

# Better Care Fund 2020-21 Year-end Template

## 1. Guidance

### Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

### Note on viewing the sheets optimally

For an optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

### Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are 'Green' containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
5. Please ensure that all boxes on the checklist tab are green before submission.

### Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and
2. 'Question completion' tracks the number of questions that have been completed. When all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

### National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of the

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met during the year and how this is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact their

The four national conditions are as below:

- National condition 1: Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act
- National condition 2: The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the
- National condition 3: Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National condition 4: The CCG and LA have confirmed compliance with these conditions to the HWB.

## Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional CCG and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

### Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21.

## Year End Feedback

This section provide an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

### Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our

### Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

## Social care fees

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic

Specific guidance on individual questions can be found on the relevant tab.

**CCG-HWB Mapping**

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing

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2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Reading
Completed by:	Beverley Nicholson
E-mail:	beverley.nicholson@reading.gov.uk
Contact number:	07812 461464
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Director of Adult Social Care
Name:	Seona Douglas

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Income	Yes
5. Expenditure	No
6. Income and Expenditure actual	Yes
7. Year-End Feedback	Yes
8. iBCF	Yes

[<< Link to the Guidance sheet](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Reading

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2020-21 Year-end Template

### 4. Income

Selected Health and Wellbeing Board:

Reading

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Reading	£1,197,341
DFG breakdown for two-tier areas only (where applicable)	
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£1,197,341</b>

iBCF Contribution	Contribution
Reading	£2,613,472
<b>Total iBCF Contribution</b>	<b>£2,613,472</b>

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Reading	£305,000	Carers expenditure within the Council
<b>Total Additional Local Authority Contribution</b>	<b>£305,000</b>	

CCG Minimum Contribution	Contribution
NHS Berkshire West CCG	£10,606,122
<b>Total Minimum CCG Contribution</b>	<b>£10,606,122</b>

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
<b>Total Additional CCG Contribution</b>	<b>£0</b>	
<b>Total CCG Contribution</b>	<b>£10,606,122</b>	

	2020-21
<b>Total BCF Pooled Budget</b>	<b>£14,721,935</b>

<b>Funding Contributions Comments</b>	
Optional for any useful detail e.g. Carry over	

## Better Care Fund 2020-21 Year-end Template

### 5. Expenditure

Selected Health and Wellbeing Board:

Reading

Running Balances	Income	Expenditure	Balance
DFG	£1,197,341	£1,197,341	£0
Minimum CCG Contribution	£10,606,122	£10,606,122	£0
iBCF	£2,613,472	£2,613,472	£0
Additional LA Contribution	£305,000	£305,000	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£14,721,935</b>	<b>£14,721,935</b>	<b>£0</b>

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,796,827	£5,111,790	£0
Adult Social Care services spend from the minimum CCG allocations	£5,341,997	£5,358,278	£0

#### Checklist

Complete:

No	No	No	No	No	No	No	No	No	No	No	No	No	No
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<a href="#">Link</a> to Scheme Type description					Expenditure								
Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Short Term/Hospital Discharge Team	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,474,503	Existing
2	Reablement	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,809,800	Existing
3	Step Down Beds - Discharge to Assess	Intermediate Care Services	Bed Based - Step Up/Down		Social Care		LA			Local Authority	Minimum CCG Contribution	£261,114	Existing
4	Step Down Beds - BHFT Services	Intermediate Care Services	Bed Based - Step Up/Down		Community Health		LA			NHS Community Provider	Minimum CCG Contribution	£74,054	Existing
5	Care Packages - Mental Health	Personalised Care at Home			Social Care		LA			Private Sector	Minimum CCG Contribution	£81,900	Existing
6	Care Packages - Physical Support	Personalised Care at Home			Social Care		LA			Private Sector	Minimum CCG Contribution	£499,506	Existing
7	Care Packages - Memory and Cognition	Personalised Care at Home			Social Care		LA			Private Sector	Minimum CCG Contribution	£318,129	Existing



8	Equipment	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum CCG Contribution	£184,500	Existing
9	Care Act Funding	Care Act Implementation Related Duties	Other	Financial Assessm	Social Care		LA			Local Authority	Minimum CCG Contribution	£390,889	Existing
10	Carers Funding - Grants, Voluntary Sector,	Carers Services	Other	Respite, Carers Assessments, Voluntary Sector	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£146,000	Existing
11	Carers Funding - Grants, Voluntary Sector,	Carers Services	Other	Respite, Carers Assessments, Voluntary Sector	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£305,000	Existing
12	IMHA	Prevention / Early Intervention	Other	Advocacy	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£35,000	Existing
13	BCF Reading Locality Project Management	Enablers for Integration	Integrated workforce		Social Care		LA			Local Authority	Minimum CCG Contribution	£156,937	Existing
14	iBCF	Other		IbCF Grant	Social Care		LA			Private Sector	iBCF	£2,613,472	Existing
15	DFG	DFG Related Schemes	Adaptations		Social Care		LA			Private Sector	DFG	£1,197,341	Existing
16	CCG Contingency	Other		Other	Other	Contingency	CCG			CCG	Minimum CCG Contribution	£449,126	Existing
17	BW10 PMO	Enablers for Integration	Integrated workforce		Other	CCG	CCG			CCG	Minimum CCG Contribution	£82,735	Existing
18	Risk share	Other		Risk Share	Other	Risk Share	CCG			NHS Acute Provider	Minimum CCG Contribution	£552,000	Existing
19	Re-ablement funding	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£897,615	Existing
20	SCAS Falls Service	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£266,000	Existing
21	CHS	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning		Acute		CCG			NHS Community Provider	Minimum CCG Contribution	£62,000	Existing
22	Carers Funding	Carers Services	Carer Advice and Support		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£111,412	Existing
23	Connected Care	Enablers for Integration	Shared records and Interoperability		Community Health		CCG			Private Sector	Minimum CCG Contribution	£300,000	Existing
24	Care Homes / RRaT	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£527,881	Existing

25	Speech & Language Therapy	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£51,262	Existing
26	Care Home in-reach	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£100,341	Existing
27	Community Geriatrician	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£105,795	Existing
28	Intermediate Care (including integrated)	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£853,989	Existing
29	Health Hub	Integrated Care Planning and Navigation	Care Coordination		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£392,639	Existing
30	Intermediate Care night sitting, rapid response,	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£281,391	Existing
31	Street Triage	Intermediate Care Services	Rapid / Crisis Response		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£139,604	Existing

[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	
Community Based Schemes	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 level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	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.	

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care 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.	
High Impact Change Model for Managing Transfer of Care	The eight 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 as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through 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.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>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 like Single Point of Access (SPoA) and linking people to community assets. 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, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, 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.</p>	
Intermediate Care Services	<p>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. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	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.	
Prevention / Early Intervention	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.	
Residential Placements	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.	
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.	

[^^ Link back up](#)

## Better Care Fund 2020-21 Year-end Template

### 6. Income and Expenditure actual

Selected Health and Wellbeing Board:

Reading

#### Income

2020-21			
Disabled Facilities Grant	£1,197,341		
Improved Better Care Fund	£2,613,472		
CCG Minimum Fund	£10,606,122		
<b>Minimum Sub Total</b>		£14,416,935	
	Planned		
CCG Additional Funding	£0		
LA Additional Funding	£305,000		
<b>Additional Sub Total</b>		£305,000	
			£305,000
	Planned 20-21	Actual 20-21	
<b>Total BCF Pooled Fund</b>	£14,721,935	£14,721,935	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	

#### Expenditure

2020-21
Plan
£14,721,935

Do you wish to change your actual BCF expenditure? Yes

Actual	£14,255,935
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

Underspend occurred within the LA commissioned services, due to vacancies within the integration and project officer posts. The COVID pandemic has also slowed down spend on DFG and whilst most of the grant is committed against projects it has not been spent to the end of 20/21. The actual outturn includes an amount carried forward, as agreed between the system partners.

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2020-21 Year-end Template**

**7. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

**Part 1: Delivery of the Better Care Fund**  
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There has been improved collaboration with system partners in relation to the delivery of BCF funded schemes and particularly in relation to hospital discharges.
2. Our BCF schemes were implemented as planned in 2020-21	Agree	The impact of the pandemic was already beginning to take hold at the point of developing the schemes for 2020/21 and these schemes have been undertaken in line with those plans.
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Agree	In particular the hospital discharge facility, implemented during the pandemic/peak winter pressures period, to support flow from hospitals (where patients were not able to return directly home), worked exceptionally well in reducing delays in hospital discharge pathways.

**Part 2: Successes and Challenges**  
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.  
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	9. Joint commissioning of health and social care	Hospital Discharge Additional Capacity facility which enabled us to meet demand during the pandemic / winter pressures period: Staff onsite were able to facilitate same day discharge easily. A Therapy led service, including Physiotherapy, meant patients were reviewed holistically, which enabled faster recovery and discharge, with the majority of service users returning home within few days. This has provided useful case studies to take forward a proposal for a model of Discharge to Assess facilities for 2021/22.
Success 2	9. Joint commissioning of health and social care	Street Triage project, provided support to 911 people with signposting to appropriate services, such as GP, CMHT and contact with family members where appropriate.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	COVID 19 - impact on commissioned services such as care homes and residential settings. Reduction in capacity due to local outbreaks.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	There have been delays in achieving a live feed into Connected Care, a shared care record system for all system partners to access across the Berkshire West region. This is expected to happen by the end of May 2021. Further development of Connected Care is planned for 2021/22 and demonstration sessions have taken place with system partners to share knowledge about the level of information available and opportunity to use this to provide a PHM approach to risk stratification.

**Footnotes:**

- Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
  - Other

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes



Better Care Fund 2020-21 Year-end Template

8. improved Better Care Fund

Selected Health and Wellbeing Board: 

Reading

**These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.**  
The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:**

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

**Respecting these exclusions, the average fees SHOULD INCLUDE:**

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional IBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

**Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.**

	For information - your 2019-20 fee as reported in Q2 2019-20*	Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21? **	Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£23.33	£18.08	£18.52	£18.52	2.4%	2.4%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£748.53	£832.38	£862.35	£862.35	3.6%	3.6%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£770.17	£873.75	£936.72	£936.72	7.2%	7.2%
4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.		£23.33 was the figure calculated by dividing the total hours by total cost. The actual fee rate was £18.08. Updates to contracts with block providers led to increased fee rates (Res Nursing Q2 and Q3).				
5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.		There were no permanent increases to fees due to Covid-19.				

**Footnotes:**

\* "-", " " in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20

\*\* For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

45 characters remaining

**CCG to Health and Well-Being Board Mapping for 2020-21**

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.3%	1.0%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.0%