

# AGENDA SUPPLEMENT (1)

**Meeting:** Health and Wellbeing Board

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

**Date:** Thursday 11 July 2024

**Time:** 10.00 am

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**The Agenda for the above meeting was published on 3 July 2024. Additional documents are now available and are attached to this Agenda Supplement.**

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

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7 **Pharmacy Update (Pages 3 - 10)**

10 **Better Care Plan - standing update (Pages 11 - 32)**

DATE OF PUBLICATION: 9 July 2024
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**Wiltshire Council**

**Health and Wellbeing Board**

**11 July 2024**

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**Subject: Pharmacy Provision for Wiltshire**

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## **Executive Summary**

The Pharmaceutical Needs Assessment (PNA) for Wiltshire is due to be refreshed for September 2025.

The PNA maps current provision, assesses local need and identifies any gaps in provision. The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers.

Developing a PNA is a significant process, undertaken over the course of twelve months. The paper proposes an overarching process for this, alongside other activity underway to improve pharmacy provision.

## **Proposal(s)**

It is recommended that the Board:

- i) Approves the formation of a steering group for development of the PNA for Wiltshire as set out in paragraph 10
- ii) Notes the outline timescale for development of the PNA (appendix 1)
- iii) Confirms the governance for responding to consultations on market entry and market consolidations and the issuing of supplementary statements set out in paragraph 15
- iv) Note the update on wider community pharmacy initiatives to be provided by NHS Bath & NE Somerset Swindon and Wiltshire Integrated Care Board (NHS BSW ICB)

## **Reason for Proposal**

The Health and Social Care Act 2012 gave responsibility for developing and updating of PNAs to health and wellbeing boards (HWBs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. A new PNA is required by the end of September 2025. There are a range of other activities underway in the NHS which are relevant to pharmacy provision.

**David Bowater**  
**Senior Corporate Manager**  
Wiltshire Council

**Victoria Stanley**  
**Head of Primary Care POD**  
NHS BSW Integrated Care Board

**Subject: Pharmacy Provision for Wiltshire**

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**Purpose of Report**

1. To outline the governance for pharmacy provision in Wiltshire and the proposed process for developing the next PNA.

**Relevance to the Health and Wellbeing Strategy**

2. The Joint Local Health and Wellbeing Strategy for Wiltshire ([2023-2032](#)) sets out four themes, including 'working together and integration' where *'we design and deliver our activities in partnership with service users, local communities and public sector partners. We collectively consider how to integrate our work, get maximum value for public sector spend and plan our use of the public sector estate together'*. This includes a commitment to achieving change by improving join-up of services through community healthcare, primary, secondary and tertiary healthcare (including pharmaceutical services). The PNA is an important statutory duty that sits alongside this commitment.

**Background**

3. From 1st April 2013, every Health and Wellbeing Board (HWB) in England (including Wiltshire) received statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). As Board members will be aware, the Health and Wellbeing Board was introduced by the Health and Social Care Act 2012 as a partnership that brings together the leaders of the health and social care system, that is the NHS (including Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)) and Wiltshire Council (including public health) with other partners such as Healthwatch Wiltshire.
4. In April 2023, NHS BSW ICB received delegated responsibility of NHS England pharmaceutical, ophthalmic and dental functions, with the intention being to demonstrate that giving ICBs responsibility for a broader range of functions enables them to design services and pathways of care that better meet local needs and priorities.
5. PNAs are used by the NHS (through the South West Pharmaceutical Services Regulations Committee (PSRC)) to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new

pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. The NHS also has a duty to notify local stakeholders and conduct impact assessments on market exits (closures) and changes to 100-hour contracts ([Pharmacy Manual](#)). The SW PSRC is supported by a Collaborative Commissioning Hub (CCH), which NHS England South West established with the Integrated Care Boards in the region.

6. The Wiltshire Health and Wellbeing Board is one of the stakeholders that can provide input to consultation by the PSRC on pharmacy consolidations and new market entries. The Wiltshire Health and Wellbeing Board can also issue supplementary statements to the PNA when there is a significant change to provision. Supplementary statements to the PNA are statements of fact and 'are not a vehicle for updating what the pharmaceutical needs assessment says about the need for pharmaceutical services'. In certain specific circumstances defined by the regulations (for example, when a consolidation application has previously been refused but then subsequently followed by a closure) the Health and Wellbeing Board should consider whether a supplementary statement is needed (likely to be the case if the PSRC was of the view that to grant the consolidation would create a gap in pharmaceutical services provision). This is set out in [government guidance](#).
7. The [existing PNA](#) for Wiltshire expires in the autumn of 2025 and initial work has begun on updating this, which will involve consultation with local communities and consideration of changes in the market that have taken place since 2022 (including increased online provision and the expansion of services that are delivered).
8. The Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England are responsible for the Community Pharmacy Contractual Framework (CPCF), which is the overall contractual framework that ICBs use to monitor community pharmacy compliance with national service delivery. The CPCF aims to expand the range of services offered making better use of the clinical skills in community pharmacy, making them the first port of call for patients for many minor illnesses. The [Pharmacy First](#) initiative rolled out in early 2024 is an example of an initiative delivering this ambition. The CPCF expires in 2024 and the next five-year settlement is currently under negotiation. The Health and Social Care Committee recently [called for](#) a radical overhaul of the CPCF in any new settlement. A range of additional services above standard provision are also commissioned by [BSW](#); and Wiltshire Council's public health team also commissions substance misuse and sexual health services through pharmacies.
9. NHS BSW ICB will consider the implications of any new CPCF settlement locally and ensure appropriate ongoing contract management (including sanctions). Alongside this NHS BSW ICB is developing a pharmacy workforce strategy, recognising the number of pharmacists per 10,000 GP patients in BSW is currently the lowest in the country and by 2026 all newly qualified pharmacists will be independent prescribers on the day of registration (existing pharmacists may wish to pursue this training) which

presents an opportunity for NHS England or BSW ICB to commission services in community pharmacy aligned to long term conditions care as well as support with minor illnesses.

## Main Considerations

10. Drawing on the guidance to Health and Wellbeing Boards referred to above, it is recognised good practice to establish a steering group for the development of the PNA. The proposed membership includes representatives from:
  - NHS BSW ICB / NHS England
  - Wiltshire Council (including public health and communications)
  - Wessex Local Medical Committees
  - Healthwatch Wiltshire (including appropriate representation of the views of Area Board health and wellbeing champions)
  - Community Pharmacy Swindon and Wiltshire (Local Pharmaceutical Committee)
11. The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC), [Community Pharmacy Swindon and Wiltshire](#), which represents all NHS pharmacy owners in Swindon and Wiltshire. The committee is an elected body recognised under the NHS yet independent. The committee is elected from a range of independent pharmacy contractors, The Company Chemists Association (CCA) and Association of Multiple Pharmacies (AIM). CPSW works with the NHS, the local Integrated Care Board and local Health and Wellbeing Boards to help plan healthcare services and negotiates and discusses pharmacy services with commissioners. They are recognised by NHS England and NHS ICBs at local level and are consulted on local matters affecting pharmacies. LPCs work closely with their medical equivalent, the LMC and work to support and represent pharmacy owners. CPSW works to ensure that community pharmacies are integrated into the NHS, provide clinical services, and contribute to public health initiatives. The Support and Implementation Manager for CPSW, Carolyn Beale, will be in attendance for this item.
12. The steering group will have the opportunity to consider the detailed project timeline, the way in which the PNA should be presented for localities, the nature of the consultation with contractors and the public, and the overall format of the document. Alongside this, there is the opportunity to consider the approach to understanding what counts as adequate provision (drawing on work currently being undertaken by Healthwatch Wiltshire), the opportunity to use pharmacies to address the wider determinants of health, the scope for further development in relation to the provision of enhanced services and the integration of work between community pharmacy, community hospitals and acute hospitals in Wiltshire.
13. A draft PNA will come back to the Health and Wellbeing Board ahead of consultation (by March 2025) and then again for sign off with the results of the consultation (by September 2025). An outline timeline, subject to change, is included as **Appendix 1**.

14. The officer team putting together the next draft PNA are considering the elements on which it makes sense to collaborate with our neighbours in Swindon and B&NES who are working to similar timescales – including elements on data and mapping and consistency in the presentation of information.
15. In the meantime, the Board is asked to confirm the governance for NHS consultations on market consolidations and market entries; and the issuing of supplementary statements to the PNA following what may be deemed a significant change in provision. In such circumstances, Board members will be contacted with an opportunity to express a view and a response will be drafted by Wiltshire Council officers. Where there are any differences of opinion, a final response will be agreed in consultation with the chair of the Health and Wellbeing Board (or the vice chair in their absence). Members of the PNA steering group will also be canvassed for their view on the need for any supplementary statement.
16. A short update on community pharmacy priorities for NHS BSW ICB will be provided to the Board to accompany this paper, including the work of the Community Pharmacy Operational Group, the latest position on market changes, Pharmacy First, work with Primary Care Networks, independent prescribing at five sites in BSW and workforce developments.

<b>David Bowater</b> <b>Senior Corporate Manager</b> Wiltshire Council	<b>Victoria Stanley</b> <b>Head of Primary Care POD</b> NHS BSW Integrated Care Board
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Report Authors: as above

Appendix 1: Outline timeline for the development of the Wiltshire PNA

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Indicative timeline for the development of the Wiltshire pharmaceutical needs assessment 2025

Week		30/09/24	07/10/24	14/10/24	21/10/24	28/10/24	04/11/24	11/11/24	18/11/24	25/11/24	02/12/24	09/12/24	16/12/24	23/12/24	30/12/24	06/01/25	13/01/25	20/01/25	27/01/25	03/02/25	10/02/25	17/02/25	24/02/25	03/03/25	10/03/25	17/03/25	24/03/25	31/03/25	07/04/25	14/04/25	21/04/25	28/04/25	05/05/25	12/05/25	19/05/25	26/05/25	02/06/25	09/06/25	16/06/25	23/06/25	30/06/25	07/07/25	14/07/25	21/07/25	28/07/25	04/08/25	11/08/25	18/08/25	25/08/25	01/09/25
<b>Governance</b>	Invite stakeholders to join the steering group and set date of first meeting	■																																																
	Steering group meetings to be scheduled in line with the group's wishes (suggested minimum meetings included)			■	■	■							■						■				■																											
	Timeline signed off at first steering group meeting																																																	
	Board meetings (schedule board update reports as required)																																																	
<b>Health needs and priorities</b>	Obtain reference documentation eg needs assessments			■	■	■	■																																											
	Obtain information on known housing development, regeneration projects or transport developments that are current or will occur within the lifetime of the pharmaceutical needs assessment			■	■	■	■																																											
	Obtain any additional data			■	■	■	■																																											
	Agree localities to be used at first steering group meeting Analyse data				■			■	■	■																																								
<b>Patient/public questionnaire</b>	Agree patient/public questionnaire at first steering group meeting				■																																													
	Upload questionnaire to online platform				■	■																																												
	Promote questionnaire via the council's websites, communications channels and online presence, and via press release						■	■	■	■																																								
	Questionnaire runs for four weeks Analysis of questionnaire responses							■	■	■	■																																							



**Wiltshire Council**

**Health and Wellbeing Board**

**11 July 2024**

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**Subject: BCF Planning Refresh 2024-25**

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## **Executive Summary**

1. This report provides the Health and Wellbeing Board (HWB) with an executive briefing of the 2024-24 planning refresh for the Better Care Fund (BCF) for the Wiltshire locality.
2. Authority for sign-off prior to submission was agreed by the HWB Chair on 10<sup>th</sup> June 2024.
3. This is a formal presentation of the document to the Board.

## **Proposal(s)**

It is recommended that the Board:

- i) Approves the 2024-25 BCF Planning Refresh

## **Reason for Proposal**

The template was submitted to the BCF National Team on 10<sup>th</sup> June 2024, and it is a requirement of BCF governance arrangements that this is formally presented to the Health and Wellbeing Board. This is to provide accountability for the funding, information, and input into national datasets, on behalf of Health and Wellbeing Boards.

**Helen Mullinger**  
**Better Care Fund Commissioning Manager**  
Wiltshire Council

**Subject: BCF Planning Refresh 2024-25.**

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**Purpose of Report**

1. To formally present the BCF 24-25 planning refresh to the Health and Wellbeing Board.

**Relevance to the Health and Wellbeing Strategy**

2. The Better Care Fund supports the integration of health and social care services across Wiltshire, 'ensuring health and social care is personalised, joined up and delivered at the right time and place'.
3. Health and Wellbeing Boards were required to refresh 2024-25 within the 2023-25 plans as submitted on 20<sup>th</sup> July 2023.

**Background**

4. The Health and Wellbeing Board signed off the BCF plans for 2023-25 on 20<sup>th</sup> July 2023.
5. This plan refresh was submitted to the BCF National Team on 10<sup>th</sup> June 2024, and it is a requirement of BCF governance arrangements that this is formally presented to the Health and Wellbeing Board. This is to provide accountability for the funding, information, and input into national datasets, on behalf of Health and Wellbeing Boards.
6. A draft submission of the refresh was submitted to the national team in May 2024. The final submission reflects the response to this feedback.

**Main Considerations**

7. We are required to show stretching targets for the metrics. The nationally set metrics have altered slightly and changes in data collection are reflected in the targets set. The admissions to care homes, for example will be reported using client led data which is a move away from ASCOF collated data. While the target appears much lower it is baselined against all new admissions in 2023-24. Reducing long term admissions remains a focus of all our hospital discharge pathways.

<b>Avoidable Admissions</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total Admissions</b>
2023-24 - Actuals	156.6	145	176.9	157.1	4018

2024-25 Refresh	155.4	144.6	178.7	159.5	N/A
<b>Falls</b>	Number of admissions due to Falls				Total Admissions
2023-24 - Actuals	2178				2178
2024-25 Refresh	2000				N/A
<b>Discharge to usual place of residence</b>	Q1	Q2	Q3	Q4	Total Discharges
2023-24 - Actuals	90.50%	91.80%	92.10%	92.10%	37650
2024-25 Refresh	92.10%	92.10%	92.10%	92.10%	N/A
<b>Residential Admissions</b>	Number of Residential Admissions				Total Admissions
2023-24 - Actuals	735				735
2024-25 Refresh	442				N/A

8. The plan shows refreshed demand and capacity planning and links assumptions to increased funding in pathway 1 and changes to bedded care in pathway 2. 2023-24 saw significant changes in Demand and Capacity planning for hospital discharge which resulted in a significant reduction in acute non criteria to reside numbers.

### Next Steps

11. That the submission is formally approved by the Board.
12. We are required to provide quarterly reporting on spend and performance. Quarter one report is due on 29<sup>th</sup> August 2024.

**Helen Mullinger**  
**Commissioning Manager, Better Care Fund**  
**Wiltshire Council**

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Report Authors:  
Helen Mullinger, Commissioning Manager, Better Care Fund.

### Appendix A: Better Care Fund Refreshed Plan 2024-25

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## Better Care Fund 2024-25 Update Template

### 3. Summary

Selected Health and Wellbeing Board:

Wiltshire

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£4,050,899	£4,050,899	£0
Minimum NHS Contribution	£40,335,427	£40,362,726	-£27,299
iBCF	£10,242,097	£10,446,582	-£204,485
Additional LA Contribution	£5,080,155	£5,080,155	£0
Additional ICB Contribution	£2,102,263	£2,102,263	£0
Local Authority Discharge Funding	£2,393,210	£2,393,210	£0
ICB Discharge Funding	£2,687,702	£3,807,000	-£1,119,298
<b>Total</b>	<b>£66,891,754</b>	<b>£68,242,835</b>	<b>-£1,351,081</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£11,462,185
Planned spend	£40,114,154

#### Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£22,465,242
Planned spend	£22,889,455

[Metrics >>](#)

#### Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	155.4	144.6	178.7	159.5

#### Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,227.0	1,883.0
	Count	2144	2000
	Population	121861	122226

#### Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.1%	92.1%	92.1%	92.1%

#### Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	532	370

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Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Wiltshire

Hospital Discharge	Capacity surplus. Not including spot purchasing													Capacity surplus (including spot purchasing)												
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
<b>Capacity - Demand (positive is Surplus)</b>																										
Reablement & Rehabilitation at home (pathway 1)	-25	-23	-55	-21	-12	-81	-39	-22	-52	-36	-3	-5	-25	-23	-55	-21	-12	-81	-39	-22	-52	-36	-3	-5		
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Reablement & Rehabilitation in a bedded setting (pathway 2)	31	31	31	31	31	31	31	31	36	11	31	31	31	31	31	31	31	31	31	31	36	11	31	31		
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

The BCF funded 'Home from Hospital' service supports, on average, 54 people per month. They support older patients with their discharge home following an admission to hospital. Support includes shopping, meal prep, signposting to further VCS support etc. Additionally, our minor adaptations service, funded by the BCF through the community equipment contract supports with minor adaptations such as grab rails in a timely manner to support discharge home.

Demand and Capacity analysis has identified a deficit, which additional funding has been secured to address. However we are preparing to monitor the situation closely to ensure seasonal variations do not result in a deficit of capacity.

The figures for reablement and rehabilitation in a bedded setting are static each month as it is based on a LOS target of 26 days or less and we have fixed contracts for 30 beds.

Row 25 - Reablement and Rehabilitation at Home Pathway 1 includes short term domiciliary care but we do not have the means to be able to break this down as it is wrapped into the HomeFirst pathway 1 service.

The Home First Improvement Programme has yielded a better understanding of service demand and capacity and delivered a number of process efficiencies and changes. Whilst the time from service referral to start date has reduced, this does not yield improved capacity for Home First but results

Capacity - Hospital Discharge		Refreshed planned capacity (not including spot purchased capacity)													Capacity that you expect to secure through spot purchasing												
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	193	193	193	193	193	193	193	193	193	193	193	193	0	0	0	0	0	0	0	0	0	0	0	0		
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	10.9	9.7	8.5	10.8	9	8.9	8.1	8.9	7.9	7.1	5.7	5.7														
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	135	135	135	125	125	125	125	125	125	125	125	125	0	0	0	0	0	0	0	0	0	0	0	0		
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	10.5	14	13.6	16.8	11.6	11.4	8.5	4.9	4.4	4	3.3	3.4														
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0														
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	48	48	48	48	48	48	48	48	48	48	48	48	0	0	0	0	0	0	0	0	0	0	0	0		
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	21	42	30.2	32.9	33.9	30.9	30.3	36.7	31.1	21.8	25	34.2														

Demand - Hospital Discharge		Please enter refreshed expected no. of referrals:											
Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<b>Total Expected Discharges:</b>	Total Discharges	370	368	400	356	347	416	374	357	379	391	338	340
Reablement & Rehabilitation at home (pathway 1)	Total	218	216	248	214	205	274	232	215	245	229	196	198
	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	72	72	82	71	68	91	77	71	81	76	65	66
	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	73	72	83	71	68	91	77	72	82	76	65	66
	SALISBURY NHS FOUNDATION TRUST	73	72	83	72	69	92	78	72	82	77	66	66
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Total	0	0	0	0	0	0	0	0	0	0	0	0
	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SALISBURY NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	104	104	104	94	94	94	94	94	89	114	94	94
	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	33	33	33	31	31	31	31	31	29	38	31	31
	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	36	36	36	32	32	32	32	32	30	38	32	32
	SALISBURY NHS FOUNDATION TRUST	35	35	35	31	31	31	31	31	30	38	31	31
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Total	0	0	0	0	0	0	0	0	0	0	0	0
	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SALISBURY NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	48	48	48	48	48	48	48	48	48	48	48	48
	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	10	10	10	10	10	10	10	10	10	10	10	10
	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	18	18	18	18	18	18	18	18	18	18	18	18
	SALISBURY NHS FOUNDATION TRUST	20	20	20	20	20	20	20	20	20	20	20	20
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board:

Wiltshire

Community		Refreshed capacity surplus:											
Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Social support (including VCS)	4	4	4	4	4	4	4	4	4	4	4	4	
Urgent Community Response	304	304	304	304	304	304	304	304	304	304	304	304	
Reablement & Rehabilitation at home	212	214	211	207	205	194	213	212	211	197	204	206	
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0	
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	

Average LoS/Contact Hours	
Full Year	Units
390	Contact Hours
247	Contact Hours
21	Contact Hours
0	Average LoS
0	Contact Hours

Capacity - Community		Please enter refreshed expected capacity:											
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly capacity. Number of new clients.	60	60	60	60	60	60	60	60	60	60	60	60
Urgent Community Response	Monthly capacity. Number of new clients.	900	900	900	900	900	900	900	900	900	900	900	900
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	257	257	257	257	257	257	257	257	257	257	257	257
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Demand - Community		Please enter refreshed expected no. of referrals:											
Service Type		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)		56	56	56	56	56	56	56	56	56	56	56	56
Urgent Community Response		596	596	596	596	596	596	596	596	596	596	596	596
Reablement & Rehabilitation at home		45	43	46	50	52	63	44	45	46	60	53	51
Reablement & Rehabilitation in a bedded setting		0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care		0	0	0	0	0	0	0	0	0	0	0	0



**Better Care Fund 2024-25 Update Template**

**5. Income**

Selected Health and Wellbeing Board:

Wiltshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Wiltshire	£4,050,899
DFG breakdown for two-tier areas only (where applicable)	
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£4,050,899</b>

Local Authority Discharge Funding	Contribution
Wiltshire	£2,393,210

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	£2,687,702	£3,807,000	
<b>Total ICB Discharge Fund Contribution</b>	<b>£2,687,702</b>	<b>£3,807,000</b>	

iBCF Contribution	Contribution
Wiltshire	£10,242,097
<b>Total iBCF Contribution</b>	<b>£10,242,097</b>

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Wiltshire	£5,080,155	£5,080,155	
		£204,485	Carry Forward iBCF
		£27,298	Carry Forward BCF
<b>Total Additional Local Authority Contribution</b>	<b>£5,080,155</b>	<b>£5,311,938</b>	

NHS Minimum Contribution	Contribution
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	£40,335,427
<b>Total NHS Minimum Contribution</b>	<b>£40,335,427</b>

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	£2,102,263	£2,102,263	
<b>Total Additional NHS Contribution</b>	<b>£2,102,263</b>	<b>£2,102,263</b>	
<b>Total NHS Contribution</b>	<b>£42,437,690</b>	<b>£42,437,690</b>	

	2024-25
<b>Total BCF Pooled Budget</b>	<b>£68,242,835</b>

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

Better Care Fund 2024-25 Update Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

Wiltshire

<< Link to summary sheet

Running Balances	2024-25		
	Income	Expenditure	Balance
DFG	£4,050,899	£4,050,899	£0
Minimum NHS Contribution	£40,335,427	£40,362,726	-£27,299
iBCF	£10,242,097	£10,446,582	-£204,485
Additional LA Contribution	£5,311,938	£5,080,155	£231,783
Additional NHS Contribution	£2,102,263	£2,102,263	£0
Local Authority Discharge Funding	£2,393,210	£2,393,210	£0
ICB Discharge Funding	£3,807,000	£3,807,000	£0
<b>Total</b>	<b>£68,242,835</b>	<b>£68,242,835</b>	<b>£0</b>

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£11,462,185	£40,114,154	£0
Adult Social Care services spend from the minimum ICB allocations	£22,465,242	£22,889,455	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
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>> Incomplete fields on row number(s):

276, 277, 278, 279

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Planned Expenditure		Commissioner	% NHS (if Join)	% Provider (if ICB)	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
									Area of Spend	Please specify if 'Area of Spend' is 'other'									
1	IC Therapy (Wiltshire Health and Care ASC)	Intermediate Care Therapies	Bed based Intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		370	391	Number of placements	Community Health		NHS		NHS Community	Minimum NHS Contribution	£977,935	£991,137	100%	Yes	Increase in outputs related to the embedding of Pathway 2 contract with stakeholders across the system as well as contract providers. The service length of stay
2	Access to Care inc SPA	Systems to manage patient flow	Integrated Care Planning and Navigation	Care navigation and planning			0		Community Health		NHS		Private Sector	Minimum NHS Contribution	£1,158,139	£1,086,519	100%	Yes	Inflation
3	Patient Flow (WHC ACS)	Systems to manage patient flow	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			0		Community Health		NHS		NHS Community	Minimum NHS Contribution	£182,027	£184,485	100%	Yes	Inflation
4	Acute Trust Liaison b	Discharge Teams	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Acute		NHS		NHS Community	Minimum NHS Contribution	£245,261	£248,572	100%	Yes	Inflation
5	Intermediate Care Beds GP Cover	Home first /discharge to assess	Other	Bed-based intermediate care with rehabilitation (to support discharge)	GP support to cover temp residents		0		Primary Care		NHS		NHS	Additional NHS Contribution	£520,963	£162,263	100%	Yes	Scheme total £257,890, £95,627 funded min ICB cont scheme 68 below
6	Step Up Beds (WHC ACS) Community Hospital Beds	Community Hospital beds	Bed based Intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		751	616	Number of placements	Community Health		NHS		NHS Community	Minimum NHS Contribution	£1,023,712	£1,037,532	100%	Yes	Inflation
7	Community Services - Community contract (WHC ACS)	Community Services	Community Based Schemes	Integrated neighbourhood services			0		Community Health		NHS		NHS Community	Minimum NHS Contribution	£4,453,122	£4,513,239	100%	Yes	Inflation

8	Rehabilitation Support Workers (WHC ACS)	Home first /discharge to assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Community Health		NHS		NHS Community	Minimum NHS Contribution	£1,455,981	£1,475,637	100%	Yes	Inflation
9	Integrated Equipment - CCG (excluding continence)	Home first /discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services			0		Community Health		NHS		Private Sector	Minimum NHS Contribution	£4,497,116	£2,824,304	100%	Yes	£2,015,755 now funded through S75 arrangements
10	Integrated Equipment - CCG (excluding continence)- Discharge	Home first /discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services			0		Community Health		NHS		Private Sector	ICB Discharge Funding	£841,140	£800,343	100%	Yes	It totality with line above
11	EOL - 72 hour pathway Discharge Service (Dorothy House)	Seven-Day services	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Community Health		NHS		Charity / Volunt	Minimum NHS Contribution	£222,192	£225,191	100%	Yes	Inflation
12	Mental Health Liaison	Enhancing health in care homes	Integrated Care Planning and Navigation	Care navigation and planning			0		Mental Health		NHS		NHS Mental Health	Minimum NHS Contribution	£243,148	£0	0%	Yes	£246,431 funded through S75 arrangements
13	Community geriatrics (WHC ACS)	Enhancing health in care homes	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health		NHS		NHS Community	Minimum NHS Contribution	£133,257	£135,056	100%	Yes	Inflation
14	Home first WHC	Home first/ reablement	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Community Health		NHS		NHS Community	Additional NHS Contribution	£835,106	£0	100%	Yes	New scheme below as now Min ICB cont
15	Discharge service staffing WHC	Discharge service staffing	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Community Health		NHS		NHS Community	Minimum NHS Contribution	£423,655	£429,374	100%	Yes	Inflation
16	Overnight Nursing WHC	Overnight Nursing WHC	Personalised Care at Home	Physical health/wellbeing			0		Community Health		NHS		NHS Community	Additional NHS Contribution	£723,100	£0	100%	Yes	New scheme below as now Min ICB cont
17	Integrated Equipment - Local Authority (Adults)	Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services			0		Social Care		LA		Private Sector	Additional LA Contribution	£1,547,500	£1,635,089	100%	Yes	Inflation
18	Integrated Equipment - Local Authority (Children)	Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services			0		Social Care		LA		Private Sector	Additional LA Contribution	£293,500	£310,112	100%	Yes	Inflation
19	Homefirst Plus- Local Authority Contribution	Home first/ discharge to assess	Home-based intermediate care services	Reablement at home (accepting step up and step down users)	216	825	Packages	Social Care		LA			Local Authority	Additional LA Contribution	£664,898	£414,994	100%	Yes	Scheme 19 and scheme 52 are pooled together to fund Homefirst activity. Decision has been taken to bring both scheme outputs together to show one consistent figure.
20	Carers - LA contribution to pool (Adults)	Carers	Carers Services	Carer advice and support related to Care Act duties	560	470	Beneficiaries	Social Care		LA			Charity / Volunt	Additional LA Contribution	£668,583	£706,425	100%	Yes	Decrease in output can be attributed to performance issues with contract provider. The contract has subsequently been retendered with an alternative
21	Carers - LA contribution to pool (Childrens)	Carers	Carers Services	Carer advice and support related to Care Act duties	560	428	Beneficiaries	Social Care		LA			Charity / Volunt	Additional LA Contribution	£72,674	£76,787	100%	Yes	Decrease in output can be attributed to performance issues with contract provider. The contract has subsequently been retendered with an alternative
22	Protecting Adult Social Care - maintaining services A	Protecting Adult Social Care	Community Based Schemes	Integrated neighbourhood services			0		Social Care		LA		Local Authority	Additional LA Contribution	£1,833,000	£1,936,748	100%	Yes	Inflation
23	Disabled Facilities Capital Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	2800	146	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	£3,713,864	£4,050,899	100%	Yes	New Year allocation
24	Protecting Adult Social Care - maintaining services B	Protecting Adult Social Care	Care Act Implementation Related Duties	Other	Maintaining social care capacity		0		Social Care		LA		Local Authority	Minimum NHS Contribution	£8,215,774	£8,680,786	100%	Yes	Inflation
25	Care Act - maintaining services C	Protecting Adult Social Care	Care Act Implementation Related Duties	Other	Maintaining social care capacity		0		Social Care		LA		Local Authority	Minimum NHS Contribution	£3,112,035	£3,288,177	100%	Yes	Inflation
26	Medvivo - Telecare Response and Support	Preventative Services	Assistive Technologies and Equipment	Assistive technologies including telecare	3600	2562	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£1,268,238	£1,285,359	100%	Yes	Change in output attributed to previous estimated output including sheltered housing customer who use the Telecare service but are funded seperately. The
27	Website Data Admin & Content Officers	Focus on choice	Integrated Care Planning and Navigation	Support for implementation of anticipatory care			0		Social Care		LA		Local Authority	Minimum NHS Contribution	£64,947	£67,869	100%	Yes	Inflation



28	Complex Care packages	Protecting Adult Social Care	Home Care or Domiciliary Care	Domiciliary care packages		228	275	Hours of care (Unless short-term in which	Social Care		LA		Private Sector	Minimum NHS Contribution	£497,926	£526,108	100%	Yes	Funding is pooled together for scheme 28 and 57 so outputs have also been pooled together to show consistent figure. Outputs are higher due to changes
29	ASC transformation	Discharge teams	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA		Local Authority	Minimum NHS Contribution	£390,577	£408,153	100%	Yes	Inflation
30	Hospital Social Care Discharge Services	Home first/ discharge to assess	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Social Care		LA		Local Authority	Minimum NHS Contribution	£1,838,140	£1,920,856	100%	Yes	Inflation
31	Homefirst Plus - ICB Contribution	Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			0		Social Care		LA		NHS Community	Minimum NHS Contribution	£664,398	£694,296	100%	Yes	Inflation
32	Carers - ICB contribution to pool (CCG)	Preventative Services	Carers Services	Respite services		53	956	Beneficiaries	Social Care		LA		Charity / Volunt	Minimum NHS Contribution	£821,067	£858,015	100%	Yes	Figure given in output is the number of individuals who have attended a support group over the past 12 months as unit number is beneficiaries instead of number of
33	Public Health Prevention - Warm & Safe	Preventative Services	Housing Related Schemes				0		Social Care		LA		Local Authority	Minimum NHS Contribution	£40,000	£0	0%	Yes	Scheme no longer in BCF
34	Trusted Assessors	Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Trusted Assessment			0		Social Care		LA		Charity / Volunt	Minimum NHS Contribution	£188,463	£196,944	100%	Yes	Inflation
35	BCF Support Team	Programme Office, internal staff	Workforce recruitment and retention				0	WTE's gained	Other	Staff costs to support BCF programme	LA		Local Authority	Minimum NHS Contribution	£150,739	£157,522	100%	Yes	Inflation
36	Resource Specialist	Integrated Brokeridge	Other				0		Other	Staff costs to support integrated	LA		Local Authority	Minimum NHS Contribution	£325,820	£340,482	100%	Yes	Inflation
37	Urgent Care at Home Domiciliary Care	Rapid Response Service	Urgent Community Response				0		Community Health		LA		Private Sector	Minimum NHS Contribution	£992,786	£1,006,189	100%	Yes	Inflation
38	Home from Hospital - ageing well	Home first/ discharge to assess	Enablers for Integration	Voluntary Sector Business Development			0		Social Care		LA		Charity / Volunt	Minimum NHS Contribution	£423,689	£442,755	100%	Yes	Inflation
39	Intensive Support Service	Intensive Support Service (MH) IES	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			0		Community Health		LA		NHS Community	Minimum NHS Contribution	£309,701	£0	0%	Yes	Scheme no longer in BCF, now anaged through S75 arrangement
40	Bed Review Co-ordinator	Home first/ discharge to assess	Enablers for Integration	Other	Community Assest Mapping		0		Social Care		LA		Local Authority	Additional NHS Contribution	£10,861	£0	100%	Yes	See below new scheme 40 as now Min ICB
41	Step Up/Down Beds - IR Beds	Home first/ discharge to assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		1300	391	Number of placements	Social Care		LA		Private Sector	Minimum NHS Contribution	£3,517,284	£3,723,748	100%	Yes	Increase in outputs related to the embedding of Pathway 2 contract with stakeholders across the system as well as contract providers. The service length of stay
42	Block Beds D2A additional bed capacity - Non Recurrent	Buffer beds	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		550	246	Number of placements	Social Care		LA		Private Sector	Additional LA Contribution	£0	£0	0%	Yes	Decrease in output can be attributed to the changes made to the Pathway 2 discharge pathway. D2A bed cohort was reduced as part of the changes made to the
43	Council reablement	Home first/ reablement	Home-based intermediate care services	Reablement at home (to support discharge)		575	266	Packages	Community Health		LA		Local Authority	Minimum NHS Contribution	£414,510	£433,163	100%	Yes	This covers staff roles and cannot be attributed to the purchasing of care packages.
44	TF Dom Care - in house - a - Discharge Fund - ICB	Dom Care - Rapid response	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		218	380	Packages	Social Care		LA		Local Authority	ICB Discharge Funding	£793,663	£829,378	100%	Yes	Increase in outputs due to funding for scheme 44 and 45 being pooled together for Wiltshire Support at Home service. Outputs have been brought together to show
45	TF Dom Care - in house - a	Dom Care - Rapid response	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		1510	2128	Hours of care (Unless short-term in which	Social Care		LA		Local Authority	Minimum NHS Contribution	£259,236	£270,901	100%	Yes	Increase in outputs due to funding for scheme 44 and 45 being pooled together for Wiltshire Support at Home service. Outputs have been brought together to show
46	Dom Care - Rapid response a Discharge Fund ICB	Dom Care - Rapid response (WS@H)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		180	199	Hours of care (Unless short-term in which	Social Care		LA		Local Authority	ICB Discharge Funding	£1,052,899	£1,100,279	100%	Yes	Increase in outputs due to funding for scheme 44 and 45 being pooled together for Wiltshire Support at Home service. Outputs have been brought together to show
47	EOL & Non CHC complex/ spot- non recurrent	EOL & Non CHC complex/ spot - non recurrent	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		212	291	Hours of care (Unless short-term in which	Social Care		LA		Private Sector	Additional LA Contribution	£0	£0	0%	No	

48	Wiltshire Council Discharge Fund	Discharge Fund	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA		Local Authority	Local Authority Discharge Funding	£1,435,926	£2,393,210	100%	Yes	New Year allocation
49	Brokerage Support - Non recurrent	Programme Office, internal staff	Workforce recruitment and retention					WTE's gained	Other	Staff costs to support BCF programme	LA		Local Authority	Additional LA Contribution	£0	£0	0%	No	
50	Increase staff in Wiltshire Flow Hub - non recurrent	Systems to manage patient flow	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health		Joint	### #	NHS Community	Additional LA Contribution	£0	£0	0%	No	
51	Additional staff capacity to Support flow - non recurrent	Systems to manage patient flow	Workforce recruitment and retention					WTE's gained	Other	Additional staffing capacity	LA		Local Authority	Additional LA Contribution	£0	£0	0%	No	
52	Home First Plus - WHC	Home first/ discharge to assess	Home-based intermediate care services	Reablement at home (to support discharge)		575	825	Packages	Community Health		LA		NHS Community	IBCF	£915,300	£938,640	100%	Yes	Scheme 19 and scheme 52 are pooled together to fund Homefirst activity. Decision has been taken to bring both scheme outputs together to show one consistent figure.
53	Providing stability and extra capacity in the local care system -	IBCF Protecting Adult Social Care	Workforce recruitment and retention				0	WTE's gained	Social Care		LA		Private Sector	IBCF	£2,803,174	£2,803,170	100%	Yes	Do you wish to update' filter selected as yes due to issue with excel. Funding allocated was not pulling through on k34. Better Care Manager is aware and suggested fix.
54	Investigating Officers	IBCF Protecting Adult Social Care	Integrated Care Planning and Navigation	Support for implementation of anticipatory care			0		Social Care		LA		Local Authority	IBCF	£133,781	£139,800	100%	Yes	Do you wish to update' filter selected as yes due to issue with excel. Funding allocated was not pulling through on k34. Better Care Manager is aware and suggested fix.
55	Providing stability and extra capacity in the local care system -	IBCF Preventative	Other				0		Social Care		LA		Private Sector	IBCF	£927,180	£927,200	100%	Yes	Do you wish to update' filter selected as yes due to issue with excel. Funding allocated was not pulling through on k34. Better Care Manager is aware and suggested fix.
56	Prevention & wellbeing Team	IBCF Preventative	Prevention / Early Intervention	Social Prescribing			0		Social Care		LA		Local Authority	IBCF	£462,375	£652,900	100%	Yes	Do you wish to update' filter selected as yes due to issue with excel. Funding allocated was not pulling through on k34. Better Care Manager is aware and suggested fix.
57	New: Providing stability and extra capacity in the local care system -	IBCF Protecting Adult Social Care	Home Care or Domiciliary Care	Domiciliary care packages		227	275	Hours of care (Unless short-term in which	Social Care		LA		Private Sector	IBCF	£1,014,741	£1,014,700	100%	Yes	Funding is pooled together for scheme 28 and 57 so outputs have also been pooled together to show consistent figure. Outputs are higher due to changes
58	Providing stability and extra capacity I the local care system -	IBCF Protecting Adult Social Care	Residential Placements	Nursing home		185	247	Number of beds	Social Care		LA		Private Sector	IBCF	£972,927	£972,900	100%	Yes	Inflation
59	Providing stability and extra capacity in the local care system -	IBCF Protecting Adult Social Care	Residential Placements	Nursing home		185	190	Number of beds	Social Care		LA		Private Sector	IBCF	£1,342,348	£1,342,300	100%	Yes	Inflation
60	Commissioning Transformation	IBCF Preventative	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA		Local Authority	IBCF	£0	£0	0%	No	
61	Pilot for Transitional Safeguarding	IBCF Preventative	Care Act Implementation Related Duties	Safeguarding			0		Social Care		LA		Local Authority	IBCF	£0	£11,000	100%	Yes	Carry Forward from 23/24
62	CHC Training	IBCF Preventative	Enablers for Integration	Workforce development			0		Continuing Care		LA		Local Authority	IBCF	£0	£38,000	100%	Yes	Carry Forward from 23/24
63	Transformational Staff Charges - IBCF	Other	Enablers for Integration	Workforce development			0		Social Care		LA		Local Authority	IBCF	£0	£151,800	100%	Yes	Inflation
64	Quality Assurance & Inspection Prep	IBCF Preventative	Other				0		Other	Quality Assurance & Inspection Prep	LA		Local Authority	IBCF	£0	£34,200	100%	Yes	Carry Forward from 23/24
65	Contribution to System Management Role	IBCF Preventative	Other				0		Other	Contribution to System Management	LA		Local Authority	IBCF	£0	£100,000	100%	Yes	Inflation
66	Additional Adult Care LA Provision	Protecting Adult Social Care	Enablers for Integration	Integrated models of provision			0		Social Care		LA		Private Sector	IBCF	£1,670,175	£1,319,972	100%	Yes	Inflation
67	2024/25 expected uplifts	2024/25 expected uplifts	Other				0		Social Care		Joint	### #	Local Authority	Minimum NHS Contribution	£2,160,690	£234,315	100%	Yes	Reflected in schemes, balance is expected requests for additional uplifts

Adding New Schemes:

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if A)	% Local Authority	Source of Funding	Expenditure for 2024-25 (£)	% of Overall Spend	
68	Intermediate Care Beds GP Cover	GP cover for PW2 beds	Bed based intermediate Care Services (Reablement, Services)	Bed-based intermediate care with rehabilitation (to support discharge)	GP support to cover temp residents	0	Number of placements	Primary Care		NHS		NHS	Minimum NHS Contribution	£95,627	100%	linked to scheme 5 above
14	Home first WHC	Home first/Reablement	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs				Community Health		NHS		NHS Community	Minimum NHS Contribution	£846,380	100%	replaces scheme 14 above
16	Overnight Nursing WHC	Overnight Nursing WHC	Personalised Care at Home	Physical health/wellbeing				Community Health		NHS		NHS Community	Minimum NHS Contribution	£732,862	100%	replaces scheme 16 above
69	Homefirst Plus- Local Authority Contribution	Home first/Reablement	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		825	Packages	Social Care		LA		Local Authority	Minimum NHS Contribution	£279,824	100%	linked to scheme 19 above
70	Brokerage Support	Programme Office, internal staff	Workforce recruitment and retention	improve retention of existing workforce		0	WTE's gained	Other	Staff costs to support BCF programme	LA		Local Authority	ICB Discharge Funding	£190,000	100%	Prev scheme 49
71	WC In Reach (Discharge Hubs)	Staffing support to coordinate hospital discharges	Integrated Care Planning and Navigation	Care navigation and planning				Primary Care		LA		Local Authority	ICB Discharge Funding	£339,000	100%	
72	Urgent Community Response (Flow staffing supports rapid)	Rapid response service	Urgent Community Response					Community Health		LA		Local Authority	ICB Discharge Funding	£320,000	100%	
73	WC Reablement Staffing	HomeFirst/Reablement	Home-based intermediate care services	Rehabilitation at home (to prevent admission to hospital or residential care)		825	Packages	Community Health		LA		Local Authority	ICB Discharge Funding	£228,000	100%	Output link to scheme 69
74	Urgent Community Response (Carer Breakdown)	Rapid response service	Urgent Community Response					Community Health		LA		Local Authority	Minimum NHS Contribution	£400,000	100%	
75	Wiltshire P1 (Home First Winter)	Homefirst/Reablement additional capacity	Home-based intermediate care services	Reablement at home (to support discharge)		825	Packages	Primary Care		LA		Local Authority	Additional NHS Contribution	£1,640,000	100%	Output link to scheme 69
76	P1 Complex (Winter)	Homefirst/Reablement additional capacity	Home-based intermediate care services	Reablement at home (to support discharge)		825	Packages	Primary Care		LA		Local Authority	Additional NHS Contribution	£300,000	100%	Output link to scheme 69
77	WH&C In Reach	Avoidable admission support	Integrated Care Planning and Navigation	Care navigation and planning				Community Health		NHS		NHS Community	Minimum NHS Contribution	£310,000	100%	
40	Bed Review Co-ordinator	Home first/ discharge to assess	Enablers for Integration	Workforce development				Social Care		LA		Local Authority	Minimum NHS Contribution	£11,349	100%	Was addnt now min ICB

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Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board:

Wiltshire

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

The Bath and North East Somerset, Swindon and Wiltshire Intergrated Care Board has made significant investment in demand and capacity modelling and there is clear evidence of it influencing Wiltshire decisions.

The demand and capacity planning work is presented to the Health and Wellbeing Board so members are familiar with the work and its application to decisions. One example is the review of the HomeFirst service and the subsequent increase in funding to support the required capacity. The demand and capacity work enabled us to model the impact of proposed capacity increases alongside suggested changes to Pathway 2 care, to see if it would meet hospital discharge needs.

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

Yes, the HomeFirst (PW1) service has received additional funding to increase capacity to support the modelled demand increase in hospital discharge. The HomeFirst service was reviewed in 2023-24 and underwent a programme of transformation (ongoing into 2024-25) to support the increased capacity longer term. We are currently awaiting a funding decision from Intergrated Care Board in regard to continued support for the pathway.

The next stage in the transforming Integrated Care will be the programme of improvements to PW2. Some beds will be decommissioned and others will be re-purposed to ensure the right people get the support they need to maintain independence. There will be a focus across service in PW2 to reduce Length of Stay to ensure the capacity needed is available.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

The Demand and Capacity template demonstrates the increased capacity in PW1 and PW2 transformation will increase capacity in PW2. This is to ensure services can meet the demand for hospital discharge in a manner that supports long-term independence. PW1 and 2 services focus on rehabilitation and reablement and aim to provide the right support to ensure independent living as well as long term health. The PW0 service (Home from Hospital) supports PW1 and 2 by providing emotional and practical support that enables people to engage with their communities and frees up rehabilitation and reablement professionals to support demand in the other pathways.

Our Rapid Response, Urgent Care at Home and Telecare Response services provide 24/7 cover to support people in a crisis and help to prevent admission to hospital. The Intensive Enablement service also prevents admissions by supporting people in a mental health crisis.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

As above

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

A Bath and North East Somerset, Swindon and Wiltshire wide Demand and Capacity Group was established and a Wiltshire sub-group was formed which included representatives from all three acute trusts, community services, local authority partners and the ICB. Operational and BI colleagues participated. A modelling tool was developed and verified which was used across the system to calculate demand and capacity as well as model the impact of various potential scenarios. Assumptions and data inputs were jointly agreed through this group and were based on historical data available and calculated assumptions factored for the impact of known planned developments or interventions. The outputs from this modelling have been used to inform operational and financial decision making, the BCF capacity and demand template and the NHS England return.

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?

Yes

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.

The model described in the previous answer included calculating demand and capacity for services provided across discharge pathways 1, 2 and 3 (services at home, in a care home and in community hospital settings). To reach a point of clarity on whether capacity was sufficient to meet demand it was necessary to include population growth information and the impact of acute trust improvement programmes, virtual wards, Urgent Community Response, step-up services, overnight nursing, hospice care, Early Supported Discharge Teams and others. The demand and capacity modelling outputs have been used to inform and shape capacity for those services.

Linked KLOEs (For information)

Checklist

Complete:

Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?

Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?

Yes

Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?

Yes

Yes

Has the area described how shared data has been used to understand demand and capacity for different ty

Yes

**Approach to using Additional Discharge Funding to improve**

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

Funding was used for the following:

To bolster community equipment supply to meet increased demand in pathways 1 and 2.

To provide additional capacity in bedded settings (PW3) for complex discharges.

To fund packages of domiciliary care to support professional capacity in the pathway 1 discharge services

Please describe any changes to your Additional discharge fund plans, as a result from

o Local learning from 23-24

o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK ([www.gov.uk](http://www.gov.uk)))

The plan for 2024/25 takes into account the learning from the impact of previous years for Additional Discharge Funding. The spend on domiciliary care was well supported with ongoing work to ensure market capacity (Local framewrok arrangement). With healthy capacity in the private market we are able to broker packages of care in a timely manner to support Pathways 1 and 2.

**Ensuring that BCF funding achieves impact**

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?

BCF metrics are monitored monthly in accordance to the governance structure demonstrated in the narrative plan. Wider links to services outside the BCF are made in related governance groups, for example the Ageing Well and Urgent Care Board is ICB led but will debate the services that are impacting on BCF metrics such as the Avoidable Admissions metric. Public Health colleagues are also consulted on this, where appropriate.

Wiltshire works in partnership with BaNES and Swindon BCF colleagues to review performance across the system and also reviews performance against similar authorities regionally and nationally.

Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demar

Is the plan for spending the additional discharge grant in line with grant conditions?

Yes

Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"

Yes

Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

Yes

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board:

Wiltshire

8.1 Avoidable admissions

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population  (See Guidance)	Indicator value	156.6	145.0	157.4	140.3	Planned indicator value has been calculated by increasing the 2023/24 population data by 0.3% as per the predicted population increase per year as sent out in the JSNA. The avoidable admission number was calculated by using the admissions for 2023/24 as set out in the SUS data.  Average taken for Q4 as not all data available at national level	Following analysis of the top 5 conditions most frequently admitted (within the metric definition), work is planned in 24-25 to bring together professionals at acute sites, public health and primary care to determine actions to reduce admissions. Virtual Ward capacity is increasing and planned to be at planned capacity in 24-25 which will impact positively on avoidable admissions.
	Number of Admissions	977	905	-	-		
	Population	513,411	513,411	-	-		
	Indicator value	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
		155.4	144.6	178.7	159.5		

>> [link to NHS Digital webpage \(for more detailed guidance\)](#)

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,227.0	2,227.0	1,883.0	Currently Q4 data not complete so average has been taken from previous quarters (536 per quarter) This is a projected 2,144 admissions due to falls in 24/25. 24/25 plan has been calculated by taking average from last three years. Conservative target set given issues described in adjacent cell. Population has been increased by 0.3 as per the JSNA.	While Wiltshire does not have a Falls programme per se (and we recognise our need to prioritise this in 24-25) there is work being done in areas of the county, such as neighbourhood collaboratives and falls prevention exercise classes that will help to reduce injurious falls. We recognise the need to consider falls prevention strategically, alongside other services such as the fracture liaison service in acute trusts. BCF funds some falls related things such as Raizer chairs for the Reablement and Telecare Response services. The Telecare
	Count	2,227	2144	2000		
	Population	121,497	121,861	122,226		

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

### 8.3 Discharge to usual place of residence

\*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	Quarter (%)	90.5%	91.8%	92.1%	92.1%	National average is 92.7%. Average for Wiltshire (Q1 to Q3) was 91.5%. Aspiration to meet the national average, therefore aim is 91.8% with aspirations to improve year on year. Denominator - population used is as per JSNA which has an average increase of 0.3% per year to the population. Plan for 24-25 is to maintain 23-24 performance levels as it is felt this is likely to be challenging.	Increase in funding and resulting increase in capacity in PW1 will provide resources to support more people to return home. Transformation work planned for PW2 in 24-25 will focus on reducing LOS to maximise throughput in therapy based bedded settings after hospital discharge. This will further support as many people as possible to return to their usual place of residence.
	Numerator	8,971	9,449	9,340	9,363		
	Denominator	9,917	10,298	10,136	10,164		
	2024-25 Q1 Plan						
	2024-25 Q2 Plan						
	2024-25 Q3 Plan						
Quarter (%)	92.1%	92.1%	92.1%	92.1%			
Numerator	9,160	9,512	9,362	9,388			
Denominator	9,946	10,328	10,166	10,194			

### 8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	531.7	374.7	607.5	370.0	Up to the end of February 2024 that have been 710 admissions into residential and nursing settings. However, 503 of these are new admissions into the care setting. In 24-25 Wiltshire' CLD collection will focus on new admissions to residential and care homes settings. This is a lower figure than the SALT data collection so while it looks like a significant reduction it	Increase in funding and resulting increase in capacity in PW1 will provide resources to support more people to return home. Transformation work planned for PW2 in 24-25 will focus on reducing LOS to maximise throughput in therapy based bedded settings after hospital discharge. This will reduce reliance on bedded settings as a long-term support option.
	Numerator	598	438	710	442		
	Denominator	112,461	116,879	116,879	119,469		

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

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.