

AGENDA

Meeting: Health and Wellbeing Board
Place: Online
Date: Thursday 28 January 2021
Time: 9.30 am

Online

Please direct any enquiries on this Agenda to Stuart Figini, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718221 or email stuart.figini@wiltshire.gov.uk

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

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Voting Membership:

Cllr Philip Whitehead	Co-Chair and Leader of the Council and Cabinet Member for Economic Development, MCI and Communications
Dr Edd Rendell	Co-Chair Wiltshire Locality Chair, BSW CCG
Dr Nick Ware	Wiltshire Locality Healthcare Professional, BSW CCG
Dr Sam Dominey	Wiltshire Locality Healthcare Professional, BSW CCG
Dr Catrinel Wright	Wiltshire Locality Healthcare Professional, BSW CCG
Angus Macpherson	Police and Crime Commissioner
Gillian Leake	Healthwatch Wiltshire
Christina Button	NHS England
Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Cllr Gordon King	Opposition Group Representative

Cllr Simon Jacobs

Cabinet Member for Adult Social Care, Public Health and Public Protection

Non-Voting Membership:

Clare O'Farrell
Stephen Ladyman/Douglas Blair
Seth Why

Kate Blackburn
Alison Ryan
Cllr Ben Anderson

Nicola Hazle

Dr Gareth Bryant
Terence Herbert
Tony Fox

Kier Pritchard
Lucy Townsend
Kevin Mcnamara

Tracey Cox

Stacey Hunter

Interim Director of Commissioning
Wiltshire Health & Care
Dorset and Wiltshire Fire & Rescue
Service - Area Manager Swindon and
Wiltshire
Director- Public Health
RUH Bath NHS Foundation Trust
Portfolio Holder for Public Health and
Public Protection
Clinical Director Avon & Wiltshire
Mental Health Partnership NHS Trust
Wessex Local Medical Committee
Chief Executive
Non-Executive Director - South West
Ambulance Service Trust
Wiltshire Police Chief Constable
Interim Corporate Director People
Great Western Hospital Swindon
NHS Foundation Trust
Chief Officer/Chief Finance Officer -
CCG
Salisbury NHS Foundation Trust

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Public Participation

Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For assistance on these and other matters please contact the officer named above for details

AGENDA

1 **Chairman's Welcome, Introduction and Announcements** (Pages 7 - 8)

2 **Apologies for Absence**

3 **Minutes** (Pages 9 - 14)

To confirm the minutes of the meeting held on 26 November 2020.

4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

5 **Public Participation**

COVID-19 The Council welcomes contributions from members of the public. During the ongoing Covid-19 situation the Council is operating revised procedures and the public are able participate in meetings online after registering with the officer named on this agenda, and in accordance with the deadlines below.

[Guidance on how to participate in this meeting online.](#)

Statements

Members of the public who wish to submit a statement in relation to an item on this agenda should submit this electronically to the officer named on this agenda **no later than 5pm on Tuesday 26 January 2021**. State whom the statement is from (including if representing another person or organisation), state points clearly and be readable aloud in approximately 3 minutes. Up to three speakers are allowed for each item on the agenda.

Questions

Those wishing to ask questions are required to give notice of any such questions electronically to the officer named on the front of this agenda no later than **5pm on 21 January 2021** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than **5pm on 25 January 2021**.

Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent. Details of any questions received will be circulated to members prior to the meeting and made available at the meeting and on the Council's website; they will be taken as read at the meeting.

6 **COVID-19**

To receive a presentation from Clare O' Farrell – Interim Director of Commissioning, Lucy Townsend – Interim Corporate Director People (DCS/DASS) and Kate Blackburn – Director of Public Health.

7 **Better Care Fund 2021** (Pages 15 - 26)

To receive a report from Clare O' Farrell – Interim Director of Commissioning and Helen Jones - Director Joint Commissioning on the Better Care Fund 2021.

8 **Children's Health**

To receive a presentation from Clare O' Farrell – Interim Director of Commissioning and Martin Davies – Director Families & Children.

9 **Mental Health Community Service Framework**

To receive a presentation from Clair Edgar – Director of Learning Disabilities & Mental Health.

10 **Date of Next Meeting**

The next meeting is being held on 4 March 2021 starting at 9.30am.

11 **Urgent Items**

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Chairmen's Announcement - Wiltshire Health and Wellbeing Board Membership

The Health and Wellbeing Board is fairly unique in that it is statutory partnership constituted as a committee of the council. Its membership is set out in para 6 of Part 3B of the Constitution as follows (statutory membership highlighted in green):

Voting Members:

- 4 **elected representatives**. The Leader of the council and 2 Wiltshire Council Cabinet Members with responsibility for Children, Adults and Public Health; 1 Member of Wiltshire Council who is not a Member of the ruling group(s) on the Council;
- 4 **clinical representatives from the CCG**;
- 1 **representative from Healthwatch**;
- 1 Police and Crime Commissioner (PCC);
- 1 **NHS England representative**.

Non-voting Members:

- **Wiltshire Council officers with statutory responsibility for Children, Adults and Public Health services**;
- **Chief Officer / Chief Finance Officer of the Clinical Commissioning Group**;
- Acute Hospital Trusts representatives (Salisbury Hospital FT, Great Western Hospital FT and Bath RUH FT);
- South West Ambulance Service Trust (SWAST) representative;
- 1 Avon and Wiltshire Mental Health Partnership (AWP) representative;
- 1 Wessex Local Medical Committee representative;
- 1 Wiltshire Police Chief Constable representative;
- Wiltshire Council portfolio holder for Adult Care and Public Health.

The Board has, fairly uniquely, included representatives of NHS providers since its inception (acutes, AWP, SWAST and LMC). This was a prescient move and has enabled rapid sign off on Better Care Plans and has since been encouraged by NHSE elsewhere to enable better system join-up.

Changes to the structure of senior management at Wiltshire Council and to the geography of the CCG from 1 April mean it is also timely to formally include the Wiltshire Council Chief Executive and the BSW CCG Wiltshire Locality Manager as members of the Board.

In recent times the Board has also made a commitment to include representatives from Wiltshire Health and Care (WHC - adult community health services provider) and Dorset and Wiltshire Fire and Rescue Service. The inclusion of WHC means that we have also agreed to invite VirginCare (children's community health services) and Oxford Health (CAMHS provider). **Full Council will be asked to formally include the following as non-voting members of the Board in the next set of changes to the constitution:**

- Wiltshire Council Chief Executive
- BSW CCG Locality Manager
- DWFRS
- adult community health services provider (WHC)
- children's community health services provider (VirginCare)
- child and adolescent mental health services provider (Oxford Health)

The Board will continue to be run on an inclusive basis with other health and care partners invited to attend and contribute as appropriate.

Chairmen's Announcement - Wiltshire Health and Wellbeing Board Forward Work Plan

Statutorily the functions of the Health and Wellbeing Board relate to:

- Agreeing a Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment
- Agreeing a Joint Health and Wellbeing Strategy (JHWS) (due refresh 2022)
- A duty and a power to encourage integration in health and social care
- CCGs must have regard to the JHWS and consult the Board on commissioning plans; and the Board must say if they properly take account of the JHWS. Health Education England (Local Education and Training Boards) should do likewise.
- Receiving annual reports for safeguarding boards and Healthwatch

The Board also has ad-hoc functions conferred on it by government, rather than legislation, such as sign off on the Better Care Plan.

The Health and Wellbeing Board has agreed four areas of focus for its Joint Health and Wellbeing Strategy: 1. Prevention; 2. Tackling Inequalities; 3. Localisation; 4. Integration. It is proposed that these four themes form the basis of themed sessions at the Health and Wellbeing Board in 2021, alongside urgent topical issues.

A provisional forward plan for the next 15 months is set out below:

- 28 January: Topical meeting – Covid-19; Better Care Fund; Mental Health Community Service Framework; and Children's Health
- 4 March: Themed meeting – Integration (including BSW Integrated Care System)
- 20 May: Topical meeting - Covid and system recovery (inc. ASC reset); Market Position Statements; SEND update; Mental Health Crisis Care update; Primary Care Networks
- 21 July: Themed meeting – Localisation
- 30 September: Topical meeting – Annual reports, winter preparedness, estates plans, workforce plans
- 2 December: Themed meeting – Tackling Inequalities (and JSNA)
- 27 January 2022 – Topical meeting – Joint commissioning plans; personal health budgets; social prescribing;
- 31 March 2022 – Themed meeting – Prevention

Formal meeting dates will be kept in the diary for themed meetings, in case there is a need to conduct any urgent topical business at the beginning. Chairmanship will alternate every two meetings.

Contributions from all members of the Board to the work plan above are welcome and suggestions for additions and amendments to this plan can be sent to David.Bowater@wiltshire.gov.uk.

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 26 NOVEMBER 2020 AT ONLINE.

Present:

Kate Blackburn, Dr Nick Ware, Dr Sam Dominey, Dr Edd Rendell (Co-Chair), Alison Ryan, Clare O'Farrell, Cllr Philip Whitehead (Co-Chair), Angus Macpherson, Cllr Laura Mayes, Cllr Gordon King, Cllr Ben Anderson, Nicola Hazle, Terence Herbert, Kier Pritchard and Cllr Simon Jacobs

Also Present:

Terence Herbert (Chief Executive), Lucy Townsend, Emma Legg, Claire Edgar, Mark Gurrey and Helen Jones

36 Chairman's Welcome, Introduction and Announcements

Councillor Philip Whitehead, Co-Chair of the Board and Leader of Wiltshire Council welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to confirm their attendance for those watching the live stream of the meeting.

37 Apologies for Absence

Apologies for absence were received from Catrinel Wright, Christina Button, Tracey Cox, Elizabeth Disney, Stephen Ladyman, Douglas Blair, Seth Why, Dr Gareth Bryant, Tony Fox, Stacey Hunter and Kevin McNamara.

38 Minutes

Decision –

The minutes of the meeting held on 24 September 2020 were confirmed as a correct record.

39 Declarations of Interest

There were no declarations of interest.

40 Public Participation

There was no public participation.

41 **Safeguarding Vulnerable People Partnership**

The Board received a report from Mark Gurrey, the Safeguarding and Vulnerable People Partnership (SVPP) and Wiltshire Safeguarding Adults Board Independent Chair.

The Independent Chair reported that this was the first Annual Report of the SVPP, which was formed in response to the changes set out in Working Together 2018; to replace LSCBs with multiagency arrangements to safeguard children. The SVPP takes a 'think family, think community' approach and as such also brings together work which sits across the WSAB and CSP. This Annual Report sets out the work of the Partnership that has taken place during 2019-2020, including Rapid Reviews, workforce development and priorities for 2020-21.

In addition, the Board noted comments on the following matters:

- The lower than anticipated number of referrals following the reopening of schools.
- The testing of pupils not back in school and those being educated at home.
- The increase in complexity of managing the school day for headteachers and staff.
- Opportunities to intensify engagement with schools
- Connections with National Reviews to inform local knowledge

Decision –

- 1. That the report and comments be noted.**
- 2. That the Health & Wellbeing Board continue to receive Safeguarding and Vulnerable People Partnership Annual Report**

42 **HMIP Inspection of HMP Erlestoke**

The Board received a report from Emma Legg – Director of Access & Reablement about the recent HMIP inspection of HMP Erlestoke.

The Director reported that a recent inspection at HMP Erlestoke in August 2020 identified concerns regarding support for 6 prisoners with care and support needs and the actions of the Local Authority Adult Care service in terms of assessment and provision of support. The report summarised the role of the Local Authority in terms of assessing and meeting the adult care needs of individuals in prisons and also considers the role of Safeguarding in a custodial setting.

The Board noted that a review was undertaken by adult care to determine any areas of concern. Areas for improvement were identified, both for adult care and the prison, particularly in terms of information sharing and wider communication.

The review also details the actions Adult Care and Erlestoke prison have completed to address these concerns and the subsequent plans in progress, agreed in partnership, to improve the working practices across both services.

The Police and Crime Commissioner suggested that representations should be made to the HMIP proposing that the Police and Local Authority should be given the opportunity to comment on inspection reports prior to their publication.

Decision –

- 1. That the presentations and comments be noted.**
- 2. That representations be made to the HMIP proposing that the Police and Local Authority should be given the opportunity to comment on inspection reports prior to their publication.**

43 **Local Health Protection Update - Care Home Support and Local Outbreak Management Plan**

The Board received an update report and presentation from Kate Blackburn, Director of Public Health and Helen Jones, Director of joint Commissioning about the Local Outbreak Management Plan and support offered to Care Homes.

The Directors commented on the following matters during the presentation:

- 7 day cases by specimen date for the UK,
- 7 day cases by specimen date for England
- 7 day cases by specimen date for Wiltshire
- Rate of new cases in Wiltshire over last 7 days by MOSA
- Weekly deaths with COVID-19 on the death certificate for Wiltshire up to 13 November 2020
- Details about the Tier 1, 2 and 3
- Confirmed number of cases in care homes
- Covid-19 mortality rate in care homes
- PHE reports of outbreaks in care homes in the South West
- Wiltshire care home vacancies

In addition, the Board noted comments on the following matters:

- No onward transmissions have been experienced from educational establishments
- Government advice is to reduce travel as much as possible
- Infection rates may rise within two weeks of restrictions being relaxed during the Christmas period, as experienced during the half term holidays
- Support and guidance is available to all communities in the County through partnership working
- Reduced number of cases compared to outbreak 1

The Chair thanked all care home staff and residents for their hard work and resilience during this unprecedented time.

Decision – That the presentations and comments be noted.

44 **COVID-19 and Impact on NHS and Social Care Services**

The Board received a presentation from Emma Legg – Director of Access & Reablement, and Clare O’Farrell – Interim Director of Commissioning about the impact of COVID-19 on the NHS and Social Care services.

The Director commented on the following matters during the presentation:

- The current situation at hospitals, in the community for adults and primary care, social care and mental health
- The BSW system of escalation framework during COVID-19 and the phases of escalation
- System challenges

In addition, the Board noted comments on the following matters:

- The excellent co-operation between partners
- Request for a report focusing on the impact of COVID-19 Children Services
- Highlighting the need to protect staff who deliver services from burn out, in addition the need to reduce the pressures experienced by staff planning services

Decision –

- 1. That the presentations and comments be noted.**
- 2. That officers be asked to prepare a report focusing on the impact of COVID-19 Children Services for the next meeting of the Board.**

45 **Recovery Risk Register and Demand Modelling Update Across Service Areas**

The Board received an update presentation from Lucy Townsend, Interim Corporate Director of People about the Recovery Risk register and demand modelling across Council service areas.

The Director commented on the following matters during the presentation:

- Children's Services demand planning in relation to the work undertaken by the Local Authority, CCG and Police from July 2020
- The cumulative impact on demand for children's safeguarding
- Demand modelling for Adult Services from July 2020
- Overview of the Risk Register for COVID-19 care, safeguarding and education recovery.

In addition, the Board noted comments on the following matters:

- The impact of COVID-19 on known vulnerable groups and an acknowledgment that a number of unknown groups were being affected, including those people who find themselves unemployed for the first time in their careers.
- Preparations in place for future demand on services.

Decision – That the presentations and comments be noted.

46 **Wellbeing Hub**

The Board received a presentation from Claire Edgar, Director of Learning Disabilities & Mental Health about the Wellbeing Hub.

The Director commented on the main objectives of the Hub in particular to offer support, guidance and signposting for the community; enabling a community response to help those who contract COVID-19; working with partners, volunteer groups etc. to ensure a responsive system is in place; and provide access to essential goods and facilities for those in need during the pandemic.

In addition, the Board noted comments on the following matters:

- Facts and figures connected to the 35,000 contacts with Wiltshire residents since March 2020.
- How the Hub is operating since the second lockdown

The Chair thanked all officers and the Wiltshire residents for their continued help and support during COVID-19 pandemic.

Decision – That the presentations and comments be noted.

47 **Urgent Items**

There were no urgent items.

48 **Date of Next Meeting**

The next meeting is being held on 28 January 2021 starting at 9.30am.

(Duration of meeting: 9.30 - 11.30 am)

The Officer who has produced these minutes is Stuart Figini of Democratic Services,
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Press enquiries to Communications, direct line (01225) 713114/713115

Wiltshire Council

Health and Wellbeing Board

Thursday, 28 January 2021

Subject: Better Care Fund Review of 2019/20 and 2020/21

Executive Summary

This report provides a summary of the BCF in 2019/20 and 2020/21, including a review of the operation of the Better Care Fund and programme in 2019/20.

The report also sets out the financial out-turn position statement of the Better Care Fund (BCF) for 2019/20 and the 2020/21 funding position.

The BCF:

- Is a mechanism for joint health, housing and social care planning and commissioning using Section 75 agreements to establish and maintain pooled funds
- Brings together ring-fenced budgets from CCG allocations and funding paid directly to local government, including the disabled facilities grant (DFG), the improved BCF (iBCF) and winter pressures grant
- The DFG, iBCF and winter pressures grant monies have specific grant conditions, including a requirement that the funding is pooled in the BCF
- Has four national conditions:
 - A BCF plan signed off by the Health & Wellbeing Board and by the constituent Local Authority and CCG
 - Demonstrate how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG's min contribution
 - A specific proportion of the area's allocation is invested in NHS-commissioning out-of-hospital services which may include 7-day services and adult social care
 - A clear plan on managing transfers of care and reducing delayed transfers of care
- Has the requirement to deliver improvements in the four national metrics:
 - Non-elective admissions
 - Admissions to residential & care homes
 - Effectiveness of reablement
 - Delayed transfers of care (DToC)

Proposal(s)

It is recommended that the Board:

1. Notes the report, including the impact of the Better Care programme both in supporting continuing operations and during the COVID pandemic.
2. Notes the out-turn position of the Better Care Fund for 2019/20 and the 2020/21 funding position.

Reason for Proposal

This is an annual review of the previous year's BCF, which remains an essential component in transformation and integration of health and social care commissioning in Wiltshire.

The BCF operated efficiently during 2019/20 and remained within budget, reporting a capital underspend of a little over £1m, which was carried forward to 2020/21 and a revenue underspend of just over £1m which has also been carried forward to 2020/21.

The BCF has become more able to respond to changing circumstances with robust co-operation and alignment of strategic outcomes across partners, as has been demonstrated in the COVID pandemic.

Subject: Better Care Fund: Review of 2019/20 and 2020/21

Purpose of Report

1. To review the operation of the Better Care Fund and in 2019/20 and to note progress in 2020/21.
2. To receive the financial out-turn position statement of the Better Care Fund (BCF) for 2019/20 and the financial plan for 2020/21.

Background

3. The funding for 2019/20 and 2020/21 is set out in Table 1 below. This shows total funding of £51.56m in 2019/20, of which £33.02m was contributed by the CCG and £18.56m by the Council, and £54.07m of funding in 2020/21, of which £34.54m was contributed by the CCG and £19.53m by the Council. £1.24m of the 2020/21 funding is carried forward underspend from 2019/20.

Table 1: Funding in 2019/20 and 2020/21

Funding	19/20 £	20/21 £
DFG	3,273,126	3,273,127
Minimum CCG Contribution	30,630,734	32,438,000
iBCF	8,117,936	9,941,000
Winter Pressures Grant	1,823,064	-
Additional LA Contribution	5,347,525	5,080,155
Additional CCG Contribution	1,772,667	2,102,000
Additional In Year CCG Contribution	613,000	-
Under Spend 19/20	-	1,240,461
Total Funding	51,578,052	54,074,743
Total CCG Contribution	33,016,401	34,540,000

4. Tables 2 and 3 below show how the funding analysed in Table 1 above was applied in 2019/20. Table 2 analyses expenditure by areas of spend and Table 3 by individual workstream. Both show an underspend of £2.98m.
5. Within the Partnership Agreement it is specified that underspends are retained by the pooled fund, with the exceptions of the Disabled Facilities Grant and the Integrated Community Equipment Service, where under or overspends are returned to the relevant organisation. Subtracting these from the overall total leads to an underspend within the pool of £1.24m, which is carried forward into the 2020/21 financial year.

Table 2: Areas of spend 2019/20

Areas of Spend	Plan £	Actual £	Variance £
Acute	1,540,660	1,501,525	-39,135
Community Health	18,084,777	17,683,208	-401,569
Continuing Care	300,000	227,000	-73,000
Mental Health	218,591	218,588	-3
Other	4,288,671	2,400,637	-1,888,034
Primary Care	406,200	430,158	23,958
Social Care	26,739,153	26,133,192	-605,961
Total Funding	51,578,052	48,594,308	-2,983,744

Table 3: Spend by Workstream 2019//20

Workstream	Plan £	Actual £	Variance £
iBCF	8,117,936	7,907,043	-210,893
Intermediate Care	14,210,733	14,239,742	29,009
Access, Rapid Response, 7-day working	3,597,452	3,737,795	140,343
Self-Care, Self-Support (Prevention)	1,687,363	1,449,103	-238,260
Care Act	2,500,000	2,500,000	0
Protecting Social Care	9,183,000	9,183,000	0
Disabled Facility Grant	3,273,126	1,917,480	-1,355,646
Winter Pressure Grant	2,311,064	1,822,992	-488,072
Management & Administration	551,836	483,157	-68,679
Integrated Community Equipment	5,741,633	5,353,996	-387,637
Previous Year Adjustments & Unallocated	403,909	0	-403,909
Grand Total	51,578,052	48,594,308	-2,983,744
Disabled Facility Grant	3,273,126	1,917,480	-1,355,646
Integrated Community Equipment	5,741,633	5,353,996	-387,637
Adjusted Total	42,563,293	41,322,832	-1,240,461

Progress in 2019/20 and 2020/21

6. The 2019/20 BCF Plan Submission was agreed by the Health and Wellbeing Board on 27 September 2019 and submitted for a local NHSEI validation process the same day. Following this, the plan was recommended to the National BCF Team for approval without conditions, the first time that this had happened in Wiltshire since the BCF had been launched. The Plan was approved without conditions by the national review process chaired by Neil Permain, the NHS Director of Operations & Delivery and SRO for the Better Care Fund. This was formally confirmed by letter on 8 January 2020 and was a significant recognition of Wiltshire's approach to integration and transformation through the BCF.
7. The composition of BCF schemes had been significantly the same in recent iterations of the plan with an overwhelming focus on services for older people and limited scope for supporting children, mental health, learning difficulties and autism. Consequently, it was generally acknowledged within the Wiltshire system that the Better Care Plan (BCP) was not always as flexible in promoting the transformational changes in the system that it had been originally intended to deliver. Some components of the BCP cannot be changed as they fund core services and contracts e.g. the Integrated Community Equipment Service (ICES) and Telecare services, provide support to adult social care services or contributions to the community health contract. These block allocation schemes represented a combined total £27.6m or 67% of the entire 2019/20 BCF. Where there has been the potential to review schemes, officers have sought to make BCF more responsive to the needs of all Wiltshire residents and to the transformation agenda for the health and social care system.
8. The review of BCF funding for 2020/21 took place within the new emerging Wiltshire Alliance framework and against the backdrop of the COVID pandemic.
9. Several services related to hospital discharge services are funded by the BCF and these were all realigned under the Alliance's COVID response planning in this area. The intermediate care beds were retendered, but the new contracts were immediately re-purposed with additional beds also made available on a short-term basis until October 2021 to support the COVID surge. The size of the bed base will be reviewed before October 2021. At present, the system has 105 beds-60 for Intensive Rehabilitation, 40 for social care Discharge to Assess (D2A) and 5 for complex discharge. These beds seek to ensure that long term decisions about care do not take place in an acute setting and that Wiltshire residents have every opportunity to have rehabilitative support to enable them to return where it is safe to do so. Wiltshire implemented a health and care D2A at the early stages of the pandemic, and officers will review its impact in 2021/22 before developing a longer-term community bed model.
10. The work of the intermediate care therapy support service from Wiltshire Health & Care (WH&C) and the intermediate care and hospital social work teams, both also funded through the BCF, were re-aligned to the new Discharge to Assess' (D2A) model and linked to a set of outcomes for

discharge as a whole as opposed to individual service lines. These services continued to be needed to support discharge, particularly in support of the D2A model.

11. Additionally, the Acute Trust Liaison service provided by Medvivo was reviewed and staff within the service were reassigned to work with WH&C as part of the re-aligned discharge pathway.
12. Consideration was given to access arrangements for care services, currently provided by two separate services. Before COVID, the following arrangements were in place:
 - Pathway 1 referrals were made from wards to Medvivo Access to Care by telephone and sent through to the Patient Flow Hub
 - Pathway 2 referrals were made from acute trusts in written form, triaged by Medvivo Access to Care, and then sent through to the Patient Flow Hub for coordination
 - Pathway 3 referrals were made to Wiltshire Council and coordinated and monitored separately
 - The Patient Flow Hub was commissioned as a 5-day service, 9-5pm. Funding for seven-day operation was not substantive, but was made available as a 2019/20 winter scheme
 - A 'trusted assessment' form was in use for Pathway 2 referrals which was lengthy and time consuming. Liaison with nursing homes was split between the Hub (for intermediate care beds) and the Wiltshire Council brokerage team (for Discharge to Assess or placement)
13. National Guidance required Wiltshire to move to a single referral management service for all hospital discharge referrals. With this requirement the Wiltshire arrangements were rapidly reviewed and changed. Following the initial Covid-19 response phase, these arrangements were reviewed to ensure that there was enough alignment of access services alongside any future development of the WHC Patient Flow Hub (PFH). A Discharge Service Review working group recommended that the following service changes, which had improved and streamlined the process, were maintained:
 - Wiltshire PFH extended its hours 8am to 8pm, 7 days a week, handling all Wiltshire discharge requests
 - Change agreed to Medvivo SPA role which was absorbed into the Patient Flow Hub process
 - Integrated triage of discharge referrals between health and social care
 - Redesigned the acute process with a single discharge referral form
 - Maintained the ability for telephone referrals but encouraged Trusts to use the single referral form
 - Released social workers from hospitals so they were community based and supported individuals once they had left the acute hospitals

- For Pathway 1, three Locality discharge teams in the North, South, and West of the locality were set up managing those patients awaiting discharge home
 - A single brokerage function managed by Wiltshire Council – supporting all placements and packages of care following hospital admission including end of life care
 - Reviewed step up pathways and clarified process
 - Acute Trust IDS Teams changed internal processes so that referrals only needed to be flagged as ‘Home’ or ‘Bed’ rather than precise pathway chosen
14. BCF funding supported brokerage for self-funding residents through a CCG contract with an organisation called CHS Healthcare. As an immediate response to COVID and the need to provide an integrated brokerage function across health and care for ASC funded customers and self-funders alike, the Council and CCG co-located the work of CHS with the Council’s brokerage team. This has provided all residents and professionals with a seamless brokerage function and with the ending of the CHS contract in November 2020, it was agreed that a single brokerage service would be permanently implemented. From the 1st December, the CCG brokerage function has been integrated within the Council’s brokerage team.
15. Additional funding (£1 million) has been invested in HomeFirst and Enablement services. At the heart of Wiltshire’s health and care system is the belief that people should be enabled and supported to live their lives in their own homes and the long-term ambition is to shift funding from bedded to community services.
16. In October 2020, BCF funding of £343,852 per annum was approved to fund an outreach enablement model for adults with needs associated with learning disabilities, mental health and/or autism spectrum conditions. The service will provide time-limited, community-based enabling support for people at risk of hospital admission and/or for people being discharged from acute psychiatric hospital and/or rehab. It will be provided by Wiltshire Council and will offer a bridge between statutory services and those delivered within the voluntary and community sector to which people using the service would step down and up again as appropriate. The service has been funded on a one-year, “proof of concept” basis, and recruitment is underway. Further funding will be agreed following an evaluation of the model.
17. Various schemes have also been identified for further review during 2020/21, as follows:
- End-of-Life Care (delivered through Dorothy House) as part of the discharge pathway will be reviewed as part of the broader end-of-life pathway.
 - Mental health liaison services delivered by AWP that provides training to support people with dementia in care homes will be reviewed against overall support for the care home sector. One third of the total cost of this service is funded through the BCF and it

supports timely hospital discharges as well as preventing care home placement breakdowns. The rest of the funding is through the AWP block contract.

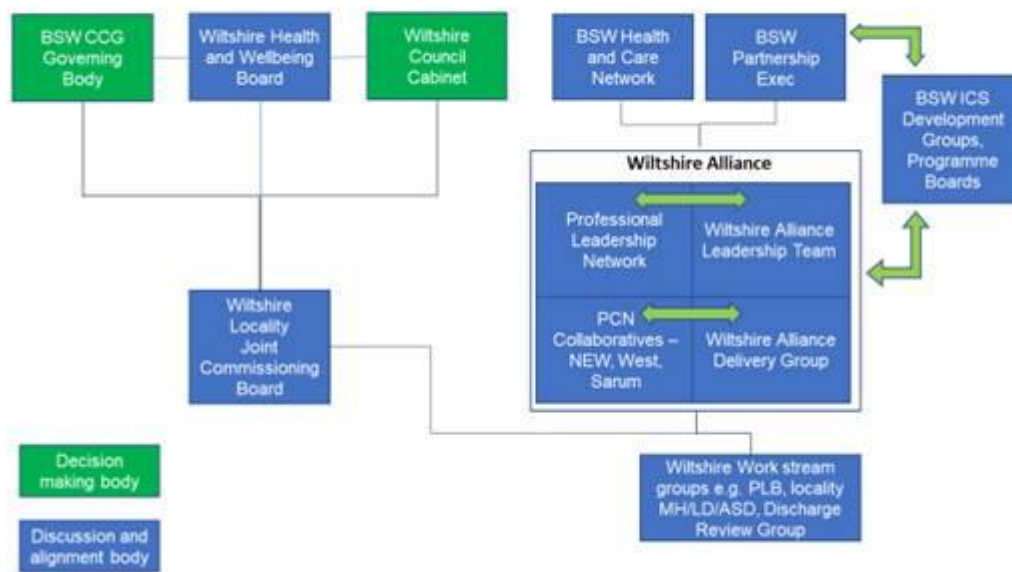
- Funding for complex care packages in learning disabilities will be reviewed to ensure that the funding continues to be focused on needs and supports the delivery of complex care in this area.
- Carer support funding comprises a block payment to Wiltshire Care Services to provide carer support services, including carer assessments, on behalf of the overall system. The budget also covers other carer-based services, including information, young carer support, advocacy, advice and guidance and publicity. As this scheme has not been reviewed fully for a number of years a review has started and will be completed in February to ensure continuing effectiveness and value for money of its outputs.

Planning and Finance 2020/21

18. No national guidance has been published for 2020/21 and no reporting required locally or nationally for Q1 and Q2 of 2020/21. A national return was requested and submitted at the start of September 2020 concluding 2019/20 activity. The winter pressures grant has been incorporated into the iBCF government grant to the Council, but there is no additional funding for 2020/21 above the existing grant. A CCG uplift of 5.3% was agreed for 2020/21. New hospital discharge service requirements during 2020/21 replaced DToC definitions and monitoring with new criteria to reside definitions.
19. The resilience of the local system in the face of COVID has demonstrated that the BCF remains an essential component in managing a flexible and responsive commissioner-and-provider model across health and social care in Wiltshire.
20. In response to the pandemic, the governance of BCF changed to reflect the emerging integrated care alliance (ICA) arrangements across BSW CCG. Plans are monitored through the weekly alliance delivery group and key subgroups meet regularly to coordinate priority areas. Scheme leads are responsible for consistent monitoring of delivery and performance. A Locality Commissioning Group (LCG), co-chaired by the BSW CCG Chief Operating Officer and the Wiltshire Council Director of People, meets monthly to have officer oversight of the Section 75, BCF and the Hospital Discharge Funding as part of COVID. System wide strategic oversight is through the Health & Wellbeing Board.

The emerging Wiltshire Integrated Care Alliance (ICA) governance structure is detailed below:

BSW and Wiltshire Locality Governance



21. The BCF budget for 2020/21 is outlined in the table below:

BETTER CARE FUND - BUDGET 2020/21

1 - Funding Source	Full Year Budget 20/21	Projected Full Year Outturn	Projected Full Year Variance
Disabled Facilities Grant	3,273,126	3,273,126	0
Minimum CCG Contribution	32,435,930	32,435,930	0
Additional CCG Contribution	2,102,000	1,384,790	-717,210
Additional LA Contribution	5,080,155	5,080,155	0
Brought Forward Underspend from 19/20	1,240,461	0	-1,240,461
	44,131,672	42,174,001	-1,957,671

22. The Wiltshire Alliance Delivery Group – reviews priority areas for Hospital Discharge Programme (HDP) / BCF schemes.

23. Covid-19 has impacted on how we consider the use of the BCF to improve performance and outcomes in the coming 18 months. £5m Hospital Discharge Programme funding schemes for second six months 20/21 have been agreed. This included 40 Discharge to Assess beds, home first and rapid response. It is unknown if HDP funding will be recurrent therefore the locality commissioning group has agreed a 3-year strategy to enable recurrent funding for BCF/iBCF schemes.

24. Monitoring is through the alliance delivery group - key sub groups meet regularly to coordinate the HDP and BCF plan grouped into Wiltshire priority area. Scheme leads are responsible for consistent monitoring of delivery and performance. The full BCF report will go to the Locality

Commissioning Group (LCG) quarterly, with bi-monthly brief updates. Each full report will cover the key items of finance, impact, performance data and development with a BCF Dashboard to be developed. At different points of the year the report would focus on different elements. At key points in the year there will be a coordinated meeting with leads across BSW to share good practice and learning.

25. Business cases for new investment are developed and taken through Alliance Delivery Group and sign off at Locality Commissioning Group
26. Next steps will be to review 3 year strategy for 21/22 budgets following the outcome of HDP scheme review (impact upon bed demand modelling) updated guidance and notification of BCF funding (minimum contribution and 5.3% uplift confirmed for 21/22 in line with Long Term Plan).
27. The scheme details are outlined below:

Funding Source: Change Model	Final Budget	Projected Full Year Outturn	Projected Full Year Variance
Minimum CCG Contribution	32,435,930	32,435,930	0
Discharge teams	757,125	757,125	-
Early Discharge Planning	902,574	902,574	-
Enhancing health in care homes	348,790	348,790	-
Focus on choice	359,800	359,800	-
Home first/discharge to assess	15,445,741	14,858,991	- 586,750
Preventative Services	1,811,364	1,811,364	-
Programme office, internal staff	350,000	350,000	-
Protecting Adult Social Care	10,454,280	10,922,163	467,883
Seven-Day services	238,081	238,081	-
Systems to manage patient flow	1,460,976	1,833,043	372,067
Trusted Assessors	54,000	54,000	-
Other	253,200		- 253,200

Funding Source: Change Model	Final Budget	Projected Full Year Outturn	Projected Full Year Variance
Additional CCG Contribution	2,102,000	1,384,790	- 717,210
Protecting Adult Social Care	1,776,106	1,384,790	- 391,316
Other	325,894		- 325,894
Additional LA Contribution	5,080,155	5,080,155	-
Carers - LA contribution to Pool	741,257	741,257	-
Home first/discharge to assess	2,505,898	2,505,898	-
Protecting Adult Social Care	1,833,000	1,833,000	-
Brought Forward Underspend from 19/20	1,240,461		- 1,240,461
Protecting Adult Social Care	1,240,461		- 1,240,461
Disabled Facilities Grant	3,273,126	3,273,126	-
DFG	3,273,126	3,273,126	-
Grand Total	44,131,672	42,174,001	- 1,957,671

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