

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:

Yes

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

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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

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))

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 framework 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.

Yes

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?