Better Care Fund 2024-25 Q3 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Wiltshire

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.

Since the last reporting period, our estimates for capacity and demand have been adjusted to reflect the increased system-wide demand, particularly due to respiratory illnesses and higher-than-expected non-elective admissions. The BSW Business Intelligence team has been continuously updating demand and capacity model using the latest activity data, focusing initially on front door demand. This has been shared with system partners, and further work is being prioritised on back door and out-of-hospital capacity.

We have identified several areas for improviement and are building on our leanring acorss the year. For example, the average length of stay for non-criteria to reside (NCTR) patients has been reducing, and the percentage of falls-Orelated non-elective admissions shows an improving trend. We are working with partners to review non-injury falls referred to the ambulance service, addressing the increase in HCP referrals and impriving consistency in Directory of Service profiles for UCR response.

2. Do you have any capacity concerns for Q4? Please consider both your community capacity and hospital discharge capacity.

We current do not have any capacity concerns within the Wiltshire Locality for Q4. As shown in Tab 5.2 Wiltshire is operating within its prepopulated demand anc capacity. Therefore, there is minimal concern for the coming quarter.

The BSW system continues to work collaboratively with all partners to enhance our winter plans and repsond operationally to daily challenged. We have prioritised key workstreams to maximise commissioning capcity. Our Paediatric Acute Respiratory Illness hubs for example, operational since November 2024, are crucial for surge planning, building on last winter's pilots - this is particulary important given this year's Flu and respiratory illness prevelance which is adding exceptional presuure to demand for UEC capacity. We are increasing the utilisation of community-based hospital services to reduce hospital admissions, focusing on improving Hospital at Home capacity. We are consistiently working to increase midday discharges and manage Non-Criteria to Reside (NCTR) patients more effectively, ensuring timely discharges and freeing up hospital beds. We are actively managing the surge in demand due to respiratory illnesses and other conditions, however as with every system BSW is no differnet in experiencing capacity challenges on a daily basis.

Addiotnally. Care Coordination Centre has seen an increase in average daily referrals, with December 2024 averaging 66 per day compared to 60 in December 2023 offering significant support. The NHS 11 ED 3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.

We do not have any noted areas where demand exceeds capacity. We have an embedded 'blueprint' of daily tactical calls cross health, social care and third sector partners to track through at patient level actions across admission avoidance and enabling discharge.

When actual demand exceeds capacioty, our approach focuses on using all available resources flexibly across community services to support timely hospital discharge and meet demand. We continue to priorities the Home First approach, resulting in higher activity on Pathway one and less on Pathway two tha originally planned. The shift ensures that patients receive the necessary care at home, reducing the need for hospital admissions.

4. Do you have any specific support needs to raise for Q4? Please consider any priorities for planning readiness for 25/26.

There are ongoiung conversn with regards to NCTR across the system. For planning readiness for 2025/26, priorities will focus on continuing the work already underway and addressing the areas highlighted above. We will ensure a robust transition across our contract changes.

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

5.1 Guidance

Checklist

Yes

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The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.
You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including
 - Actual demand in the first 9 months of the year - Modelling and agreed changes to services as part of Winter planning - Data from the Community Bed Audit - Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.
Hospital Discharge
This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Other short term bedded care (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)
Community
This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF. The template is split into these types of service:
Social support (including VCS)
Urgent Community Response
Reablement & Rehabilitation at home
Reablement & Rehabilitation in a bedded setting
Other short-term social care

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5. Capacity & Demand

Selected Health and Wellbeing Board:

Wiltshire

<u>Checklist</u>

Complete:

Actual activity - Hospital Discharge		Prepopulated	demand from 2		Actual activity capacity)	(not including s	pot purchased		through <u>only</u> sp to time to servi	
Service Area	Metric	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	23								0
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	8.	1 8.9	7.9	4.6	5.6	4.6	5		
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients		0 (0 0	0	0	() () C	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)		0 (0 0	0	0	()		
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	9	4 94	1 89	38	23	36	5 (C	0 0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	8.	5 4.9	4.4	2.7	3.9	3.3	3		
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.		0 (0 0	0	0	0	0 0	C	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)		0 0	0 0	0	0	(
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	4	8 48	3 48	43	34	25	5 () C	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	30.	3 36.7	31.1	23.1	21.5	19.8	3		

5

Yes Yes Yes Yes Yes Yes Yes Yes

Actual activity - Community		Prepopulated d	lemand from 20	24-25 plan	Actual act	ivity:	
Service Area	Metric	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
Social support (including VCS)	Monthly activity. Number of new clients.	56	56	56	58	54	62
Urgent Community Response	Monthly activity. Number of new clients.	596	596	596	493	546	581
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	44	45	46	52	51	53
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0



Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned Adult Social Care services spend from the NHS min:

- Area of spend selected as 'Social Care'
- Source of funding selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- Area of spend selected with anything except 'Acute'
- Commissioner selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- Source of funding selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare	Using technology in care processes to supportive self-management,
		2. Digital participation services	maintenance of independence and more efficient and effective delivery of
		3. Community based equipment	care. (eg. Telecare, Wellness services, Community based equipment, Digital
		4. Other	participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy	Funding planned towards the implementation of Care Act related duties. The
		2. Safeguarding	specific scheme sub types reflect specific duties that are funded via the NHS
		3. Other	minimum contribution to the BCF.

3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis.
		S. Other	This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	 Integrated neighbourhood services Multidisciplinary teams that are supporting independence, such as anticipatory care Low level social support for simple hospital discharges (Discharge to Assess pathway 0) Other 	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)
			Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	Adaptations, including statutory DFG grants Discretionary use of DFG Handyperson services	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.
		4. Other	The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The ten changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.

8	Home Care or Domiciliary Care	1. Domiciliary care packages	A range of services that aim to help people live in their own homes through
		 Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) Short term domiciliary care (without reablement input) Domiciliary care workforce development Other 	the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	 Care navigation and planning Assessment teams/joint assessment Support for implementation of anticipatory care Other 	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	 Bed-based intermediate care with rehabilitation (to support discharge) Bed-based intermediate care with reablement (to support discharge) Bed-based intermediate care with rehabilitation (to support admission avoidance) Bed-based intermediate care with reablement (to support admissions avoidance) Bed-based intermediate care with reablement (to support admissions avoidance) Bed-based intermediate care with rehabilitation accepting step up and step down users Bed-based intermediate care with reablement accepting step up and step down users Bed-based intermediate care with reablement accepting step up and step down users 	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	 Reablement at home (to support discharge) Reablement at home (to prevent admission to hospital or residential care) Reablement at home (accepting step up and step down users) Rehabilitation at home (to support discharge) Rehabilitation at home (to prevent admission to hospital or residential care) Rehabilitation at home (accepting step up and step down users) Rehabilitation at home (accepting step up and step down users) Joint reablement and rehabilitation service (to support discharge) Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) Joint reablement and rehabilitation service (accepting step up and step down users) Other 	Provides support in your own home to improve your confidence and ability to live as independently as possible

13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health/wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	 Supported housing Learning disability Extra care Extra care home Nursing home Short-term residential/nursing care for someone likely to require a longer-term care home replacement Short term residential care (without rehabilitation or reablement input) Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	 Improve retention of existing workforce Local recruitment initiatives Increase hours worked by existing workforce Additional or redeployed capacity from current care workers Other 	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

						2024-25													
				Minimum Require	d Spend	Expenditu	re to date	Balance											
		NHS Commissioned Out of Ho minimum ICB allocation	spital spend from the	£11,462,18	5	£11,24	13,134	£219,051											
		Adult Social Care services spe ICB allocations	nd from the minimum	£22,465,24	2	£17,14	\$2,109	£5,323,133											
<u>ecklist</u>		Column complete:					Yes										Yes		
heme	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	'Scheme Type' is		delivered to date	Units	Area of Spend	Please specify if 'Area of Spend' is	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	entered		(if scheme is no	Comments
					'Other'		(Number or NA if no plan)			'other'						Expenditure for 2024-25 (£)		longer being carried out in 24- 25, i.e. no money has been spent and will be spent)	
	IC Therapy (Wiltshire Health and Care ASC)	Intermediate Care Therapies	intermediate Care	Bed-based intermediate care with rehabilitation (to support discharge)		391	275	Number of placements	Community Health	0	NHS				Minimum NHS Contribution	£ 991,137	£743,352		Schemes 1, 5 and 41 suport this out
		Systems to manage patient flow		Care navigation and planning		20178	15133		Community Health		NHS			Private Sector	Minimum NHS Contribution	£ 1,086,519	£814,889		
	(WHC ACS)	flow	Model for Managing Transfer of Care	Multi-Disciplinary/Multi- Agency Discharge Teams supporting discharge		0	0		Community Health		NHS				NHS Contribution	£ 184,485	£138,363		
	Acute Trust Liaison b	Discharge Teams	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	0		Acute		NHS				Minimum NHS Contribution	£ 248,572	£186,429		
	Intermediate Care Beds GP Cover	Home first /discharge to assess			GP support to cover temp residents	391	275		Primary Care		NHS				Additional NHS Contribution	£ 162,263	£121,697		Schemes 1, 5 and 41 support this or

Wiltshire

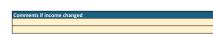
ments if income changed

6. Expenditure Selected Health and Wellbeing Board:

Better Care Fund 2024-25 Q3 Reporting Template

wittshire				
		2024-25		
Running Balances	Income	Expenditure to date	Percentage spent	Balance
DFG	£4,050,899	£3,038,174	75.00%	£1,012,725
Minimum NHS Contribution	£40,335,427	£30,247,056	74.99%	£10,088,371
iBCF	£10,242,097	£7,681,572	75.00%	£2,560,525
Additional LA Contribution	£5,080,155	£3,810,114	75.00%	£1,270,041
Additional NHS Contribution	£2,102,263	£1,576,697	75.00%	£525,566
Local Authority Discharge Funding	£2,393,210	£1,794,907	75.00%	£598,303
ICB Discharge Funding	£3,807,000	£2,855,249	75.00%	£951,751
Total	£68,011,051	£51,003,769	74.99%	£17,007,282

To Add New Schemes



See next sheet for Scheme Type (and Sub Type) descriptions

	Up Beds IC ACS)	Community Hospital beds	Bed based intermediate Care	Bed-based intermediate care with rehabilitation (to		616	462	Number of placements	Community Health		NHS	NHS Co Provide	ommunity Mi er NH		£ 1,037,532	£778,149	
	imunity		Services (Reablement,	support discharge)										ntribution			
Servi	imunity ices - imunity	Community Services	Community Based Schemes	Integrated neighbourhood services		0	0		Community Health		NHS	NHS Co Provide	er NH	nimum IS ntribution	£ 4,513,239	£3,384,929	
Supp	abilitation port Workers	Home first /discharge to assess	High Impact Change Model for Managing	Home First/Discharge to Assess - process		0	0		Community Health		NHS	NHS Co Provide	er NH		£ 1,475,637	£1,106,727	
Integ	IC ACS) grated pment - CCG	Home first /discharge to assess	Transfer of Care High Impact Change Model for Managing	support/core costs Housing and related services		0	0		Community Health		NHS	Private		ntribution nimum	£ 2,824,304	£2,118,228	Schemes 9, 10, 17, 18 same service. Outputs distributed as percentage of
(exclu	luding		Transfer of Care										Co	ntribution			spend. Unclear why there was no data at
Equip	grated pment - CCG luding	Home first /discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services		6187	4939		Community Health		NHS	Private		3 Discharge nding	£ 800,343	£600,257	Schemes 9, 10, 17, 18 same service. Outputs distributed as percentage of spend.
1 EOL - pathy	- 72 hour way	Seven-Day services	High Impact Change Model for Managing	Early Discharge Planning		0	0		Community Health		NHS	Charity Volunt	ary Sector NH	nimum IS	£ 225,191	£168,893	
3 Comr	harge Service imunity atrics (WHC	Enhancing health in care homes	Transfer of Care Integrated Care Planning and	Assessment teams/joint assessment		0	0		Community Health		NHS	NHS Co Provide	ommunity Mi		£ 135,056	£101,292	
ACS) 5 Disch	harge service	Discharge service staffing	Navigation High Impact Change	Home First/Discharge to		0	0		Community		NHS	NHS Co	Co ommunity Mi	ntribution nimum	£ 429,374	£322,030	
	fing WHC		Model for Managing Transfer of Care	Assess - process support/core costs					Health			Provide	Co	ntribution			
Equip	grated pment - Local hority (Adults)	Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services		12588	10219		Social Care		LA	Private		ditional LA ntribution	£ 1,635,089	£1,226,316	Schemes 9, 10, 17, 18 same service. Outputs distributed as percentage of spend.
8 Integ	grated pment - Local	Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Housing and related services		2346	1873		Social Care		LA	Private		ditional LA ntribution	£ 310,112	£232,584	Schemes 9, 10, 17, 18 same service. Outputs distributed as percentage of spend.
Local	nefirst Plus- Il Authority tribution	Home first/ discharge to assess	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		825	45	Packages	Social Care		LA	Local A		ditional LA ntribution	£ 414,994	£311,245	Linked to schemes 43, 31, 69,73,75,76. Output figure of 825 is for the total spend across those schemes. Output given in this
0 Carer contr	ers - LA ribution to (Adults)	Carers	Carers Services	Carer advice and support related to Care Act duties		470	1541	Beneficiaries	Social Care		LA	Charity Volunt	y / Ad ary Sector Co	ditional LA ntribution	£ 706,425	£529,818	the difference in figures is due to the change in provider in April. The figures from our BCF planning where most like
contr	ers - LA ribution to (Childrens)	Carers	Carers Services	Carer advice and support related to Care Act duties		428	1793	Beneficiaries	Social Care		LA	Charity Volunt		ditional LA ntribution	£ 76,787	£57,590	the difference in figures is due to the change in provider in April. The figures from our BCF planning where most like
Socia	ecting Adult al Care - ntaining	Protecting Adult Social Care	Community Based Schemes	Integrated neighbourhood services		0	0		Social Care		LA	Local A		ditional LA ntribution	£ 1,936,748	£1,452,561	
3 Disab		Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		146	130	Number of adaptations funded/people supported	Social Care		LA	Private	e Sector DF	G	£ 4,050,899	£3,038,174	
Socia	ecting Adult al Care - ntaining	Protecting Adult Social Care	Care Act Implementation Related Duties	Other	Maintaining social care capacity	0	0	Supported	Social Care		LA	Local A	. NH	nimum IS ntribution	£ 8,680,786	£6,510,586	
5 Care main		Protecting Adult Social Care		Other	Maintaining social care capacity	0	0		Social Care		LA	Local A	Authority Mi NH	nimum	£ 3,288,177	£2,466,132	
6 Medv Telec		Preventative Services	Assistive Technologies and Equipment	Assistive technologies including telecare	capacity	2562	2133	Number of beneficiaries	Social Care		LA	Private	Sector Mi	nimum	£ 1,285,359	£964,019	The number of service beneficaries fluctuates each month and therefore unable to track and exact figure. The figur
7 Webs Admi	osite Data nin & Content	Focus on choice	Integrated Care Planning and	Support for implementation of anticipatory care		0	0		Social Care		LA	Local A	Authority Mi NH	nimum IS	£ 67,869	£50,901	unable to track and exact righter. The right
Office 8 Comp packa	plex Care	Protecting Adult Social Care	Navigation Home Care or Domiciliary Care	Domiciliary care packages		275	98	Hours of care (Unless short-term in which	Social Care		LA	Private	Sector Mi		£ 526,108	£394,581	Same Output as scheme 57 Total output across the funding is 155 -
9 ASC trans	sformation	Discharge teams	Integrated Care Planning and	Assessment teams/joint assessment		0	0	case it is packages)	Social Care		LA	Local A	Authority Mi		£ 408,153	£306,114	output allocated per scheme as
	pital Social Disharge	Home first/ discharge to assess	Navigation Integrated Care Planning and Navigation	Assessment teams/joint assessment		0	0		Social Care		LA	Local A	Authority Mi NH	ntribution nimum IS ntribution	£ 1,920,856	£1,440,642	
1 Home		Home first /discharge to assess	Navigation High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		769	73		Social Care		LA	NHS Co Provide	ommunity Mi er NH	nimum	£ 694,296	£520,722	Output should read 825. Linked to schemes 43, 31, 69,73,75,76. Output figure of 825 is for the total spend across
contr	rrs - ICB ribution to (CCG)	Preventative Services	Carers Services	Respite services		956	1526	Beneficiaries	Social Care		LA	Charity Volunt	y / Mi ary Sector NH	nimum	£ 858,015	£643,511	the difference in figures is due to the change in provider in April. The figures from our BCF planning where most like
		Home first/ discharge to assess	High Impact Change Model for Managing Transfer of Care	Trusted Assessment		3	3		Social Care		LA	Charity Volunt	y / Mi ary Sector NH	nimum	£ 196,944	£147,708	Covers 3 FTE Trusted Assessors
5 BCF S	Support Team	Programme Office, internal staff	Workforce recruitment and retention			4	4	WTE's gained	Other	Staff costs to support BCF programme	LA	Local A	Authority Mi	nimum	£ 157,522	£118,141	Existing 4 FTE staff members
6 Reso Speci	ource cialist	Integrated Brokeridge	Other			1	1		Other	Staff costs to support integrated	LA	Local A	Authority Mi NH	nimum	£ 340,482	£255,361	
7 Urger	ent Care at ne Domiciliary	Rapid Response Service	Urgent Community Response			615	341		Community Health		LA	Private	Sector Mi	nimum	£ 1,006,189	£754,641	

8 Home from Hospital well		Enablers for Integration	Voluntary Sector Business Development		664	510		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 442,755	£332,066	HfH dashboard. Link to community D&C (community VCSE)
1 Step Up/D Beds - IR B		Bed based intermediate Care Services (Reablement.	Bed-based intermediate care with rehabilitation (to support discharge)	•	391	275	Number of placements	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 3,723,748	£2,792,811	Same as scheme 1, and 5
3 Council reablemen	Home first/ reablement	Home-based intermediate care services	Reablement at home (to support discharge)		266	47	Packages	Community Health		LA			Local Authority	Minimum NHS Contribution	£ 433,163	£324,872	Linked to schemes 43, 31, 69,73,75,76. Output figure of 825 is for the total spend across those schemes. Output given in this
4 TF Dom Ca house - a - Discharge			Reablement at home (accepting step up and step down users)		380	15523	Packages	Social Care		LA			Local Authority	ICB Discharge Funding	£ 829,378	£622,033	Revised annual output for service (schemes 44,45,46 is 72,336 hours of care) Outputs should be in hours of care.
15 TF Dom Ca house - a			Domiciliary care to support hospital discharge (Discharge to Assess		2128	4902	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 270,901	£203,175	Revised annual output for service (schemes 44,45,46 is 72,336 hours of care) Outputs should be in hours of care.
6 Dom Care response a Discharge	(WS@H)	e Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		199	20425	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority		£ 1,100,279	£825,209	Revised annual output for service (schemes 44,45,46 is 72,336 hours of care) Outputs should be in hours of care.
8 Wiltshire 0 Discharge	Council Discharge Fund	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	0		Social Care		LA			Local Authority	Local Authority Discharge	£ 2,393,210	£1,794,907	
2 Home Firs WHC	Plus - Home first/ discharge to assess	Home-based intermediate care services	Reablement at home (to support discharge)		825	97	Packages	Community Health		LA			NHS Community Provider		£ 817,355	£613,016	
	iBCF Protecting Adult Soci capacity I care		t		0	0	WTE's gained	Social Care		LA			Private Sector	iBCF	£ 2,803,170	£2,102,377	
4 Investigati Officers		al Integrated Care Planning and Navigation	Support for implementation of anticipatory care		0	0		Social Care		LA			Local Authority	iBCF	£ 139,800	£104,850	
and extra in the loca	l care	Other			0	0		Social Care		LA			Private Sector	iBCF	£ 927,200	£695,400	
6 Prevention wellbeing	Feam	Prevention / Early Intervention	Social Prescribing		0	0		Social Care		LA			Local Authority	iBCF	£ 652,900	£489,675	
7 New: Prov stability ar capacity in	d extra Care the	Domiciliary Care	Domiciliary care packages		275	53	short-term in which case it is packages)	Social Care		LA			Private Sector	IBCF	£ 1,014,700	£761,025	Same Output as scheme 28 Total output across the funding is 155 - output allocated per scheme as
I the local	capacity Care care	al Residential Placement:			247	168	Number of beds	Social Care		LA			Private Sector	IBCF	£ 972,900	£729,675	
and extra in the loca	l care				190	144	Number of beds	Social Care		LA			Private Sector	iBCF	£ 1,342,300	£1,006,725	
i3 Transform Staff Charg iBCF	ges -	Enablers for Integration	Workforce development		0	0		Social Care		LA			Local Authority	IBCF	£ 151,800	£113,850	
5 Contributi System Managem	ent Role	Other			0	0		Other	Contribution to System Management				Local Authority		£ 100,000	£75,000	
6 Additional Care LA Pr	ovision	Integration	Integrated models of provision		0	0		Social Care		LA			Private Sector	IBCF	£ 1,319,972	£989,979	
uplifts	xpected 2024/25 expected uplifts	Other			0	0		Social Care		Joint	0.5	0.5	Local Authority	Minimum NHS Contribution	£ 207,016	£155,262	
Beds GP C		Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)	GP support to cover temp residents	40	40	Number of placements		0	NHS	0		NHS	Minimum NHS Contribution	£ 95,627	£71,720	Number of beds supported is constant
4 Home first		High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	0	0	0		Community Health	0	NHS	0		NHS Community Provider	NHS Contribution	£ 846,380	£634,785	
WHC 9 Homefirst	Nursing Overnight Nursing WHC Plus- Home first/Reablement	Personalised Care at Home Home-based	Physical health/wellbeing Reablement at home		825	30	Packages	Community Health Social Care		NHS LA	0		NHS Community Provider Local Authority	NHS Contribution Minimum	£ 732,862 £ 279,824	£549,646 £205,368	Linked to schemes 43, 31, 69,73,75,76.
Local Auth Contributi	ority on	intermediate care services	(accepting step up and step down users)	0	0	30		Other	Staff costs to	LA	0			NHS Contribution			Clinked to schemes 43, 31, 69, 73, 73, 76. Output figure of 825 is for the total spend across those schemes. Output given in this
1 WC In Rea	Support Programme Office, international staff	Il Workforce recruitmen and retention Integrated Care	t Improve retention of existing workforce Care navigation and planning		0	0	WTE's gained	Other Primary Care	Staff costs to support BCF programme	LA	0		Local Authority	Funding	£ 190,000 £ 339,000	£142,500 £254,250	
2 Urgent	Hubs) coordinate hospital discharges Rapid response service	Planning and Navigation Urgent Community		0	0	0		Community	0	LA	0			Funding	£ 339,000 £ 320,000	£254,250	
2 Orgent Communit Response	y Flow	Response Home-based	Rehabilitation at home (to	0	825	25	Packages	Health	0	LA	0		Local Authority	Funding	£ 228,000	£240,000	Linked to schemes 43, 31, 69,73,75,76.
Staffing	Rapid response service	intermediate care services Urgent Community	prevent admission to hospital or residential care)	0	0	0	- Jenuges	Health	0	IA	0		Local Authority	Funding	£ 400,000	£300.000	Output figure of 825 is for the total spend across those schemes. Output given in this
Communit Response	у	Response						Health					denonty	NHS Contribution			

75	Wiltshire P1	Homefirst/Reablement	Home-based	Reablement at home (to	0	825	176	Packages	Primary Care	0	LA	0	Local Authority	Additional	£ 1,640,000	£1,230,000		Linked to schemes 43, 31, 69, 73, 75, 76.
	(Home First	additional capacity	intermediate care	support discharge)										NHS				Output figure of 825 is for the total spend
	Winter)		services											Contribution				across those schemes. Output given in this
76	P1 Complex	Homefirst/Reablement	Home-based	Reablement at home (to	0	825	34	Packages	Primary Care	0	LA	0	Local Authority	Additional	£ 300,000	£225,000)	Linked to schemes 43, 31, 69,73,75,76.
	(Winter)	additional capacity	intermediate care	support discharge)										NHS				Output figure of 825 is for the total spend
			services											Contribution				across those schemes. Output given in this
77	WH&C In Reach	Avoidable admission support	Integrated Care	Care navigation and planning	0	0	0		Community	0	NHS	0	NHS Community	Minimum	£ 310,000	£232,500)	
			Planning and						Health				Provider	NHS				
			Navigation											Contribution				
40	Bed Review Co-	Home first/ discharge to	Enablers for	Workforce development	0	0	0		Social Care	0	LA	0	Local Authority	Minimum	£ 11,349	£8,511		
	ordinator	assess	Integration											NHS				
														Contribution				