinate Wiltshire wide social prescribing resources.
- Developing INTs aligned to PCNs.
- Delivering a project to redesign services around an integrated rapid response at crisis.
- Implementing a pilot service for trusted assessment at discharge to care homes.
- Completing a review of intermediate care services, including procurement options for intermediate care beds and their associated medical cover.

7.31. On average, around 66% of our current delayed transfers are caused by delays surrounding domiciliary care (c.29%) or waiting for residential (c.10%) or nursing placements (25%). Work is continuing to improve the situation and a new Alliance framework has been successful in attracting new domiciliary providers to Wilshire contributing much needed additional capacity. There is a specific recruitment and retention challenge in the Salisbury area.

7.32. System leaders are aware that much more needs to be done across the whole workforce, and an integrated workforce group is now in place.

7.33. From the evaluation of BCP Schemes we have now designed a refreshed BCP Plan for 2019/20, as set out in the following section.

8. Better Care Fund Plan 2019/20

Summary of BCP 2019/20

8.1. As in the previous plans, the focus in 2019/20 is on delivering the national measures around avoiding NEL admissions, reducing length of stay, supporting timely discharges, keeping people living independently for longer with rehabilitation and reablement, and continuing to keep permanent admissions to care homes at low levels.

8.2. The total BCF investment in 2019/20 is £50.8m, including winter pressures grant of £1,823m. A full financial breakdown of the BCF schemes is set out in Appendix 'B'. The BCP comprises 33 individual schemes, which either maintain or deliver improvements to overall flow across the system.

8.3. The linked IBCF funding protects social care, supports market stability and delivers transformational change through the Adult Social Care Transformation programme.

8.4. In response to the new governance priorities from the WIB, the BCP for 2019/20 will further review a significant number of existing schemes to ensure that they continue to meet the priorities set down for the BCP. This will be delivered through the Intermediate Care Review and the Integrated Rapid Response in Crisis project. If the priorities and the BCP schemes do not align, this will be reflected in planning for BCF funding both in-year and for future years. Consequently, the following priorities and the associated currently delivered schemes are being reviewed during 2019/20.

8.5. A review of the performance and reporting processes for each of the schemes is being undertaken during 2019/20 to ensure that each is delivering effectively against its stated outcomes and continues to deliver value-for-money for the overall system. The review will focus on clarity of data recording, effectiveness of delivery and quality impact on patient outcomes.

Integrated Rapid Response in Crisis

8.6. The Integrated Rapid Response in Crisis (IRR) project brings together various providers and commissioners of urgent, community, primary and social care to review and redesign current services and processes and to develop a sustainable new model for integrated rapid response in crisis in line with the new Wiltshire model of health and social care. This is a transformational project that will be delivered by the end of Q1, 2020/21. There will be some short-term benefits for the system but the full impact of the project will only be realised following the full implementation.

8.7. The new model will be a form of community care that is available at short notice and in response to urgencies where an individual's needs/condition is deteriorating to the point where they are about to tip into crisis and require an intervention to help manage and de-escalate, but do not need hospitalisation.

8.8. A design group has been established to review the current processes and pathways and design the new model.

8.9. The IRR provides short-term, rapid, responsive and reactive interventions to assess, plan and treat individuals and focuses on:

- Rapid response to sudden deteriorations, making sure the individual is assessed, safe and receives support at home or in community settings to prevent further escalation or hospital admission.

- Responding to a patient who has attended A&E to prevent emergency admission to hospital by providing care in the community setting.
- Responding to patients who have been admitted to hospital and facilitate their timely discharge (this will not be a new piece of work and will be link to the work already done on HF+).

8.10. The following BCP schemes will be reviewed as part of this project and the impact of that review will be reflected in the BCP both in-year and in future years:

- Scheme 2: Access to Care including Single Point of Access.
- Scheme 3: Patient Flow Hub.
- Scheme 4: Acute Trust Liaison.
- Scheme 16: Urgent Care at Home Dom Care

8.11. It is anticipated that the IRR will be a cost neutral project. Although currently there is no additional funding allocated to the project, it needs to be acknowledged that delivering this ambitious project requires dedication from a wide range of staff including commissioners and providers across health, social care. During the design phase, if there is a case for additional investment, it will be fully costed and justified in the business case.

Trusted Assessment

8.12. Trusted assessment is one of five priority areas agreed by the WIB and is a related component of any intermediate care process. It facilitates more efficient discharge of frail and elderly people from acute care to intermediate care and long-term placement and comprises an agreed set of information completed prior to discharge that provides the necessary level of detail required by a care home to make an informed decision about whether it can accept the person leaving the acute hospital.

8.13. A working group has been established under the leadership of the WCP and good progress has been made in defining the job description for a trusted assessor role and there is agreement on how to proceed, subject to financial support through the developing business case. The focus so far has been on the SFT system and intermediate care beds, although this will ultimately be expanded to the whole county and to all discharges to care home beds, including long-term placements.

8.14. The recruitment process will require funding approval through a full business case but is scheduled to run through Q2 of 2018/19 with the role expected to be operational in Q3 of 2019/20 in time to support winter pressures.

8.15. While there has been frustration within the system at the lack of progress around trusted assessment to date, it is a confirmed priority within the Better Care Programme for 2019/20. A dedicated project manager will lead the scheme and an outline timetable shows full implementation in the SFT area by the end of November 2019 with further extension across the whole of Wiltshire by the end of Q4 2019/20.

8.16. The project will deliver training, an organisational development plan, trajectories for cultural change, engaging hospital staff, recruitment schedules, IT systems, alignment with GWH's trusted assessment programme, co-ordination with the Cathedral and Red Bag projects, data handling, sign-off dates, and learning from other areas and NHSE.

8.17. The following BCP schemes will be reviewed as part of this project and the impact of that review will be reflected in the BCP both in-year and in future years:

- Scheme 1: Therapy support to intermediate care beds.
- Scheme 4: Acute Trust Liaison.
- Scheme 8: Intermediate care and hospital social work teams.

Intermediate Care Review

8.18. Intermediate care is a short-term, time-restricted, goal-based period of care that calls on a mixture of health and social care interventions to support people to maximise their potential to live as independently as possible. As the name suggests, it operates between independent living or long-term care and acute care.

8.19. The standard, accepted timescale for a package of intermediate care is up to six weeks or 42 days of care with specific, achievable goals for the individual.

8.20. Any period of intermediate care should deliver against the following outcomes and the review will use these as a benchmark of effectiveness. While not every benefit will apply to every scheme, it will be important for the schemes to evidence that they are effective against at least one (though preferably more) of the seven relevant benchmarks from the following list.

- Supporting people to receive the right care in the right place at the right time from the right service.
- Improving people's outcomes by supporting them to remain healthy and to live as independently as possible for longer.
- Promoting self-care, self-management and prevention that will reduce avoidable admissions to short-term or long-term care.
- Building confidence in the intermediate care system by implementing consistent, clear and integrated health and social care pathways, including timely assessment of care needs and locality-based, multi-disciplinary care processes.
- Reducing inappropriate non-elective admissions (NEL) to acute care.
- Reducing length of stay (LoS) in in-patient environments by managing demand and by supporting effective and timely discharges from acute care or community bedded provision.
- Supporting Discharge to Assess (D2A) principles by enabling people's needs to be assessed in a non-acute environment.

8.21. To ensure that the schemes within the Better Care Programme remain effective and that there is confidence in the reporting of accurate activity and impact, the review of intermediate care must be wider than a review of beds, as the wider review will indicate where alternatives to bedded activity exist, the impact of those schemes on the bedded activity and where data recording can be improved to identify opportunities and challenges within the system. Consequently, the objectives of this project are to review the intermediate care schemes within the Wiltshire Better Care Plan and to assess them against the following criteria:

- To identify whether the agreed schemes are delivering effective and efficient solutions for the people of Wiltshire, and value-for-money for the overall health and social care environment.
- To recommend alternative schemes based on the quantitative and qualitative analysis of the existing schemes that will meet the local need in Wiltshire.

- To confirm effective performance reporting from the schemes that enables the system to determine a measurable quantitative and qualitative difference that those schemes (or groups of schemes) make to the overall intermediate care environment.

8.22. The review also has the following specific objective:

- To make specific recommendations about the procurement and provision of intermediate care beds to inform the contract round in Q3 and Q4 of 2019/20 that will implement new service contracts from April 2020.

8.23. The following BCP schemes will be reviewed as part of this project and the impact of that review will be reflected in the BCP both in-year and in future years:

- Scheme 1: Therapy support to intermediate care beds.
- Scheme 6: Step-up and step-down beds.
- Scheme 7: Intermediate care social work and hospital social work teams.
- Scheme 8: Home First and Home First Plus.
- Scheme 9: Step-up beds (WHC).
- Scheme 10: SHARP - Social care help and rehabilitation project.
- Scheme 11: GP cover and ANP cover for GP pilot.
- Scheme 13: Rehabilitation support workers (as part of Homefirst)
- Scheme 18: RUH Home First – Pathway 1
- Scheme 20: End-of-Life Care – 72-hour pathway.
- Scheme 24: Community geriatrics.

8.24. The initial review of intermediate beds will be undertaken during June and early July 2019 with the objective of reporting to boards and gaining approval to proceed to procurement before September 2019.

8.25. The wider review of intermediate care will necessarily be a longer activity and a full plan will be developed once the challenges within the individual themes are known. An indicative date of the end of Q2 of 2019/20 is reasonable to propose at this early stage but this will be confirmed later.

Moving to seven-day services

8.26. The objective of delivering a true seven-day service remains central to BCF planning and the BCP continues to fund additional social work capacity to ensure that delays in accessing the right service are minimised and the following schemes deliver seven-day services:

- Scheme 2: Access to Care including Single Point of Access.
- Scheme 3: Patient Flow Hub.
- Scheme 6: Step-up and step-down beds.
- Scheme 7: Intermediate care social work and hospital social work teams.
- Scheme 8: Home First and Home First Plus.
- Scheme 9: Step-up beds (WHC).

- Scheme 15: Urgent care at home domiciliary care.
- Scheme 20: End-of-Life Care – 72-hour pathway.
- Scheme 22: Information and Advice Portal.
- Scheme 32: Telecare Response and Support.

Data Sharing

8.27. The Wiltshire Single View project continues to develop business cases for the sharing of information across the county. The project has a pilot operational within several GP practices that provides combined information on a client to help ensure a holistic view of people's care needs. Need to include BSW data sharing priorities here as well

Primary Care Networks

8.28. Wiltshire has implemented a model of eleven primary care networks (PCNs) that serve patient populations in the region of 30,000-50,000. The aim of the PCNs is to improve patient outcomes through better cross-organisational working and more personalised care.

8.29. PCNs will support the existing network of health and social care services funded through the BCF in 2019/20 and beyond by developing more locally-responsive services, including exploring opportunities to expand localised intermediate care and rapid response solutions, such as are already funded by the BCF in the East Kennet area.

9. Scheme Detail

9.1. This section sets out an overview of each of the BCF schemes for 2019/20. The numbers are not all sequential, as some schemes from previous years have been discontinued and the numbers not reused to avoid confusion.

Scheme 1: Therapy support to Intermediate Care Beds

9.2. Seventy intermediate care beds have been commissioned to deliver a local model based on the DH document 'Intermediate Care – Halfway Home (2009)'. Intermediate care is suitable for people who would otherwise face a prolonged hospital stay or inappropriate admissions to acute inpatient care or long-term residential care.

9.3. The service is suited to people where maximising independence has been identified as part of an assessed care need for people who typically will resume living at home. The service is time limited with the expected time frame being within two weeks and normally no longer than six weeks. The service is delivered through multi-disciplinary team approach involving cross-professional/agency working.

9.4. This scheme is supported by a block contract with Wiltshire Health and Care to provide therapy support to people who need services in Intermediate care settings.

Scheme 2: Access to Care including Single Point of Access

9.5. Access to Care is a single point of access that provides healthcare advice and signposting through clinical triage and management of referrals to appropriate services.

9.6. Access to Care provides a 24-hour service, through call handling and clinical triage for Wiltshire community-based health services in time of individual's escalation or crisis to ensure timely and effective referrals to other commissioned and community-based services and to prevent inappropriate or unnecessary non-elective acute hospital admissions.

9.7. The service works effectively and in partnership with GPs, acute hospitals, adult community services mental health providers, ambulance services, Wiltshire Council and other agencies, including nursing and residential homes

Scheme 3: Patient Flow Hub

9.8. The Patient Flow Hub (PFH) service was introduced in August 2018 by Wiltshire Health and Care and has been fully operational since March 2019. Its purpose is to reduce length of stay and improve patient flow from acute beds by streamlining the consent process for pathway 1 (Home First Plus) and pathway 2 (intermediate care beds).

9.9. It ensures a closer alignment with community hospital wards that has led to a quicker turnaround of beds by allocating patients to the 'next available' bed to speed up the process. Seven-day cover for the beds has resulted in flow being maintained through weekends.

Scheme 4: Acute Trust Liaison

9.10. This scheme, run by Medvivo, is part of the Integrated Urgent Care (IUC) mobilisation, and provides community in-reach to an acute setting, seven days a week to support discharge planning. The scheme contributes to reductions in LoS and DToC, working as part of the integrated discharge service at each acute hospital.

9.11. ATL staff discuss pathway options with people, their families and carers, attend MDT sessions, liaise with partner organisations, challenge bottlenecks in the system and work to resolve issues causing delays. The service is commissioned to deliver 44,460 patient contacts annually across the three acute trusts.

Scheme 5: Strengthening Quality Assurance

9.12. This scheme comprises a £350k contribution to the Commissioning staffing budget, which is historical and was originally set up as a contribution to the QA/Contract Monitoring function across all adult care services.

Scheme 6: Step Up/Down Beds in Care Homes

9.13. This scheme procures seventy intermediate care beds through block contracts. The beds are used for step-up and step-down patients who cannot be supported at home, but do not need to be at hospital.

9.14. The beds are provided within the community working with the relevant providers of additional care to provide a holistic assessment of health and social care need, care planning, intervention and review, to avoid an unnecessary admission/facilitated discharges to/from an acute hospital setting and to ensure we maximise opportunities to manage crisis in a community setting.

9.15. The value of the scheme is £2,988K.

Scheme 7: Intermediate Care Social Work & Hospital Social Work Teams

9.16. This scheme meets the costs of the Intermediate Care Social Work Team and contributes to the Hospital social work teams, as well as the intermediate care programme manager.

9.17. The value of the scheme is £1,627K.

Scheme 8: HomeFirst Plus

9.18. This service, known as Home First Plus, but more correctly, 'Home First Integrated Discharge and Reablement Service' became operational across Wiltshire at the end of 2018. The aim of the service is to ensure that the Home First pathway has sufficient resources to support people who are being discharged via pathway one to return to their normal place of residence as quickly as possible.

9.19. There have been challenges to recruiting fully in the south of the county but significant effort and resources have been invested into the recruitment process.

9.20. A new process has been embedded and is regularly reviewed to ensure a process of continual improvement and development is assured. Some areas are moving forward with adoption of the new process and ways of working more quickly than others this is being carefully monitored.

9.21. The total funding for this scheme is £1.5m from the BCF and £1.184m from IBCF.

Scheme 9: Step Up Beds (Wiltshire Health & Care)

9.22. This scheme procures up to 21 intermediate care beds through block contracts. The beds are used for step-up patients who cannot be supported at home, but do not need to be in an acute hospital. These beds have been commissioned in community hospitals to prevent an NEL admission to an acute hospital and to have the option of managing a crisis in a community setting. The beds are in the following locations:

- Savernake Hospital - Aylesbury Ward (up to 6 beds)
- Warminster Hospital - Longleat Ward (up to 15 beds)

9.23. The scheme funds staff to manage step up patients in the community hospital step up beds. The value of the scheme is £900K.

Scheme 10: Social Care Help & Rehabilitation Project (SHARP)

9.24. The East Kennet SHARP scheme allocates five East Kennet GP Practices a finite budget to manage patients, as deemed appropriate by their GP, in a nursing home setting to provide step-up intermediate care, to retain responsibility for patient care within primary care rather than secondary care.

9.25. The scheme increases the number of people who can be managed in community settings and reduces the reliance on community intermediate care beds by ensuring more people can receive care closer to home.

9.26. The scheme supports NEL avoidance and its value is £60K.

Scheme 11: GP Cover & ANP Cover for Intermediate Care Beds

9.27. This scheme delivers a block arrangement with GPs to support the 21 ICT beds from Scheme 10 plus ANP cover in Wessex care homes in the SFT area.

9.28. The scheme supports all the objectives of the BCP and its value is £406K.

Scheme 12: Support for Community Services

9.29. This scheme is a 15% contribution to the WHC core community teams, care coordinators and community bed block funding.

9.30. The scheme supports all the objectives of the BCP and its value is £3,914K.

Scheme 13: Rehabilitation Support Workers (Home First)

9.31. The Home First Scheme is delivered by WHC who provide additional capacity in the form of Rehabilitation Support Workers (RSW) employed directly as part of core community teams. The service is delivered from a strong evidence base and builds on the Home First initiative, which has demonstrated the following benefits:

- The importance of an integrated discharge approach.
- The value of discharging a patient home as soon as they are medically fit and rehabilitating the patient in their own home.
- That prescribed care needs are often reduced on discharge and a patient transitions towards full independence or a marked reduction in care needs sooner

9.32. The RSWs are trained to meet agreed therapy and domiciliary care needs of patients discharged from hospital as soon as they are medically fit. There is an opportunity for intermediate care at home immediately following an early discharge to be provided for a limited period by additional rehab/care staff.

9.33. This additional capacity works with OTs and community physios to assess the needs of the patients in their homes and provide early intense rehab and domiciliary care. This removes the need to assess in the hospital and allows a speedier discharge to a home setting into the care of clinicians who are more used to coping and managing patients with complex care needs.

9.34. The scheme supports all the objectives of the BCP and its value is £1,280K.

Scheme 14: Medical Room

9.35. This funding supports office facilities for the Urgent Care at Home (UCAH) telecare responders at Salisbury Medical Practice to enable delivery of the overall telecare responder service.

9.36. The scheme supports reducing avoidable NELs and its value is £5.7K.

Scheme 15: Urgent Care at Home Domiciliary Care

9.37. Urgent Care at Home (UCAH) is a rapid response service to provide admission avoidance and additional bridging domiciliary and nursing care support across a seven-day period There is an explicit target for UCAH to move back to performance levels delivered in 2015/16 (c.80 cases per month). Enhanced domiciliary care services are provided to support the delivery of rehabilitation delivered by Wiltshire Health and Care.

9.38. The scheme supports reducing avoidable NELs, and its value is £863K.

Scheme 16: Integrated Community Equipment Service (ICES) – Wiltshire Council

9.39. The community equipment budget is as an aligned budget outside the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. This has a separate risk sharing arrangement to the rest of the BCF.

9.40. The scheme supports all the objectives of the BCP and its value is £1,841K.

Scheme 17: Integrated Community Equipment Service (ICES) - CCG

9.41. The community equipment budget is an aligned budget outside the BCF but is incorporated within the current Joint Business Arrangement between the council and the CCG. This has a separate risk sharing arrangement to the rest of the BCF. This scheme does not include continence services.

9.42. The scheme supports all the objectives of the BCP and its value is £3,633K.

Scheme 18: RUH Home first - Pathway 1

9.43. In 2017 RUH established a Home First scheme for Pathway 1 (people discharged to home with intermediate care support). This scheme benefits the Wiltshire residents on this pathway.

9.44. This scheme supports reducing LoS and DToCs and its value is £54K.

Scheme 19: Basset House Beds

9.45. This scheme at Bassett House Care Home in Wootton Bassett provides six beds to support Home First Plus (HFP) capacity, while HFP staff were recruited at the end of 2018/19. The care home supported those people waiting for HFP, to support DToCs in an acute setting. The scheme was extended into April 2019 but has now ended.

9.46. This scheme supports reducing LoS and DToCs and its value was £26K.

Scheme 20: End of life care – 72-hour pathway

9.47. Within Wiltshire, data shows that 30% of all hospital NEL admissions are for people with a life-limiting diagnosis. This scheme improves identification of patients who have less than a year to live, and supports the implementation of treatment escalation plans across system.

9.48. The scheme has redesigned the role of the WHC community end of life team to ensure they are enabled to manage people who are on an end-of-life care (EOLC) pathway more proactively. The scheme supports continued commissioning of the 72-hour EOLC pathway and addresses the future role of hospices in the EOLC agenda.

9.49. This scheme supports reducing avoidable NEL admissions, LoS and DToCs and its value is £205K.

Scheme 21: Self-funder Support – Care Home Select

9.50. Care Home Select (CHS) supports the discharge process and provides coordination for self-funders. It is currently operating above its service specification and has been very successful at supporting self-funders to be discharged in a timely manner.

9.51. The scheme supports reducing LoS and DToCs and its value is £300K.

Scheme 22: Information & Advice Portal Content Management

9.52. This scheme provides funding for two posts for the council managed web sites, and delivers active management of demand at the front door.

9.53. The scheme supports reducing avoidable NEL admissions and its value is £60K.

Scheme 23: Mental Health Liaison

9.54. The commissioned mental health services provider, Avon & Wiltshire Partnership, provides support to care homes through training and individual management plans for specific patients. This helps homes manage patients with complex dementia in the home environment rather than requiring admission to an acute hospital.

9.55. The scheme supports reducing avoidable NEL admissions and its value is £219K.

Scheme 24: Community geriatrics

9.56. Community geriatrician coverage across Wiltshire is provided through a community geriatrician at each of the three acute trusts to support discharge planning and provide advice in the community. The scheme links capacity more formally with established community teams and contributes to the WHC Community Health Services contract. The scheme aims to develop robust interfaces of care with each acute hospital, enhancing the Acute Trust Liaison model and diverting appropriate patients to established models of care in the community (for discharge and admission avoidance).

9.57. The scheme also complements the role of community nurses, matrons and therapists in the high intensity care programme to ensure effective roll out of the High Intensity care programme.

9.58. The scheme supports reducing avoidable NEL admissions and its value is £117K.

Scheme 25: Finance & Performance and Programme Direction

9.59. The Council and CCG recognise the value of a well-resourced programme management office (PMO) to deliver an effective integration programme, and that there is a need to administer the BCF and IBCF to be able to both monitor, evaluate and service and comply with the various returns.

9.60. This budget and spend reflects dedicated resources to manage the programme and grant effectively and represents less than 1% of the overall BCF and IBCF. These costs are continuously reviewed and there is potential for a reduction in future years.

9.61. The scheme supports all the objectives of the BCP and its value is £552K.

Scheme 26: Care Act

9.62. This funding is used to support and maintain the adult social care activities of Wiltshire Council generated by the implementation of the Care Act 2014. This includes the impact of new duties in relations to carers' assessments and services.

9.63. The scheme supports all the objectives of the BCP and its value is £2,500K.

Scheme 27: Maintaining Services

9.64. This funding is used to support and maintain the adult social care activities of Wiltshire Council to allow people to remain at home for as long as possible. In addition, we have strengthened our work and links with providers to provide greater assurance on the quality of the care provided.

9.65. The scheme supports all the objectives of the BCP and its value is £8.83m.

Scheme 28: Complex Care Packages

9.66. This funding is used to support and maintain the adult social care activities of Wiltshire Council and supports Scheme 27 by enabling complex packages of care to allow people to remain at home for as long as possible.

9.67. The scheme supports all the objectives of the BCP and its value is £0.40m.

Scheme 29: Public Health Prevention - Training, etc.

9.68. This scheme, which operated in 2018/19 for initiatives such as '*Warm and Safe*' and dementia awareness was successful and will continue in 2019/20.

9.69. The scheme supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £100K.

Scheme 30: Carers Pooled Budget

9.70. There are over 47,000 unpaid carers in Wiltshire, 2,700 of whom are young adult carers aged between the age of 16 and 25 who look after siblings or parents. Carer Support Wiltshire helps them to access support, services, education and training, and breaks from their caring role. Ensuring carers have a voice in policy making and planning for services, and we work with health and social care professionals and employers to develop best practice.

9.71. The services cover the whole of Wiltshire and are available to anyone who is aged 16 or over. It also funds a fracture liaison service at SFT, which has been extended for another year and work is continuing to investigate how this can be expanded to the other two acute trusts.

9.72. The scheme supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £1,497K.

Scheme 31: Carers - Voyage Respite

9.73. This scheme provides respite care for Carers and is directly commissioned by the CCG. It supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £30K.

Scheme 32: Telecare Response and Support

9.74. This scheme funds the physical telecare responders and the urgent care provision forms an integral part of the IUC Service that provides an integrated rapid health and social care response service for service users in crisis in their own home.

9.75. The Service operate 24 hours a day, 365 days per year and provides urgent support, which will typically support will commence within 45 minutes of an alert being raised and the coordinator determining that a physical response is required.

9.76. The scheme supports reducing avoidable NEL admissions and reduction in permanent admissions to care homes and its value is £1,015K.

Scheme 33: Disabled Facilities Grant

9.77. The Disabled Facilities Grant (DFG) is managed as a component of the BCF, ensuring a whole system approach to prevention and reablement. DFG supports people to live at or as close to home as possible and is a key enabler to increase the number of people living in their own homes, avoiding longer residential or other support costs. The Council has topped up the Government allocation every year for the last seven years, as part of this commitment and strategy. Allocation of funding from the DFG is based on need, which varies month to month depending on the case load and professional assessment of need.

9.78. The budget spends, and potential spend is monitored closely and reported to the Council Cabinet through the Capital Programme, as well as the HWB and JCB through the BCF plan monitoring. Any over commitment is subject to budget monitoring and decision making based again on need.

9.79. This year's BCP aims to see closer working between housing, health and care commissioners to evaluate the impact of DFGs and to strengthen the links between DFGs, Community Equipment services and Assistive Technology.

9.80. The scheme supports all the objectives of the BCP and its value is £3,273K.

Unallocated

9.81. A small percentage of the overall amount totalling £351K has been left in reserve. Bids against this unallocated amount will assessed against the contingency through the 2019/20 year.

9.82. The following table sets out where there should be an impact on the National Performance Frameworks from each of the schemes.

Table J: Impact of 2019/20 Better Care Schemes on National Performance Frameworks

ID	Scheme description	Value (£K)	Scheme impact on system			
			NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
High Impact Change: Early Discharge Planning						
1	Therapy support to IC Beds	860				X
High Impact Change: Systems to Manage Patient Flow						
2	Access to Care incl. SPA	984	X			
3	Patient Flow Hub	160		X		
High Impact Change: Multi-disciplinary / multi-agency discharge teams						
4	Acute Trust Liaison	377		X		
5	Strengthening QA	350		X		
High Impact Change: Home first/discharge to assess						
6	Step Up/Down Beds	2,988		X		
7	IC and Hospital Social Work Teams	1,627		X		
8	HTLAH Support (In House Reablement)	1,500				X
9	Step Up Beds (WHC)	900		X		
10	SHARP - Social Care Help & Rehabilitation Project	60	X			
11	GP & ANP Cover for IC Beds	406		X		
12	Community Services	3,914		X		
13	Rehabilitation Support Workers	1,280		X		
14	Medical Room	6				X
15	Urgent Care at Home Dom Care	863		X		
16	Integrated Cmty Equipment - Council	1,841		X		
17	Integrated Cmty Equipment - CCG	3,633		X		

ID	Scheme description	Value (£K)	Scheme impact on system			
			NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
18	RUH Homefirst - Pathway 1	54		X		
19	Basset House Beds	26		X		
High Impact Change: Seven-Day services						
20	End of life care - 72-hour pathway	205		X		
21	Self-funder Support - CHS	300		X		
22	Info & Advice Portal management	60		X		
High Impact Change: Enhancing health in care homes						
23	Mental Health Liaison	219	X			
24	Community geriatrics	117	X			
25	Finance & Performance	552	X	X	X	X
High Impact Change: Protecting Adult Social Care						
26	Care Act	2,500		X		X
27	Maintaining services	8,433		X		
28	Complex care packages	400			X	
High Impact Change: Preventative Services						
29	Public Health Prevention - Training	100	X			
30	Carers Pooled Budget	1,497	X			
31	Carers - Voyage respite	30	X			
32	Telecare Response and Support	1,015	X			X
Disabled Facilities Grant						
33	DFG	3,273	X			
Contingency						
34	Unallocated	351				
	Total BCF	**40,882**				

10. Risk

Maintaining stability across the whole local health and care system

10.1. The local health and social care system faces significant operational, clinical and financial challenges including providers coming under increasing financial, performance and quality pressures, demand management programmes with variable levels of success, workforce issues in recruitment across health and social care, and commissioners facing significant affordability pressures given the current configuration of services.

10.2. With significant gaps in funding across health and social care, integration is essential to support our sustainability. Opportunities for joint commissioning, avoiding duplication and maximising value for money, are being developed across Wiltshire.

10.3. Our finances need to flow around the system in a way that appropriately pays providers and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system.

10.4. Transformational programmes and the opportunities offered through the STP, will allow us to remove some of the traditional tariff barriers and contract according to patient need, by placing the money in the part of the systems where it is needed. Money will be able to follow the patient and by renewing our focus on self-care and prevention, the pressure on the whole system will be better managed.

Financial risks

10.5. In the first four years of the BCF programme, no overspends occurred across the pooled fund but increasing demographic demands do present a continuing risk to the pooled fund, which may have an adverse effect on services that have been commissioned through the BCP. Financial contingency has been reduced to £351k for the 2019/20 plan.

10.6. It is therefore important to mitigate this risk through the close financial monitoring of the BCF through the new governance structures, which will continue to receive financial monitoring reports. Where pressures on services are identified, the boards will need to identify and implement solutions to ensure that the programme delivers within the available funding.

10.7. The Section 75 agreement has clearly set out the principles for managing any overspends i.e.

- Financial overspends on each element of the BCF schemes are the responsibility of the authorising organisation and will not be funded through the BCF, unless agreed by all parties.
- Financial underspends on each element of the BCF scheme will be retained by the pooled budget for use within the pool in year and returned to the partners in proportion to their contribution, at year end.
- Under achievement of planned savings and KPIs will be met from contingency and retained performance fund.

Risk Share

10.8. Any underspend or overspend is divided equally between the two organisations except for the following:

- ICES pooled budget: this was operated as an aligned budget within the Joint Business Arrangements prior to the pooled budget. The ICES Pooled Budget was added to the pooled fund to achieve efficiencies through joint management of spend under the BCP. The JCB agreed on 8 February 2017 that this transfer was on a non-risk basis so that the provisions of Schedule 3 relating to Overspends and Underspends do not apply to the ICES pooled budget. Each organisation continues to be responsible for its own contribution to the ICES budget so that each organisation is liable for any overspend in relation to its contribution, and each organisation has the discretion to determine the use of any underspend in relation to its contribution.
- Carers pooled budget: any underspend in relation to this budget is ringfenced and carried forward to the next financial year.
- Improved Better Care Fund: the IBCF is treated as a non-recurrent payment and the Council has the sole discretion to determine the use of any underspend. The Council must comply with the grant conditions set out in the IBCF grant determination made under Section 31 of the Local Government Act 2003 and the IBCF must not be used to replace, and must not be offset against, the CCG's minimum contribution to the BCF.
- Disabled Facilities Grant: any underspend of DFG is carried forward and any overspend is the responsibility of the Council. The Council must comply with the grant conditions set out in the DFG grant determination made under Section 31 of the Local Government Act 2003.
- Winter Pressure Grant (WPG): This grant is treated as a non-recurrent payment and the Council has sole discretion to determine the use of any underspend of the WPG. The Council must comply with the grant conditions set out in the WPG grant determination made under Section 31 of the Local Government Act 2003. The organisations acknowledge that the WPG must not be used to replace, and must not be offset against, the CCG's minimum contribution to the BCF.

Programme Risks

10.9. Risks relating to the financial or performance of any scheme will initially be raised at the WIB at the earliest opportunity to allow for transparent conversations and shared problem solving. In the event of the Board either not being able to remedy this action, the issue will be escalated to the HWB, where key chief executives of commissioners and providers are in attendance. The programme risk log is regularly reviewed and updated by the PMO. Risks and issues are escalated, as appropriate.

Workforce

10.10. Wiltshire has a specific risk in terms of workforce due to a lower than average number of people of working age within the local demographic. High levels of employment in the county also makes recruitment to care roles more difficult. A separate workforce task group has been established under Workstream 4 of the Wiltshire Integration Programme, which is focusing on addressing the challenges in the local system. There is a particular emphasis on the role of colleges in supporting the development of a local social care workforce through new courses and apprenticeships.

11. National Conditions

Condition 1 – Jointly agreed plan

11.1. At the Wiltshire HWB on 25 May 2019, delegated authority was granted to the CCG Chief Officer and Director of Adult Social Care, to jointly agree future submissions prior to formal sign off by HWB. Due to the timing of the final submission advised by NHS England, the full plan will be signed off at the HWB meeting on 26 September 2019.

Condition 2 – NHS Contribution to Social Care

11.2. Most of the funding in the 2019/20 BCP remains largely unchanged from 2018/19. However, in 2019/20, it also includes the Winter Pressure Grant. An increase in CCG contribution in-line with inflation at 2.4% has been applied to the fund in 2019/20 and an increase of 1% has been applied to the pooled fund in 2019/20.

11.3. In 2019/20, the revenue value of the pooled fund to be managed via the Section 75 agreement is £50.8 million) and comprises £32.5m (64.01%) of Clinical Commissioning Group (CCG) funding and £5.080m of council funded services (10.00%). The IBCF funds £8.117m (15.96%), Winter Pressure Grant £1.823m (3.59%) and DFG £3.273m (6.44%).

11.4. The pooled budget also includes the DFG, which is a capital grant of £3.273m and is managed by the council. This is in line with the governance arrangements detailed in Appendix 'A'. Care Act funding of £2.5m is also included.

11.5. Full BCF, IBCF and Winter Pressures Grant funding contributions for 2019/20 is detailed at Appendix 'B'.

11.6. A total of £16.424m has been allocated specifically for the protection of social care.

11.7. These figures are identified on our technical submission and maintain the level of funding agreed in 2019/20.

Condition 3: Investing in NHS Commissioned Out-of-Hospital Services

11.8. Investment in NHS commissioned out-of-hospital services, including seven-day services and adult social care, is detailed in the financial tables appended to this narrative.

Condition 4 – Managing Transfers of Care

11.9. The BCP sets out how improved integrated services at the interface between health and social care reduce DToC, encompassing the HICM for managing transfers of care. This is set out in Section 10, above.

12. Improved Better Care Fund and Winter Pressures

Background to the IBCF

12.1. The Improved Better Care Fund (IBCF) is a paid by central government as a direct grant to local government, with a condition that it is pooled into the local BCP. The funding can be spent on three purposes:

- Meeting adult social care needs.
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready.
- Ensuring that the local social care provider market is supported.

12.2. There is no requirement to spend across all three purposes, or to spend a set proportion on each. The IBCF can be spent on stabilising the social care provider market but there is no obligation on councils to use the money to free up acute beds or to share the IBCF with CCGs.

12.3. The IBCF allocation for Wiltshire in 2019/20 is £8,117,936. The detail of the allocations is set out in Appendix 'C' and has been allocated as in the following sections.

Protecting Adult Social Care

12.4. A total of £5,091,200 has been allocated for protecting adult social care from the IBCF, which will be used to support adult social care by providing stability and extra capacity in the local residential and domiciliary care system.

12.5. An additional investment of £130,200 has been made for investigation officers who ensure the local authority is safely meeting adult social care needs.

Home First / Discharge to Assess

12.6. A contribution of £1,183,83 has been made to support reablement and rehabilitation services from the IBCF. This is additional funding for Homefirst Plus.

Prevention

12.7. the LAC pilot supports signposting for people to local community assets which can help reduce the levels of social isolation across the county.

12.8. A total of £935,750 from the IBCF has been allocated for prevention work, as follows:

- Public Protection: £488,000.
- Local Area Co-ordination Pilots: £447,750.

Winter Pressure Grant

12.9. The Winter Pressure Grant (WPG) was a new grant first given in the previous financial year with a principal focus of reducing DToC. In 2019/20, it was moved to the BCF. Grant conditions require the funding to be used to alleviate pressures on the NHS over winter and support the local health and care system to manage demand pressures on the NHS with specific reference to seasonal winter pressures. This includes interventions that support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people's independence. Work is underway at looking how best to use this grant.

13. Programme Governance

13.1. During 2018/19, a full review of our combined governance arrangements was undertaken to provide more open space for system leaders and subject matter experts to develop more closely integrated plans, and to streamline the number of meetings with overlapping agendas. This has ensured that valuable management time is prioritised and has led to better overall working arrangements across the many stakeholders involved across Wiltshire.

Wiltshire CCG Governing Body and Wiltshire Council Cabinet:

13.2. As the executive bodies of the two organisations pooling budgets, these are responsible for signing off the s75 agreement and agreeing the procurement of significant new initiatives (above the limits set out in the respective organisations' scheme of delegation).

13.3. Elements of the BCP that require key decisions will, as required, be reported to the CCG Governing Body and to the Council's Cabinet.

Wiltshire Health and Wellbeing Board

13.4. Strong joint governance is central to effective integration and transformation. The health and Wellbeing Board (HWB), includes lead members and chief officers from the Wiltshire health and social care system, continues to oversee the delivery of the BCP. The HWB is also responsible for signing the s75 agreement and for gaining system-wide buy-in to the BCP. The HWB receives standing updates on progress against the high-level BCP outcomes and on the delivery of new schemes to ensure that the leadership of the CCG and the Council have clear, shared visibility and accountability in relation to all aspects of the BCF.

Joint Commissioning Board

13.5. The Joint Commissioning Board (JCB) is an advisory group comprising senior council and CCG officers (with the council cabinet member for health and adult social care and the chair of the CCG) to undertake detailed commissioning work and make jointly agreed recommendations for change to the commissioning organisations. This includes overseeing the management of existing joint investments and initiatives alongside a targeted programme of activities that exploits opportunities where greater coordination, alignment and/or integration of resources can lead to improved outcomes and efficiency.

13.6. In respect of the BCP, it is referred to as the 'decision making body' in the s75 agreement and as such the JCB receives regular reports from the Better Care Board (although jointly agreed recommendations must go through the usual decision-making process for the respective organisations).

13.7. Many of the emerging service changes have been developed and overseen by the Joint Commissioning Board (JCB), which receives a regular report on the use of the BCF, along with a dashboard of principal measures of success for the schemes. This enables frequent evaluation of the performance of BCP schemes against the national measures.

Wiltshire Integration Board

13.8. The Wiltshire Integration Board (WIB) is co-chaired by the CCG's Accountable Officer and Wiltshire Council's Corporate Director of Adult Social Care and Public Health. The Board reports to the HWB, CCG GB and LA Cabinet and delivers transformational

programmes on behalf of the HWB, making recommendations and providing senior focus for the future direction of the integration.

13.9. The WIB is also responsible for overseeing Wiltshire's collective participation in the STP with focus on local strategic commissioning arrangements and future contracting mechanisms. The Board is supported by two sub-groups: the Wiltshire Delivery Group (WDG), and the Wiltshire Commissioning Group (WCG).

Wiltshire Delivery Group

13.10. The Wiltshire Delivery Group (WDG) is accountable to the WIB and provides a forum for experts across the whole system of health and social care providers to focus on design and delivering the Wiltshire new model of integrated health and social care based on the outcome and specifications set jointly by health and social care commissioners. The scope of responsibilities of this group expands to areas of integrated care, urgent care, primary care, secondary, voluntary services, community services, mental health and disabilities.

Wiltshire Commissioning Group

13.11. The Wiltshire Commissioning Group (WCG) is co-chaired by the Integration directors of the Council and the CCG. The group meets bi-monthly and oversees the performance of the key work stream and the BCP budget, and prioritises areas for decision by the JCB, providing effective oversight and coordination.

13.12. The WCG is accountable to the JCB and focuses on commissioning-related matters and decisions across integrated commissioning between the CCG and the Council. This includes areas of integrated care, urgent care, primary care, mental health and disabilities, public health and military health.

Inequalities & Equalities Act

13.13. The Council and the CCG are committed to the principles of equality and inclusion in both employment and service provision. We are keen to celebrate the diversity of people who live and work in Wiltshire, which means making our services accessible to all, treating people fairly and providing a fully inclusive working environment. Wiltshire is a relatively affluent county with a lower than average representation of BAME communities, although there are pockets of deprivation. Data from the local JSNA was used in developing the BCP to ensure that schemes and services are available to all regardless of where they live, their gender, ethnicity or sexual orientation. The aim of the health and wellbeing strategy is to reduce inequalities across Wiltshire.

13.14. The JSNA in Wiltshire provides benchmarking information for Wiltshire against the England, South West and our ONS Statistical Neighbours. This provides good data to help understand where outcomes are better and where we might usefully learn from others. In developing the Home First scheme we have visited other local authority areas both regionally and nationally to understand how their schemes work and what aspects would work in Wiltshire and what aspects might struggle.

13.15. Wiltshire Council is an active member of the South West ADASS and supports the benchmarking of adult social care performance on a quarterly basis. NHS Wiltshire CCG uses the services of the SCW CSU and Commercial organisations to help understand performance and capture best practice ideas from across the country and internationally.

14. Appendices, Tables and Figures

14.1. The following appendices support this document and can be found on the page number indicated:

Index of tables in the document

14.2. The following tables have been included in the body of this plan:

Index of figures in the document

14.3. The following figures have been included in the body of this plan:

Appendix 'A' – Governance Relationships

The Better Care Fund programmes delivers the council and CCG vision and priorities, which are informed by the local and BANES STP and NHS Long term plan.

NHSE Long Term Plan

- more control for people over their own health and care
- primary care networks
- Integrated Care Systems
- Preventing illness and tackling health inequalities through risk stratification
- Workforce
- Digital tools and records
- Efficiency (duplication and harnessing NHS buying power

↔

Bath and North-East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan

The health and care needs of our local population across B&NES, Swindon and Wiltshire are diverse and we are developing a joint approach that takes this local variation.

1. Improving health and wellbeing
2. Improving the quality of care people receive
3. Ensuring services are efficient

Health and Wellbeing strategy

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives"

Prevention – Improving health and wellbeing encouraging and supporting people to take responsibility to improving and maintaining their own health.

Tackling Inequalities - – addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age.

Localisation – Enabling communities to be stronger and more resilient and recognising that across Wiltshire different approaches will be required

Integration – ensuring health and social care is personalised, joined up and delivered at the right time and place.

Wiltshire Council vision & priorities

Our vision is to create strong communities through our priorities of:

- Growing the economy
- Strong communities
- Protecting those who are most vulnerable (through prevention, integration and personalisation)
- Working with partners as an innovative and effective council

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CCG Operating Plan

- Prevention, self-care planning
- Use the Right Care programme to reduce unwarranted variation
- Expand the use of technology enabled care
- Offer resident information and choice, ensuring care closest to home
- Strengthen the role of primary and out of hospital care,
- Purchase interventions, treatments and drugs that are cost-effective

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Wiltshire Integration Programme

- New Health and Social Care Model development
- INTs & PCNs
- Integrated Rapid response at crisis
- Trusted Assessment/Assessor

- NEL Admission avoidance over 65yrs
- Reduce length of stay circa 2days
- Cathedral Care Homes incl. red bag scheme.
- Intermediate Care service model

- Strengthening Joint Commissioning arrangements
- Digital roadmap
- Integrated Workforce Strategy
- Home first mobilisation to reduce dependency

Appendix 'B' – Draft Finance Values for BCF 2019/20

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
Early Discharge Planning			
1	Therapy for intermediate care	859,594	Service provided by Wiltshire Health & Care (WHC) as a block contract
	Total	**859,594**	
Systems to Manage Patients Flow			
2	Access to Care incl. Single Point of Access	984,161	Service provided by Medvivo
3	Patient Flow Hub (PFH)	160,000	Service provided by Wiltshire Health & Care
	Total	**1,144,161**	
Multi-Disciplinary / Multi Agency Discharge Teams			
4	Acute Trust Liaison	377,142	Service provided by Medvivo.
5	Strengthening QA	350,000	Contribution to commissioning staffing
	Total	**727,142**	
Home First / Discharge to Assess			
6	Step Up/Down Beds	2,988,200	ICT Beds Block contract
7	Intermediate Care Social Work / Intermediate Care Programme Manager / Hospital Social Work Teams	1,627,300	Cost of ICT Social Work Team and Hospital Social Work Team.
8	Home First Plus	1,500,478	Wiltshire Council Reablement Service
9	Step Up Beds (Wiltshire Health & Care)	899,832	WHC Block contract
10	SHARP - Social Care Help & Rehabilitation Project	60,000	Service coordinated by Ramsbury GP Practice.
11	GP and ANP cover for intermediate care beds	406,200	
12	Community Services	3,914,246	WHC Block contract
13	Rehabilitation Support Workers	1,279,792	WHC Block contract
14	Medical Room	5,760	Local arrangement with GP Practice

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
15	Urgent Care at Home Domiciliary Care	862,668	
16	Integrated Community Equipment Service - Council	1,841,000	
17	Integrated Community Equipment Service - CCG	3,633,263	Excluding continence
18	RUH Homefirst - Pathway 1	54,177	
19	Basset House Beds	25,586	Six Beds for April block
	Total	**19,098,501**	
Seven Day Service			
20	End of life care - 72-hour pathway	205,266	Funds Dorothy House.
	Total	**205,266**	
Trusted Assessors			
Focus on Choice			
21	Self-Funder Support – Care Home Select (CHS)	300,000	Discharge progs and coordination for self-funders
22	Info & Advice Portal content management	59,800	Staffing costs.
	Total	**359,800**	
Enhancing Health in Care Homes			
23	Mental Health Liaison	218,591	AWP Block Contract
24	Community geriatrics	117,132	WHC Block contract
	Total	**335,723**	
Programme Office, Internal Staff			
25	Finance & Performance / Admin / PMO / Business Analyst.	551,836	Contribution to finance and admin teams /PMO / Business Analyst
	Total	**551,836**	
Protecting Social Care			
26	Care Act	2,500,000	

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
27	Maintaining services	8,433,000	
28	Complex care packages	400,000	
	Total	**11,333,000**	
Preventative Services			
29	Public Health Prevention - Training, etc.	100,000	
30	Carers Pooled Budget	1,497,257	
31	Carers - Voyage respite	30,306	
32	Telecare Response and Support	1,015,364	
	Total	**2,642,927**	
Disabled Facilities Grant			
33	DFG	3,273,126	
	Total	**3,273,126**	
Unallocated			
34	Unallocated	350,604	
	Total	**350,604**	
	Total BCF	**40,881,680**	

Appendix 'C' – IBCF Budget Allocation 2019/20

Ref	Scheme	Approved and Committed (£)	Outline Description and Outputs
Protecting Social Care			
35	IBCF -Providing stability and extra capacity in the local care system - Residential & Dom Care	5,861,000	
36	Investigation Officers	130,200	
	Total	**5,991,200**	
Home First / Discharge to Assess			
37	IBCF - Reablement and Rehabilitation	1,183,583	
	Total	**1,183,583**	
Prevention			
38	IBCF Prevention Work - Public Protection	488,000	
39	IBCF Local Area Co-ordination Pilots	447,750	
	Total	**935,750**	
Summary			
	Total IBCF Grant	8,117,936	
	Winter Pressure Grant	1,823,064	
	BCF Total Value	40,881,680	
	TOTAL	**50,822,681**	

Appendix 'D' – Areas of Spend

Funding	Approved and Committed (£)
CCG Minimum Contribution	32,528,400
Local Authority Contribution	5,080,155
Winter Pressure Grant	1,823,064
Improved Better Care Fund	8,117,936
DFG	3,273,126
Total Funding	**50,822,681**

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Areas of Spend	Approved and Committed (£)
Acute	1,443,802
Community Health	15,698,031
Continuing Care	300,000
Mental Health	218,591
Other	2,990,570
Primary Care	406,200
Social Care	29,765,487
Total Funding	**50,822,681**

Work Stream	Approved and Committed (£)
IBCF	8,117,936
Intermediate Care	14,233,894
Access, Rapid Response, 7-day working	3,627,594
Self-Care, Self-Support (Prevention)	1,687,363
Care Act	2,500,000
Protecting Social Care	9,183,000
Disabled Facility Grant	3,273,126
Winter Pressure Grant	1,823,064
Management & Administration	551,836
Integrated Community Equipment	5,474,263
Previous Year Adjustments & Unallocated	350,604
Grand Total	**50,822,681**

Areas of Spend - CCG Total Contribution	Approved and Committed (£)
Acute	1,443,802
Community Health	11,932,191
Continuing Care	300,000
Mental Health	218,591
Other	1,167,506
Primary Care	406,200
Social Care	17,060,110
Total Funding	**32,528,400**

Appendix 'E' – Wiltshire Integration Board Framework Diagrams

Framework

The Wiltshire Integration Board has agreed to use these ten 'Components of Care' for improving care for older people as the framework for Wiltshire New Health and Social Care Model for ALL ages.

These components contribute to an overall goal of high-quality, person-centred co-ordinated care for the population that focuses on maintaining health and independence.

Wiltshire Flower: The New Health and Social Care Model:

The Components of Care were further developed using local experience and evidence to articulate, in the 'flower', what service users might actually want in terms of outcomes, depicted as 'I' statements.

The flower represents what core services and support needs to be in place to elicit those positive 'I' statements.